

PREA Facility Audit Report: Final

Name of Facility: Mike Durfee State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/23/2024

Date Final Report Submitted: 10/26/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 10/26/2024

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	03/09/2024
End Date of On-Site Audit:	03/12/2024

FACILITY INFORMATION	
Facility name:	Mike Durfee State Prison
Facility physical address:	1412 Wood Street, Springfield, South Dakota - 57062
Facility mailing address:	

Primary Contact

Name:	Jerad Timmerman
Email Address:	jerad.timmerman@state.sd.us
Telephone Number:	605-367-5194

Warden/Jail Administrator/Sheriff/Director	
Name:	Alex Reyes, acting Warden
Email Address:	alejandro.reyes@state.sd.us
Telephone Number:	(605)369-4411

Facility PREA Compliance Manager	
Name:	Tammy Doyle
Email Address:	tammy.doyle@state.sd.us
Telephone Number:	O: 605-369-2201

Facility Health Service Administrator On-site	
Name:	Vanessa Gebes
Email Address:	vanessa.gebes@state.sd.us
Telephone Number:	(605)369-4425

Facility Characteristics	
Designed facility capacity:	2019
Current population of facility:	1780
Average daily population for the past 12 months:	1691
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	18 - 87
Facility security levels/inmate custody levels:	minimum, minimum restricted, medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	271
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	19
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	183

AGENCY INFORMATION

Name of agency:	South Dakota Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	3200 East Highway 34, c/o 500 East Capitol Avenue, Pierre, South Dakota - 57501
Mailing Address:	
Telephone number:	6057736636

Agency Chief Executive Officer Information:

Name:	Kellie Wasko
Email Address:	Kellie.wasko@state.sd.us
Telephone Number:	605-773-6636

Agency-Wide PREA Coordinator Information

Name:	Jerad Timmerman	Email Address:	jerad.timmerman@state.sd.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0	
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Number of standards met:

45	
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Number of standards not met:

0	
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-09
2. End date of the onsite portion of the audit:	2024-03-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI, Working Against Violence, Inc, and Yankton Women's/Children's Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2019
15. Average daily population for the past 12 months:	1691
16. Number of inmate/resident/detainee housing units:	14
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1821
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	71
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	7
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	49
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	7
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	120

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>26</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>8</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>271</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>183</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>19</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor ensured a geographically diverse sample among interviewees. The following offenders were selected from the housing units: four from the Barracks, ten from Harmon, seven from Ludamon, six from West, two from East, six from Rapid City Minimum and five from Yankton Minimum.</p>

<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>36 of the offenders were male and four were transgender female. Five of the offenders interviewed were black, sixteen were white, two were Hispanic, sixteen were Native American and two were another race/ethnicity. With regard to age, five were between eighteen and 25; ten were 26-35; nine were 36-45; eleven were 46-55 and five were 56 or older. 23 of the offenders interviewed were at the facility less than a year, thirteen were there a year to five years, two were there six to ten years and two were over sixteen years.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	3
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	4

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>4</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing for high risk offenders and offenders who reported sexual abuse.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Race, gender and ethnicity
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>Security staff mainly make up two shifts, day shift work 6am-6pm while night shift works from 6pm-6am. Six staff were interviewed from day shift and seven staff were from night shift. Eight staff were at Mike Durfee, three were from Rapid City and two were from Yankton. With regard to the demographics of the random staff interviewed; eleven were male, two were female, twelve were white and one was Native American. Five staff were Correctional Officers, three were Sergeants, three were Lieutenants and two were Corporals.</p>
Specialized Staff, Volunteers, and Contractor Interviews	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	42
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on March 9, 2024 through March 12, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected offenders and staff for interview as well as documentation to review. The auditor conducted a tour of Mike Durfee on April 9, 2024. A tour of Yankton was conducted on April 11, 2024 and a tour of Rapid City was conducted on April 12, 2024. The tour included all areas associated with the facilities to include; housing units, laundry, intake, visitation, chapel, education, vocation, maintenance, food service, health services, recreation, industries, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for offenders in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout each of the facilities. Information was posted via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster and the PREA Notice - Phone. The auditor observed some of the posted information on larger size paper while most information was posted on letter size paper. Information was observed in English and Spanish. The PREA Notice - Phone was observed above the phones in the housing units while the No Means No Poster, PREA Notice - DCI & Victim Advocacy and Break the Silence Poster were observed in different areas, including on bulletin boards in the dayrooms and on housing unit walls. Posters were also observed in many common areas. All postings included information on reporting mechanisms. The PREA Notice - DCI & Victim Advocacy included information on the external reporting entity (mailing address for DCI). The PREA Notice - DCI & Victim Advocacy also included the mailing address

and phone number to the local rape crisis center. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the information on the local rape crisis center included old names of the organizations. Further, the PREA Notice postings were observed in smaller font due to being posted on the same paper. Additionally, the font and location of some postings were observed to be difficult to read. In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy as well as the Offender Living Guide (which included information on zero tolerance and the external reporting entity address). The auditor observed that the PREA video was on the tablet but it could not be played (showed error message). The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member.

Third party reporting information was observed at the front entrance/visitation area at all three facilities via the Break the Silence metal posting. The posting advised of the zero tolerance policy and to contact staff for more information. The areas included the Sexual Abuse Awareness: Family and Friends Brochure in English and Spanish.

During the tour the auditor confirmed the facilities follows the staffing plan. There were at least two security staff per housing building at Mike Durfee. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly

assigned, routine security checks were required. At Yankton and Rapid City staff were assigned to the building and were required to make routine rounds. The auditor observed that lines of sight were adequate based on staffing and video monitoring technology. The auditor observed that offenders were triple bunked but the facility did not appear to be overcrowded. One blind spot was observed in laundry at Mike Durfee, however during the interim report period the facility installed a mirror to alleviate the blind spot. Additionally, the auditor identified numerous work and program areas that would benefit from cameras due to the physical plant and limited direct staff supervision. Cameras were recommended for the sheep shed, vocation, maintenance and industries. Informal conversation with staff and offenders confirmed that staff make rounds at least every 30 minute and supervisors make rounds a few times a day.

During the tour the auditor observed cameras in housings units and common areas. Cameras are monitored by the control room and can be remotely monitored by administrative staff. Cameras are viewable in each housing unit. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas.

During the tour the auditor observed privacy was provided through curtains, doors and angles. The auditor did identify that the showers in segregated housing at Mike Durfee provided privacy for male offenders, but do not provide adequate privacy for transgender female offenders. During the interim report period the facility provided photos confirming a shower curtain was installed in the segregated housing unit that was adequate for transgender female offenders. Photos were provided confirming the correction. A review of video monitoring technology noted that numerous cells had cameras. Cameras in

Harmon, East Crawford and West Crawford cells showed offenders utilizing the toilet. It was determined that some of the cameras were moved and the pixilated areas were no longer over the toilets. During the on-site portion of the audit, the facility made modifications to the camera views. The auditor confirmed that all identified cells had a pixilated box placed over the toilet area, obstructing the view for opposite gender staff. A review of cameras at Rapid City indicated a cross gender viewing issue with the strip search area in intake. During the interim report period the facility provided photos confirming that they pixilated the video monitoring where strip searches occur in the body scanner room, as well as installed a curtain in the room with strip searches. Informal conversation with staff and offenders confirmed that offender have privacy when showering, using the restroom and changing clothes. With regard to the opposite gender announcement, the auditor did not witness the opposite gender announcement during the tour. It was determined that the announcement is made before and after count each day when females are working in the housing unit. A few of the housing buildings have three floors and per the PRC definition, only make up one housing unit. Informal conversation with staff and offenders indicated there is an announcement made, usually before and after count.

Medical and mental health records are electronic. Records are maintained in a separate medical database that is accessible by medical and mental health care staff only. No other staff have access to the records. Risk screening information is maintained in the electronic system. Certain profiles have access to the risk screening information. There are over 150 profile groups that do not have access, including correctional officers. Investigative files are paper and electronic. Only investigative staff have access to the investigations in the electronic database.

Paper files are also maintained by investigators in their locked office.

During the tour the auditor observed that offenders are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The mailroom staff advised that incoming mail is sorted and that all general mail is opened and reviewed. A photocopy is made of the mail and the offender receives the photocopy. Originals are maintained for a set time period and are then shredded. Legal mail is logged by the mailroom staff and is provided to the unit coordinator, who will open the mail in the presences of the offender. Outgoing mail is collected by night shift. Regular mail is reviewed by the night shift staff who then seal it and take it to the mailroom staff. If there are concerns with regard to the mail it is not sealed and is provided to the mailroom staff to review or provide to the investigators. Legal mail is given directly to the unit coordinator. They will process it and seal it in front of the offender. It is then sealed and provided to the mailroom staff. Legal mail is not read, but rather reviewed only for appropriateness. The mailroom staff advised that mail to and from DCI is treated like legal mail. Staff advised they had not received any mail for the local rape crisis center and as such were unsure of how it should be treated. The mailroom staff did indicate they would ask the PC about how the mail should be treated if they had any questions.

The auditor observed the intake process through a demonstration. All offenders are assigned a tablet, which contains the Offender Living Guide and the PREA policy. A physical copy is provided if requested, but the agency mainly provides these documents electronically. In addition to the tablet, offenders are provided information the same day they arrive. Staff go over how the

facilities house based on the risk screening score. Staff also advise about the Crime Stoppers hotline as reporting mechanism as well as the ability to report through a kite. Staff give the offenders a chance to ask any questions. Offenders are then given a packet of information, which includes the Sexual Abuse Awareness: Offender Brochure. None of the facilities is an intake facility. All offenders are provided the Sexual Abuse Awareness: Offender Brochure within 72 hour of arrival into DOC custody. Offenders are then shown then PREA What You Need to Know video at the intake facility as part of the comprehensive PREA education. All offenders transferred to the three facilities have received prior education as part of the intake process.

The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in the Barracks building one on one in a staff office. Staff advise the offender they are there for a PREA review and ask them four questions; gender identity, sexual preference, prior sexual victimization and perception of vulnerability. Staff then review electronic file information to complete the remaining elements of the risk screening. The staff at Yankton and Rapid City complete an initial risk assessment, however the process is not consistent across all three facilities. Staff do not ask each required question across all three facilities. Further, it was identified that initial risk reassessments are not completed at any of the facilities. The agency noted they did not know that initial risk assessments were required upon transfer to each facility.

The auditor tested the internal reporting mechanism during the tour. The auditor first attempted to call the Crime Stoppers hotline via the instructions on the posted information. It was determined that the instructions were not accurate and the pin number provided did not work. The auditor had an offender assist

with calling the Crime Stoppers hotline through regular dialing instructions, utilizing the offenders pin and ID number. The offender was prompted to dial 1 for English or 2 for Spanish and then dial 0 for a collect call. The auditor reached the Crime Stoppers hotline and left a message on April 9, 2024. The auditor also called to confirm that the Crime Stoppers hotline worked at Yankton and Rapid City. At the issuance of the interim report the auditor had not received confirmation that the calls were received. The auditor also tested the internal written reporting process. The auditor submitted a kite via locked mailbox in a housing unit. At the issuance of the interim report the auditor had not received confirmation that the kite was received.

The auditor also tested the outside reporting mechanism via a letter to Division of Criminal Investigations (DCI). The auditor obtained a free envelope from the mailroom. All offenders are provided a certain number of free envelopes. A test letter was sent via the mailroom on April 10, 2024. The auditor addressed the mail to the address found on the PREA Notice - DCI & Victim Advocacy. The auditor received confirmation (via email) on April 15, 2024 from DCI confirming that they received the mailed letter. DCI staff advised that any report to DCI would be assigned to a Special Agency for investigation in conjunction with DOC investigators. DCI staff advised that if an offender wanted to remain anonymous they would be treated as an informant and their name would be replaced with a number.

Additionally during the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they complete a handwritten report via an incident report. Staff confirmed that they can privately report outside of the chain of command.

The auditor tested the third party reporting

mechanism via the Crime Stoppers hotline. The auditor called the hotline as outlined on the agency website. The hotline is the same hotline utilized for the offender population. The auditor received confirmation from the PREA Coordinator that the message was received and if it was a report of sexual abuse would be forwarded for investigation.

The auditor tested the victim advocacy hotline during the on-site portion of the audit. An offender assisted with the call. Offenders dial 1 for English and 2 for Spanish. Offender select 0 for a collect call and then enter their pin number and ID number. Offenders then dial the 800 number for the local rape crisis center. The auditor reached a live person that confirmed they worked for the local rape crisis center and they could provide offenders with services via phone 24 hours a day. The auditor tested services at all three facilities. It should be noted that the organization at Rapid City was not the same organization listed on the posted information (name had changed). Additionally, the instructions at Rapid City differed from those at the other two facilities (had a speed dial while the others had an 800 number).

During offender interviews the auditor utilized the video translation services for a disabled offender interview. The service was set up through the PCM with assistance from the housing unit counselor. The service was set up on the counselors computer in a private office setting. The auditor also utilized the telephonic language service for LEP offender interviews. Over the phone translation was provided through a speakerphone. The PCM set up the call and utilized a call in number and pin/access number.

Documentation Sampling

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

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

Yes

No

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

During the audit the auditor requested personnel and training files of staff, offender files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed 48 personnel and/or training files that included five staff hired within the past twelve months, one contractor hired in the previous twelve months, five staff employed over five years, two contractors employed over five years and five staff promoted in the previous twelve months. The sample included eight total contractors and five medical and mental health care staff. It should be noted volunteer files were not initially provided but were provided during the corrective action period.

Offender Files. A total of 63 offender files were reviewed. 44 offender files were of those that arrived within the previous twelve months, three were LEP offenders, eight were disabled offenders, three were transgender offenders and one offender was identified with prior sexual victimization disclosed during the risk screening.

Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for five victims of sexual abuse as well as mental health documents for the one offender who disclosed victimization during the risk screening.

Grievances. The auditor reviewed the sexual abuse grievances as well as the grievance log and sample grievances.

Incident Reports. The auditor reviewed the incident reports for the twelve investigations reviewed, including nine sexual abuse and sexual harassment allegations.

Investigation Files. There were 28 allegations

reported during the previous twelve months, eight of which were determined not to meet the definition of sexual abuse or sexual harassment. All 20 sexual abuse and sexual harassment allegations had an administrative investigation completed and two had a criminal investigation initiated. The auditor reviewed twelve investigations. Three were deemed not to meet the definition of sexual abuse or sexual harassment, five were sexual abuse and four were sexual harassment. The auditor reviewed one closed criminal investigation and documentation for another criminal investigation that was still ongoing. The one criminal investigation reviewed was forwarded to the prosecutor.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	1	5	1
Staff-on-inmate sexual abuse	2	2	2	2
Total	7	3	7	3

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	10	0	10	0
Staff-on-inmate sexual harassment	5	0	5	0
Total	15	0	15	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	8	2
Staff-on-inmate sexual harassment	0	1	4	0
Total	0	1	12	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	5
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Three additional investigation were reviewed, however they were determined not to rise to the level of sexual abuse or sexual harassment.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. South Dakota Department of Corrections Policy 1.3.A.05 - Searches - Institutions 4. South Dakota Department of Corrections Policy 1.1.E.7 - Americans with Disabilities Act (ADA) 5. South Dakota Department of Corrections Policy 1.1.C.13 - Screening of Staff Volunteers and Contractors for Prior Sexual Abuse 6. South Dakota Department of Corrections Policy 1.3.D.07 - Grievance Procedure

7. South Dakota Department of Corrections Policy 1.5.D.04 - Offender Access to Telephones and Tablet
8. South Dakota Department of Corrections Policy 1.5.D.03 - Offender Correspondence
9. South Dakota Department of Corrections Policy 1.1.C.1 Staff Code of Ethics
10. South Dakota Department of Corrections Policy 1.3.C.02 - Offender Discipline System
11. SDCL § 24-2-9
12. SDCL § 24-1-26.1.
13. Agency Organizational Chart
14. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of offenders. The agency policy, 1.3.D.06 outlines the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Page 1 states it is the policy of the South Dakota Department of Corrections (DOC) to have zero-tolerance regarding sexual assault/rape, sexual misconduct, and sexual harassment of offenders. It is the policy of the DOC to provide a coordinated victim-centered response to reports of sexual assault. This includes providing medical and behavioral health counseling to victims of sexual assault/rape, sexual harassment and fully investigating and aggressively prosecuting those who are involved in such conduct. Pages 3-4 provide the definitions of prohibited behaviors and pages 6-7

outline sanctions for those who have participated in prohibited behaviors. In addition to 1.3.D.06, the agency has numerous other policies that address portions of sexual abuse prevention, detection and response strategies. The policies include: 1.3.A.05, 1.1.E.7, 1.1.C.13, 1.3.D.07, 1.5.D.03, 1.5.D.04, 1.1.C.1, 1.3.C.02, SDCL 24-2-2 and SDCL 24-1-26.1. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCM, training (staff, volunteers and contractors), staffing, intake/risk screening, offender education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and offender discipline, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PREA Coordinator is supervised by the Inspector General (IG). 1.3.D.06, page 2 provides the definition of PREA Coordinator, an individual who develops, implements, and oversees DOC efforts to comply with the PREA standards in all facilities to include assisting PREA Compliance Manager's efforts to comply with the PREA standards and applicable policies and to assist the Special Investigations Unit Investigators with PREA investigations, assist the Department of Justice auditors, complete pre-audit, and internal audits. Review and maintain monthly matrix for PREA and active transgender and intersex list, statistics on sexual abuse and sexual harassment, assist with compiling the reports for the Correctional Offender Management System (COMS), complete the Department of Justice Survey of Sexual Victimization, annual public reports and aggregate PREA reports. Maintain documentation MOUs for victim advocacy groups, community confinement, and local hospitals, assist training manager with PREA training. An individual with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The organizational chart reflects that the PC position is an upper-level, agency-wide position. The position is Programs Manager who reports to the Inspector General. The interview with the PC indicated that he has sufficient time and authority to coordinate the agency's efforts to comply with the PREA standards. He indicated he is still learning his position but he had enough time. The PC stated they currently have two PREA Compliance Managers and they have one additional they are hiring. He advised he communicates with the PCMs daily through TEAMS and email as well as through site visits. The PC stated if he identifies an issue complying with a PREA standard he first reviews the standard and relevant agency policy. He then looks at practice and determines where they are falling short. He indicated they would take appropriate action to correct the issue and he would follow up once implemented to ensure continued compliance.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PAQ stated the position of PCM at the facility is Corrections Specialist and the position reports to the Associate Warden. 1.3.D.06, page 2 provides the definition of PREA Compliance Manager which states each DOC facility will designate an individual to serve as a PREA compliance manager. A PREA compliance manager must have sufficient time and authority to coordinate and manage the facility's compliance with required PREA Standards. The organizational chart indicates the PCM is the Corrections Specialist and this position reports to the Associate Warden. The interview with the PREA Compliance Manager indicated she has sufficient time to manage her PREA related responsibilities. She stated she coordinates the facility's efforts to comply with PREA through monitoring for retaliation, ensuring signage is posted, having all the investigative packets completed, ensuring the victim notification was done, ensuring training of staff and participating in sexual abuse incident reviews. Additionally, the PCM indicated if she identifies an issue complying with a PREA standard she would consult with the PC and follow-up to make sure corrective action is completed to resolve the issue.

Based on a review of the PAQ, 1.3.D.06, 1.3.A.05, 1.1.E.7, 1.1.C.13, 1.3.D.07, 1.5.D.03, 1.5.D.04, 1.1.C.1, 1.3.C.02, SDCL 24-2-2, SDCL 24-1-26.1, the organizational chart, and information from interviews with the PC and PCM, this standard appears to be compliant.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Contracts for Confinement of Offenders 4. PREA Compliance Survey for Agencies Housing SD DOC Offenders <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has entered into or renewed five contracts for the confinement of offenders since the last PREA audit and both contracts require the contractor to adopt and comply with PREA standards. 1.3.D.06, page 6 states all contracts with public, private, government, or other entities for confinement of offenders sentenced to the DOC will include an obligation that the facility adopt and comply with all applicable PREA standards and allow the DOC to monitor to ensure the contractor is complying with PREA standards. This may include a review of the facility's most recent PREA audit report. The PREA coordinator will provide input concerning contracts with vendors who have contact with offenders. A review of the contracts confirmed that language is included in each contract that states that the contractor will "comply with the Prison Rape Elimination Act of 2003 (Federal Law 42, U.S.C. 15601 et.Seq.) by establishing a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and following all applicable PREA Standards as adopted by the United States Department of Justice".

115.12 (b): The PAQ indicated that the zero contracts do not require the agency to monitor the contractor's compliance with PREA standards. 1.3.D.06, page 6 states all contracts with public, private, government, or other entities for confinement of offenders sentenced to the DOC will include an obligation that the facility adopt and comply with all applicable PREA standards and allow the DOC to monitor to ensure the contractor is complying with PREA standards. This may include a review of the facility's most recent PREA audit report. The PREA coordinator will provide input concerning contracts with vendors who have contact with offenders. A review of documentation confirmed that the agency utilizes the PREA Compliance Survey for Agencies Housing SD DOC Offenders, which inquiries about PREA audits completed (completed and/or planned), allegations reported, training, policy, reporting, investigations, education, medical and mental health and a tour. The interview with the Agency Contract Administrator indicated the agency sends out monitoring surveys to each agency they contract with to inquire as to the agency's compliance with the PREA standards. He indicated they also reach out to the agencies and remind them that they are required to be in compliance with the PREA standards. The Agency Contract Administrator confirmed they send out the surveys recently and they just received one back last week. He indicated none of the agencies have completed a PREA audit but they are expected to. He also advised he was unsure if an audit was scheduled for these agencies.

Based on the review of the PAQ, 1.3.D.06, the language within the contracts, the PREA Compliance Survey for Agencies Housing SD DOC Offenders form and information from the interview with the Agency Contract Administrator, the agency

	<p>appears to meet this standard.</p> <p>Recommendation</p> <p>The auditor highly recommends that the agency reach out to the contracting entities to ensure they are aware that they have to have an audit completed by the completion of the three year audit cycle in order for the agency to meet this standard during the next year of audits.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Attachment #1: Facility Staffing Plan (2024) 4. Attachment #2: Upgrades to Facilities and Technology 5. Deviations from the Staffing Plan (DOC Facility Staff Shortage) 6. Documentation of Unannounced Rounds 7. Photo of Installed Mirror <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden Designee 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interviews with Intermediate-Level or Higher-Level Facility Staff <p>Site Review Observations:</p>

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against abuse. The PAQ indicated that the staffing plan is based on 2019 offenders and the average daily population over the previous twelve months has been 1691. A review of the staffing plan confirms that all required components under this provision are considered in the staffing plan. The plan includes Attachment #1 and Attachment #2 as well as a breakdown of the offender populations, maps of video monitoring technology and a breakdown of posts and coverage. The facility employs 271 staff. Security staff make up two shifts, 6am-6pm and 6pm-6am. Additional administrative staff from varying administrative hours. The agency continues to make efforts in recruiting to hire staff across all SDDOC. During the tour the auditor confirmed the facilities follows the staffing plan. There were at least two security staff per housing building at Mike Durfee. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. At the Yankton and Rapid City staff were assigned to the building and were required to make routine rounds. The auditor observed that lines of sight were adequate based on staffing and video monitoring technology. The auditor observed that offenders were triple bunked but the facility did not appear to be overcrowded. One blind spot was observed in laundry at Mike Durfee, however during the interim report period the facility installed a mirror to alleviate the blind spot. Photos were provided confirming the correction. Additionally, the auditor identified numerous work and program areas that would benefit from cameras due to the physical plant and limited direct staff supervision. Cameras were recommended for the sheep shed, vocation, maintenance and industries. Informal conversation with staff and offenders confirmed that staff make rounds at least every 30 minute and supervisors make rounds a few times a day. During the tour the auditor observed cameras in housings units and common areas. Cameras are monitored by the control room and can be remotely monitored by administrative staff. Cameras are viewable in each housing unit. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas. The interview with the Warden Designee confirmed that the facility has a staffing plan that includes adequate levels to protect offenders from sexual abuse. He stated the staffing plan is adequate based on classification of the offenders, the staff needed to conduct rounds, the staff needed to man the control desk and the minimum number of staff in each housing unit. The Warden Designee advised that video monitoring is part of the staffing plan and the staffing plan is documented. The Warden Designee

confirmed all elements under this provision are considered in the staffing plan. He stated they have 24 hour a day, seven day a week posts that are manned and that the staffing takes into consideration the staff needed for these posts as well as the staff needed for rounds. The Warden Designee noted that they check for compliance with the staffing plan through a review of the daily schedules. The interview with the PCM indicated that the facility has consistently been at capacity with the same type of population and as such the staffing plan has not changed much. She confirmed the elements under this provision are considered in the staffing plan. The PCM stated there are more staff on day shift when movement is occurring and housing is based on physical plant and offender needs.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ noted the most common reason for deviations from the staffing plan include: offenders in the hospital, staff in training, sick leave, staff leave, FMLA and hospital trips. The interview with the Warden Designee confirmed that any deviations from the staffing plan would be documented. He stated this is done via a staffing shortage report, which notes the time and reason for deviation/shortage. A review of documentation (fifteen examples) indicated deviations from the staffing are plan are documented on the DOC Facility Staff Shortage form which outlines the post, date, time, reason, action to cover shortage and plan to prevent the shortage in the future.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. 1.3.D.06, page 21 states whenever necessary, but no less frequently than once each year, each facility operated by the DOC, the warden in consultation with the PREA coordinator and PREA facility compliance manager, will assess, determine, and document whether adjustments are needed to the facility staffing plan. The staffing plan was most recently reviewed on February 7, 2024. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included information on whether the required components under provision (a) of this standard were reviewed/included as well as a breakdown of the composition of the offender population; work, program and education posts and post priority identification. The staffing plan was previously reviewed on March 3, 2023. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated the staffing plans are sent out at the beginning of the year and if there are any questions he reaches out to the facility Warden to discuss any adjustments.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual

abuse and sexual harassment. The PAQ further states that the facility documents the unannounced rounds and the rounds cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 1.3.D.06, page 21 states Lieutenants or higher-level supervisors will conduct and document unannounced rounds to identify and deter sexual assault/rape, sexual abuse, sexual misconduct, and sexual harassment. Such unannounced rounds will occur during all shifts and be documented via the rounds tracking system and/or COMS shift log. DOC employees are prohibited from alerting others that the supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. A review of documentation confirmed that unannounced rounds are completed on both shifts in each housing unit (across all three locations). Interviews with intermediate-level or higher-level staff confirmed that they make unannounced rounds and they document the unannounced rounds in COMS, on the shift report and through the round reader system. Staff advised that they try to deter staff from alerting one another by conducting them at different times and not having a set pattern for rounds.

Based on a review of the PAQ, 1.3.D.06, Attachment #1: Facility Staffing Plan (2024), Attachment #2: Upgrades to Facilities and Technology, Deviations from the Staffing Plan (DOC Facility Staff Shortage), Documentation of Unannounced Rounds, Photo of Installed Mirror, observations made during the tour and interviews with the PC, PCM, Warden Designee and intermediate-level or higher-level staff, this standard appears to have been corrected during the interim report period and as such is compliant.

115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Population Age Reports <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that no youthful offenders are housed at the facility</p>

and as such this standard is not applicable. 1.3.D.06, page 11 states youthful offenders will not be placed in housing units in which they will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. A review of the population age report confirmed the facility does not house youthful offenders.

