

Prison Rape Elimination Act (PREA) Audit Report

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: June 25, 2021

Auditor Information

Name: Robert Manville **Email:** robert.manville@nakamotogroup.com

Company Name: The Nakamoto Group

Mailing Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852

Telephone: 912-286-0004 **Date of Facility Visit:** 05/24 -05/27/2021

Agency Information

Name of Agency: **Governing Authority or Parent Agency (If Applicable):**

South Dakota Department of Corrections State of South Dakota

Physical Address: 3200 East Highway 34 **City, State, Zip:** Pierre, SD 57501

Mailing Address: Same as Above **City, State, Zip:** Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: <https://doc.