115.14 (b): The PAQ indicated that no youthful offenders are housed at the facility and as such this standard is not applicable. 1.3.D.06, pages 11-12 state In areas outside of housing units, the DOC will either: maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff supervision (is defined as staff being present in the same area as the offenders and maintain direct visual observation of the offenders) when youthful offenders and adult offenders have sight, sound, or physical contact. A review of the population age report confirmed the facility does not house youthful offenders.

115.14 (c): The PAQ indicated that no youthful offenders are housed at the facility and as such this standard is not applicable. 1.3.D.06, page 12 states facilities will make best efforts to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, facilities will not deny youthful offenders daily large-muscle exercise or any legally required special education services to comply with this provision. Youthful offenders will also have access to other programs and work opportunities to the extent possible. A review of the population age report confirmed the facility does not house youthful offenders.

Based on a review of the PAQ, 1.3.D.06 and population age reports, this standard appears to be not applicable and as such compliant.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.A.05 - Searches - Institutions 3. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA)

4. PREA Resource Center's Guidance of Cross Gender and Transgender Pat Searches

5. Staff Training Records

6. Photos of Modifications

Interviews:

1. Interviews with Random Staff

2. Interviews with Random Offenders

3. Interviews with Transgender Offenders

Site Review Observations:

1. Observations of Privacy Barriers

2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of offenders. The PAQ stated zero searches of this kind were conducted at the facility over the past twelve months. 1.3.A.05, page 1 states body cavity searches shall only be conducted by outside medical staff. Page 6 further states strip searches will be conducted by an employee of the same gender as the offender being searched, except in exigent circumstances or when performed by a medical practitioner. Additionally, page 8 states body scan searches shall be of the same gender as the offender being viewed/searched, except in exigent circumstances. 3.D.06, page 12 states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an informational report shall be written in COMS and forwarded to the PREA facility compliance manager.

115.15 (b): The PAQ indicated that this provision is not applicable as the facility does not house female offenders. 1.3.A.05, page 5 states universal pat searches of male

offender may be conducted by employees or contractor workers of either gender; female offenders will not be universal pat searched by cross-gender employees or contractor workers, except in exigent circumstances. 1.3.D.06, page 12 states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an informational report shall be written in COMS and forwarded to the PREA facility compliance manager. Interviews with thirteen staff confirmed that none were aware of a time that a transgender female offender was restricted access to regularly available programming and out of cell opportunities in order to comply with this provision. Interviews with four transgender offenders confirmed all four are searched professionally and based on preference.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented. The PAQ also stated the facility does not house female offenders. 1.3.A.05, page 6 states exigent circumstances resulting in an opposite gender strip search by a non-medical staff will be documented in an incident report. Page 5 further states opposite gender universal pat searches of female offenders will be documented in an incident report. 1.3.D.06, page 12 states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an informational report shall be written in COMS and forwarded to the PREA facility compliance manager.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit. 1.3.D.06, page 6 states in order to allow offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff of the opposite gender will announce their presence when entering a housing unit at the beginning of each shift. If the opposite gender status quo changes during the shift another announcement is required. During the tour the auditor observed privacy was provided through curtains, doors and angles. The auditor did identify that the showers in segregated housing at Mike Durfee provided privacy for male offenders, but do not provide adequate privacy

for transgender female offenders. During the interim report period the facility provided photos confirming a shower curtain was installed in the segregated housing unit that was adequate for transgender female offenders. A review of video monitoring technology noted that numerous cells had cameras. Cameras in Harmon, East Crawford and West Crawford cells showed offenders utilizing the toilet. It was determined that some of the cameras were moved and the pixilated areas were no longer over the toilets. During the on-site portion of the audit, the facility made modifications to the camera views. The auditor confirmed that all identified cells had a pixilated box placed over the toilet area, obstructing the view for opposite gender staff. A review of cameras at Rapid City indicated a cross gender viewing issue with the strip search area in intake. During the interim report period the facility provided photos confirming that they pixilated the video monitoring where strip searches occur in the body scanner room, as well as installed a curtain in the room with strip searches. Informal conversation with staff and offenders confirmed that offender have privacy when showering, using the restroom and changing clothes. With regard to the opposite gender announcement, the auditor did not witness the opposite gender announcement during the tour. It was determined that the announcement is made before and after count each day when females are working in the housing unit. A few of the housing buildings have three floors and per the PRC definition, only make up one housing unit. Informal conversation with staff and offenders indicated there is an announcement made, usually before and after count. All thirteen random staff interviewed stated that offenders have privacy when showering, using the restroom and changing clothes. 39 of the 40 offender interviewed indicated they have privacy when showering, using the restroom, and changing their clothes. 22 of the 40 offenders stated that staff of the opposite gender announce when they enter housing units. All thirteen staff stated that opposite gender staff announce their presence when entering housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex offenders for the sole purpose of determining the offender's genital status and no searches of this nature occurred in the past twelve months. 1.3.D.06, page 12 states the facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, 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. Interviews with thirteen staff indicated eleven were aware of an agency policy that prohibits strip searching a transgender or intersex offenders for the sole purpose of determining the offenders' genital status. Interviews with four transgender offenders confirmed none were searched for the sole purpose of determining their genital status.

115.15 (f): 1.3.D.06, page 8 states employees will be trained in how to conduct a universal pat search which includes searches of transgender and intersex offenders.

1.3.D.06, page 12 states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an informational report shall be written in COMS and forwarded to the PREA facility compliance manager. The facility utilizes the PREA Resource Center's Guidance in Cross Gender and Transgender Pat Searches. This video is shown during annual PREA training. The PAQ indicated that 100% of staff have received this training. Interviews with thirteen staff indicated all thirteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex offenders. A review of 22 staff training documents confirmed all 22 had completed the search training.

Based on a review of the PAQ, 1.3.A.05, 1.3.D.06, PREA Resource Center's Guidance of Cross Gender and Transgender Pat Searches, Staff Training Records, Photos of Modifications, observations made during the tour and information from interviews with random staff, random offenders and transgender offenders indicates this standard appears to standard requires corrective action. With regard to the opposite gender announcement, the auditor did not witness the opposite gender announcement during the tour. It was determined that the announcement is made before and after count each day when females are working in the housing unit. A few of the housing buildings have three floors and per the PRC definition, only make up one housing unit. Informal conversation with staff and offenders indicated there is an announcement made, usually before and after count. 22 of the 40 offenders stated that staff of the opposite gender announce when they enter housing units.

Corrective Action

The facility will need to train staff on appropriate policy and procedure as it relates to the opposite gender announcement. A copy of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training <p>The facility provided training with staff on the opposite gender announcement. The training details that the announcement is required upon entry into the housing unit when there is a change in the status quo. It also notes that it is required for security and non-security staff. Staff signatures were provided confirming they received and understood the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.1.E.7 - Americans with Disabilities Act (ADA) 3. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 4. Prison Rape Elimination Act of 2003 Training Curriculum 5. Client Letter and Information Sheet for ISI, LLC. 6. Offender Living Guide 7. Sexual Abuse Awareness: Offender Brochure (Brochure) 8. PREA Notice - DCI & Victim Advocacy 9. PREA Notice - Phone (Crime Stoppers) 10. Break the Silence Poster 11. No Means No Poster

Interviews:

1. Interview with the Agency Head
2. Interviews with LEP and Disabilities Offenders
3. Interviews with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled offenders 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. 1.1.E.7 outlines the agency's approach for LEP and disabled offenders. Page 6 states the DOC will take appropriate steps to ensure communication with inmates with a communication disability are as effective as communication with other inmates. The policy outlines accommodations and procedures to ensure equal access for LEP and disabled offenders. A review of the Prison Rape Elimination Act training curriculum confirms that it goes over information on LEP and disabled offenders on slides 37-29. A review of the PREA Notice, Offender Living Guide, Brochure and PREA Posters indicated they were available in adequate size font as well as in English and Spanish. The facility partners with ISI, LLC., an organization that provides interpreting services. The documentation provided confirmed that they provide language translation as well as video ASL translation. The interview with the Agency Head confirmed that the agency has established policies and procedures to provide offenders with disabilities and offenders who are Limited English Proficient 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. She stated they have policies and orientation that outline the accommodations for anyone that needs additional assistance. The Agency Head indicated they have ASL interpreters as well as language interpreters available and they also have TTY phones. Further, she advised that the agency has education material in different languages and they can provide accommodations for disabled offenders during education as well. During the tour the auditor observed PREA information posted throughout each of the facilities. Information was posted via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster and the PREA Notice - Phone. The auditor observed some of the posted information on larger size paper while most information was posted on letter size paper. Information was observed in English and Spanish.

The PREA Notice - Phone was observed above the phones in the housing units while the No Means No Poster, PREA Notice - DCI & Victim Advocacy and Break the Silence Poster were observed in different areas, including on bulletin boards in the dayrooms and on housing unit walls. Posters were also observed in many common areas. All postings included information on reporting mechanisms. The PREA Notice - DCI & Victim Advocacy included information on the external reporting entity (mailing address for DCI). The PREA Notice - DCI & Victim Advocacy also included the mailing address and phone number to the local rape crisis center. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the information on the local rape crisis center included old names of the organizations. Further, the PREA Notice postings were observed in smaller font due to being posted on the same paper. Additionally, the font and location of some postings were observed to be difficult to read. In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy as well as the Offender Living Guide (which included information on zero tolerance and the external reporting entity address). The auditor observed that the PREA video was on the tablet but it could not be played (showed error message). The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During offender interviews the auditor utilized the video translation services for a disabled offender interview. The services was set up through the PCM with assistance from the housing unit counselor. The service was set up on the counselors computer in a private office setting. Interviews with seven disabled offenders and three LEP offenders indicated seven were provided information in a format that they could understand

115.16 (b): The PAQ indicates that the agency has established procedures to provide offenders with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 1.1.E.7 outlines the agency's approach for LEP and disabled offenders. Page 6 states the DOC will take appropriate steps to ensure communication with inmates with a communication disability are as effective as communication with other inmates. The policy outlines accommodations and procedures to ensure equal access for LEP and disabled offenders. A review of the Prison Rape Elimination Act training curriculum confirms that it goes over information on LEP and disabled offenders on slides 37-29. A review of the PREA Poster/Notice and the Brochure indicated they were available in adequate size font as well as in English and Spanish. The facility partners with ISI, LLC., an organization that provides interpreting services. The documentation provided confirmed that they provide language translation as well as video ASL translation. A review of the PREA Notice, Offender Living Guide, Brochure and PREA Posters confirmed that information is available in both English and Spanish and can be translated into other languages, as

needed. During the tour the auditor observed PREA information posted throughout each of the facilities. Information was posted via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster and the PREA Notice - Phone. The auditor observed some of the posted information on larger size paper while most information was posted on letter size paper. Information was observed in English and Spanish. The PREA Notice - Phone as observed above the phones in the housing units while the No Means No Poster, PREA Notice - DCI & Victim Advocacy and Break the Silence Poster were observed in different areas, including on bulletin boards in the dayrooms and on housing unit walls. Posters were also observed in many common areas. All postings included information on reporting mechanisms. The PREA Notice - DCI & Victim Advocacy included information on the external reporting entity (mailing address for DCI). The PREA Notice - DCI & Victim Advocacy also included the mailing address and phone number to the local rape crisis center. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the information on the local rape crisis center included old names of the organizations. Further, the PREA Notice postings were observed in smaller font due to being posted on the same paper. Additionally, the font and location of some postings were observed to be difficult to read. In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy as well as the Offender Living Guide (which included information on zero tolerance and the external reporting entity address). The auditor observed that the PREA video was on the tablet but it could not be played (showed error message). The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During offender interviews the auditor utilized the telephonic language service for LEP offender interviews. Over the phone translation was provided through a speakerphone. The PCM set up the call and utilized a call in number and pin/access number. Interviews with seven disabled offenders and three LEP offenders indicated seven were provided information in a format that they could understand.

115.16 (c): The PAQ indicated that agency policy prohibits use of offender interpreters, offender readers, or other type of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation of the offender's allegation. The PAQ further stated the agency/facility documents the limited circumstances and that there were zero instances where an offender was utilized to interpret, read or provide other types of assistance. 1.3.D.06, page 6 states DOC may not rely on offenders for assistance if an offender is a suspect or a victim is deaf or hard of hearing, blind or low vision, or for those who have an intellectual, psychiatric, speech, or are limited English proficient consistent with the Americans with Disabilities Act (ADA). Interviews with thirteen staff indicated eight

were aware of a policy that prohibits utilizing offenders interpreters, readers or other types of offenders assistants for sexual abuse allegations. Interviews with seven disabled offenders and three LEP offenders indicated seven were provided information in a format that they could understand. None advised they had another offender provide assistance.

Based on a review of the PAQ, 1.1.E.7, 1.3.D.06, Prison Rape Elimination Act of 2003 Training Curriculum, Client Letter and Information Sheet for ISI, LLC., Offender Living Guide, Sexual Abuse Awareness: Offender Brochure (Brochure), PREA Notice - DCI & Victim Advocacy, PREA Notice - Phone, Break the Silence Poster, No Means No Poster, observations made during the tour as well as interviews with the Agency Head, random staff, LEP and disabled offenders indicates that this standard requires corrective action. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the information on the local rape crisis center included old names of the organizations. Further, the PREA Notice postings were observed in smaller font due to being posted on the same paper. Additionally, the font and location of some postings were observed to be difficult to read. Interviews with thirteen staff indicated eight were aware of a policy that prohibits utilizing offenders interpreters, readers or other types of offenders assistants for sexual abuse allegations.

Corrective Action

The facility will need to train staff on the prohibition of utilizing offender interpreters, readers and assistants. Staff should be advised of the resources available to use for accommodations. A copy of the training will need to be provided. The facility will need to update all posted PREA information at the facility. The updated information should be accurate, consistent and accessible for LEP and disabled offenders. The updated information will need to include reporting mechanisms (internal and external) and victim advocacy contact information. Photos of the updated PREA information will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Updated Sexual Abuse Awareness: Offender Brochure (Brochure) 2. Updated No Means No Poster 3. Photos of Updated Posted Information 4. Staff Training <p>The facility provided the updated Brochure and updated No Means No Poster that included accurate information on how to contact Crime Stoppers. The documents also included accurate information for each rape crisis center. The Brochure was updated to include both internal and external reporting mechanisms. Photos of the updated documents around the facility were provided. English and Spanish versions of the documents were posted on letter size paper. Font appeared to be adequate with location of postings.</p> <p>The facility completed training with staff on the prohibition of utilizing offender interpreters, readers or assistants. Staff signatures were provided confirming receipt and understanding of the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.1.C.13 - Screening of Staff Volunteers and Contractors for Prior Sexual Abuse 3. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 4. Security Questionnaire

5. Staff and Contractor Records

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 1.3.D.06, page 23 states the hiring authority will ensure any incidents of sexual harassment are considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. Bureau of Human Resources (BHR) personnel will be responsible to notify the hiring authority after their selection has cleared the background process. Any staff member, contractor, or volunteer who is found to have engaged in sexual abuse or sexual harassment of an offender is subject to the provisions of DOC policy 1.1.C.13 - Screening of Staff Volunteers and Contractors for Prior Sexual Abuse. A review of documentation for five newly hired staff confirmed all five had a criminal background records check completed prior to hire. The one newly hired contractor also had a criminal background records check completed prior to enlisting services.

115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an offender. 1.3.D.06, page 23 states the hiring authority will ensure any incidents of sexual harassment are considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. Bureau of Human Resources (BHR) personnel will be responsible to notify the hiring authority after their selection has cleared the background process. Any staff member, contractor, or volunteer who is found to have engaged in sexual abuse or sexual harassment of an offender is subject to the provisions of DOC policy 1.1.C.13 - Screening of Staff Volunteers and Contractors for Prior Sexual Abuse. The interview with Human Resource staff indicated that sexual harassment is considered when determining to hire or promote any staff or enlist the services of any contractor.

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with offenders, it (a) conducts criminal background record checks, and (b) 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. 1.1.C.13, page 2 states a criminal records background check shall be conducted by the DOC and Bureau of Human Resources (BHR) utilizing the NCIC III for all potential new hires and existing staff, volunteers and contractors with unsupervised contact with offenders who is assigned to a DOC facility or considered for providing services within a DOC facility. The background will be completed for each person every five years, beginning in the year 2012 and continuing every five years thereafter. Page 3 states security supervisors and BHR will perform a criminal background records check that is consistent with Federal, State and local laws, to make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegations of sexual abuse. The PAQ indicated there were 61 people hired in the past twelve months that may have contact with offender that had a criminal background records check completed. Further communication with the PC indicated this number included contracted staff and there were 56 staff hired that had a criminal background records check completed prior to hire. A review of documentation for five newly hired staff confirmed all five had a criminal background records check completed prior to hire. The auditor requested documentation related to prior institutional checks, however at the issuance of the interim report the documentation had not yet been provided. The interview with Human Resource staff confirmed that a criminal background records check is completed prior to hiring any new employees who may have contact with offenders. Additionally, the staff confirmed that the agency makes its best effort to contact all prior institutional employers.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with offenders. The PAQ indicated that there have been six contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. Further communication with the PC indicated there were six contractors under two contracts hired in the previous twelve months. 1.1.C.13, page 2 states a criminal records background check shall be conducted by the DOC and Bureau of Human Resources (BHR) utilizing the NCIC III for all potential new hires and existing staff, volunteers and contractors with unsupervised contact with offenders who is assigned to a DOC facility or considered for providing services within a DOC facility. The background will be completed for each person every five years, beginning in the year 2012 and continuing every five years thereafter. The one newly hired contractor also had a criminal background records check completed prior to enlisting services. The Human Resource staff confirmed that a criminal background records check is completed prior to enlisting the services of any contractor who may have contact with offenders.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with offenders, or that a system is in place for otherwise capturing such information for current employees. 1.1.C.13, page 2 states a criminal records background check shall be conducted by the DOC and Bureau of Human Resources (BHR) utilizing the NCIC III for all potential new hires and existing staff, volunteers and contractors with unsupervised contact with offenders who is assigned to a DOC facility or considered for providing services within a DOC facility. The background will be completed for each person every five years, beginning in the year 2012 and continuing every five years thereafter. A review of five staff employed over five years indicated all five had a five year criminal background records check, however most were over the five years. A review of two contractors employed over five years indicated both had a five year criminal background records check, one which was over the five year timeframe. The facility indicated that they identified the issue in 2022 and completed a criminal background records check on all employees. The auditor confirmed all criminal background record checks were completed in 2022. The interview with the Human Resource staff member indicated that criminal background record checks are completed via the NCIC system, which runs criminal histories. She advised she has been at the facility forever and she has completed criminal background record checks every five years. She stated she ran them in 2017 and recently in 2022.

115.17 (f): A review of the new hire interview questions and the promotion interview questions indicated they are asked "Have you ever engaged in any sexual abuse or sexual harassment in prison, jail, community confinement facility, juvenile facility, or other institution, or outside of work in the community?. The auditor requested documentation for five staff hired in the previous twelve months and five staff promoted during the previous twelve months. The auditor observed that the security questionnaire on the application includes three questions related to this provision. Questions include "Have you ever engaged in any sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution?; Have you ever 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?; and Have you ever been civilly or administratively adjudicated to have engaged in the activities described in previous questions?". Two of the five newly hired staff completed the security questionnaire, however there was not a date to confirm it was completed prior to hire. Further, two documents provided included one question under this provision which read "Have you ever engaged in any sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or outside of work in the community?". All five of the staff promoted had answered the PREA questions, however one was post promotion. The Human Resource staff stated they have staff complete a form that asks these questions prior to hire and promotion. The staff also advised the questions are on the criminal background check

questionnaire. The Human Resource staff member confirmed that staff have a continuing affirmative duty to disclose any previous misconduct.

115.17 (g): The PAQ indicates that agency policy states that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. 1.1.C.13, page 3 states material omissions or providing materially false information shall be grounds for disciplinary action, including and up to termination.

115.17 (h): The interview with the Human Resource staff indicated that the facility provides information on substantiated incidents of sexual abuse and any resignations during investigation via SIU and the PC.

Based on a review of the PAQ, 1.1.C.13, 1.3.D.06, Security Questionnaire, Staff and Contractor Records and information obtained from the Human Resource staff interview indicates that this standard appears to require corrective action. The policy related to this provision outlines that the requirements are only for those staff unsupervised, however standard requires all who may have contact with offender, not only those unsupervised. The auditor requested documentation related to prior institutional checks, however at the issuance of the interim report the documentation had not yet been provided. Two of the five newly hired staff completed the security questionnaire, however there was not a date to confirm it was completed prior to hire. Further, two documents provided included one question under this provision which read "Have you ever engaged in any sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or outside of work in the community?".

Corrective Action

The facility will need to update policy language to include supervised or unsupervised staff. A copy of the updated policy will need to be provided. Confirmation of supervised staff or contractors criminal background record checks will need to be providing confirming this practice. The facility will need to identify how they complete the required prior institutional checks under provision (c). Once established, the facility will need to provide a process memo and training with staff. Additionally, the facility will need to provide examples of this process during the corrective action period. Because hiring is agency wide, this can be for any SD DOC facility. Additionally, the facility will need to provide further documentation for the questions under provision (f) that note the date the questions were asked. If not available, the facility will need to provide the list of staff hired and promoted during the corrective

action period and associated PREA questions.

Recommendation

The auditor highly recommends that the facility update the question asked during interviews to also include whether they were administratively adjudicated for activities.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated South Dakota Department of Corrections Policy 1.1.C.13 – Screening of Staff Volunteers and Contractors for Prior Sexual Abuse
2. Prior Institutional Checks
3. List of Staff Hired and Promoted During the Corrective Action Period
4. Staff Personnel Documentation

The facility updated the policy to remove the word “unsupervised”. The policy was updated to state all new hires, existing staff, volunteers and contractors will have a criminal background records check completed and will have it at 5 year intervals.

The facility provided the originally requested documentation. None of the staff had prior institutional employment and as such none required prior institutional checks. The facility provided the auditor an examples of prior institutional checks that were completed on different staff in order to illustrate the agency process in place.

The facility provided a list of staff hired during the corrective action period and a systematic sample documents. All staff were asked the PREA questions under provision (f) during the interview process. The facility also provided a list of staff

	<p>promoted during the corrective action period and a systematic sample of documents. All were asked the PREA questions under provision (f) prior to promotion.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Attachment #2: Upgrades to Facilities and Technology <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden Designee <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Physical Plant 2. Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. 1.3.D.06, page 21 states when designing or acquiring any new facility, or planning any substantial expansion or modification of an existing facility, or installing or updating a new video monitoring</p>

system, electronic surveillance system or other monitoring technology, the PREA facility compliance manager and PREA coordinator will consult with the director of prisons and warden or designee to consider any effects of the design, acquisition, expansion, update, or installation may potentially have on staff's ability to protect offenders from sexual abuse. During the tour the auditor confirmed that there were no substantial modifications to the existing facility. The interview with the Agency Head indicated that the agency has two projects going on right now related to substantial modifications. She advised that they look at what type of offender movement the areas create and ensure that they are able to cover these areas with staff as well as security equipment such as cameras and mirrors. She also advised that they review the floor plan to determine if additional staff are needed due to the modifications. The interview with the Warden Designee confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit.

115.18 (b): The PAQ stated that the agency/facility has 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. 1.3.D.06, page 21 states the physical plant manager or staff designated by the warden will complete the Upgrades to Facilities and Technology form (see attachment #2) describing any expansion, modification, installation, upgrade, etc. A copy of this report will be sent to the warden, director of prisons, PREA facility compliance manager, and PREA coordinator. The auditor requested documentation related to the installed/updated video monitoring technology. The facility advised that they were unable to provide this information as the person responsible for the project quit and the documentation was unable to be located. During the tour the auditor observed cameras in housing units and common areas. Cameras are monitored by the control room and can be remotely monitored by administrative staff. Cameras are viewable in each housing unit. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas. The interview with the Agency Head confirmed that any use of newly updated or installed video monitoring technology would be utilized to assist in enhancing the agency's ability to protect offenders from sexual abuse. She advised that they utilize pan, tilt and zoom cameras throughout the agency. She indicated they use PREA audit results as a component of their facility vulnerability assessments, which assess safety and security (including PREA). She indicated the current video monitoring technology is outdated and they are slowly working to replace these products. The Warden Designee confirmed that when installing or updating video monitoring technology they consider how that technology will protect offenders from sexual abuse. He stated video monitoring is utilized to cover blind spots and also to monitor areas with high traffic. The Warden Designee advised they have a project to install new cameras planned for the near future.

Based on a review of the PAQ, 1.3.D.06, Attachment #2: Upgrades to Facilities and Technology, observations made during the tour and information from interviews with

	the Agency Head and Warden Designee indicates that this standard appears to be compliant.
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 3. Sexual Incident Protocol and Reference Book 4. Memorandum of Understanding with Working Against Violence, Inc., Rapid City 5. Memorandum of Understanding with Yankton Women’s/Children’s Center (YWCC) 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with SAFE/SANE 4. Interviews with Offenders who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Additionally, the PAQ stated that the South Dakota Department of Criminal Investigations assists with criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. 1.3.D.06, page 20 states the SIU investigator will follow a sexual assault uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Collection of trace evidence will be done by a qualified DOC</p>

PREA first responder and/or DCI. A review of the Sexual Incident Protocol and Reference Book notes that it includes information on first responder duties, evidence collection and preservation, documentation and SAFE/SANE. The document includes a checklist to ensure a uniform evidence protocol. Interviews with thirteen staff indicated thirteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, all thirteen stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful offenders. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. 1.3.D.06, page 20 states the SIU investigator will follow a sexual assault uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Collection of trace evidence will be done by a qualified DOC PREA first responder and/or DCI. A review of the Sexual Incident Protocol and Reference Book notes that it includes information on first responder duties, evidence collection and preservation, documentation and SAFE/SANE. The document includes a checklist to ensure a uniform evidence protocol.

115.21 (c): The PAQ indicated that the facility offers all offenders who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated when possible forensic examinations are conducted by SAFE/SANE, and when SAFE/SANE are not available, a qualified medical practitioners performs the examination. The PAQ noted that the facility documents efforts to provide SAFE/SANE. 1.3.D.06, page 17 states medical services will consider any treatment of the victim of sexual assault as a medical emergency. The victim of sexual assault will be provided outside medical treatment pursuant to DOC medical protocols, when necessary, and transported to a medical facility for a forensic medical exam with a SANE, upon request by the SIU investigator. When the SIU investigator is not responsible for investigating allegations of sexual assault, the DOC will request that the investigating law enforcement agency follow the requirements outlined in this policy as well as the PREA standards. Page 20 further states access to forensic medical examinations will be free of charge. Once the SIU Investigator determines a forensic medical examination is needed, such examinations will be performed by Sexual Assault Forensic Examiners (SAFE) or SANE where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners at the hospital. DOC will document efforts to provide a forensic medical exam performed by a SAFE or SANE. The PAQ indicated that during the

previous twelve months there were zero forensic medical examinations, one was conducted by a SANE/SAFE or qualified medical practitioner. A review of documentation confirmed there were zero forensic medical examination completed in the previous twelve months. The auditor contacted Avera Sacred Heart Hospital related to forensic medical examinations. The staff confirmed they have SAFE/SANE available 24 hours a day to perform forensic medical examinations. The auditor also contacted Monument Health Rapid City related to forensic medical examinations. The staff confirmed they do have SAFE/SANE available for forensic medical examinations. The staff further advised if they did not have a SAFE/SANE they have trained nurses for the exam and a provider to do the pelvic examination.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. The PAQ noted behavioral health staff are utilized when needed. 1.3.D.06, page 19 states The OIC will initiate victim advocate services if requested by the victim, a victim advocate or behavioral health will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. If a victim advocate from a rape crisis center is not available to provide victim advocate services, behavioral health staff from the department will respond accordingly. The facility has a Memorandum of Understanding with Working Against Violence, Inc., Rapid City, which was signed on June 11, 2013. The MOU states the organizations are committed to providing sexual abuse and sexual harassment awareness, intervention and related supportive services to offenders housed in South Dakota's correctional institutions, consistent with each agency's mission and to cooperate and collaborate with the partners to the MOU. The MOU further states that it is the intent to provide offenders with confidential access to a qualified outside victim advocate providing them with emotional support and assisting them with the response to sexual abuse. The facility also has an MOU with YWCC, which was signed on August 12, 2013. The MOU states the organizations are committed to providing sexual abuse and sexual harassment awareness, intervention and related supportive services to offenders housed in South Dakota's correctional institutions, consistent with each agency's mission and to cooperate and collaborate with the partners to the MOU. The MOU further states that it is the intent to provide offenders with confidential access to a qualified outside victim advocate providing them with emotional support and assisting them with the response to sexual abuse. The interview with the PCM confirmed the facility provides offender with access to a victim advocate, when requested, to accompany and provide emotional support during forensic medical exams and investigatory interviews. She stated they have not yet had the situation occur but SIU would offer the victim advocate. The PCM advised the facility has an MOU with both local rape crisis centers to provide services. Interviews with offenders who reported sexual abuse indicated two of the four were asked about contacting someone after the report of sexual abuse. A review of documentation indicated three

offenders who reported sexual abuse were offered a victim advocate, but declined services. Two other victims were not offered services as the PCM advised they denied the allegations reported. It should be noted this was not documented in any reports reviewed by the auditor.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 1.3.D.06, page 19 states The OIC will initiate victim advocate services if requested by the victim, a victim advocate or behavioral health will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. If a victim advocate from a rape crisis center is not available to provide victim advocate services, behavioral health staff from the department will respond accordingly. The facility has a Memorandum of Understanding with Working Against Violence, Inc., Rapid City, which was signed on June 11, 2013. The facility also has an MOU with YWCC, which was signed on August 12, 2013. The MOUs state that the facility agrees that if an inmate is transferred to the local hospital for an exam, the hospital nursing staff will be instructed about and asked to follow the same protocols regarding notifying the victim advocate as a community based sexual assault. Further the MOU states that Working Against Violence, Inc. states at the victim's request, the Working Against Violence, Inc. shall have a victim advocate available to accompany and support the victim through the forensic medical examination process and the investigatory interviews. The victim advocate will provide emotional support, crisis intervention, information and any additional referrals. Working Against Violence, Inc. agrees to provide an advocate for any sexual assault of an inmate at either of the local emergency rooms. The interview with the PCM confirmed the facility provides offender with access to a victim advocate, when requested, to accompany and provide emotional support during forensic medical exams and investigatory interviews. She stated they have not yet had the situation occur but SIU would offer the victim advocate. The PCM advised the facility has an MOU with both local rape crisis centers to provide services. Interviews with offenders who reported sexual abuse indicated two of the four were asked about contacting someone after the report of sexual abuse. A review of documentation indicated three offenders who reported sexual abuse were offered a victim advocate, but declined services. Two other victims were not offered services as the PCM advised they denied the allegations reported. It should be noted this was not documented in any reports reviewed by the auditor.

115.21 (f): The PAQ indicated that this provision is not applicable as they conduct administrative and criminal investigations. 1.3.D.06, page 17 states medical services will consider any treatment of the victim of sexual assault as a medical emergency. The victim of sexual assault will be provided outside medical treatment pursuant to DOC medical protocols, when necessary, and transported to a medical facility for a

forensic medical exam with a SANE, upon request by the SIU investigator. When the SIU investigator is not responsible for investigating allegations of sexual assault, the DOC will request that the investigating law enforcement agency follow the requirements outlined in this policy as well as the PREA standards.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The facility has a Memorandum of Understanding with Working Against Violence, Inc., Rapid City, which was signed on June 11, 2013. The facility also has an MOU with YWCC, which was signed on August 12, 2013. The MOUs state the organizations are committed to providing sexual abuse and sexual harassment awareness, intervention and related supportive services to offenders housed in South Dakota’s correctional institutions, consistent with each agency’s mission and to cooperate and collaborate with the partners to the MOU. The MOUs further state that it is the intent to provide offenders with confidential access to a qualified outside victim advocate providing them with emotional support and assisting them with the response to sexual abuse.

Based on a review of the PAQ, 1.3.D.06, Sexual Incident Protocol and Reference Book, Memorandum of Understanding with Working Against Violence, Inc., Rapid City, Memorandum of Understanding with Yankton Women’s/Children’s Center (YWCC), Investigative Reports and information from interviews with the random staff, the PREA Compliance Manager, SAFE/SANE and offenders who reported sexual abuse indicates that this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility offer victim advocacy services to offenders, even if they deny the allegation/incident occurred and document any acceptance or refusal.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA)
3. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interviews with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 1.3.D.06, page 5 states all allegations of sexual assault/rape, sexual misconduct, and sexual harassment will be investigated. Page 19 further states SIU investigators will conduct all administrative and criminal investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities operated by, or pursuant to, a contract with the DOC (including return to custody offenders of contract facilities). SIU will contact and work with DCI for criminal cases. The PAQ noted there were 28 allegations reported within the previous twelve months. Eight were deemed to not rise to the level of sexual abuse or sexual harassment after threshold questioning. 20 resulted in an administrative investigation and three resulted in a criminal investigation. All of the 28 allegations had an administrative and/or criminal investigation completed in the previous twelve months. The auditor reviewed a total of twelve investigations, three did not rise to the level of sexual abuse or sexual harassment. All nine that did, had a completed administrative investigations. Two were referred to DCI for a criminal investigation and one was still open/ongoing. The interview with the Agency Head confirmed that the agency ensures an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated the agency has an Inspector General's Office and all allegations of sexual abuse and sexual harassment are reported to this office. The OIG completes criminal investigations while facility staff complete administrative investigations. The OIG reviews the administrative investigations completed at the facility level. She indicated they hand off any investigations that necessitate criminal charges to the Division of Criminal Investigations.

115.22 (b): The PAQ indicated that the agency has a policy that requires that

allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 1.3.D.06, page 19 states SIU will ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual assault/rape and will ensure that for all cases alleging criminal behaviors are referred for investigation to an agency with the legal authority to conduct criminal investigations. Page 19 further states SIU investigators will conduct all administrative and criminal investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities operated by, or pursuant to, a contract with the DOC (including return to custody offenders of contract facilities). SIU will contact and work with DCI for criminal cases. A review of the agency website indicates that it states in adult institutions, the Office of Special Security investigates each and every allegation of sexual abuse or harassment. They will collaborate with DCI to determine when the case will be turned over for further DCI investigation and/or referral for prosecution. The identity of anyone making a report will remain confidential. All reports are investigated thoroughly and taken very seriously. The sharing of information pertaining to the alleged sexual abuse and identity of the victim will be limited to those who must know. Sharing information regarding the victim and/or incident shall be conducted in a manner that is in accordance with all applicable policies, state statutes, and professional licensure and ethics standards. Further 1.3.D.06 is available to view via the website. The auditor reviewed a total of twelve investigations, three did not rise to the level of sexual abuse or sexual harassment. All nine that did, had a completed administrative investigations. Two were referred to DCI for a criminal investigation and one was still open/ongoing. Interviews with investigators confirmed that agency policy requires allegations of sexual abuse be referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

115.22 (c): The agency/facility has the authority to conduct both administrative and criminal investigations. 1.3.D.06, page 19 states SIU will ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual assault/rape and will ensure that for all cases alleging criminal behaviors are referred for investigation to an agency with the legal authority to conduct criminal investigations. Page 19 further states SIU investigators will conduct all administrative and criminal investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities operated by, or pursuant to, a contract with the DOC (including return to custody offenders of contract facilities). SIU will contact and work with DCI for criminal cases.

115.22 (d): The PAQ stated that this provision does not apply. The agency/facility has the authority to conduct both administrative and criminal investigations. 1.3.D.06,

page 19 states SIU will ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual assault/rape and will ensure that for all cases alleging criminal behaviors are referred for investigation to an agency with the legal authority to conduct criminal investigations. Page 19 further states SIU investigators will conduct all administrative and criminal investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities operated by, or pursuant to, a contract with the DOC (including return to custody offenders of contract facilities). SIU will contact and work with DCI for criminal cases.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 1.3.D.06, Investigative Reports, the agency's website and information obtained via interviews with the Agency Head and the investigators indicate that this standard appears to be compliant.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Prison Rape Elimination Act of 2003 Training Curriculum 4. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ indicated that the agency trains all employees who may have</p>

contact with offenders on the requirements under this provision. 1.3.D.06, page 8 states PREA training will be provided to all employees who may have contact with offenders tailored to the gender of the offenders at the facility during the basic training academy. Contract workers, temporary staff, interns, volunteers, and chaplains will receive the training in the basic volunteer training. All staff will take a refresher course on an annual basis thereafter. Training will include but will not be limited to: review of this policy, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, and sexual harassment; how to fulfill their requirements under DOC's sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape and sexual harassment and regarding available medical and behavioral health treatment; and information related to the investigation of incidents of sexual assault/rape, and sexual harassment, and the prosecution of perpetrators. In addition to the above, training will cover the following: common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, and sexual harassment; offenders right to be free from sexual assault/rape and sexual harassment and to be free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; confidentiality; dynamics of sexual assault/rape, sexual misconduct, and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape and sexual harassment; and consequences for failure to report. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms that it includes information on: the agency's zero-tolerance policy (slide 15), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 45-46, 52-54), the offenders' right to be free from sexual abuse and sexual harassment (slide 55), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (slide 55), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 21-22), the common reactions of sexual abuse and sexual harassment victims (slides 23-24), how to detect and respond to signs of threatened and actual sexual abuse (slides 25, 45-46 and 52-54), how to avoid inappropriate relationship with offenders (slides 41-44), how to communicate professionally and effectively with LGBTI offenders (slide 26-36) and how to comply with relevant laws related to mandatory reporting (slide 47). A review of 24 staff training records confirmed at 24 had received PREA training. Interviews with thirteen staff confirmed they had received PREA training. All thirteen staff confirmed that the required components under this provision are discussed during the PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of offender at the facility and that employees who are reassigned to facilities with opposite gender are

given additional training. 1.3.D.06, page 8 states PREA training will be provided to all employees who may have contact with offenders tailored to the gender of the offenders at the facility during the basic training academy. A review of the Prison Rape Elimination Act of 2003 training curriculum outlines the common reactions of men and women. The facility houses adult male offenders and as such additional training was not required or conducted.

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with offenders with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. 1.3.D.06, page 8 states PREA training will be provided to all employees who may have contact with offenders tailored to the gender of the offenders at the facility during the basic training academy. All staff will take a refresher course on an annual basis thereafter. A review of 24 staff training records indicated 20 had completed PREA training at least every two years. Three staff were employed less than two years and as such only had one training. One employee was no longer employed and the training record was archived and unable to be located.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with offenders understand the training they have received through employee signatures or electronic verification. 1.3.D.06, page 8 states each employee, contract worker, and volunteer will document through signature that they understand the training they have received. The original will be maintained in the employees training file. A review of the Prison Rape Elimination Act of 2003 training curriculum indicates it includes four questions to test the staffs' understanding of the training. A review of 24 staff training records confirmed at 24 had received PREA training and had electronically signed that they understood the training via the test.

Based on a review of the PAQ, 1.3.D.06, Prison Rape Elimination Act of 2003 Training Curriculum, Staff Training Records, a review of staff training records as well as interviews with random staff indicates that this standard appears to be compliant.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA)
3. PREA On The Job Training
4. Prison Rape Elimination Act of 2003 Training Curriculum
5. Contractor and Volunteer Training Records

Interviews:

1. Interviews with Volunteers or Contractors who have Contact with Offenders

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 1.3.D.06, page 8 states contract workers, temporary staff, interns, volunteers, and chaplains will receive the training in the basic volunteer training. Training will include but will not be limited to: review of this policy, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, and sexual harassment; how to fulfill their requirements under DOC's sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape and sexual harassment and regarding available medical and behavioral health treatment; and information related to the investigation of incidents of sexual assault/rape, and sexual harassment, and the prosecution of perpetrators. In addition to the above, training will cover the following: common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, and sexual harassment; offenders right to be free from sexual assault/rape and sexual harassment and to be free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; confidentiality; dynamics of sexual assault/rape, sexual misconduct, and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape and sexual harassment; and consequences for failure to report. The PAQ indicated that 183 volunteers and contractors had received PREA training. Further communication with the PC indicated all volunteers and contractors receive training. Contractors complete the same training as staff (Prison Rape Elimination Act of 2003) while volunteers

receive the PREA On the Job Training. A review of the PREA On The Job Training curriculum indicates it includes information on: zero tolerance, staff responsibilities (including reporting), inmates rights, dynamics of sexual abuse, common victim reactions, detection and response, inappropriate relationships, understanding LGBTI and mandatory reporting. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms that it includes information on: the agency's zero-tolerance policy (slide 15), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 45-46, 52-54), the offenders' right to be free from sexual abuse and sexual harassment (slide 55), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (slide 55), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 21-22), the common reactions of sexual abuse and sexual harassment victims (slides 23-24), how to detect and respond to signs of threatened and actual sexual abuse (slides 25, 45-46 and 52-54), how to avoid inappropriate relationship with offenders (slides 41-44), how to communicate professionally and effectively with LGBTI offenders (slide 26-36) and how to comply with relevant laws related to mandatory reporting (slide 47). A review of documentation for five contractors indicated four had received PREA training. The auditor had not received any documentation related to volunteers at the issuance of the interim report. Interviews with contractors and volunteers confirmed that they all received information on the agency's sexual abuse and sexual harassment policies. The contractors advised they go through the same training as staff while the volunteers indicated they get a refresher training each year via videos and verbal instruction.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. The PAQ stated that all contractors are required to complete the same training as staff. Additionally, the PAQ indicates that all volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 1.3.D.06, page 8 states contract workers, temporary staff, interns, volunteers, and chaplains will receive the training in the basic volunteer training. Training will include but will not be limited to: review of this policy, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, and sexual harassment; how to fulfill their requirements under DOC's sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape and sexual harassment and regarding available medical and behavioral health treatment; and information related to the investigation of incidents of sexual assault/rape, and sexual harassment, and the prosecution of perpetrators. In addition to the above, training will cover the following: common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, and sexual harassment; offenders right to be free from sexual assault/rape and sexual

harassment and to be free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; confidentiality; dynamics of sexual assault/rape, sexual misconduct, and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape and sexual harassment; and consequences for failure to report. A review of the PREA On The Job Training curriculum indicates it includes information on: zero tolerance, staff responsibilities (including reporting), inmates rights, dynamics of sexual abuse, common victim reactions, detection and response, inappropriate relationships, understanding LGBTI and mandatory reporting. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms that it includes information on: the agency's zero-tolerance policy (slide 15), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 45-46, 52-54), the offenders' right to be free from sexual abuse and sexual harassment (slide 55), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (slide 55), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 21-22), the common reactions of sexual abuse and sexual harassment victims (slides 23-24), how to detect and respond to signs of threatened and actual sexual abuse (slides 25, 45-46 and 52-54), how to avoid inappropriate relationship with offenders (slides 41-44), how to communicate professionally and effectively with LGBTI offenders (slide 26-36) and how to comply with relevant laws related to mandatory reporting (slide 47). A review of documentation for five contractors indicated four had received PREA training. The auditor had not received any documentation related to volunteers at the issuance of the interim report. Interviews with contractors and volunteers confirmed the training went over the zero tolerance policy and how/who to report information to.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 1.3.D.06, page 8 states each employee, contract worker, and volunteer will document through signature that they understand the training they have received. The original will be maintained in the employees training file. A review of documentation for five contractors indicated four had received PREA training. The auditor had not received any documentation related to volunteers at the issuance of the interim report.

Based on a review of the PAQ, 1.3.D.06, PREA On The Job Training, Prison Rape Elimination Act of 2003 Training Curriculum, a review of volunteer and contractor training records as well as the interviews with contractors and volunteers indicate that this standard appears to require corrective action. A review of documentation for five contractors indicated four had received PREA training. The auditor had not received any documentation related to volunteers at the issuance of the interim report.

	<p>Corrective Action</p> <p>The facility will need to provide the one missing contractor training document. Further, a list of volunteers will need to be provided as well as a systematic sample of their PREA training (i.e. every fifth person on the list).</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Volunteer and Contractor Training <p>The facility provided the originally requested documentation. All contractors were documented with PREA training. Additionally, the facility provided the list of volunteers and a systematic sample of training records. All volunteers were documented with PREA training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA)

3. South Dakota Department of Corrections Policy 1.1.E.7 - Americans with Disabilities Act (ADA)
4. Attachment #8: Acknowledgment of PREA Procedures
5. Client Letter and Information Sheet for ISI, LLC.
6. Offender Living Guide
7. Sexual Abuse Awareness: Offender Brochure (Brochure)
8. PREA Notice - DCI & Victim Advocacy
9. PREA Notice - Phone (Crime Stoppers)
10. Break the Silence Poster
11. No Means No Poster
12. Offender PREA Education Records

Interviews:

1. Interview with Intake Staff
2. Interviews with Random Offender

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ indicated that offenders receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that zero offender received information on the zero-tolerance policy and how to report at intake. The PAQ noted that the facility does not admit new offenders they only receive transfers. Further communication with the PC indicated all offenders receive information upon intake into SD DOC. 1.3.D.06, page 13 states offenders will be shown the "PREA: What you need to know" video and receive a copy of the "An Offender's Guide to sexual abuse and sexual harassment awareness" brochure at intake. A review of the PREA Notice - Phone, indicates it advises of the agency's zero tolerance policy and the phone

methods to report. It includes the Crime Stoppers number as well as phone numbers to the National Sexual Assault Hotline and the Women and Children's Center. The PREA Notice. - DCI & Victim Advocacy includes two posters, one with DCI's mailing address and one with River City Domestic Violence Center's mailing address. The Brochure outlines the zero tolerance policy, provides definitions, outlines ways to avoid sexual abuse, details what to do if sexually abused, provides routes to report and provides contact information for victim advocacy services. The Offender Living Guide, pages 5-6 includes definitions of sexual abuse and sexual harassment, the zero tolerance policy, reporting mechanisms (including internal and external) and transgender offender accommodations. The other Break the Silence Poster outlines the zero tolerance policy and reporting mechanisms, including: to staff, through a third party (family or friend); through the outside reporting entity (DCI - contains address to write) and by writing a letter to the River City Domestic Violence Center. The No Means No Poster advises of the zero tolerance policy and reporting mechanism including: to staff, through the hotline or through a third party (family or friend). The auditor observed the intake process through a demonstration. All offenders are assigned a tablet, which contains the Offender Living Guide and the PREA policy. A physical copy is provided if requested, but the agency mainly provides these documents electronically. In addition to the tablet, offenders are provided information the same day they arrive. Staff go over how the facilities house based on the risk screening score. Staff also advise about the Crime Stoppers hotline as reporting mechanism as well as the ability to report through a kite. Staff give the offenders a chance to ask any questions. Offenders are then given a packet of information, which includes the Sexual Abuse Awareness: Offender Brochure. None of the facilities is an intake facility. All offenders are provided the Sexual Abuse Awareness: Offender Brochure within 72 hour of arrival into DOC custody. Offenders are then shown then PREA What You Need to Know video at the intake facility as part of the comprehensive PREA education. All offenders transferred to the three facilities have received prior education as part of the intake process. Interviews with intake staff confirmed that they provide offenders with information on the agency's zero tolerance policy and reporting mechanism during intake. The staff advised that they provide offenders with a packet of information, which includes the PREA Brochure. Staff advised information is also in the Handbook and all information is available on the offender tablet. Interviews with 40 offenders indicated 35 were provided information on the agency's sexual abuse and sexual harassment policies. A review of documentation for 44 offenders that arrived in the previous twelve months indicated that 20 had received information upon intake, either at the facility or a prior SD DOC facility. It should be noted that none Mike Durfee, Yankton and Rapid City are not intake facilities. All offenders receive information upon intake into the DOC at the intake facility.

115.33 (b): 1.3.D.06, page 13 states within thirty (30) days of intake, the DOC will provide all offenders entering all facilities comprehensive education and orientation material regarding their rights to be free from sexual assault/rape, and sexual harassment, and to be free from retaliation for reporting such incidents or behavior,

and regarding agency policies and procedures for responding to sexual assault/rape, sexual harassment, or sexual misconduct. The orientation information will be communicated orally, either in person or by video, and in written form in a manner that is clearly understood by the offender. In accordance with Americans with Disabilities Act – Offender Request for Accommodation, appropriate provisions will be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. The DOC will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. DOC will maintain documentation of offender participation in these education sessions. Information provided will include, but not be limited to: the DOC zero tolerance policy; self-protection; prevention/intervention; reporting procedures, treatment and counseling; protection against retaliation, and disciplinary actions for making false allegations. The PAQ indicated that zero offenders received comprehensive PREA education within 30 days of intake. The PAQ noted that the facility does not admit new offender only receives transfers. Further communication with the PC indicated they do not track those transferred but that all offenders receive comprehensive PREA education when entering SD DOC. A review of the PREA Notice – Phone, indicates it advises of the agency’s zero tolerance policy and the phone methods to report. It includes the Crime Stoppers number as well as phone numbers to the National Sexual Assault Hotline and the Women and Children’s Center. The PREA Notice. – DCI & Victim Advocacy includes two posters, one with DCI’s mailing address and one with River City Domestic Violence Center’s mailing address. The Brochure outlines the zero tolerance policy, provides definitions, outlines ways to avoid sexual abuse, details what to do if sexually abused, provides routes to report and provides contact information for victim advocacy services. The Offender Living Guide, pages 5-6 includes definitions of sexual abuse and sexual harassment, the zero tolerance policy, reporting mechanisms (including internal and external) and transgender offender accommodations. The other Break the Silence Poster outlines the zero tolerance policy and reporting mechanisms, including: to staff, through a third party (family or friend); through the outside reporting entity (DCI – contains address to write) and by writing a letter to the River City Domestic Violence Center. The No Means No Poster advises of the zero tolerance policy and reporting mechanism including: to staff, through the hotline or through a third party (family or friend). The auditor observed the education process through a demonstration. All offenders are assigned a tablet, which contains the Offender Living Guide and the PREA policy. A physical copy is provided if requested, but the agency mainly provides these documents electronically. In addition to the tablet, offenders are provided information the same day they arrive. Staff go over how the facilities house based on the risk screening score. Staff also advise about the Crime Stoppers hotline as reporting mechanism as well as the ability to report through a kite. Staff give the offenders a chance to ask any questions. Offenders are then given a packet of information, which includes the Sexual Abuse Awareness: Offender Brochure. It should be noted that Mike Durfee, Yankton and Rapid City are not intake facilities. All offenders are provided the Sexual Abuse Awareness: Offender Brochure within 72 hour of arrival into DOC custody. Offenders are then shown then PREA What You Need to Know video at the intake facility as part of the comprehensive PREA education. All

offenders transferred to the three facilities have received prior education as part of the intake process. Interviews with intake staff indicated that all offender watch the PREA video at the intake facility and are provided the PREA Brochure as well. Staff stated that when they get to Mike Durfee, Yankton and Rapid City they are again provided the PREA Brochure and staff verbally talk to them about ways to report and where they can find information, including on the tablet. Interviews with 40 offenders indicated 35 were provided information on their right to be free from sexual abuse, their right to be free from retaliation and agency policies and procedures for responding to such incidents. Most stated they were provided this information via video at Sioux Falls (intake facility for the DOC). A review of documentation for 44 offenders that arrived in the previous twelve months indicated that 20 had received comprehensive PREA education, either at the facility or a prior SD DOC facility.

115.33 (c): The PAQ indicated that all current offenders at the facility had been educated on PREA within 30 days of intake. Additionally, the PAQ indicated that agency policy requires that offenders who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. 1.3.D.06, page 13 states offenders who have not been offered education and information explaining the zero tolerance policy regarding sexual abuse and how to report incidents or suspicions of sexual abuse will be offered education and information during the offender's case planning within one year and review with unit staff. Interviews with intake staff indicated that all offender watch the PREA video at the intake facility and are provided the PREA Brochure as well. Staff stated that when they get to Mike Durfee, Yankton and Rapid City they are again provided the PREA Brochure and staff verbally talk to them about ways to report and where they can find information, including on the tablet. A review of 63 total offender files indicated 21 had received comprehensive PREA education, either at the facility or another SD DOC facility.

115.33 (d): The PAQ indicated that offender PREA education is available in formats accessible to all offenders, including those who are disabled or limited English proficient. 1.3.D.06, page 13 states within thirty (30) days of intake, the DOC will provide all offenders entering all facilities comprehensive education and orientation material regarding their rights to be free from sexual assault/rape, and sexual harassment, and to be free from retaliation for reporting such incidents or behavior, and regarding agency policies and procedures for responding to sexual assault/rape, sexual harassment, or sexual misconduct. The orientation information will be communicated orally, either in person or by video, and in written form in a manner that is clearly understood by the offender. In accordance with Americans with Disabilities Act - Offender Request for Accommodation, appropriate provisions will be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. The DOC will provide offender

education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. DOC will maintain documentation of offender participation in these education sessions. 1.1.E.7 outlines the agency's approach for LEP and disabled offenders. Page 6 states the DOC will take appropriate steps to ensure communication with inmates with a communication disability are as effective as communication with other inmates. The policy outlines accommodations and procedures to ensure equal access for LEP and disabled offenders. A review of the Prison Rape Elimination Act training curriculum confirms that it goes over information on LEP and disabled offenders on slides 37-29. A review of the PREA Notice, Offender Living Guide, Brochure and PREA Posters indicated they were available in adequate size font as well as in English and Spanish. The facility partners with ISI, LLC., an organization that provides interpreting services. The documentation provided confirmed that they provide language translation as well as video ASL translation. Interviews with seven disabled offenders and three LEP offender indicated seven had received information in a format they could understand. A review of eight disabled offender files and three LEP offender files indicated three received the PREA information.

115.33 (e): The PAQ indicated that the agency maintains documentation of offender participation in PREA education sessions. 1.3.D.06, page 13 states offenders will be required to sign the PREA Acknowledgement of Prevention of Sexual Abuse/ Harassment Information acknowledging receipt of this information. A copy of the offender orientation verification form will be maintained in the electronic file. A review of attachment #8 notes that the offender and a staff member sign and date that they received information on the prevention of sexual abuse and the zero tolerance policy. The form also indicates the signature confirms they were advised of their right to be free of sexual abuse and retaliation from reporting such incidents as well as confirmation they completed the PREA admission and orientation class. The form also notes that the offender signs to acknowledge receipt of prevention and reporting information. A review of 63 total offender files indicated that those who completed PREA education had documentation in the electronic system of receiving the education.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, offender handbooks or other written formats. 1.3.D.06, page 13 states in addition to providing such education, the facilities will have key information continuously and readily available or visible to offenders through posters, offender living guides, or other written format. A review of the PREA Poster/Notice indicates it advises of the agency's zero tolerance policy and the phone methods to report. The Brochure outlines the zero tolerance policy, provides definitions, outlines ways to avoid sexual abuse, details what to do if sexually abused, provides routes to report and provides contact information for victim advocacy services. A review of the PREA

Notice - Phone, indicates it advises of the agency's zero tolerance policy and the phone methods to report. It includes the Crime Stoppers number as well as phone numbers to the National Sexual Assault Hotline and the Women and Children's Center. The PREA Notice - DCI & Victim Advocacy includes two posters, one with DCI's mailing address and one with River City Domestic Violence Center's mailing address. The Brochure outlines the zero tolerance policy, provides definitions, outlines ways to avoid sexual abuse, details what to do if sexually abused, provides routes to report and provides contact information for victim advocacy services. The Offender Living Guide, pages 5-6 includes definitions of sexual abuse and sexual harassment, the zero tolerance policy, reporting mechanisms (including internal and external) and transgender offender accommodations. The other Break the Silence Poster outlines the zero tolerance policy and reporting mechanisms, including: to staff, through a third party (family or friend); through the outside reporting entity (DCI - contains address to write) and by writing a letter to the River City Domestic Violence Center. The No Means No Poster advises of the zero tolerance policy and reporting mechanism including: to staff, through the hotline or through a third party (family or friend). the tour the auditor observed PREA information posted throughout each of the facilities. Information was posted via the No Means No Poster, the PREA Notice, the Break the Silence Poster and the PREA Notice - Phone. The auditor observed some of the posted information on larger size paper while most information was posted on letter size paper. Information was observed in English and Spanish. The PREA Notice - Phone was observed above the phones in the housing units while the No Means No Poster, PREA Notice - Phone, PREA Notice DCI & Victim Advocacy and Break the Silence Poster were observed in different areas, including on bulletin boards in the dayrooms and on housing unit walls. Posters were also observed in many common areas. All postings included information on reporting mechanisms. The PREA Notice included information on the external reporting entity (mailing address for DCI). The PREA Notice also included the mailing address and phone number to the local rape crisis center. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the information on the local rape crisis center included old names of the organizations. Further, the PREA Notice postings were observed in smaller font due to being posted on the same paper. Additionally, the font and location of some postings were observed to be difficult to read. In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy as well as the Offender Living Guide (which included information on zero tolerance and the external reporting entity address). The auditor observed that the PREA video was on the tablet but it could not be played (showed error message). The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member.

Based on a review of the PAQ, 1.3.D.06, 1.1.E.7, Attachment #8: Acknowledgment of PREA Procedures, Client Letter and Information Sheet for ISI, LLC., Offender Living Guide, Sexual Abuse Awareness: Offender Brochure (Brochure), PREA Notice - DCI & Victim Advocacy, PREA Notice - Phone, Break the Silence Poster, No Means No Poster, Offender PREA Education Records, observations made during the tour, as well as information obtained during interviews with intake staff and random offenders indicates that this standard requires corrective action. A review of documentation for 44 offenders that arrived in the previous twelve months indicated that 20 had received information at intake and comprehensive PREA education, either at the facility or a prior SD DOC facility. A review of 63 total offender files indicated 21 had received comprehensive PREA education, either at the facility or another SD DOC facility. A review of eight disabled offender files and three LEP offender files indicated three received the PREA information. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the posted information was observed to be inaccurate and inconsistent. Reporting mechanisms were not correct, the direction to the numbers were not correct and the plethora of posted information just did not appear to be appropriate.

Corrective Action

The facility will need to ensure all offenders have received PREA education. An assurance memo as well as documentation for all those originally requested on-site confirming education will need to be provided. The facility will need to establish a process for offender education. A process memo will need to be provided, to include how LEP and disabled offenders will be accommodated. A list of offender that arrived during the corrective action plan will need to be provided as well as a systematic sample (i.e. every tenth offender on the list) of education documents. Further, the facility will need to update all posted PREA information at the facility. The updated information should be accurate, consistent and accessible for LEP and disabled offenders. The updated information will need to include reporting mechanisms (internal and external) and victim advocacy contact information. Photos of the updated PREA information will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Offender Education
2. Assurance Memorandum
3. List of Offenders that Arrived During the Corrective Action Period
4. Updated Sexual Abuse Awareness: Offender Brochure (Brochure)
5. Updated No Means No Poster
6. Photos of Updated Posted Information
7. Staff Training

The facility provided the originally requested education documents. All offenders were documented with PREA education.

The facility provided an assurance memo from the PCM that outlined she has monitored the offender educations process and has not observed any non-compliance issues.

A list of offenders that arrived during the corrective action period and a systematic sample of education documents were provided. All had received information at intake and comprehensive PREA education within 30 days.

Additionally, the facility provided training with staff on LEP and disabled offender PREA education. The training noted that education is available in English and Spanish and any other languages require the use of the language service. The training also directed staff to note the accommodations in COMS. Seven documents were provided confirming four offenders were provided education in Spanish, two were provided in Amharic and one was provided in Karen.

The facility provided the updated Brochure and updated No Means No Poster that included accurate information on how to contact Crime Stoppers. The documents removed the rape crisis center as a reporting mechanism. The documents included accurate information, separate from reporting, for each rape crisis center for

	<p>emotional support services. The Brochure was updated to include both internal and external reporting mechanisms. Photos of the updated documents around the facility were provided. English and Spanish versions of the documents were posted on letter size paper. Font appeared to be adequate with location of postings. The End the Silence Posters and PREA Notice – Phone were removed.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.34 Specialized training: Investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 3. National Institute of Corrections (NIC): Investigating Sexual Abuse In a Confinement Setting 4. National Institute of Corrections (NIC): Advanced Investigator Training 5. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 1.3.D.06, page 9 states additional specialized training is required for PREA first responders and SIU. This training may include, but is not limited to, crime scene management, elimination of trace evidence cross-contamination, evidence collection protocol, and sexual assault crisis intervention. Administrative and criminal SIU will remain current</p>

in required training. SIU will be trained in: conducting investigations of sexual assault/rape and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. The agency utilizes the NIC trainings which include necessary elements under this standard. A review of documentation indicated 41 staff had completed the specialized investigator training. Interviews with investigators confirmed they received specialized training regarding conducting sexual abuse investigations in a confinement setting.

115.34 (b): 1.3.D.06, page 9 states additional specialized training is required for PREA first responders and SIU. This training may include, but is not limited to, crime scene management, elimination of trace evidence cross-contamination, evidence collection protocol, and sexual assault crisis intervention. Administrative and criminal SIU will remain current in required training. SIU will be trained in: conducting investigations of sexual assault/rape and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. The agency utilizes the NIC trainings which include necessary elements under this standard. A review of the training curriculums confirm they include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated 41 staff had completed the specialized investigator training. Interviews with investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and four investigators completed the specialized training. 1.3.D.06, page 9 states documentation verifying completion of the specialized training will be recorded in each individual's training record and will be forwarded to the PREA coordinator. A review of documentation indicated 41 staff completed the NIC: Investigation Sexual Abuse in a Confinement Setting and 35 completed the NIC: Advanced Investigator Training. A review of investigations revealed they were completed by four investigators, all of which had completed the specialized investigator training.

115.34 (d): The auditor is not required to audit this provision.

	<p>Based on a review of the PAQ, 1.3.D.06, National Institute of Corrections (NIC): Investigating Sexual Abuse In a Confinement Setting, National Institute of Corrections (NIC): Advanced Investigator Training, Investigator Training Records as well as the interviews with investigators indicates that this standard appears to be compliant.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 3. National Institute of Corrections (NIC): PREA 201 for Medical and Mental Health Practitioners 4. South Dakota Correctional Behavioral Health PREA Training 5. Prison Rape Elimination Act of 2003 Training Curriculum 6. Medical and Mental Health Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 1.3.D.06, page 8 states all full-and part-time clinical services staff (medical and mental health care practitioners) who work regularly in facilities will be trained in: how to detect and assess signs of sexual assault/rape and sexual harassment; how to preserve physical evidence; how to respond effectively and professionally to victims of sexual assault/rape and sexual harassment; and how and to whom to report allegations or suspicions of sexual assault/rape and sexual harassment. Medical health care</p>

professionals will attend PREA First Responders training and behavioral health clinicians will attend Trauma Informed Practice training. Clinical staff will complete specialized PREA approved training and certifications will be forwarded to the PREA coordinator. Documentation of completion of this training will be recorded in each individual's training record. A review of the South Dakota Correctional Behavioral Health PREA Training and the NIC training confirmed they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 42 medical and mental health care staff and that 100% of these staff received the specialized training. A review of five medical and mental health staff training records confirmed all five had completed the specialized training. Interviews with medical and mental health care staff confirmed that they received specialized training and the training included the required elements under this provision.

115.35 (b): The PAQ indicated that agency medical and mental health care staff do not perform forensic medical examinations. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. 1.3.D.06, page 8 states documentation of completion of this training will be recorded in each individual's training record. A review of five medical and mental health staff training records confirmed all five had completed the specialized training. Training was documented via a signed acknowledgment.

115.35 (d): 1.3.D.06, page 8 states contract workers, temporary staff, interns, volunteers, and chaplains will receive the training in the basic volunteer training. Training will include but will not be limited to: review of this policy, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, and sexual harassment; how to fulfill their requirements under DOC's sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape and sexual harassment and regarding available medical and behavioral health treatment; and information related to the investigation of incidents of sexual assault/rape, and sexual harassment, and the prosecution of perpetrators. In addition to the above, training will cover the following: common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, and sexual harassment; offenders right to be free from sexual assault/rape and sexual harassment and to be

	<p>free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; confidentiality; dynamics of sexual assault/rape, sexual misconduct, and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape and sexual harassment; and consequences for failure to report. Contractors receive the same training as staff. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms that it includes information on: the agency’s zero-tolerance policy (slide 15), how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures (slides 45-46, 52-54), the offenders’ right to be free from sexual abuse and sexual harassment (slide 55), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (slide 55), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 21-22), the common reactions of sexual abuse and sexual harassment victims (slides 23-24), how to detect and respond to signs of threatened and actual sexual abuse (slides 25, 45-46 and 52-54), how to avoid inappropriate relationship with offenders (slides 41-44), how to communicate professionally and effectively with LGBTI offenders (slide 26-36) and how to comply with relevant laws related to mandatory reporting (slide 47). A review of five medical and mental health staff training records confirmed all five had completed training as required under 115.31 and 115.32.</p> <p>Based on a review of the PAQ, 1.3.D.06, National Institute of Corrections (NIC): PREA 201 for Medical and Mental Health Practitioners, South Dakota Correctional Behavioral Health PREA Training, Prison Rape Elimination Act of 2003 Training Curriculum, Medical and Mental Health Staff Training Records as well as interviews with medical and mental health care staff indicates this standard appears to be compliant.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 3. Attachment #7: PREA Offender Admission & Review Screen Scoring

4. Attachment #9: PREA Administrative Override Referral
5. PREA Risk Screen
6. Offender Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Random Offenders
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders. 1.3.D.06, page 9 states all offenders are assessed within 72 hours of arrival at the admissions facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior in person and in a private location. Page 13 further states Admissions and Orientation (A&O) and intake staff shall conduct an intake screen and PREA safety briefing assessment on all new admissions to the facility within seventy-two (72) hours of arrival to identify risks of victimization and abusiveness. The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in the Barracks building one on one in a staff office. Staff advise the offender they are there for a PREA review and ask them four questions; gender identity, sexual preference, prior sexual victimization and perception of vulnerability. Staff then review electronic file information to complete the remaining elements of the risk screening. The staff at Yankton and Rapid City complete an initial risk assessment, however the process is not consistent across all three facilities. Staff do not ask each required question across all three facilities. It was determined during the on-site that risk screenings upon transfer to the facility were not being done as outlined in the standard. Staff were only reviewing file information related to updates. They were not

meeting with the offender to conduct an in-person screening. The agency noted they did not know that initial risk assessments were required upon transfer to each facility. Interviews with 24 offenders that arrived within the previous twelve months indicated ten were asked questions related to risk of victimization and abusiveness. Interviews with staff responsible for risk screening confirmed offenders are screened for risk of victimization and abusiveness upon admission the facility or transfer to another facility.

115.41 (b): The PAQ indicated that the policy requires that offenders be screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their intake. The PAQ further note that this is only done at admission facilities. Further communication with the PCM indicated they do not do initial risk assessments they complete an assessment within 30 days. 1.3.D.06, page 9 states all offenders are assessed within 72 hours of arrival at the admissions facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior in person and in a private location. Page 13 further states Admissions and Orientation (A&O) and intake staff shall conduct an intake screen and PREA safety briefing assessment on all new admissions to the facility within seventy-two (72) hours of arrival to identify risks of victimization and abusiveness. The PAQ noted that zero offenders were screened within 72 hours over the previous twelve months. A review of documentation for 44 offender that arrived within the previous twelve months indicated 26 had an initial risk screening upon transfer to the facility. Ten of the 26 were completed past the 72 hour timeframe or were completed prior to the offenders arrival at the facility. Interviews with staff responsible for the risk screening confirmed offenders are screened for their risk of victimization and abusiveness within 72 hours. Interviews with 24 offenders that arrived within the previous twelve months indicated ten were asked questions related to risk of victimization and abusiveness.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of Attachment #7 illustrates that the risk screening tool includes four areas related to aggression including; institutional incidents of sexually abusing other offender, prior acts of violent sexual abuse (non-institutional), prior felony convictions for violent offenses and violence within institutional setting. The victim section includes 10 areas, including: disabilities, prior sexual victimization (institutional and non-institutional), age, physical stature, prior incarcerations, criminal history (violent vs non-violent), sexual offenses against a child or adult, if offender is or is perceived to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming, and perception of vulnerability. Attachment #7 outlines how to complete each area, including what questions to ask and what information to review. Both the victim and aggressor sections are tallied. If the offender responds positively to a certain question they are deemed victim or aggressor and if they answer positively to three or more of the questions they are deemed potential victim or potential aggressor. A review of Attachment #10 notes that the form includes

information related to any overrides, including the reason for the override and the recommendation for score. The override must be approved by the PCM and PC.

115.41 (d): 1.3.D.06, page 10 states the screenings will consider prior non-institutional acts or history of sexual assault/rape, sexual harassment, or sexual misconduct; prior convictions for violent offenses, and history of prior institutional violence or sexual assault/rape, sexual harassment, or sexual misconduct in assessing offenders for risk of being sexually aggressive. A review of Attachment #7 illustrates that the risk screening tool includes four areas related to aggression including; institutional incidents of sexually abusing other offender, prior acts of violent sexual abuse (non-institutional), prior felony convictions for violent offenses and violence within institutional setting. The victim section includes 10 areas, including: disabilities, prior sexual victimization (institutional and non-institutional), age, physical stature, prior incarcerations, criminal history (violent vs non-violent), sexual offenses against a child or adult, if offender is or is perceived to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming, and perception of vulnerability. Attachment #7 outlines how to complete each area, including what questions to ask and what information to review. Both the victim and aggressor sections are tallied. If the offender responds positively to a certain question they are deemed victim or aggressor and if they answer positively to three or more of the questions they are deemed potential victim or potential aggressor. Interviews with the staff responsible for the risk screening indicated they do not do initial risk assessments upon intake to the agency but they do a risk assessment upon arrival to the facility. One staff advised he asks about questions that will change, such as prior sexual victimization, gender identity sexual preference and perception of vulnerability. The staff confirmed the required elements under this provision are included in the initial risk screening.

115.41 (e): 1.3.D.06, page 10 states the screenings will consider prior non-institutional acts or history of sexual assault/rape, sexual harassment, or sexual misconduct; prior convictions for violent offenses, and history of prior institutional violence or sexual assault/rape, sexual harassment, or sexual misconduct in assessing offenders for risk of being sexually aggressive. A review of Attachment #7 illustrates that the risk screening tool includes four areas related to aggression including; institutional incidents of sexually abusing other offender, prior acts of violent sexual abuse (non-institutional), prior felony convictions for violent offenses and violence within institutional setting. The victim section includes 10 areas, including: disabilities, prior sexual victimization (institutional and non-institutional), age, physical stature, prior incarcerations, criminal history (violent vs non-violent), sexual offenses against a child or adult, if offender is or is perceived to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming, and perception of vulnerability. Attachment #7 outlines how to complete each area, including what questions to ask and what information to review. Both the victim and aggressor sections are tallied. If the offender responds positively to a certain question they are

deemed victim or aggressor and if they answer positively to three or more of the questions they are deemed potential victim or potential aggressor. Interviews with the staff responsible for the risk screening indicated they do not do initial risk assessments upon intake to the agency but they do a risk assessment upon arrival to the facility. One staff advised he asks about questions that will change, such as prior sexual victimization, gender identity sexual preference and perception of vulnerability. The staff confirmed the required elements under this provision are included in the initial risk screening.

115.41 (f): The PAQ indicated that the policy requires that the facility reassess each offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offender's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 1.3.D.06, page 10 states within thirty (30) days from the date of arrival at all facilities, a trained admissions case manager or unit case manager will assess or reassess the offender's risk of sexual victimization or sexual aggressiveness creating an updated PREA Risk Screen Assessment. The screening will be in person and conducted in a private location. The PAQ noted that zero offenders were reassessed within 30 days and the PAQ noted this number could not be generated. During the tour it was identified that risk reassessments are not completed at any of the facilities. Interviews with 24 offenders that arrived within the previous twelve months indicated one had been asked questions related to their risk of victimization and abusiveness more than once. Interviews with the risk screening staff indicated they conduct a reassessment only if there is a reason to reassess, such as a fight or something. A review of documentation for 44 offender that arrived within the previous twelve months indicated one had a risk reassessment but it was past the 30 days.

115.41 (g): The PAQ indicated that the policy requires that an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offenders risk of sexual victimization or abusiveness. 1.3.D.06, page 11 states if an offender is suspected of being a potential sexual victim or potentially sexually aggressive at any time during their incarceration; is found guilty of an offense in custody for rape or sexual misconduct/sexual harassment; or if the offender is involved in an incident of sexual assault/rape, sexual harassment, or sexual misconduct during their incarceration, a PREA Risk Screen re-assessment will be conducted in-person and in a private location to determine the appropriate risk level. Interviews with 24 offenders that arrived within the previous twelve months indicated one had been asked questions related to their risk of victimization and abusiveness more than once. Interviews with staff responsible for the risk screening confirmed that offender would be reassessed due to referral, request, incident of sexual abuse or receipt of additional information. A review of documentation for 44 offender that arrived within the previous twelve months indicated one had a risk reassessment but it was past the 30 days. The auditor identified two sexual abuse allegations that would necessitate a reassessment

due to incident of sexual abuse. The facility did not provide documentation related to the reassessment of the victims.

115.41 (h): The PAQ indicated that policy prohibits disciplining offenders for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the offender has a mental, physical, or developmental disability; (b) whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the offender has previously experienced sexual victimization; and (d) the offender's own perception of vulnerability. 1.3.D.06, page 9 states offenders will not be disciplined for refusing to answer, or for not disclosing complete information, in response to any questions asked for the PREA risk assessments. Interviews with the staff responsible for risk screening confirmed that offenders are not disciplined for refusing to answer or for not fully disclosing information any of the risk screening questions.

115.41 (i): 1.3.D.06, page 9 states appropriate controls will be used on the dissemination of information in order to ensure that sensitive information contained in responses to all PREA Risk Screen Assessment is not exploited by staff or other offenders. Risk screening information is maintained in the electronic system. Certain profiles have access to the risk screening information. There are over 150 profile groups that do not have access, including correctional officers. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to an offenders risk assessment within the facility in order to protect sensitive information from being exploited. He stated that not all staff have access to the information in COMS and that access to the risk screening is granted through administration with supervisor's approval. He further stated all staff have access to the risk screening score but not the responses. The PCM confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated not everyone has access to the information and access is based on profile. The staff responsible for risk screening confirmed the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited.

Based on a review of the PAQ, 1.3.D.06, Attachment #7: PREA Offender Admission & Review Screen Scoring, Attachment #9: PREA Administrative Override Referral, PREA Risk Screen, Offender Assessment and Reassessment Documents and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random offenders indicate that this standard requires corrective action. A review of documentation for 44 offender that arrived within the previous twelve months indicated 26 had an initial risk screening upon transfer to the facility. Ten of the 26 were completed past the 72 hour timeframe or were completed prior to the offenders arrival at the facility. It was determined during the on-site that risk screenings upon transfer to the facility were not being

done as outlined in the standard. Staff were only reviewing file information related to updates. They were not meeting with the offender to conduct an in-person screening. Interviews with 24 offenders that arrived within the previous twelve months indicated ten were asked questions related to risk of victimization and abusiveness. The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in the Barracks building one on one in a staff office. Staff advise the offender they are there for a PREA review and ask them four questions; gender identity, sexual preference, prior sexual victimization and perception of vulnerability. Staff then review electronic file information to complete the remaining elements of the risk screening. The staff at Yankton and Rapid City complete an initial risk assessment, however the process is not consistent across all three facilities. Staff do not ask each required question across all three facilities. During the tour it was identified that risk reassessments are not completed at any of the facilities.

Interviews with 24 offenders that arrived within the previous twelve months indicated one had been asked questions related to their risk of victimization and abusiveness more than once. Interviews with the risk screening staff indicated they conduct a reassessment only if there is a reason to reassess, such as a fight or something. A review of documentation for 44 offender that arrived within the previous twelve months indicated one had a risk reassessment but it was past the 30 days. The auditor identified two sexual abuse allegations that would necessitate a reassessment due to incident of sexual abuse. The facility did not provide documentation related to the reassessment of the victims.

Corrective Action

The facility will need to reevaluate their current initial risk screening and reassessment process. Both the initial and reassessment are required to be in person and are required to at minimum including a verbal question related to prior sexual victimization. The facility will need to provide a process memo on how these screenings will be conducted. Training with staff will need to be completed, including at Yankton and Rapid City. The training will also need to include a reassessment due to incident of sexual abuse. A copy of the training will need to be provided. The facility will need to provide a list of offenders received during the corrective action period and a systematic sample (i.e. every tenth offender on the list) of initial risk assessment and reassessments. Further, the facility will need to provide a list of sexual abuse allegations reported during the corrective action period and associated reassessments due to incident of sexual abuse.

Recommendation

The auditor highly recommends that the facility review their current risk screening

tool related to the tally to determine risk level. The auditor observed a large number of high risk offenders, which may indicate the current tally system is not appropriate.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Offenders that Arrived During the Corrective Action Period
3. Offender Risk Assessments
4. List of Sexual Abuse Allegations During the Corrective Action Period

The facility provided training that was conducted with staff on the initial and reassessment process. The training outlined that a 72 hour risk assessment is required for all offenders that arrive at the facility and a 30 day reassessment is also required. The training notes that these cannot be the same assessment. The training noted that these are required to be completed in person and questions are required to be verbally asked. The training also advised that a reassessment is required due to incident of sexual abuse and any victim of an allegation that is substantiated or unsubstantiated requires a risk reassessment. Staff signatures were provided confirming receipt and understanding of the training.

A list of offenders that arrived during the corrective action period and a systematic sample of risk assessments were provided. All offenders had an initial risk assessment completed within 72 hours and a reassessment within 30 days. It should be noted the auditor viewed that some of the reassessments were completed only a few days after the initial. The auditor advised the PCM to train staff on the need to wait longer than a few days to complete the reassessment. The PCM provided information to staff related to this recommendation.

The facility provided the originally requested risk assessments. Five of the offenders were released and as such did not have an updated risk assessment, however

	<p>documents were provided confirming they had at least one agency risk assessment completed.</p> <p>A list of sexual abuse allegations reported during the corrective action period was provided. There were four sexual abuse allegations reported. Two reassessments were provided for victims of sexual abuse. One victim was released prior to the allegation being provided and one was prior to the training and the offender was no longer at the facility so a reassessment was unable to be completed.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. South Dakota Department of Corrections Policy 700-14 - Management of Gender Dysphoria 4. Housing Assignments of Offenders at Risk of Sexual Victimization and/or Sexual Abusiveness 5. Transgender/Intersex Housing Determination Documents 6. Transgender/Intersex Biannual Reassessments 7. LGBTI Housing Assignments 8. Photos of Shower <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator

3. Interview with PREA Compliance Manager
4. Interviews with Gay, Lesbian and Bisexual Offender
5. Interviews with Transgender Offenders

Site Review Observations:

1. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. 1.3.D.06, page 9 states information obtained during the intake assessment and reassessment processes will be used to assist in the classification and facility assignment of the offender, in accordance with policies addressing Male/Female Offender Classification, Adult Internal Management System (AIMS), and Restrictive Housing. The facility will make individual determinations about how to ensure the safety of each offender. Unit staff will use information from the PREA Risk Screen assessments to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually aggressive. The interview with the PREA Compliance Manager indicated that information from the risk assessment is mostly used for housing. She stated high risk victims are not housed with high risk abusers in areas where they would share a common space. The PCM indicated anything with direct supervision such as classes they could be together, but anything without direct supervision they would not be placed together. Interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing. The staff advised that victims are not housed with aggressors and that it is also utilized for some job assignments. A review of documentation indicated a large number of potential victims and potential aggressors. Both designations were housed in the same housing units and were housing in bunks and rooms near one another. None were observed to be housed in the same room/cell together. It should be noted that most housing units are direct staff supervision with staff assigned within the housing units. The auditor also viewed that none had unsupervised job, education or program assignments together.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each offender. 1.3.D.06, page 9

states information obtained during the intake assessment and reassessment processes will be used to assist in the classification and facility assignment of the offender, in accordance with policies addressing Male/Female Offender Classification, Adult Internal Management System (AIMS), and Restrictive Housing. The facility will make individual determinations about how to ensure the safety of each offender. Unit staff will use information from the PREA Risk Screen assessments to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually aggressive. Interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing. The staff advised that victims are not housed with aggressors and that it is also utilized for some job assignments.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex offenders in the facility on a case-by-case basis. 1.3.D.06, page 12 states in making facility, cell/unit housing, and programmatic assignments for transgender or intersex offenders, the DOC will consider on a case-by-case basis whether the assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems. Offenders will be placed in facilities based upon collaboration between the Gender Dysphoria Treatment Committee, clinical services, administration, and the Office of Offender Services on a case-by-case basis. Offenders will not be housed based exclusively on external genital anatomy. The agency as a whole houses three transgender male offenders and 55 transgender female offenders. 700-14, page 3 outlines the placement process for transgender and intersex offenders. It states that facility housing and programming is on a case by case basis, consistent with the offender classification system, taking into consideration the offender's gender identify, crimes, disciplinary history, history of violence, medical and mental health needs, risk screening, individuals safety, programming needs and legitimate penological interest of the DOC. It further advises that requests by transgender, intersex or gender dysphoria offenders to transfer to a facility inconsistent with the offenders external genital anatomy, may be considered on a case-by-case basis. Requests will be forwarded to the gender dysphoria treatment committee for review. The auditor requested documentation related to those that requested a facility change. The PCM advised there have been not requests by offender. Once an offender identifies as transgender they are provided an accommodations form, which provides them information to submit related to housing. The interview with the PCM indicated they have not had any requests by transgender offenders at the facility to be housed at a female facility. She advised if they request to be housed at a female facility they are reviewed by a committee who will determine housing based on their recommendation as well as the multi-disciplinary teams recommendation. She confirmed assignments consider the offender's health and safety and whether the assignment would present any security or management problems. Interviews with four transgender offenders indicated all four were asked about how they felt about their safety with regard to housing and programming assignments and none felt they

were housed in one facility, unit or wing based on gender identity/sexual preference.

115.42 (d): 1.3.D.06, page 10 states the case manager will meet individually in person and in a private location with offenders who identify as transgender and intersex. Offenders will be re-assessed every six (6) months to review placement and programming assignments to review any threats to safety experienced by the offender. The PCM advised that transgender and intersex offenders are reviewed formally twice a year. The staff responsible for the risk screening confirmed transgender and intersex offenders are reassessed at least twice a year. The auditor requested documentation related to biannual assessments. At the issuance of the interim report the documentation provided only indicated the offenders had one assessment completed.

115.42 (e): 1.3.D.06, page 12 states serious consideration will be given to a transgender or intersex offender's own view with respect to their own safety. Interviews with the PCM and staff responsible for the risk screening confirmed that transgender and intersex offenders' views with respect to their safety are given serious consideration. Interviews with four transgender offenders confirmed all four were asked about how they felt about their safety with regard to housing and programming assignments.

115.42 (f): 1.3.D.06, page 10 states the case manager will inquire about the offender's opportunity to shower separately from other offenders. Page 12 further states self-identified transgender and intersex offenders will be given the opportunity to request the opportunity to shower separately from other offenders that do not identify as transgender or intersex. During the tour the auditor observed privacy was provided through curtains, doors and angles. While privacy was provided for offenders deemed male, transgender female offenders were not afforded adequate privacy in the segregated housing unit and in two housing areas in the Barrack building. The facility does not afford a separate shower time. Two housing areas in the Barrack building do not have a single person shower and the shower in segregated housing has lattice type material that is open and viewable by staff and other offenders. During the interim report period the facility provided photos of the segregated housing unit confirming a shower curtain was added that provides adequate privacy. Interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex offenders are afforded the opportunity to shower separately. The PCM stated that transgender and intersex offenders at Mike Durfee have separate showers, while a separate time is provided at Rapid City and Yankton. Interviews with four transgender offenders confirmed they are afforded the opportunity to shower separately.

115.42 (g): 1.3.D.06, page 12 states DOC will not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely based on such identification or status, unless such 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 such offenders. Offenders will not be housed based exclusively on external genital anatomy. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI offenders. He advised they do not have a designated spot for LGBTI offender, but rather they are housed based on classification and PREA risk screening score/code. The PCM confirmed that the agency does not have a consent decree and that LGBTI offenders are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with five LGB offenders and four transgender offenders indicated none felt that the facility places LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGB offenders confirmed they were housed across different housing units at the facility, confirming that LGBTI offenders were not placed in one dedicated unit or wing.

Based on a review of the PAQ, 1.3.D.06, 700-14, housing determinations for offenders at risk of sexual abusiveness and sexual victimization, transgender and intersex offender house documentation, transgender and intersex offender biannual assessments, LGB offender housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI offenders, indicates that this standard appears to require corrective action. The auditor requested documentation related to biannual assessments. At the issuance of the interim report the documentation provided only indicated the offenders had one assessment completed. While privacy was provided for offenders deemed male, transgender female offenders were not afforded adequate privacy in two housing areas in the Barrack building. The facility does not afford a separate shower time.

Corrective Action

The facility will need to ensure all transgender and intersex offenders are assessed biannually. The requested documentation will need to be provided. If not available, the facility will need to provide a list of transgender offenders and the last two biannual assessments. Further, the facility will need to make accommodations in the housing areas in the Barrack building for transgender showers. Confirmation of the accommodations will need to be provided.

Recommendation

	<p>The auditor highly recommends that the facility review their current risk screening tool related to the tally to determine risk level. The auditor observed a large number of high risk offenders, which may indicate the current tally system is not appropriate. Further, the auditor recommends that once updated, the facility avoid placing high risk victim and high risk abusers in housing units together.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Biannual Assessments 2. Photos of Shower <p>The facility provided the originally requested documentation. All transgender offenders that were at the facility longer than six months had biannual assessments completed.</p> <p>The facility identified one shower in Barrack building for transgender showers. Photos were provided that confirmed the shower had an opaque shower curtain that provided adequate privacy for transgender offenders.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA)

3. Offenders at High Risk of Victimization Housing Assignments

Interviews:

1. Interview with the Warden Designee
2. Interview with Staff Who Supervise Offenders in Segregated Housing

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of offenders 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. The PAQ noted that there were zero offenders at high risk of victimization that were placed in involuntary segregated housing in the past twelve months. 1.3.D.06, page 18 states offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault will not be placed in involuntary restrictive 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary restrictive housing for less than twenty-four (24) hours while completing the assessment. The interview with the Warden Designee indicated he did not believe agency policy prohibits placing offenders at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. A review of housing assignments for current offenders at high risk of sexual victimization indicated three were housed in the segregated housing unit, however the placement was not related to risk of victimization rather rule violations and safety watch.

115.43 (b): 1.3.D.06, page 18 states offenders placed in restrictive housing for this purpose will have access to programs, privileges, education, and work opportunities

to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document the opportunities limited, the reason for such limitations, and the duration of the limitation. During the tour the auditor observed the main segregated housing unit as well as segregation cells within the other housing units. The main segregated housing unit was a section of one of the housing buildings and included a separate recreation area. Offenders in segregated housing have access to recreation five days a week and showers five days a week. Phone access is limited to one 20 minute phone call a week. Mail and grievances are provided to staff. Grievances are provided to counselors while mail can be provided to any staff member. Counselors make rounds daily in the segregated housing unit. The interviews with staff who supervise offenders in segregated housing confirmed that offenders at high risk of sexual victimization who are involuntary segregated would have access to programs, privileges, education and work opportunities to the extent possible. The staff confirmed that any restrictions would be documented, including the reason and length of time. Both advised they have not and would not involuntarily segregate high risk victims though. There were no offenders identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): 1.3.D.06, page 18 states the facility may assign victim offenders to restrictive housing for investigative purpose (IP) only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days. The PAQ indicated there were zero offenders at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden Designee confirmed that offenders would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated he did not know ordinarily how long this would be, but stated that they would attempt to find alternative housing as soon as possible as they do not want to victimize the person by placing them in segregated housing. Interviews with the staff who supervise offenders in segregated housing indicated that offenders would only be placed in involuntary segregated housing until they could find an alternative means of separation. They stated they typically would only house an offender for 24 hours to through the weekend. One staff indicated it would not be more than five days in involuntary segregated housing. There were no offenders identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): 1.3.D.06, page 18 states if an involuntary restrictive housing assignment is made for this purpose the facility will clearly document, utilizing the IP status form, the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be arranged. The PAQ indicated there were zero offenders at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the

	<p>facility's concern for the offender's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current offenders at high risk of sexual victimization indicated three were housed in the segregated housing unit, however the placement was not related to risk of victimization rather rule violations and safety watch.</p> <p>115.43 (e): The PAQ indicate that if an offender was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the offender to be separated from the general population. Interviews with the staff who supervise offenders in segregated housing confirmed that offenders would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing.</p> <p>Based on a review of the PAQ, 1.3.D.06, high risk offender housing assignments, observations from the facility tour as well as information from the interviews with the Warden Designee and staff who supervise offenders in segregated housing indicates this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that training on this provision be provided to the Warden Designee and other applicable staff.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Prison Rape Elimination Act of 2003 Training Curriculum 4. Offender Living Guide 5. Sexual Abuse Awareness: Offender Brochure (Brochure)

6. PREA Notice - DCI & Victim Advocacy
7. PREA Notice - Phone (Crime Stoppers)
8. Break the Silence Poster
9. No Means No Poster

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Offenders
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of Posted PREA Reporting Information
2. Testing of Internal Reporting Hotline
3. Testing of the External Reporting Entity

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for offenders to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. 1.3.D.06, page 14 states offenders incarcerated in a DOC facility or contract facility may report any act of sexual assault/rape, sexual misconduct, or sexual harassment or retaliation for reporting such behavior by the following means: tell a DOC employee, contract worker, or volunteer; call the Offender Reporting Line at 0-605-367-5638 or the Offender Rape Crisis Hotline at #21 or #22 (after hours); mail a letter to the PREA Coordinator at PO Box 5911, Sioux Falls, South Dakota, 57117, send a kite or give a note directly to any DOC employee, contract worker, or volunteer; request to talk to clinical services; and send a note or letter in an envelope to the SIU investigator, unit staff, or warden. Policy further states offenders can report sexual abuse, sexual assault, or sexual harassment to an agency that is not part of the DOC. The outside PREA reporting agency - the Division of Criminal Investigations (DCI) will immediately forward written reports of sexual assault or sexual harassment to the IG. Offenders can remain anonymous by not identifying themselves in the letter. Correspondence

addressed to this address will be treated as confidential. A review of the PREA Notice - Phone indicates it provides dialing instructions for calling Crime Stoppers (calls are confidential and free of charge per Poster/Notice) and instructions for reporting sexual abuse (call is logged but call is not recorded per Poster/Notice). It should be noted the PREA Notice - Phone also provides the phone number for the National Sexual Assault Hotline and the Women's and Children's Center. Both of these organizations are victim advocacy organization and provide services under 115.53 and do not serve as a reporting mechanism. A review of the PREA Notice. - DCI & Victim Advocacy indicates it includes information on the external reporting entity, DCI. It advises that if offenders are uncomfortable reporting to DOC staff, offenders can write to DCI. The letter is free and confidential and is considered outgoing privileged/legal correspondence. The Break the Silence Poster outlines the zero tolerance policy and reporting mechanisms, including: to staff, through a third party (family or friend); through the outside reporting entity (DCI - contains address to write) and by writing a letter to the River City Domestic Violence Center. The No Means No Poster advises of the zero tolerance policy and reporting mechanism including: to staff, through the hotline or through a third party (family or friend). A review of the Brochure confirms that it includes routes to report including: to DOC employee, contractor or volunteer; through the reporting line; via a letter to the PC; in writing to staff, contractors or volunteers; and through clinical services. The Brochure notes at the bottom that reporting is free and anonymous. A review of the Offender Living Guide indicates it advises offender to immediately report sexual abuse or sexual harassment to staff. It also states offender can report, verbally, in writing, anonymously through a kite, via the institutional hotline, through a third party and via mail to DCI. During the tour the auditor observed PREA information posted throughout each of the facilities. Information was posted via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster and the PREA Notice - Phone . The auditor observed some of the posted information on larger size paper while most information was posted on letter size paper. Information was observed in English and Spanish. The PREA Notice - Phone was observed above the phones in the housing units while the No Means No Poster, PREA Notice - DCI & Victim Advocacy and Break the Silence Poster were observed in different areas, including on bulletin boards in the dayrooms and on housing unit walls. Posters were also observed in many common areas. All postings included information on reporting mechanisms. The PREA Notice - DCI & Victim Advocacy included information on the external reporting entity (mailing address for DCI). The PREA Notice - DCI & Victim Advocacy also included the mailing address and phone number to the local rape crisis center. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the information on the local rape crisis center included old names of the organizations. Further, the PREA Notice postings were observed in smaller font due to being posted on the same paper. Additionally, the font and location of some postings were observed to be difficult to read. In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy as well as the Offender Living Guide (which included information on zero tolerance and the external

reporting entity address). The auditor observed that the PREA video was on the tablet but it could not be played (showed error message). The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. The auditor tested the internal reporting mechanism during the tour. The auditor first attempted to call the Crime Stoppers hotline via the instructions on the posted information. It was determined that the instructions were not accurate and the pin number provided did not work. The auditor had an offender assist with calling the Crime Stoppers hotline through regular dialing instructions, utilizing the offenders pin and ID number. The offender was prompted to dial 1 for English or 2 for Spanish and then dial 0 for a collect call. The auditor reached the Crime Stoppers hotline and left a message on April 9, 2024. The auditor also called to confirm that the Crime Stoppers hotline worked at Yankton and Rapid City. At the issuance of the interim report the auditor had not received confirmation that the calls were received. The auditor also tested the internal written reporting process. The auditor submitted a kite via locked mailbox in a housing unit. At the issuance of the interim report the auditor had not received confirmation that the kite was received. with 40 offenders confirmed that all 40 were aware of at least one method to report sexual abuse and sexual harassment. Offenders stated they would report in writing, through the phone, to staff for through a friend. Interviews with random staff indicated offenders can report through the hotline, to staff, through a kite or via their family.

115.51 (b): The PAQ stated that the agency provides at least one way for offenders to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house offenders solely for civil immigration purposes. 1.3.D.06, page 14 states offenders incarcerated in a DOC facility or contract facility may report any act of sexual assault/rape, sexual misconduct, or sexual harassment or retaliation for reporting such behavior by the following means: tell a DOC employee, contract worker, or volunteer; call the Offender Reporting Line at 0-605-367-5638 or the Offender Rape Crisis Hotline at #21 or #22 (after hours); mail a letter to the PREA Coordinator at PO Box 5911, Sioux Falls, South Dakota, 57117; send a kite or give a note directly to any DOC employee, contract worker, or volunteer; request to talk to clinical services; and send a note or letter in an envelope to the SIU investigator, unit staff, or warden. Policy further states offenders can report sexual abuse, sexual assault, or sexual harassment to an agency that is not part of the DOC. The outside PREA reporting agency - the Division of Criminal Investigations (DCI) will immediately forward written reports of sexual assault or sexual harassment to the IG. Offenders can remain anonymous by not identifying themselves in the letter. Correspondence addressed to this address will be treated as confidential. A review of the PREA Notice. - DCI & Victim Advocacy indicates it includes information on the external reporting entity, DCI. It advises that if offenders are uncomfortable reporting to DOC staff, offenders can write to DCI. The letter is free and confidential and is considered outgoing privileged/legal correspondence. A review of the Offender Living Guide indicates it does provide the

mailing address to DCI and indicates offenders can report in writing. It does not however advise that DCI is the external reporting entity or that offender can remain anonymous when reporting to DCI. The Break the Silence Poster outlines the zero tolerance policy and reporting mechanisms, including: to staff, through a third party (family or friend); through the outside reporting entity (DCI - contains address to write) and by writing a letter to the River City Domestic Violence Center. A review of the PREA Notice - Phone, the No Means No Poster and the Brochure indicate they do not provide information on the external reporting entity. During the tour the auditor observed PREA information posted throughout each of the facilities. Information was posted via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster and the PREA Notice - Phone. The auditor observed some of the posted information on larger size paper while most information was posted on letter size paper. Information was observed in English and Spanish. The PREA Notice - Phone was observed above the phones in the housing units while the No Means No Poster, PREA Notice - DCI & Victim Advocacy and Break the Silence Poster were observed in different areas, including on bulletin boards in the dayrooms and on housing unit walls. Posters were also observed in many common areas. All postings included information on reporting mechanisms. The PREA Notice - DCI & Victim Advocacy included information on the external reporting entity (mailing address for DCI). The PREA Notice - DCI & Victim Advocacy also included the mailing address and phone number to the local rape crisis center. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the information on the local rape crisis center included old names of the organizations. Further, the PREA Notice postings were observed in smaller font due to being posted on the same paper. Additionally, the font and location of some postings were observed to be difficult to read. In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy as well as the Offender Living Guide (which included information on zero tolerance and the external reporting entity address). The auditor observed that the PREA video was on the tablet but it could not be played (showed error message). The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During the tour the auditor observed that offenders are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The mailroom staff advised that incoming mail is sorted and that all general mail is opened and reviewed. A photocopy is made of the mail and the offender receives the photocopy. Originals are maintained for a set time period and are then shredded. Legal mail is logged by the mailroom staff and is provided to the unit coordinator, who will open the mail in the presences of the offender. Outgoing mail is collected by night shift. Regular mail is reviewed by the night shift staff who then seal it and take it to the mailroom staff. If there are concerns with regard to the mail it is not sealed and is provided to the mailroom staff to review or provide to the investigators. Legal mail

is given directly to the unit coordinator. They will process it and seal it in front of the offender. It is then sealed and provided to the mailroom staff. Legal mail is not read, but rather reviewed only for appropriateness. The mailroom staff advised that mail to and from DCI is treated like legal mail. The auditor also tested the outside reporting mechanism via a letter to Division of Criminal Investigations (DCI). The auditor obtained a free envelope from the mailroom. All offenders are provided a certain number of free envelopes. A test letter was sent via the mailroom on April 10, 2024. The auditor addressed the mail to the address found on the PREA Notice - DCI & Victim Advocacy. The auditor received confirmation (via email) on April 15, 2024 from DCI confirming that they received the mailed letter. DCI staff advised that any report to DCI would be assigned to a Special Agency for investigation in conjunction with DOC investigators. DCI staff advised that if an offender wanted to remain anonymous they would be treated as an informant and their name would be replaced with a number. The interview with the PCM confirmed that the agency provides DCI as an external reporting mechanism. She stated upon receiving the information DCI would contact SIU. The PCM stated the agency is still in the process of confirming whether offenders can remain anonymous when reporting to DCI. Interviews with 40 offenders indicated nineteen were aware of DCI as the outside reporting entity. 24 of the 40 indicated they could anonymously report.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 1.3.D.06, page 14 states DOC employees, contract workers, and volunteers will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any reports and will immediately, confidentially, and directly report to their supervisor or the shift commander (report "directly" means the reporting person must speak directly to the supervisor or shift commander via radio, telephone, or in person). A review of the Prison Rape Elimination Act of 2003 training curriculum confirms slide 28 instructs staff that they are required to write a detailed incident report related to reports of sexual abuse and sexual harassment. Interviews with 40 offenders indicate 37 knew they could report verbally and/or in writing to staff and 35 knew they could report through a third party. Interviews with thirteen staff indicated that offenders can report verbally, in writing, anonymously and through a third party. The staff stated if an offender reported verbally they would document as soon as possible, but within 24 hours. During the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they complete a handwritten report via an incident report. Staff confirmed that they can privately report outside of the chain of command. A review of nine allegations indicated two were reported in writing, two were reported by staff observation, one was reported via a third party and four were reported verbally. Of the four verbal reports, three had a written report completed. One was verbally reported by a third party and the victim advised it was not accurate and as such a report was not written.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. The PAQ notes staff are informed of these procedures through cards, training, policy and the website. 1.3.D.06, page 15 states if a DOC employee, contract worker, or volunteer believes they cannot go through their normal facility protocol to make a report, DOC provides a private reporting phone line at (605) 367-4496 or 605-369-556. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms slide 50 advises of the different staff reporting options. Interviews with thirteen staff indicated all thirteen were aware that they could privately report sexual abuse of an offender.

Based on a review of the PAQ, 1.3.D.06 – Prison Rape Elimination Act (PREA), Prison Rape Elimination Act of 2003 Training Curriculum, Offender Living Guide, Sexual Abuse Awareness: Offender Brochure (Brochure), PREA Notice – Phone, PREA Notice – DCI & Victim Advocacy, Break the Silence Poster, No Means No Poster observations during the tour, information from interviews with the PCM, random offenders and random staff, this standard appears to require corrective action. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. The Posters included reporting mechanisms that were not reporting mechanisms (rape crisis centers). Further, review of documentation confirmed none specifically advised that DCI was the external reporting entity and that offenders can remain anonymous when reporting (or how they are to remain anonymous). Interviews with 40 offenders indicated nineteen were aware of DCI as the outside reporting entity. 24 of the 40 indicated they could anonymously report. During the functional test of the Crime Stoppers number it was determined that the direction on how to contact Crime Stopper was inaccurate. Additionally, the information on posted provided national and local rape crisis centers as reporting avenues, which is not appropriate as outlined under the PREA Resources Center’s Frequently Asked question. The auditor tested the internal reporting mechanism during the tour. The auditor first attempted to call the Crime Stoppers hotline via the instructions on the posted information. It was determined that the instructions were not accurate and the pin number provided did not work. The auditor had an offender assist with calling the Crime Stoppers hotline through regular dialing instructions, utilizing the offenders pin and ID number. The offender was prompted to dial 1 for English or 2 for Spanish and then dial 0 for a collect call. The auditor reached the Crime Stoppers hotline and left a message on April 9, 2024. The auditor also called to confirm that the Crime Stoppers hotline worked at Yankton and Rapid City. At the issuance of the interim report the auditor had not received confirmation that the calls were received. The auditor also tested the internal written reporting process. The auditor submitted a kite via locked mailbox in a housing unit. At the issuance of the interim report the auditor had not received confirmation that the kite was received.

Corrective Action

the facility will need to update all posted PREA information at the facility. The updated information should be accurate and consistent. It should have appropriate direction for contacting organization as well as outline the internal versus external reporting entities. The local rape crisis centers will need to be removed as reporting entities. Further, the information should outline the ability to remain anonymous when reporting to the external reporting entity and how to do that. Copies of the updated information will need to be provided as well as photos of the updated PREA information around the facility. The facility will need to identify why the tests completed by the auditor (Crime Stoppers and kite) were not functionable. The facility will need address these issues and ensure all outlined reporting mechanisms are functionable. Tests of these mechanisms across the facilities will need to be completed. Confirmation of these tests will need to be provided to the auditor.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Sexual Abuse Awareness: Offender Brochure (Brochure)
2. Updated No Means No Poster
3. Photos of Updated Posted Information
4. Confirmation Documents Uploaded to Tablet System
5. Test of Internal Hotlines
6. Test of Kite System

The facility provided the updated Brochure and updated No Means No Poster that included accurate information on how to contact Crime Stoppers. The documents removed the rape crisis center as a reporting mechanism. The Brochure was updated to include both internal and external reporting mechanisms and that offenders can remain anonymous when reporting. Further, the Brochure noted that mail to the external reporting entity (DCI) is treated as privileged. Photos of the updated documents around the facility were provided. Additionally, the facility provided confirmation that the updated Brochure was added to the offender tablet system.

	<p>Offenders are required to acknowledge the updated Brochure when they first login and then it is accessible in “Notices” thereafter. The End the Silence Posters and PREA Notice - Phone were removed.</p> <p>The facility conducted a test of the internal hotline at all three locations. Confirmation was provided that all three calls were made and received. Additionally, staff conducted a test of the kite system. Confirmation was provided of receipt of the test. Documents confirmed that both reporting mechanisms are functional.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.07 - Grievance Procedure 3. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 4. Offender Living Guide 5. Sexual Abuse Grievances 6. Grievance Log 7. Sample Grievances <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Offenders who Reported Sexual Abuse <p>Findings (By Provision):</p>

115.52 (a): 1.3.D.07 is the policy related to grievance procedures for offenders. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): The PAQ indicated that agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that offenders are required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 1.3.D.07, page 4 states the agency shall not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The agency shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Offender Living Guide indicates that page 16 states that emergency issues, such as sexual abuse or harassment must be reported immediately to staff and are not subject to the offender grievance process. Additionally, the grievance policy is available to offender through their tablets.

115.52 (c): The PAQ stated that agency policy and procedure allow an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an offender grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 1.3.D.07, page 4 states an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be referred to, investigated, or formally responded to by a staff member who is the subject of the sexual abuse grievance. Such grievance is not referred to a staff member who is the subject of the complaint. A review of the Offender Living Guide indicates that page 16 states that emergency issues, such as sexual abuse or harassment must be reported immediately to staff and are not subject to the offender grievance process. Additionally, the grievance policy is available to offender through their tablets.

115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were three sexual abuse grievances filed in the previous twelve months and all three had a response within 90 days. The PAQ further indicates that the agency always notifies an offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. 1.3.D.07, page 7 states including the day the Request for Administrative Remedy/Grievance form is received by the grievance coordinator, the grievance coordinator has 20 calendar days to generate a response to the offender. If an extension is warranted, the grievance coordinator will generate a letter requesting an extension approval from the warden. The reason for the extension will be documented in COMS and the offender notified. Extensions are limited to a maximum of 30 days. Interviews with offenders who reported sexual

abuse indicated all four were aware they were to be notified of the outcome of the investigation into their allegation All four indicated they were notified verbally or in writing about the outcome, however none reported via a grievance. A review of six grievances identified as PREA indicated three were related to sexual abuse or sexual harassment allegations. All three were forwarded for investigation and had a response within 90 days (all within 30 days). Further, the PREA grievances that were not sexual abuse or sexual harassment also had a response within 90 days. The auditor also reviewed the grievance log and sample grievances to determine if additional grievances involved sexual abuse or sexual harassment.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of offenders. The PAQ further indicated that agency policy and procedure requires that if an offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the offender's decision to decline. 1.3.D.07, page 3 states third party assistance in pursuing a request for remedy is permitted. Offenders may request a third party assistant to help document their request and the grievance. The offender requesting the remedy must sign the completed form. The third party preparer is required to sign the completed form/request. Page 2 also states the offender who is the alleged victim must provide a written statement or agreement accepting or declining to have the request proceed. The PAQ stated that there were zero grievances alleging sexual abuse by offenders in the past twelve months in which the offender declined third-party assistance and which contained documentation of the offender's decision to decline. The auditor reviewed the PREA grievances, grievance log and sample grievances and confirmed none were reported via a third party.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 1.3.D.06, page 15 states upon receiving an emergency grievance alleging imminent/substantial risk of sexual abuse, the staff member in receipt of the grievance will immediately forward the grievance to the PREA facility compliance manager for review and have an initial response with 48 hours and will issue a final agency decision within 5 calendar days. The PAQ stated there were zero emergency grievance alleging substantial risk of imminent sexual abuse in the previous twelve months. The auditor reviewed the PREA grievances, grievance log and sample grievances and confirmed none were emergency grievances.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an offender for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the offender filed the grievance in bad faith. 1.3.D.06, page 14 states reports of sexual assault/rape, sexual misconduct, and sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PAQ indicated that zero offenders were disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 1.3.D.07, 1.3.D.06, Sexual Abuse Grievances, Grievance Log, Sample Grievances and interviews with offenders who reported sexual abuse indicates that this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility update the Offender Living Guide to be clear that allegations of sexual abuse and sexual harassment can be reported via grievance but they will not be handled through the grievance procedure.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.5.D.04 - Offender Access to Telephones and Tablet 3. South Dakota Department of Corrections Policy 1.5.D.03 - Offender Correspondence 4. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 5. Memorandum of Understanding with Working Against Violence, Inc., Rapid City

6. Memorandum of Understanding with Yankton Women's/Children's Center (YWCC)
7. Offender Living Guide
8. Sexual Abuse Awareness: Offender Brochure (Brochure)
9. PREA Notice - DCI & Victim Advocacy
10. PREA Notice - Phone (Crime Stoppers)

Interviews:

1. Interviews with Random Offenders
2. Interviews with Offenders who Reported Sexual Abuse

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1.5.D.04 - Offender Access to Telephones and Tablet
3. South Dakota Department of Corrections Policy 1.5.D.03 - Offender Correspondence
4. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA)
5. Memorandum of Understanding with Working Against Violence, Inc., Rapid City
6. Memorandum of Understanding with Yankton Women's/Children's Center (YWCC)
7. Offender Living Guide
8. Sexual Abuse Awareness: Offender Brochure (Brochure)
9. PREA Notice - DCI & Victim Advocacy
10. PREA Notice - Phone (Crime Stoppers)

Interviews:

1. Interviews with Random Offenders
2. Interviews with Offenders who Reported Sexual Abuse

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides offenders with access to such services by giving offenders mailing addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations and that the facility provides offenders with access to such services by enabling reasonable communication between offenders and these organizations in a confidential a manner as possible. The PAQ stated that the facility does not hold individuals strictly for immigration purposes. 1.3.D.06, page 19 states offenders shall have access to outside victim advocates. Offenders will be provided mailing addresses and telephone numbers (including toll-free hotline numbers, where available) of local, state, or national victim advocacy or rape crisis organizations. Correspondence with a Victim Advocate/Rape Crisis Center is privileged. Offenders are allowed privileged telephone calls with Victim Advocate/Rape Crisis Centers Calls from the offender telephones or tablets will not be monitored and/or recorded for content. Messages sent from offender tablets are not confidential and subject to reading by staff. Page 21 further states the facility will provide offenders with access to outside victim advocates for emotional support services through the following. The contact information for statewide, national, and local rape crisis centers, is available through the PREA facility compliance manager and/or offender tablet; offenders can contact the rape crisis hotline at #21 (or #22 after hours). Offenders will be advised these calls are free, confidential, anonymous, and are not recorded or monitored. The rape crisis advocates are mandatory reporters and are required to report threats of suicide or homicide and reports of child abuse to the DOC or appropriate agency. Abuse of the rape crisis hotline will be reported to the SIU investigators by the rape crisis advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crisis line and/or DOC disciplinary sanctions. The MOU with Working Against Violence, Inc., Rapid City indicates the facility will provide all offenders the address and phone numbers of the local rape crisis center and/or victim's advocacy group. The facility will provide a free confidential phone access to call the local and/or

national rape crisis line. The MOU further states that Working Against Violence, Inc. agrees to provide the facility with a phone number that is available 24/7 for confidential reporting of any sexual abuse or sexual harassment of offenders. Trained advocates are available to provide emotional support, information and encouragement. The MOU with YWCC states the facility will provide all offenders the address and phone numbers of the local rape crisis center and/or victim's advocacy group. The facility will provide a free confidential phone access to call the local and/or national rape crisis line. The MOU further states YWCC agrees to provide a phone number that is available 24/7 for confidential reporting of any sexual abuse or sexual harassment of offenders. A review of the Brochure confirms that it includes phone numbers for victim advocacy services by facility. A review of the Offender Living Guide notes that page 6 states that offenders who are a victim of sexual abuse or sexual harassment have access to community victim advocate services. A review of the PREA Notice - Phone, indicates it has phone numbers to the National Sexual Assault Hotline and the Women and Children's Center, however they are outlined as reporting mechanisms and not for emotional support services. The PREA Notice. - DCI & Victim Advocacy includes the mailing address for River City Domestic Violence Center's. It advises that there is a free and confidential phone number to speak to someone about any incident of sexual abuse or sexual harassment that happened while incarcerated and the number is on a sign by the phone. It further advises that emotional support services via the mailing address are free and confidential and will be considered outgoing privileged/legal correspondence. The other Break the Silence Poster includes the mailing address for River City Domestic Violence Center, however it is outlined as a reporting mechanism and not an emotional support service. During the tour the auditor observed PREA information posted throughout each of the facilities. Information was posted via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster and the PREA Notice - Phone. The auditor observed some of the posted information on larger size paper while most information was posted on letter size paper. Information was observed in English and Spanish. The PREA Notice - Phone as observed above the phones in the housing units while the No Means No Poster, PREA Notice - DCI & Victim Advocacy and Break the Silence Poster were observed in different areas, including on bulletin boards in the dayrooms and on housing unit walls. Posters were also observed in many common areas. The PREA Notice - DCI & Victim Advocacy also included the mailing address and phone number to the local rape crisis center. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. The local rape crisis center is listed as a reporting entity on the Crime Stopper Poster and information on the local rape crisis center included old names of the organizations. In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy as well as the Offender Living Guide (which included information on zero tolerance and the external reporting entity address). The auditor observed that the PREA video was on the tablet but it could not be played (showed error message). The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During the tour the auditor observed that offenders are

able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The mailroom staff advised that incoming mail is sorted and that all general mail is opened and reviewed. A photocopy is made of the mail and the offender receives the photocopy. Originals are maintained for a set time period and are then shredded. Legal mail is logged by the mailroom staff and is provided to the unit coordinator, who will open the mail in the presence of the offender. Outgoing mail is collected by night shift. Regular mail is reviewed by the night shift staff who then seal it and take it to the mailroom staff. If there are concerns with regard to the mail it is not sealed and is provided to the mailroom staff to review or provide to the investigators. Legal mail is given directly to the unit coordinator. They will process it and seal it in front of the offender. It is then sealed and provided to the mailroom staff. Legal mail is not read, but rather reviewed only for appropriateness. Mailroom staff advised they had not received any mail for the local rape crisis center and as such were unsure of how it should be treated. The mailroom staff did indicate they would ask the PC about how the mail should be treated if they had any questions. The auditor tested the victim advocacy hotline during the on-site portion of the audit. An offender assisted with the call. Offenders dial 1 for English and 2 for Spanish. Offender select 0 for a collect call and then enter their pin number and ID number. Offenders then dial the 800 number for the local rape crisis center. The auditor reached a live person that confirmed they worked for the local rape crisis center and they could provide offenders with services via phone 24 hours a day. The auditor tested services at all three facilities. It should be noted that the organization at Rapid City was not the same organization listed on the posted information (name had changed). Additionally, the instructions at Rapid City differed from those at the other two facilities (had a speed dial while the others had an 800 number). Interviews with 40 offenders, including those who reported sexual abuse, indicated fifteen were aware of outside victim advocacy services and 32 were provided a phone number and mailing address to a local rape crisis center.

115.53 (b): The PAQ indicated that the facility informs offenders, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs offenders, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. 1.3.D.06, page 19 states offenders shall have access to outside victim advocates. Offenders will be provided mailing addresses and telephone numbers (including toll-free hotline numbers, where available) of local, state, or national victim advocacy or rape crisis organizations. Correspondence with a Victim Advocate/Rape Crisis Center is privileged. Offenders are allowed privileged telephone calls with Victim Advocate/Rape Crisis Centers. Calls from the offender telephones or tablets will not be monitored and/or recorded for content. Messages sent from offender tablets are not confidential and subject to reading by staff. The MOU with Working Against Violence, Inc., Rapid City indicates the facility will provide

all offenders the address and phone numbers of the local rape crisis center and/or victim's advocacy group. The facility will provide a free confidential phone access to call the local and/or national rape crisis line. The MOU further states that Working Against Violence, Inc. agrees to provide the facility with a phone number that is available 24/7 for confidential reporting of any sexual abuse or sexual harassment of offenders. Trained advocates are available to provide emotional support, information and encouragement. A review of the Offender Living Guide notes that page 6 states that offenders who are a victim of sexual abuse or sexual harassment have access to community victim advocate services. A review of the PREA Notice - Phone, indicates it has phone numbers to the National Sexual Assault Hotline and the Women and Children's Center, however they are outlined as reporting mechanisms and not for emotional support services. The PREA Notice. - DCI & Victim Advocacy includes the mailing address for River City Domestic Violence Center's. It advises that there is a free and confidential phone number to speak to someone about any incident of sexual abuse or sexual harassment that happened while incarcerated and the number is on a sign by the phone. It further advises that emotional support services via the mailing address are free and confidential and will be considered outgoing privileged/legal correspondence. The other Break the Silence Poster includes the mailing address for River City Domestic Violence Center, however it is outlined as a reporting mechanism and not an emotional support service. During the tour the auditor observed PREA information posted throughout each of the facilities. Information was posted via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster and the PREA Notice - Phone. The auditor observed some of the posted information on larger size paper while most information was posted on letter size paper. Information was observed in English and Spanish. The PREA Notice - Phone was observed above the phones in the housing units while the No Means No Poster, PREA Notice - DCI & Victim Advocacy and Break the Silence Poster were observed in different areas, including on bulletin boards in the dayrooms and on housing unit walls. Posters were also observed in many common areas. All postings included information on reporting mechanisms. The PREA Notice - DCI & Victim Advocacy included information on the external reporting entity (mailing address for DCI). The PREA Notice - DCI & Victim Advocacy also included the mailing address and phone number to the local rape crisis center. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. The local rape crisis center is listed as a reporting entity on the Crime Stopper Poster and information on the local rape crisis center included old names of the organizations. In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy as well as the Offender Living Guide (which included information on zero tolerance and the external reporting entity address). The auditor observed that the PREA video was on the tablet but it could not be played (showed error message). The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During the tour the auditor observed that offenders are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the boxes were specific to sexual abuse or sexual

harassment allegations or information. The mailroom staff advised that incoming mail is sorted and that all general mail is opened and reviewed. A photocopy is made of the mail and the offender receives the photocopy. Originals are maintained for a set time period and are then shredded. Legal mail is logged by the mailroom staff and is provided to the unit coordinator, who will open the mail in the presence of the offender. Outgoing mail is collected by night shift. Regular mail is reviewed by the night shift staff who then seal it and take it to the mailroom staff. If there are concerns with regard to the mail it is not sealed and is provided to the mailroom staff to review or provide to the investigators. Legal mail is given directly to the unit coordinator. They will process it and seal it in front of the offender. It is then sealed and provided to the mailroom staff. Legal mail is not read, but rather reviewed only for appropriateness. Mailroom staff advised they had not received any mail for the local rape crisis center and as such were unsure of how it should be treated. The mailroom staff did indicate they would ask the PC about how the mail should be treated if they had any questions. Interviews with 40 offenders, including those who reported sexual abuse, indicated fifteen were aware of outside victim advocacy services and 32 were provided a phone number and mailing address to a local rape crisis center. Most of the offenders indicated they were not aware of specifics of the local rape crisis center but they were given the information. Some advised they can call anytime and it is free.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide offenders with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. 1.3.D.06, page 19 states the PREA coordinator will maintain copies of such agreements or documentation showing attempts to enter into such agreements and renew these as necessary. A review of documentation confirms that the facility has an MOU with Working Against Violence, Inc, Rapid City. The MOU was signed June 11, 2013 and the facility maintains a copy of the MOU.

Based on a review of the PAQ, 1.5.D.04, 1.5.D.03, 1.3.D.06, Memorandum of Understanding with Working Against Violence, Inc., Rapid City, Memorandum of Understanding with Yankton Women's/Children's Center (YWCC), Offender Living Guide, Sexual Abuse Awareness: Offender Brochure (Brochure), PREA Notice and interviews with random offenders and offenders who reported sexual abuse this standard appears to require corrective action. The MOU states that Working Against Violence, Inc. agrees to provide the facility with a phone number that is available 24/7 for confidential reporting of any sexual abuse or sexual harassment of offenders. The MOU states YWCC agrees to provide a phone number that is available 24/7 for confidential reporting of any sexual abuse or sexual harassment of offenders. While information was observed throughout each facility, the posted information was inconsistent and inaccurate. The local rape crisis center is listed as a reporting entity on numerous Posters and distributed information. Further there was no

documentation outlining mandatory reporting information related to the rape crisis center. Mailroom staff advised they had not received any mail for the local rape crisis center and as such were unsure of how it should be treated. The mailroom staff did indicate they would ask the PC about how the mail should be treated if they had any questions.

Corrective Action

The facility will need to update their MOUs with the local rape crisis centers to remove language related to being a reporting entity. Additionally, all posted and distributed information will need to be updated to clearly outline the rape crisis centers are for emotional support services for sexual abuse (occurred anytime - not just while incarcerated) and not for reporting. Further it should include level of confidentiality with the contact and any information related to mandatory reporting laws. A copy of the updated documentation as well as photos of the updated information posted around the facility will need to be provided. The mailroom staff will also need to be trained on how mail to the local rape crisis centers is treated. A copy of the training will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Sexual Abuse Awareness: Offender Brochure (Brochure)
2. Updated No Means No Poster
3. Photos of Updated Posted Information
4. Confirmation Documents Uploaded to Tablet System
5. Staff Training
6. Updated Memorandum of Understanding with Working Against Violence, Inc., Rapid City
7. Updated Memorandum of Understanding with Yankton Women's/Children's Center (YWCC)

	<p>The facility provided the updated Brochure and updated No Means No Poster that included accurate information on emotional support services. The documents removed the rape crisis center as a reporting mechanism and noted that the organizations are not reporting entities. The Brochure was updated to note that calls to advocates are not monitored or recorded and mail is privileged. Additionally, the facility provided confirmation that the updated Brochure was added to the offender tablet system. Offenders are required to acknowledge the updated Brochure when they first login and then it is accessible in "Notices" thereafter. The End the Silence Posters and PREA Notice - Phone were removed.</p> <p>The emotional support service MOUs were updated to remove the language related to being a reporting entity. The updated MOUs outline services for emotional support only. The updated MOUs were executed September 26, 2024.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Sexual Abuse Awareness: Family and Friends Brochure 4. Break the Silence Poster <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of</p>

an offender. 1.3.D.06, page 6 states the DOC website includes information about how a third-party may report incidents of sexual assault/rape, sexual misconduct, and sexual harassment involving an offender and/or on behalf of an offender within a DOC facility: <http://doc.sd.gov> or email DOC.ADULTPREA@state.sd.us, or write DOC-Adult Division PREA Coordinator PO Box 5911 Sioux Falls, SD 57117 or call 605-367-4496. A review of the Sexual Abuse Awareness: Family and Friends Brochure confirmed that it advises of routes to report, including: by telling a DOC employee, contractors or volunteer; through the reporting line; via a letter or email to the PC or in writing to facility staff and leadership. A review of the agency website confirmed that it provides information on reporting sexual abuse and sexual harassment to the agency PREA Coordinator. The website provides the physical mailing address and email for the PREA Coordinator. During the tour third party reporting information was observed at the front entrance/visitation area at all three facilities via the Break the Silence metal posting. The posting advised of the zero tolerance policy and to contact staff for more information. The areas included the Sexual Abuse Awareness: Family and Friends Brochure in English and Spanish. The auditor tested the third party reporting mechanism via the Crime Stoppers hotline. The auditor called the hotline as outlined on the agency website. The hotline is the same hotline utilized for the offender population. The auditor received confirmation from the PREA Coordinator that the message was received and if it was a report of sexual abuse would be forwarded for investigation.

Based on a review of the PAQ, 1.3.D.06, Sexual Abuse Awareness: Family and Friends Brochure, Break the Silence Poster and the agency's website this standard appears to require corrective action.

Recommendation

The auditor highly recommends that the facility visibly post the Crime Stoppers contact number in the visitation/front entrance areas.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape

Elimination Act (PREA)

3. Investigative Reports

Interviews:

1. Interviews with Random Staff
2. Interviews with Medical and Mental Health Staff
3. Interview with the Warden Designee
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy 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; any retaliation against offenders or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 1.3.D.06, page 15 states any DOC Employee/Contract Worker/Volunteer with knowledge, suspicion, or information (including third party and anonymous kites, letters, and reports), regarding incidents of sexual assault/rape, sexual misconduct, and sexual harassment in a correctional setting, (including DOC prisons, private prisons, and community confinement facilities); incidents of retaliation against offenders or DOC employees, contract workers, or volunteers who reported such incidents; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation who willfully fails to report shall be subject to disciplinary action. The shift commander or OIC will notify the Duty Officer, the PREA facility compliance manager, and the SIU investigator of all allegations of sexual assault/rape and harassment by phone call and email. Interviews with thirteen staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to the supervisor or Office in Charge.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and

management decisions. 1.3.D.06, page 15 states any DOC Employee/Contract Worker/Volunteer with knowledge, suspicion, or information (including third party and anonymous kites, letters, and reports), regarding incidents of sexual assault/rape, sexual misconduct, and sexual harassment in a correctional setting, (including DOC prisons, private prisons, and community confinement facilities); incidents of retaliation against offenders or DOC employees, contract workers, or volunteers who reported such incidents; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation who willfully fails to report shall be subject to disciplinary action. The shift commander or OIC will notify the Duty Officer, the PREA facility compliance manager, and the SIU investigator of all allegations of sexual assault/rape and harassment by phone call and email. DOC employees, contract workers, and volunteers will not reveal any information related to a sexual assault/rape, sexual misconduct, or sexual harassment report to anyone other than to supervisors, investigators, and designated officials. Such information will be limited to information necessary to make treatment, investigation, and other security and management decisions. Interviews with thirteen staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to the supervisor or Office in Charge.

115.61 (c): 1.3.D.06, page 9 states a Release of Information form from clinical services signed by the offender may be required prior to release or request of confidential information about the about the offender which may be requested from outside sources. Clinical services will inform offenders of the practitioner's duty to report, and the limitations of confidentiality and management decisions. Interviews with medical and mental health care staff confirm that at the initiation of services with an offender they disclose limitations of confidentiality and their duty to report. All staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. Two of the six advised they became aware of the information and immediately reported it to security. A review of investigative reports indicated one was reported to a mental health staff member who immediately reported it to security. The allegation was reported by security and investigated by a facility investigator.

115.61 (d): 1.3.D.06, page 15 states if the alleged victim is under the age of eighteen (18) or considered a vulnerable adult in accordance with SDCL 22-22-7.6: Sexual acts between jail or juvenile correctional facility employees and detainees-- Felony, the DOC will report the allegation to the designated state or local services agency under applicable mandatory reporting laws. The interview with the PREA Coordinator indicated that staff are mandatory reporters. He indicated the agency goes not house anyone under eighteen but as a mandatory reporter they report information to DCI and any further notifications would be made by DCI. The Warden Designee stated

that they do not house offenders under eighteen and he was unaware of any mandatory reporting laws.

115.61 (e): .3.D.06, page 15 states any DOC Employee/Contract Worker/Volunteer with knowledge, suspicion, or information (including third party and anonymous kites, letters, and reports), regarding incidents of sexual assault/rape, sexual misconduct, and sexual harassment in a correctional setting, (including DOC prisons, private prisons, and community confinement facilities); incidents of retaliation against offenders or DOC employees, contract workers, or volunteers who reported such incidents; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation who willfully fails to report shall be subject to disciplinary action. The shift commander or OIC will notify the Duty Officer, the PREA facility compliance manager, and the SIU investigator of all allegations of sexual assault/rape and harassment by phone call and email. The interview with the Warden Designee confirmed that all allegations of sexual abuse and sexual harassment are reported to the designated facility investigators. A review of investigative reports indicated two were observed by staff, one was reported via a third party, four were reported verbally and two were reported in writing. Additionally, three allegations were reported that did not meet the definition of sexual abuse or sexual harassment. All twelve allegations were forwarded to facility investigators.

Based on a review of the PAQ, 1.3.D.06, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden Designee indicates that this standard appears to be compliant.

Recommendation

The auditor highly recommends that the agency go over mandatory reporting laws with all necessary staff. While the facility specifically is not responsible for notifying anyone it is best practice they are aware of these laws.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA)
3. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden Designee
3. Interviews with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 1.3.D.06, page 5 states if any employee, contract worker or volunteer learns that an offender is subject to a substantial risk of imminent sexual abuse, that person will take immediate action to protect the offender. The PAQ stated that there were zero determinations made in the past twelve months that an offender was at substantial risk of imminent sexual abuse. The Agency Head stated that when the agency learns that an offender is subject to substantial risk of imminent sexual abuse they deem this individual a victim and they immediately initiate an investigation. She stated they may need to move that individual or place them in protective custody. She stated there are some cases there may be a need to transfer that offender or another offender to another facility. The Agency Head advised the biggest concern is to ensure that they do not victimize someone at risk through isolation. The interview with the Warden Designee indicated when an offender is at imminent risk of sexual abuse they investigate the situation immediately. He advised they would speak with the offender to find out the issues and the potential perpetrator and they would take action to best separate those offenders. Interviews with random staff indicated if an offender was at imminent risk of sexual abuse they would separate the individual from the risk and report the information to the PC. Staff further stated they would try to find the offender a different housing assignment. A review of documentation confirmed there were zero offenders determined to be at imminent risk of sexual abuse. There were numerous reports of sexual harassment and staff took immediately action once reported.

	<p>Based on a review of the PAQ, 1.3.D.06, investigative reports and information from interviews with the Agency Head, Warden Designee and random staff indicates that this standard appears to be compliant.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Attachment #9: Reporting to Other Confinement Facilities 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden Designee <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 1.3.D.06, page 16 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the warden will notify the warden of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. Agency to agency referral (see attachment #9 - Reporting to Other Confinement Facilities) will be completed and placed with the written report that will be generated by SIU investigator and a copy will be sent to the PREA facility compliance manager</p>

and PREA coordinator. A review of Attachment #9 notes the form is a template that can be filled with contact information for the agency, the information related to the allegation received, the response and return contact information. The PAQ stated there were zero allegations received that an offender was abused while confined at another facility. A review of documentation confirmed there were zero offender who reported sexual abuse that occurred at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 1.3.D.06, page 16 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the warden will notify the warden of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. Agency to agency referral (see attachment #9 - Reporting to Other Confinement Facilities) will be completed and place with the written report that will be generated by SIU investigator and a copy will be sent to the PREA facility compliance manager and PREA coordinator. A review of documentation confirmed there were zero offender who reported sexual abuse that occurred at another facility.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 1.3.D.06, page 16 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the warden will notify the warden of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. Agency to agency referral (see attachment #9 - Reporting to Other Confinement Facilities) will be completed and place with the written report that will be generated by SIU investigator and a copy will be sent to the PREA facility compliance manager and PREA coordinator. A review of Attachment #9 notes the form is a template that can be filled with contact information for the agency, the information related to the allegation received, the response and return contact information. A review of documentation confirmed there were zero offender who reported sexual abuse that occurred at another facility.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 1.3.D.06, page 16 states the warden that receives any such notification will ensure that the allegation is investigated. The PAQ stated there were zero allegations reported to the facility from another facility in the previous twelve months. A review of investigative reports confirmed none were received through a Warden to Warden notification The Agency Head stated that a Warden to Warden notification is required and when they receive a Warden to Warden notification they

	<p>work with the reporting agency to gain information to conduct an investigation. The Agency Head indicated that they received a Warden to Warden notification a few months ago and they worked with the jail administrator of the facility the information was provided from to investigate. She advised the process was flawless. The Warden Designee stated that any allegation received via a Warden to Warden notification would be handled the same as other allegations. He indicated it would be investigated. He further advised that he was unaware of any notifications they received from another agency/facility.</p> <p>Based on a review of the PAQ, 1.3.D.06, Attachment #9: Reporting to Other Confinement Facilities, investigative reports, and interviews with the Agency Head and Warden Designee, this standard appears to be compliant.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 3. Attachment #3: PREA Response Facility Checklist 4. Prison Rape Elimination Act of 2003 Training Curriculum 5. Sexual Incident Protocol and Reference Book 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff 3. Interviews with Offenders who Reported Sexual Abuse <p>Findings (By Provision):</p>

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 1.3.D.06, page 16 states appropriate security procedures will include, at a minimum: separate the perpetrator and victim; preserve and protect the crime scene, isolate, and cordon off the crime scene until appropriate steps can be taken to collect any evidence or receiving further direction from the SIU investigator; and instruct the suspect and request the victim within a time period that still allows for collection of physical evidence not to shower, wash, brush their teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence. A review of the Prison Rape Elimination Act training curriculum confirms slide 52 discusses first responder duties. Additionally, the Sexual Incident Protocol and Reference Book, page 1 outlines first responder duties. The PAQ stated there were 28 allegations of sexual abuse in the previous twelve months and six involved the immediate separation of the alleged victim and abuser. Zero occurred within a time period to collect physical evidence, zero allegations involved the collection of physical evidence by securing of the crime scene and zero included requesting the victim not take any action to destroy any evidence. A review of investigative reports indicated five were sexual abuse, however none involved any first responder duties. One involved the alleged perpetrator being placed in segregated housing. The interview with the security first responder indicated that first responder duties after an allegation of sexual abuse include: separating the individuals, preserving the scene as much as possible, advising them not to shower or take action to destroy physical evidence, contacting medical and mental health and contacting SIU. The non-security first responder stated that duties after an allegation of sexual abuse include contacting the security supervisor and the PC right away. Interviews with offenders who reported sexual abuse indicated all had immediate action taken. All had a supervisor and/or an investigator come and talk to them immediately. Three remained in the same housing unit. One had the staff removed and one had the other offender removed. One offender was taken to the hospital and was later placed in restrictive housing.

115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a

security staff member, that responder shall be required to notify security staff. 1.3.D.06, page 16 states appropriate security procedures will include, at a minimum: separate the perpetrator and victim; preserve and protect the crime scene, isolate, and cordon off the crime scene until appropriate steps can be taken to collect any evidence or receiving further direction from the SIU investigator; and instruct the suspect and request the victim within a time period that still allows for collection of physical evidence not to shower, wash, brush their teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence. The PAQ stated there were nine allegations of sexual abuse that involved a non-security staff first responder. None involved advising the victim not to take any action to destroy evidence but all nine were reported to security. A review of investigative reports indicated one sexual abuse allegations was reported to a mental health staff member. The staff notified security of the allegation. The interview with the security first responder indicated that first responder duties after an allegation of sexual abuse include: separating the individuals, preserving the scene as much as possible, advising them not to shower or take action to destroy physical evidence, contacting medical and mental health and contacting SIU. The non-security first responder stated that duties after an allegation of sexual abuse include contacting the security supervisor and the PC right away. Interviews with thirteen staff confirmed all thirteen were aware of first responder duties.

Based on a review of the PAQ, 1.3.D.06, Attachment #3: PREA Response Facility Checklist, Prison Rape Elimination Act of 2003 Training Curriculum, Sexual Incident Protocol and Reference Book, investigative reports, the PREA Checklist and interviews with random staff and first responders, this standard appears to be compliant.

Recommendation

The facility instructs all staff, security or non-security on first responder duties. The auditor highly recommends that the facility update policy and procedure to differentiate between security and non-security first responder duties.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA)

3. Sexual Incident Protocol and Reference Book

Interviews:

1. Interview with the Warden Designee

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has 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. 1.3.D.06, page 16 states each facility, including contracted facilities, must use the checklist, to develop a written PREA facility response plan. The facility specific PREA response plan will coordinate actions among first responders, clinical staff, SIU investigator or local law enforcement, facility leadership, victim rights, and advocacy in response to an incident of sexual assault or sexual activity. 1.3.D.06, pages 16-17 outline actions in response to an incident of sexual abuse or sexual harassment. A review of the Sexual Incident Protocol and Reference Book indicates it includes duties of first responder, correctional medical services, correctional behavioral services, SIU investigators, the PCM, the Division of Criminal Investigations, victim advocates, and the attorney general. The document also includes the Attachment #4: PREA Response Facility Checklist and instructions for the checklist. The Warden Designee confirmed that the facility has plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

Based on a review of the PAQ, 1.3.D.06, Sexual Incident Protocol and Reference Book and information from the interview with the Warden Designee, this standard appears to be compliant.

Recommendation

While agency policy and the Sexual Incident Protocol and Reference Book outline actions and duties after a report of sexual abuse, it is not facility specific. While all facilities under SD DOC operate the same, the auditor highly recommends that a facility specific plan is created.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. 1.3.D.06, page 6 states the DOC will not enter into any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The interview with the Agency Head confirmed that the agency has not entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, 1.3.D.06 and the interview with the Agency Head, this standard appears to be not applicable and as such compliant.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA)
3. Attachment #5: Retaliation Monitoring
4. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden Designee
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. 1.3.D.06, page 5 states the DOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers, and volunteers have the right to be free from retaliation from reporting sexual assault/rape, sexual misconduct, and sexual harassment and for cooperating with investigations. The PREA facility compliance manager will initiate retaliation monitoring, when the allegation is reported, on offenders who report sexual abuse or cooperate with an investigation of sexual abuse. The PREA facility compliance manager will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes, and negative offender case notes. Periodic in person status checks for offenders will be completed by the PREA facility compliance manager. For employees, contractors, and volunteers who report sexual abuse, retaliation monitoring will be completed by the PREA facility compliance manager or PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least ninety (90) days but may continue past ninety (90) days if the initial monitoring indicates a continuing need. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the inspector general (IG) and a copy sent to the PREA coordinator. The PAQ indicated that the PCM

is the staff member charged with monitoring for retaliation.

115.67 (b): 1.3.D.06, page 5 states the DOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers, and volunteers have the right to be free from retaliation from reporting sexual assault/rape, sexual misconduct, and sexual harassment and for cooperating with investigations. The PREA facility compliance manager will initiate retaliation monitoring, when the allegation is reported, on offenders who report sexual abuse or cooperate with an investigation of sexual abuse. The PREA facility compliance manager will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes, and negative offender case notes. Periodic in person status checks for offenders will be completed by the PREA facility compliance manager. For employees, contractors, and volunteers who report sexual abuse, retaliation monitoring will be completed by the PREA facility compliance manager or PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least ninety (90) days but may continue past ninety (90) days if the initial monitoring indicates a continuing need. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the inspector general (IG) and a copy sent to the PREA coordinator. A review of investigative reports and monitoring documents indicated that there were no reported allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken to prevent/deter retaliation. The Agency Head stated that they have put processes in place over the last few years to protect against retaliation. She indicated OIG staff, specifically the PC has been tasked with monitoring the offender to determine if they have had housing changes, job changes, placement in the segregated housing unit or any other action against them that may indicate they are being retaliated against. She confirmed the agency can take protective actions including; housing changes, job changes, removal of staff abusers and providing emotional support services. She advised that they will do what is best for the victim. The Warden Designee stated that the facility takes protective measures to prevent retaliation as well as conducts an investigation. He stated they monitor or separate. He further confirmed they can change housing, transfer facilities, remove staff abuser from contact and provide emotional support as protective measures. The interview with the staff who monitors for retaliation indicated her role is essentially to track and ensure monitoring is completed. She advised unit staff will do most of the monitoring but that they send her the information and she ensures the follow-up is completed. The monitoring staff advised they can take protective measures to prevent retaliation such as moving housing units. She confirmed they can also transfer offenders, remove staff from contact and offer emotional support services. Interviews with four offender who reported sexual abuse indicated all four felt safe at the facility and all four felt protected against retaliation. A review of five sexual abuse investigative reports indicated three required monitoring. One was deemed unfounded within 30 days and one victim was released soon after the report of sexual abuse. All three that required

monitoring had monitoring completed for 90 days with periodic status checks and checks of elements under provision (d).

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

1.3.D.06, page 5 states the DOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers, and volunteers have the right to be free from retaliation from reporting sexual assault/rape, sexual misconduct, and sexual harassment and for cooperating with investigations. The PREA facility compliance manager will initiate retaliation monitoring, when the allegation is reported, on offenders who report sexual abuse or cooperate with an investigation of sexual abuse. The PREA facility compliance manager will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes, and negative offender case notes. Periodic in person status checks for offenders will be completed by the PREA facility compliance manager. For employees, contractors, and volunteers who report sexual abuse, retaliation monitoring will be completed by the PREA facility compliance manager or PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least ninety (90) days but may continue past ninety (90) days if the initial monitoring indicates a continuing need. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the inspector general (IG) and a copy sent to the PREA coordinator. A review of Attachment #5 notes that it includes information on the person being monitored as well as sections for in-person status checks and a review of disciplinary, assignment, program and work changes. The form notes three required checks and sections for two additional checks. A date is required as well as notes related the checks. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. The interview with the Warden Designee indicated that if retaliation is suspected or reported the information would be investigated. He stated discipline would follow. The interview with the staff responsible for monitoring retaliation indicated that monitoring is completed for 90 days or longer until the issue is resolved. She indicated they conduct three in person status checks and they review discipline, grievances, housing unit changes, work and education changes to determine if retaliation is occurring. She advised they do a case management review as well. A review of five sexual abuse investigative reports indicated three required monitoring. One was deemed unfounded within 30 days and one victim was released soon after the report of sexual abuse. All three that required monitoring had monitoring completed for 90 days with periodic status checks and checks of elements under provision (d).

115.67 (d): 1.3.D.06, page 5 states periodic in person status checks for offenders will be completed by the PREA facility compliance manager. A review of Attachment #5 notes that it includes information on the person being monitored as well as sections for in-person status checks and a review of disciplinary, assignment, program and work changes. The form notes three required checks and sections for two additional checks. A date is required as well as notes related the checks. The interview with the staff responsible for monitoring retaliation indicated that monitoring is completed for 90 days or longer until the issue is resolved. She indicated they conduct three in person status checks. A review of five sexual abuse investigative reports indicated three required monitoring. One was deemed unfounded within 30 days and one victim was released soon after the report of sexual abuse. All three that required monitoring had monitoring completed for 90 days with periodic status checks and checks of elements under provision (d).

115.67 (e): 1.3.D.06, page 5 states the DOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers, and volunteers have the right to be free from retaliation from reporting sexual assault/rape, sexual misconduct, and sexual harassment and for cooperating with investigations. The PREA facility compliance manager will initiate retaliation monitoring, when the allegation is reported, on offenders who report sexual abuse or cooperate with an investigation of sexual abuse. The PREA facility compliance manger will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes, and negative offender case notes. Periodic in person status checks for offenders will be completed by the PREA facility compliance manager. For employees, contractors, and volunteers who report sexual abuse, retaliation monitoring will be completed by the PREA facility compliance manager or PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least ninety (90) days but may continue past ninety (90) days if the initial monitoring indicates a continuing need. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the inspector general (IG) and a copy sent to the PREA coordinator. The interview with the Agency Head indicated that the agency would take the same protective measures as outlined under provision (b) for anyone who cooperates with an investigation or expresses fear of retaliation. The interview with the Warden Designee indicated that if retaliation is suspected or reported the information would be investigated. He stated discipline would follow. The Warden Designee indicated that if retaliation is suspected or reported the information would be investigated. He stated discipline would follow.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 1.3.D.06, Attachment #5: Retaliation Monitoring, Investigative Reports and interviews with the Agency Head, Warden Designee, staff

	charged with monitoring for retaliation and offenders who reported sexual abuse, this standard appears to be compliant.
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 3. Offender Victim Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Offenders in Segregated Housing <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of the Segregated Housing Unit <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse 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. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero offenders who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 1.3.D.06, page 18 states offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault will not be placed in involuntary</p>

restrictive 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. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary restrictive housing for less than twenty-four (24) hours while completing the assessment. The facility will document the basis for this housing determination and the reason why no alternative can be arranged. Offenders placed in restrictive housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document the opportunities limited, the reason for such limitations, and the duration of the limitation. The facility may assign victim offenders to restrictive housing for investigative purpose (IP) only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of thirty (30) days. If an involuntary restrictive housing assignment is made for this purpose the facility will clearly document, utilizing the IP status form, the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be arranged. During the tour the auditor observed the main segregated housing unit as well as segregation cells within the other housing units. The main segregated housing unit was a section of one of the housing buildings and included a separate recreation area. Offenders in segregated housing have access to recreation five days a week and showers five days a week. Phone access is limited to one 20 minute phone call a week. Mail and grievances are provided to staff. Grievances are provided to counselors while mail can be provided to any staff member. Counselors make rounds daily in the segregated housing unit. The interview with the Warden Designee indicated that agency policy does not prohibits placing offenders who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation form likely abusers. The Warden Designee confirmed that offenders would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. He stated he did not know ordinarily how long this would be, but stated that they would attempt to find alternative housing as soon as possible as they do not want to victimize the person by placing them in segregated housing. Further the Warden advised He did not recall placing an offender who reported sexual abuse in involuntary segregated housing in the previous twelve months. Interviews with the staff who supervise offenders in segregated housing confirmed that offenders who report sexual abuse who are involuntary segregated would have access to programs, privileges, education and work opportunities to the extent possible. The staff confirmed that any restrictions would be documented, including the reason and length of time. Both advised they have not and would not involuntarily segregate high risk victims though. Further, the staff who supervise offenders in segregated housing indicated that offenders would only be placed in involuntary segregated housing until they could find an alternative means of separation. They stated they typically would only house an offender for 24 hours to through the weekend. One staff indicated it would not be more than five days in involuntary segregated housing. Additionally, the staff who supervise offenders in segregated housing confirmed that offenders would be reviewed at least every 30 days for their continued need for placement in

	<p>involuntary segregated housing. There were no offenders identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted. A review of housing documentation for offenders who reported sexual abuse indicated all remained in the same housing status as when they reported and none were involuntarily segregated.</p> <p>Based on a review of the PAQ, 1.3.D.06, housing documentation for offenders who reported sexual abuse and the interview with the Warden Designee and staff who supervise OFFENDERS in segregated housing, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor highly recommends that training on this provision be provided to the Warden Designee and other applicable staff.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Investigative Reports 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff 2. Interview with the Warden Designee 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager

5. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 1.3.D.06, page 5 states the Special Investigations unit at each facility housing offenders shall promptly, thoroughly, and objectively investigate all reported allegations of sexual abuse, including third party and anonymous reports. A review of twelve allegations indicated nine were sexual abuse or sexual harassment. A review of the nine completed investigations indicated eight were prompt, five were thorough and five were objective. Four of the investigations did not include information in the investigative report to determine if thorough and objective. Information related to evidence and interviews was missing. Additionally, one included opinion of the investigators rather than just facts. Interviews with investigators indicated that an investigation is initiated immediately following an allegation. The investigators confirmed that third party and anonymous reports are investigated the same as first person reports.

115.71 (b): 1.3.D.06, page 9 states additional specialized training is required for PREA first responders and SIU. This training may include, but is not limited to, crime scene management, elimination of trace evidence cross-contamination, evidence collection protocol, and sexual assault crisis intervention. Administrative and criminal SIU will remain current in required training. SIU will be trained in: conducting investigations of sexual assault/rape and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. The agency utilizes the NIC trainings which include necessary elements under this standard. A review of the training curriculums confirm they include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated 41 staff had completed the specialized investigator training. A review of investigations revealed they were completed by four investigators, all of which had completed the specialized investigator training.

115.71 (c): 1.3.D.06, page 5 states the Special Investigations unit at each facility housing offenders shall promptly, thoroughly, and objectively investigate all reported allegations of sexual abuse, including third party and anonymous reports. A review of twelve allegations indicated nine were sexual abuse or sexual harassment. A review of the nine completed investigations indicated eight were prompt, five were thorough

and five were objective. Four of the investigations did not include information in the investigative report to determine if thorough and objective. Information related to evidence and interviews was missing. Six noted interviews and six included evidence. None of the nine had a review of prior complaints. Interviews with investigators indicated initial steps involved ensuring first responder duties were conducted and then interviewing the alleged victim. They advised they would review video, review witnesses, collect additional evidence and interview the alleged perpetrator. Additionally, the investigators stated they would contact DCI. Investigators advised they would be responsible for gathering evidence such as video, phone calls, physical and DNA. Two of the four investigators advised they review prior complaints of the alleged perpetrator.

115.71 (d): Interviews with investigators indicated they would not conduct compelled interviews, but rather they would involve DCI. A review of investigative reports confirmed none involved compelled interviews.

115.71 (e): 1.3.D.06, page 20 states the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as offender or staff. DOC will not require an offender who alleges an act of sexual assault/rape, or sexual harassment to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with investigator confirmed that the agency does require offender victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices in order to proceed with an investigation. Further investigators stated that credibility is on an individual basis and is determined through evidence and the investigation. Interviews with offenders who reported sexual abuse confirmed none of the four were required to take a polygraph test.

115.71 (f): 1.3.D.06, page 5 states the Special Investigations unit at each facility housing offenders shall promptly, thoroughly, and objectively investigate all reported allegations of sexual abuse, including third party and anonymous reports. A review of documentation confirmed that administrative investigations are documented in a written report. The nine investigations reviewed were documented in a written report however four did not contain necessary elements, including description of evidence and summary of interviews. with investigators confirmed administrative investigations are documented in a written report and the report includes the alleged complaint, all evidence reviewed, interviews/statements and the investigative finding. The investigators stated that during the investigation they review video, statements, etc. to determine if staff followed policy and procedure (i.e. conducted rounds).

115.71 (g): 1.3.D.06, page 19 states criminal investigations will be documented in a

written report containing a thorough description of physical, testimonial, and documentary evidence with copies of all documentary evidence attached where feasible SIU will document such investigations from DCI in reportable incidents in COMS. There were three criminal investigations conducted during the previous twelve months. Criminal investigations may be conducted by the agency but are typically conducted by DCI, which is an outside agency. The facility did not have investigative reports from DCI, but did have information related to their investigation. Interviews with investigators confirmed that the criminal investigation would be documented in a written report and include similar elements as an administrative investigative report.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 1.3.D.06, page 5 states each situation involving an identified perpetrator is subject to response, including referral to law enforcement and/or outside investigators for potential prosecution. Page 7 further states acts of sexual assault/rape, sexual misconduct, and sexual harassment against offenders; retaliation against offenders who refuse to submit to sexual activity, and intimidation of a witness may be a crime. All cases involving sexual assault/rape and sexual harassment will be forwarded to the SIU, PREA coordinator and the respective warden will be immediately notified by the PREA facility compliance manager. If appropriate, SIU will refer such cases to the Office of the Attorney General for prosecution. Page 20 further states After completing an investigation of sexual abuse, sexual assault, or retaliation for reporting such behavior in a correctional setting that was substantiated, SIU or the outside agency DCI investigator will submit the findings to the Office of the Attorney General for prosecution. The PAQ noted there was one allegation referred for prosecution since the last PREA audit. A review of documentation indicated there were four substantiated administrative investigations, two sexual abuse and two sexual harassment. The two sexual abuse investigations were forwarded to DCI for criminal investigation. One was referred to the prosecutor, who declined to prosecute. Interviews with investigators advised they refer for prosecution once it crosses into a criminal element and/or it is substantiated administratively.

115.71 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 1.3.D.06, page 20 states the departure of the suspect or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation. Interviews with investigators confirmed that if a staff member or offender departs the facility the investigation is still continued. The investigators

indicated they would reach out to DCI to conduct interviews and investigative steps on those in the community.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 1.3.D.06, page 19 states IU will ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual assault/rape and will ensure that for all cases alleging criminal behaviors are referred for investigation to an agency with the legal authority to conduct criminal investigations. SIU investigators will document all such referrals in the COMS reportable incident reporting system. When outside agencies conduct investigations, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. The PREA Coordinator stated that when an outside agency conducts an investigation they remained informed of the progress through SIU. He stated SIU works closely with DCI and the agency/facility also tracks these investigations that are with DCI through a spreadsheet. He indicated SIU follows up with DCI to inquire on the progress and status of each case. The Warden Designee stated that SIU and DCI have a good relationship and they check in with DCI on the progress and disposition. The PCM stated that when an outside agency conducts an investigation they remained informed through SIU. Interviews with investigators indicated when an outside agency investigates they provide any necessary assistance.

Based on a review of the PAQ, 1.3.D.06, investigative reports, investigative training records and information from interviews with the Warden Designee, PREA Coordinator, PREA Compliance Manager and investigator, indicate that this standard appears to require corrective action. A review of twelve allegations indicated nine were sexual abuse or sexual harassment. A review of the nine completed investigations indicated eight were prompt, five were thorough and five were objective. Four of the investigations did not include information in the investigative report to determine if thorough and objective. Information related to evidence and interviews was missing. Six noted interviews and six included evidence. None of the nine had a review of prior complaints. Two of the four investigators advised they review prior complaints of the alleged perpetrator.

Corrective Action

The facility will need to train investigators on conducting and documenting thorough and objective administrative investigations. The training should include the necessary elements under provisions (c) and (f). A copy of the training will need to be provided. The facility will need to provide the list of sexual abuse and sexual harassment

allegations during the corrective action period and associated investigative reports.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Investigator Training
2. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period
3. Investigative Reports
4. PREA Drill and Investigative Reports

The facility provided training that was completed with facility investigators. Training was completed via the Moss Group/PREA Resource Center Training, specifically the report writing module. Staff signatures were provided confirming receipt and understanding of the training.

A list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports were provided. The investigations appeared to be thorough and the reports included adequate narrative and descriptions, however none included a review of prior complaints of the alleged perpetrator.

Follow-up training was provided with investigators related to the requirement of review of prior complaints of the alleged perpetrator. One investigation was completed after the updated training. The investigation included a review of prior complaints of the alleged perpetrator.

There were zero additional allegations reported after the training and as such the facility conducted a drill of a mock sexual abuse allegation. Three investigative reports were provided related to the mock sexual abuse allegation. All three had a

	<p>written report that documented a review of prior complaints of the alleged abuser. All were thorough and included necessary investigative elements. It should be noted that two noted correct interviews, but did not detail the interviews. As such, the facility had the investigators update the mock investigations with detailed information as additional training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 3. National Institute of Corrections (NIC): Investigating Sexual Abuse In a Confinement Setting 4. National Institute of Corrections (NIC): Advanced Investigator Training 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 1.3.D.06, page 20 states DOC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault, sexual abuse, or sexual harassment are substantiated. Substantiated allegations of conduct that appear to be criminal will be</p>

referred for prosecution. A review the NIC trainings confirmed they outline the criteria to substantiate an administrative investigation (preponderance of the evidence). A review of twelve allegations indicated nine were sexual abuse or sexual harassment. A review of the nine completed investigations indicated eight were prompt, five were thorough and five were objective. Four of the investigations did not include information in the investigative report to determine if thorough and objective. Information related to evidence and interviews was missing. Additionally, one included opinion of the investigators rather than just facts. The auditor was unable to determine if these investigations had an appropriate investigative outcome. It should be noted that four investigations were deemed substantiated (two sexual abuse and two sexual harassment). Interviews with investigators confirmed that administrative investigations require no more than a preponderance of evidence to substantiate (51%).

Based on a review of the PAQ, 1.3.D.06, National Institute of Corrections (NIC): Investigating Sexual Abuse In a Confinement Setting, National Institute of Corrections (NIC): Advanced Investigator Training, Investigative Reports and information from the interview with the investigator, it is determined that this standard appears to require corrective action. A review of twelve allegations indicated nine were sexual abuse or sexual harassment. A review of the nine completed investigations indicated eight were prompt, five were thorough and five were objective. Four of the investigations did not include information in the investigative report to determine if thorough and objective. Information related to evidence and interviews was missing. Additionally, one included opinion of the investigators rather than just facts. The auditor was unable to determine if these investigations had an appropriate investigative outcome.

Corrective Action

The facility will need to provide the list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

	<p>Additional Documents:</p> <ol style="list-style-type: none"> 1. List of Sexual Abuse and Sexual Harassment Allegations During the Corrective Action Period 2. Investigative Reports <p>A list of sexual abuse and sexual harassment allegations during the corrective action period and associated investigative reports were provided. The investigations appeared to be thorough and the reports included adequate narrative and descriptions. The investigations appeared to utilize a standard no higher than a preponderance of the evidence.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Attachment #6: Notice of PREA Investigation Determination 4. Notice of PREA Investigation Determination (Special Investigations Office) 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Investigative Staff 3. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any offenders who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 1.3.D.06, page 20 states following an investigation into an offender's allegation of sexual abuse or sexual assault, the PREA facility compliance manager will inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded in accordance with policy with the investigation determination form. A review of Attachment #6 notes the form has a section related to incident information as well as a section that outlines the investigative outcome. The form also provides definitions of the three investigative outcomes. The PAQ stated there were 22 completed sexual abuse investigations in the previous twelve months and all 22 had a verbal or written victim notification. A review of five completed sexual abuse investigations indicated four had a victim notification. One victim was release prior to the conclusion of the investigation. Interviews with the Warden Designee and the investigators confirmed that offenders are informed of the outcome of the investigation into their allegation. Interviews with offenders who reported sexual abuse indicated all four were aware that they were to be notified of the outcome of their investigation. All four advised they were informed verbally or in writing a day to a few months after reporting the allegation.

115.73 (b): The PAQ stated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the offender of the outcome of the investigation. The PAQ stated there were three investigations completed by an outside agency in the previous twelve months and two had a verbal or written notification of the result of the investigations. A review of investigations indicated two were investigated by DCI. Both included the investigative outcome for the administrative investigation by the facility. One was referred for prosecution by DCI but the District Attorney refused to prosecute. The other criminal investigations was ongoing. As such no notifications under this provision were required.

115.73 (c): The PAQ indicated following an offender's allegation that a staff member has committed sexual abuse against the offender, the agency/facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there

has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an offender in an agency facility in the previous twelve months and the associated notifications under this provision were provided. A review of five sexual abuse investigations indicated one was a staff-on-offender allegation and it was substantiated. The allegation was against a contractor who resigned prior to the facility learning of the allegation. The allegation was referred for prosecution however the District Attorney declined to prosecute and as such the investigation did not involve any notifications under this provision. Interviews with offenders who reported sexual abuse indicated two had an allegation against staff. The offenders advised they were not informed anything about the staff member.

115.73 (d): The PAQ indicated following an offender's allegation that he or she has been sexually abused by another offender in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of five sexual abuse investigative reports indicated four was offender-on-offender sexual abuse. While was one substantiated, DCI did not refer for prosecution and as such notification under this provision were not required. Interviews with offenders who reported sexual abuse indicated two were offender on offender allegations. The offender victims stated that they had not been notified of anything related to the alleged offender perpetrator.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to offenders described under this standard are documented. 1.3.D.06, page 20 states following an investigation into an offender's allegation of sexual abuse or sexual assault, the PREA facility compliance manager will inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded in accordance with policy with the investigation determination form. A review of Attachment #6 notes the form has a section related to incident information as well as a section that outlines the investigative outcome. The form also provides definitions of the three investigative outcomes. The PAQ stated there were two notifications made pursuant to this standard and one was documented. A review of five completed sexual abuse investigations indicated four had a victim notification. One victim was release prior to the conclusion of the investigation.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 1.3.D.06, Attachment #6: Notice of PREA Investigation Determination, Notice of PREA Investigation Determination (Special Investigations Office), Investigative Reports and information from interviews with the Warden

	Designee and investigators indicate that this standard appears to be compliant.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.1.C.1 Staff Code of Ethics 3. SDCL § 24-1-26.1. 4. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 5. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 1.3.D.06, page 5 states all allegations of sexual assault/rape, sexual misconduct, and sexual harassment will be investigated. If applicable, criminal charges will be filed and/or professional standards investigation will be conducted. Professional standards investigation may result in corrective and/or disciplinary action, up to and including termination. Failure of employees, contract workers, and volunteers to report incidents of sexual assault/rape, sexual misconduct, and sexual harassment may result in corrective and/or disciplinary action. Page 7 further states employees, contractors, and volunteers may be subject to correction and/or disciplinary sanctions up to and including termination for violating department policies, post orders, and clinical standards. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.</p> <p>115.76 (b): 1.3.D.06, page 5 states all allegations of sexual assault/rape, sexual misconduct, and sexual harassment will be investigated. If applicable, criminal charges will be filed and/or professional standards investigation will be conducted. Professional standards investigation may result in corrective and/or disciplinary</p>

action, up to and including termination. Failure of employees, contract workers, and volunteers to report incidents of sexual assault/rape, sexual misconduct, and sexual harassment may result in corrective and/or disciplinary action. Page 7 further states employees, contractors, and volunteers may be subject to correction and/or disciplinary sanctions up to and including termination for violating department policies, post orders, and clinical standards. The PAQ indicated there was one staff member who violated the sexual abuse or sexual harassment policies in the previous twelve months and one staff member who was terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.

115.76 (c): The PAQ indicated that the 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. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. 1.3.D.06, page 7 states disciplinary sanctions for violations of department policies relating to sexual assault or sexual harassment (other than actually engaging in sexual rape) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.

115.76 (d): The PAQ indicated that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. 1.3.D.06, page 7 states all termination for violations of department sexual assault or sexual harassment policies, or resignation by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies and to any relevant licensing bodies unless the activity was clearly not criminal. The PAQ indicated there was one staff member who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.

	Based on a review of the PAQ, 1.1.C.1 Staff Code of Ethics, SDCL § 24-1-26.1, 1.3.D.06 and Investigative Reports, this standard appears to be compliant.
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115.77 Corrective action for contractors and volunteers	
	<p data-bbox="256 405 959 439">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 479 544 512">Auditor Discussion</p> <p data-bbox="256 555 432 589">Documents:</p> <ol data-bbox="256 629 1326 846" style="list-style-type: none"> <li data-bbox="256 629 667 663">1. Pre-Audit Questionnaire <li data-bbox="256 703 1326 779">2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) <li data-bbox="256 819 632 853">3. Investigative Reports <p data-bbox="256 958 416 992">Interviews:</p> <ol data-bbox="256 1032 842 1066" style="list-style-type: none"> <li data-bbox="256 1032 842 1066">1. Interview with the Warden Designee <p data-bbox="256 1173 587 1207">Findings (By Provision):</p> <p data-bbox="256 1317 1485 2063">115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders. 1.3.D.06, page 7 states employees, contractors, and volunteers may be subject to correction and/or disciplinary sanctions up to and including termination for violating department policies, post orders, and clinical standards. Any contractor or volunteer who engages in sexual assault/rape or sexual harassment with an offender or retaliates against an offender who reports sexual assault/rape, sexual misconduct, and sexual harassment, or cooperates with the investigation where such behavior rises to the level of criminal behavior, will be prohibited from contact with offenders and reported to the IG or local law enforcement and to relevant licensing bodies. In the case of any other violation of department polices by a contractor or volunteer, the facility will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders. The PAQ indicated that there has been one contractor or volunteer who violated the sexual abuse or sexual harassment policies within the previous twelve months who were reported to law enforcement or relevant licensing bodies. A review of investigative reports indicated there was one</p>

contractors who violated the agency’s sexual abuse or sexual harassment policies. The contractor was not employed when the allegation was reported/discovered. The information was forwarded to DCI who attempted to conduct an interview. The information was turned over to the prosecutor.

115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 1.3.D.06, page 7 states employees, contractors, and volunteers may be subject to correction and/or disciplinary sanctions up to and including termination for violating department policies, post orders, and clinical standards. Any contractor or volunteer who engages in sexual assault/rape or sexual harassment with an offender or retaliates against an offender who reports sexual assault/rape, sexual misconduct, and sexual harassment, or cooperates with the investigation where such behavior rises to the level of criminal behavior, will be prohibited from contact with offenders and reported to the IG or local law enforcement and to relevant licensing bodies. In the case of any other violation of department policies by a contractor or volunteer, the facility will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders. The interview with the Warden Designee indicated that if a volunteer or contractor violates the sexual abuse and/or the sexual harassment policies they would not be allowed back into the facility until the investigation was completed.

Based on a review of the PAQ, 1.3.D.06, investigative reports and information from the interview with the Warden Designee, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1563 544 1597">Auditor Discussion</p> <p data-bbox="256 1637 432 1671">Documents:</p> <ol data-bbox="256 1711 1422 2040" style="list-style-type: none"> <li data-bbox="256 1711 667 1744">1. Pre-Audit Questionnaire <li data-bbox="256 1785 1422 1861">2. South Dakota Department of Corrections Policy 1.3.C.02 - Offender Discipline System <li data-bbox="256 1901 528 1935">3. SDCL § 24-2-9 <li data-bbox="256 1975 1326 2040">4. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA)

5. Investigative Reports

Interviews:

1. Interview with the Warden Designee
2. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ indicated that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an offender engaged in offender-on-offender sexual abuse.

1.3.D.06, page 6 states all sexual abuse including sexual assault/rape, sexual misconduct, and sexual harassment between offenders is prohibited and will be reported to the officer in charge (OIC) to complete an administrative investigation. The OIC will refer to the IG any possible criminal investigation. If appropriate, the IG will refer such cases to the Office of the Attorney General for prosecution. Offenders may be disciplined and/or criminally charged for such activity. The PAQ stated there were three administrative finding of offender-on-offender sexual abuse and zero criminal findings of offender-on-offender sexual abuse. A review of investigative reports indicated there was one substantiated offender-on-offender sexual abuse allegation in the previous twelve months. The allegation was forwarded to DCI for criminal investigation. The perpetrator was provided discipline and the disciplinary hearing document was provided, however the sanctions were unable to be located. Additionally, two sexual harassment allegations were substantiated and both perpetrators were documented with discipline.

115.78 (b): 1.3.C.02 outlines the offender disciplinary process, including offenses and sanctions. The interview with the Warden Designee confirmed that if an offender perpetrator is found to have violated the sexual abuse or sexual harassment policies they would go through the disciplinary process for that specific rule infraction. The Warden Designee confirmed that sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

115.78 (c): 1.3.C.02 outlines the offender disciplinary process, including offenses and sanctions. The interview with the Warden Designee confirmed that the disciplinary process considers whether the offender's mental disabilities or mental illness

contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further stated the facility considers whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. 1.3.D.06, page 11 states SOMP will initiate an evaluation of all known offender-on-offender sexual aggressors referred by the PREA facility compliance manager within sixty (60) days of learning of such sexually aggressive or abusive history and offer treatment when deemed appropriate. SOMP will consider whether to require the offending offender to participate in such treatment, while incarcerated and/or in the community. Interviews with mental health staff indicated that they offer mental health services to perpetrators and they also determine if sex offender treatment is needed. The facility does not offer sex offender treatment but perpetrators can be referred to another facility for the services. All staff advised they do not require participation in order to gain access to other programming or benefits.

115.78 (e): The PAQ indicated that the agency disciplines offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact.. 1.3.D.06, page 7 states All cases involving sexual assault/rape, sexual misconduct, and sexual harassment will be referred to the IG for a SIU investigator to complete an investigation. If appropriate, SIU will refer such cases to the Office of the Attorney General for prosecution. Offenders may also be charged per DOC policy 1.3.C.02 - Offender Discipline System, however offenders may only be disciplined for engaging in sexual assault/rape, sexual misconduct, or sexual harassment with an employee, contract worker, or volunteer upon finding that the employee, contract worker, or volunteer was forced, threatened, or did not consent to such behavior. A review of documentation indicated there were zero offenders disciplined for sexual conduct with a staff member.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 1.3.D.06, page 14 states reports of sexual assault/rape, sexual misconduct, and sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

	<p>115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between offenders. It further indicated that if the agency prohibits all sexual activity between offenders and disciplines offenders for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 1.3.D.06, page 5 states that even non-coerced or non-forced sexual behavior between offenders is prohibited, and incidents of this nature are a violation of the offender living guide and will be subject to disciplinary sanctions.</p> <p>Based on a review of the PAQ, 1.3.C.02, 1.3.D.06, Investigative Reports and information from interviews with the Warden Designee and medical and mental health care staff, this standard appears to be complaint.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Attachment #7: PREA Offender Admission & Review Screen Scoring 4. PREA Risk Screen 5. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interviews with Medical and Mental Health Staff 3. Interviews with Offenders who Disclosed Sexual Victimization at Risk Screening <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area

2. Observation of Records Storage

Findings (By Provision):

115.81 (a): The PAQ indicated that all offenders at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 1.3.D.06, page 10 states if an offender has experienced prior sexual victimization, whether it occurred in an institution or in the community, facility staff will ensure the information is reported and a referral to behavioral health is made for a follow-up meeting within fourteen (14) days of intake screening. The PAQ noted that 100% of those offenders who reported prior victimization were seen within fourteen days by medical or mental health. The auditor reviewed documentation for one offender who disclosed prior sexual victimization during the risk screening and confirmed the offender was provided a mental health follow-up within fourteen days. Interviews with the staff responsible for the risk screening indicated offenders are offered a follow-up with medical or mental health care staff within a few days. Staff advised they send an email to mental health and they usually see them within a day or two. The interview with the one offender who disclosed sexual victimization during the risk screening indicated he was offered a follow-up with mental health within fourteen day of the risk screening.

115.81 (b): The PAQ indicated that all prison offenders who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 1.3.D.06, page 10 states if an offender has previously perpetrated sexual abuse, whether it occurred in an institution or in the community, facility staff will ensure the information is reported to the Sex Offender Management Program (SOMP) and behavioral health. SOMP will offer a follow-up meeting within fourteen (14) days of intake screening. The PAQ noted that 100% of those offenders who reported prior perpetration were seen within fourteen days by medical or mental health. Interviews with the staff responsible for the risk screening indicated that offenders who are identified with prior sexual abusiveness are not offered a follow-up with mental health. The staff indicated they have never done this before. During documentation the auditor did not identify any offender with prior sexual abusiveness.

115.81c): This provision is not applicable as the facility is not a jail.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with staff to assist with security and management decisions. 1.3.D.06, page 10 states any information related to sexual victimization or aggressiveness occurring within an institutional setting will be confidential and strictly limited to medical, behavioral health clinicians, and approved unit staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by law. Medical and mental health records are electronic. Records are maintained in a separate medical database that is accessible by medical and mental health care staff only. No other staff have access to the records. Risk screening information is maintained in the electronic system. Certain profiles have access to the risk screening information. There are over 150 profile groups that do not have access, including correctional officers. Investigative files are paper and electronic. Only investigative staff have access to the investigations in the electronic database. Paper files are also maintained by investigators in their locked office.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen. 1.3.D.06, page 9 states a Release of Information form from clinical services signed by the offender may be required prior to release or request of confidential information about the about the offender which may be requested from outside sources. Clinical services will inform offenders of the practitioner's duty to report, and the limitations of confidentiality and management decisions. Interviews with medical and mental health staff indicated they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The facility does not house anyone under eighteen.

Based on a review of the PAQ, 1.3.D.06, Attachment #7: PREA Offender Admission & Review Screen Scoring, PREA Risk Screen, Medical/Mental Health Documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and offenders who disclosed victimization during the risk screening indicate that this standard requires corrective action. Interviews with the staff responsible for the risk screening indicated that offenders who are identified with prior sexual abusiveness are not offered a follow-up with mental health. The staff indicated they have never done this before. During documentation the auditor did not identify any offender with prior sexual abusiveness.

	<p>Corrective Action</p> <p>The facility will need to review the process for mental health follow-ups related to prior sexual abusiveness. A process memo will need to be provided. Appropriate staff will need to be trained. A copy of the training will need to be provided. Any examples during the corrective action period will need to be provided.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> 1. Staff Training 2. Offender Risk Assessments 3. Mental Health Secondary Documents <p>The facility provided training with staff related to mental health follow-ups for those who are identified with prior sexual abusiveness. Staff signatures were provided confirming receipt and understanding of the training.</p> <p>The facility provided documentation for seventeen offenders who were identified with prior sexual abusiveness during the risk screening. Sixteen of the seventeen offenders refused mental health services. One accepted mental health service and was seen by mental health staff within two days.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA)
3. Medical and Mental Health Documents

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with First Responders
3. Interviews with Offenders who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 1.3.D.06, page 17 states victims of sexual assault will receive timely, unimpeded access to emergency medical treatment and immediate crisis intervention services, the nature and scope of which will be determined by clinical services according to their professional judgment. During the tour the auditor observed the health services area. Health services included a reception area, exam rooms, treatment rooms and an infirmary. Exam and treatment rooms had solid doors or doors with windows and binds. A review of five sexual abuse allegations indicated none of the victims were provided medical services. Two of the five were provided mental health services. It should be

noted none of the allegations involved the need for emergency medical treatment and crisis intervention services. Interviews with medical and mental health care staff confirmed that offenders receive timely and unimpeded access to emergency medical treatment and crisis intervention service. Staff stated services would be based provided immediately and would be based on professional judgement. Interviews with offenders who reported sexual abuse indicated two of the four were offered medical and/or mental health services.

115.82 (b): 1.3.D.06, page 16 states if no qualified clinical services staff are on duty at the time a report of sexual assault is made, security staff/first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical administrator or designee and the on-call behavioral health clinician for immediate response. The interview with the security first responder indicated that first responder duties after an allegation of sexual abuse include: separating the individuals, preserving the scene as much as possible, advising them not to shower or take action to destroy physical evidence, contacting medical and mental health and contacting SIU. The non-security first responder stated that duties after an allegation of sexual abuse include contacting the security supervisor and the PC right away. A review of five sexual abuse allegations indicated none of the victims were provided medical services. Two of the five were provided mental health services. It should be noted none of the allegations involved the need for emergency medical treatment and crisis intervention services.

115.82 (c): The PAQ indicated that offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 1.3.D.06, page 17 states victims of sexual assault while incarcerated will be offered timely information from clinical services about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. A review of five sexual abuse allegations indicated none of the victims were provided medical services. Interviews with offenders who reported sexual abuse indicated two involved penetration or touching that would require information and access to sexually transmitted infection prophylaxis and one was provided these services.

115.82 (d): The PAQ indicated that 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. 1.3.D.06, page 18 states treatment services will be 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.

Based on a review of the PAQ, 1.3.D.06, medical and mental health documents and information from interviews with medical and mental health care staff, first responders and offenders who reported sexual abuse indicate that this standard appears to require corrective action. A review of five sexual abuse allegations indicated none of the victims were provided medical services. Two of the five were provided mental health services. It should be noted none of the allegations involved the need for emergency medical treatment and crisis intervention services.

Corrective Action

The facility will need to ensure all victims of sexual abuse are offered medical and mental health services. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated medical and mental health documentation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. PREA Drill and Investigative Reports

The facility provided training that was completed with medical and mental health care staff on the process for affording services to victims of sexual abuse. The training outlined that all victims of sexual abuse are to be offered medical and mental health services, including access to prophylaxis and emergency contraception. Staff signatures were provided confirming receipt and understanding of the training.

The training was completed after the allegations reported during the corrective action period (as outlined in PREA Standard 115.71 and 115.72). No additional allegations were reported after the training. As such, the facility conducted a drill of a mock

	<p>sexual abuse allegation. Documentation was provided for three mock sexual abuse allegations. Documentation noted that all victims were provided medical and mental health services. The victims were transported to the local hospital for a forensic medical examination. Upon return to the facility, victims were offered access and information to STI testing and sexually transmitted infection prophylaxis.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with Offenders who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 1.3.D.06, page 17 states</p>

offenders identified as being a victim of DOC employee, contract worker, or volunteer sexual assault/rape, or sexual harassment will be referred to behavioral health for treatment/counseling by the SIU investigator or OIC. Victims of sexual assault are referred under appropriate security provisions to a community medical facility for treatment and gathering of forensic evidence. During the tour the auditor observed the health services area. Health services included a reception area, exam rooms, treatment rooms and an infirmary. Exam and treatment rooms had solid doors or doors with windows and binds. A review of five sexual abuse allegations indicated none of the victims were provided medical services. Two of the five were provided mental health services. The auditor reviewed documentation for one offender who disclosed prior sexual victimization during the risk screening and confirmed the offender was provided a mental health follow-up within fourteen days.

115.83 (b): 1.3.D.06, page 17 states the SIU investigator will ensure that offenders will be offered a referral to behavioral health and/or medical for immediate crisis intervention, treatment/counseling, and long-term follow-up care. A review of five sexual abuse allegations indicated none of the victims were provided medical services. Two of the five were provided mental health services. Interviews with medical and mental health care staff confirmed that they provide on-going and follow-up services to offender victims of sexual abuse. Interviews with offenders who reported sexual abuse indicated two of the four were provided follow-up services.

115.83 (c): The facility provides access to medical and mental health staff on-site and also transports offenders to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. A review of five sexual abuse allegations indicated none of the victims were provided medical services. Two of the five were provided mental health services. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The PAQ indicated this provision does not apply as the facility does not house female offenders. 1.3.D.06, page 18 states offender victims of vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (e): The PAQ indicated this provision does not apply as the facility does not house female offenders. 1.3.D.06, page 18 states offender victims of vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (f): The PAQ indicated that offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

1.3.D.06, page 17 states acute trauma care will be provided to victims of sexual assault while incarcerated including but not limited to prophylactic measures, testing for sexually transmitted infections including Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS), and treatment of injuries. When appropriate, prophylactic therapy will immediately be administered for infectious disease exposures. A review of five sexual abuse allegations indicated none of the victims were provided medical services. The interviews with offenders who reported sexual abuse indicated two involved penetration or touching that would require information and access to sexually transmitted infection prophylaxis. One of the two offenders confirmed he was provided these services.

115.83 (g): The PAQ indicated that 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. 1.3.D.06, page 18 states treatment services will be 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. Interviews with offenders who reported sexual abuse indicated none were not required to pay for their medical and mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. 1.3.D.06, page 11 states SOMP will initiate an evaluation of all known offender-on-offender sexual aggressors referred by the PREA facility compliance manager within sixty (60) days of learning of such sexually aggressive or abusive history and offer treatment when deemed appropriate. There was one offender-on-offender sexual abuse allegations that were deemed substantiated. At the issuance of the interim report not documentation was provided to document the evaluation or attempted evaluation of the known offender-on-offender perpetrator. Interviews with mental health staff indicated that they attempt to see the alleged perpetrator once an allegation is reported. One staff advised that they do not see the known perpetrator as they are typically transferred from the facility.

Based on a review of the PAQ, 1.3.D.06 medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and offenders who reported sexual abuse, this standard appears to require corrective action. A review of five sexual abuse allegations indicated none of the victims were provided medical services. Two of the five were provided mental health services. There was one offender-on-offender sexual abuse

allegations that were deemed substantiated. At the issuance of the interim report not documentation was provided to document the evaluation or attempted evaluation of the known offender-on-offender perpetrator. Interviews with mental health staff indicated that they attempt to see the alleged perpetrator once an allegation is reported. One staff advised that they do not see the known perpetrator as they are typically transferred from the facility.

Corrective Action

The facility will need to ensure all victims of sexual abuse are offered medical and mental health services. The facility will need to provide a list of sexual abuse allegations during the corrective action period and associated medical and mental health documentation. Further the facility will need to train appropriate staff on the requirement under provision (h). A copy of the training will need to be provided. A list of sexual abuse allegations during the corrective action period and any associated attempted mental health evaluations on known perpetrators will need to be provided.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. PREA Drill and Investigative Reports

The facility provided training that was completed with medical and mental health care staff on the process for affording services to victims of sexual abuse. The training outlined that all victims of sexual abuse are to be offered medical and mental health services, including access to prophylaxis and emergency contraception. Staff signatures were provided confirming receipt and understanding of the training.

The training was completed after the allegations reported during the corrective action

	<p>period (as outlined in PREA Standard 115.71 and 115.72). No additional allegations were reported after the training. As such, the facility conducted a drill of a mock sexual abuse allegation. Documentation was provided for three mock sexual abuse allegations. Documentation noted that all victims were provided medical and mental health services. The victims were transported to the local hospital for a forensic medical examination. Upon return to the facility, victims were offered access and information to STI testing and sexually transmitted infection prophylaxis.</p> <p>Additionally, the facility conducted training with mental health staff on the requirement to attempt to conduct a mental health evaluation on known offender on offender abusers. Staff signatures were provided confirming receipt and understanding of the training.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Attachment #4: Sexual Abuse Incident Review Form 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden Designee 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p>Findings (By Provision):</p>

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 1.3.D.06, pages 21-22 state facilities will conduct a sexual incident review at the conclusion of every sexual assault/rape investigation (excluding sexual harassment and sexual misconduct). The sexual incident review will be conducted for all substantiated and unsubstantiated sexual abuse incident. If an allegation has been determined to be unfounded, no sexual incident review needs to be completed. The PAQ stated there were eighteen criminal and/or administrative investigation of alleged sexual abuse completed at the facility excluding only unfounded incidents. A review five sexual abuse investigations indicated four required a sexual abuse incident review. All four had a completed review.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that in the past twelve months, there were seven sexual abuse incident review completed within the 30 day timeframe. 1.3.D.06, page 22 states The sexual incident review will ordinarily occur within thirty (30) days of the conclusion of the investigation A review five sexual abuse investigations indicated four required a sexual abuse incident review. All four had a completed review, three were completed within the 30 day timeframe.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 1.3.D.06, page 22 states The sexual incident review team will include PREA facility compliance manager (team leader), PREA coordinator, warden or designee, unit manager of participants of report, SIU investigator, associate director of offender services or designee, medical supervisor, behavioral health supervisor, and SOMP supervisor. A review of the four completed sexual abuse incident reviews confirmed they included upper level management, line supervisors, an investigator and medical and/or mental health care staff. The interview with the Warden Designee confirmed that the facility has a sexual abuse incident review team and the team includes upper-level management official, line supervisor, investigators and medical and mental health care staff.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 1.3.D.06, page 22 states the sexual incident review team will meet and complete the PREA Sexual Abuse Incident Review Form (see

attachment #4). Consider whether the allegation or investigation indicates a need to change policy or practice. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable sexual abuse or sexual assault. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Prepare a report of its findings, including but not necessarily limited to determinations made above, and any recommendations for improvement and submit such report to the facility warden, director of prisons, and PREA coordinator. The facility will implement the recommendations for improvement or will document its reasons for not doing so. A review of Attachment #4 notes that it has a section for information on the incident as well as review questions, which include those under this provision. The form includes an area to make notes and recommendations for each question. Interviews with the Warden Designee, PCM and sexual abuse incident review team member confirmed that they complete sexual abuse incident reviews and they include all the required elements under this provision. The Warden Designee stated that information from the sexual abuse incident review is utilized to improve the process and to determine if anything was missed. He advised the information is used to help prevent future incidents. The interview with the PCM confirmed that she is part of the sexual abuse incident review team and she has not noticed any trends related to incidents. She stated once the report is completed she submits recommendation to the Warden for approval. She indicated she would then follow-up to make sure things are implemented. A review of the completed sexual abuse incident reviews indicated they were documented via the Attachment #4, however there was not incident specific information. The sexual abuse incident reviews were a checklist only.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 1.3.D.06, page 22 states the facility will implement the recommendations for improvement or will document its reasons for not doing so. A review of Attachment #4 notes that it includes a section for recommendation and whether it was approved or denied. A box is included to detail any denied recommendations. A review of the completed sexual abuse incident review indicated that a section exists for recommendations and corrective action none included any recommendations.

Based on a review of the PAQ, 1.3.D.06, Attachment #4: Sexual Abuse Incident Review Form, investigative report, and information from interviews with the Warden Designee, the PCM and a member of the sexual abuse incident review team, this standard appears to require corrective action. A review of the completed sexual abuse incident reviews indicated they were documented via the Attachment #4, however there was not incident specific information. The sexual abuse incident

reviews were a checklist only.

Corrective Action

The facility will need to ensure sexual abuse incident reviews are incident specific and include narrative related to the incident and the required elements under provision (d). Appropriate staff will need to be trained on this process. A copy of the training will need to be provided. The facility will need to provide a list of sexual abuse allegation during the corrective action period and associated sexual abuse incident reviews.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training
2. List of Sexual Abuse Allegations During the Corrective Action Period
3. Sexual Abuse Incident Reviews

The facility provided training that was completed with sexual abuse incident review team members. The training included the PREA Resource Center's Standard in Focus. Staff signatures were provided confirming receipt and understanding of the training.

The facility provided a list of sexual abuse allegations during the corrective action period. Two sexual abuse allegations were deemed unsubstantiated and both included a sexual abuse incident review within 30 days of the conclusion of the investigation. Both included narrative related to topics under provision (d).

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

115.87	Data collection
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 429 378">Documents:</p> <ol data-bbox="256 412 1326 848" style="list-style-type: none"> <li data-bbox="256 412 668 445">1. Pre-Audit Questionnaire <li data-bbox="256 479 1326 557">2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) <li data-bbox="256 591 632 624">3. Investigative Reports <li data-bbox="256 658 612 692">4. Electronic Database <li data-bbox="256 725 927 759">5. Annual Prison Rape Elimination Act Report <li data-bbox="256 792 759 826">6. Survey of Sexual Victimization <p data-bbox="256 949 588 983">Findings (By Provision):</p> <p data-bbox="256 1106 1477 1632">115.87 (a): The PAQ indicated that 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. 1.3.D.06, page 22 states the PREA coordinator and PREA facility compliance manager will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and facility PREA incident. The facility collects data via an electronic database. The agency utilizes definitions of sexual abuse and sexual harassment as outlined under Standard 115.6 and the Survey of Sexual Victimization. A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years.</p> <p data-bbox="256 1756 1477 2080">115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. 1.3.D.06, page 23 states The PREA coordinator will be responsible to aggregate and report on incident-based sexual assault/rape, sexual misconduct, and sexual harassment at least annually. The DOC also will obtain incident-based and aggregated data from every contracted entity with which it contracts for the confinement of its A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data,</p>

incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years.

115.87 (c): The PAQ indicated that 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.

1.3.D.06, page 23 states The PREA coordinator will be responsible for compiling records and reporting statistical data to the Federal Bureau of Justice Statistics, as required by PREA of 2003 using a standardized instrument and set of definitions. Upon request, the DOC will provide all such data from the previous calendar year at the date requested by the Department of Justice no later than June 30. A review of the agency's most recent Survey of Sexual Victimization (formerly known as Survey of Sexual Violence) confirms that the agency collects appropriate information using a standardized instrument and reports the appropriate information via the SSV.

115.87 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 1.3.D.06, page 22 states the PREA coordinator and PREA facility compliance manager will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and facility PREA incident reviews. A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of offenders and that data from private facilities complies with SSV reporting regarding content. The facility collects data from every private facility and enters the data into the database. All data on private facilities is contained in the overall agency data in the annual report. A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years.

115.87 (f): The PAQ indicated that the agency provided the Department of Justice with data from the previous calendar year upon request. 1.3.D.06, page 23 states The PREA coordinator will be responsible for compiling records and reporting statistical data to the Federal Bureau of Justice Statistics, as required by PREA of 2003 using a

	<p>standardized instrument and set of definitions. Upon request, the DOC will provide all such data from the previous calendar year at the date requested by the Department of Justice no later than June 30. A review of the agency’s most recent Survey of Sexual Victimization (formerly known as Survey of Sexual Violence) confirms that the agency collects appropriate information using a standardized instrument and reports the appropriate information via the SSV.</p> <p>Based on a review of the PAQ, 1.3.D.06, Investigative Reports, Electronic Database, Annual Prison Rape Elimination Act Report and Survey of Sexual Victimization, this standard appears to be compliant.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 – Prison Rape Elimination Act (PREA) 3. Annual Prison Rape Elimination Act Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility,</p>

as well as the agency as a whole. 1.3.D.06, page 22 states The PREA coordinator will: review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training using a standardized instrument and set of definitions; identify problem areas; recommend corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of DOC's progress in addressing sexual assault/rape, sexual misconduct, and sexual harassment. DOC's report will be approved by the DOC SOC or designee and made readily available to the public through its website. DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years. The interview with the Agency Head indicated that the agency collects sexual abuse and sexual harassment data and the data is utilized to identify areas that may require additional training as well as identify any compliance concerns. She further stated that data is more importantly utilized to identify any trends and is used for dynamic tracking and trending. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies. He advised data is securely retained on a specific agency drive which only a few people have access and permission for access is only granted through OIT. He confirmed the agency takes ongoing corrective action based on the data collected. The PC confirmed that the annual report is approved by the Agency Head and is available on the agency website.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. 1.3.D.06, page 22 states The PREA coordinator will: review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training using a standardized instrument and set of definitions; identify problem areas; recommend corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of DOC's progress in addressing sexual assault/rape, sexual misconduct, and sexual harassment. DOC's report will be approved by the DOC SOC or designee and made readily available to the public through its website. DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. A review of the Annual Prison Rape

Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 1.3.D.06, page 22 states The PREA coordinator will: review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training using a standardized instrument and set of definitions; identify problem areas; recommend corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of DOC's progress in addressing sexual assault/rape, sexual misconduct, and sexual harassment. DOC's report will be approved by the DOC SOC or designee and made readily available to the public through its website. DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The interview with the Agency Head confirmed that she reviews and approves the annual report. A review of the website confirmed that the current annual report as well as prior annual reports are available for review.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 1.3.D.06, page 22 states The PREA coordinator will: review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training using a standardized instrument and set of definitions; identify problem areas; recommend corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of DOC's progress in addressing sexual assault/rape, sexual misconduct, and sexual harassment. DOC's report will be approved by the DOC SOC or designee and made readily available to the public through its website. DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. A review of Annual Prison Rape Elimination Act Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that the annual report does not

	<p>contain any redacted information but they would redact any information that include names or that posed a security risk.</p> <p>Based on a review of the PAQ, 1.3.D.06, Annual Prison Rape Elimination Act Report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1.3.D.06 - Prison Rape Elimination Act (PREA) 3. Annual Prison Rape Elimination Act Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. 1.3.D.06, page 22 states this data collected will be maintained in a secure area and will only be shared on a need-to-know basis by the PREA coordinator. The interview with the PREA Coordinator indicated that data is stored on a specific agency drive that only a few people have access. He advised access is granted to this drive through OIT only.</p> <p>115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 1.3.D.06, page 23 states The PREA coordinator will be responsible to</p>

aggregate and report on incident-based sexual assault/rape, sexual misconduct, and sexual harassment at least annually. The DOC also will obtain incident-based and aggregated data from every contracted entity with which it contracts for the confinement of its offenders. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.

115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. A review of the Annual Prison Rape Elimination Act Report confirmed there was no personal identifying information included nor any security related information. The report did not contain any redacted information.

115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 1.3.D.06, pages 22-23 states in accordance with the SDCL § 1-27 public records and files, and any subsequent updates or supersessions thereof, all case records associated with claims of sexual assault/rape, sexual misconduct, and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, are retained by the IG or DOC at least ten (10) years after the date of the initial collection. Information required as part of the offender’s medical care will be maintained in their medical record. A review of prior Annual Prison Rape Elimination Act Reports confirmed that data is available from 2013 to present.

Based on a review of the PAQ, 1.3.D.06, the Annual Prison Rape Elimination Act Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is part of the South Dakota Department of Corrections. All facilities were audited in the previous three-year audit cycle and audit report are</p>

	<p>found on the agency's website.</p> <p>115.401 (b): The facility is part of the South Dakota Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.</p> <p>115.401 (n): The facility provided photos of the audit announcement posted around each of the facilities six weeks prior to the audit. During the tour the auditor observed the audit announcement in housing unit dayrooms. The audit announcements were in English and Spanish and were posted on letter size paper. The audit noticed advised the offenders that correspondence with the auditor would remain confidential unless the offender reported information such as sexual abuse, harm to self or harm to others. The detainees were able to send correspondence via special mail.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The agency has audit reports published to their website for all audits completed during the previous three, three year audit cycles.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	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

115.73 (b) Reporting to inmates		
	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
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

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

(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, there has never been a Final Audit Report issued.)	yes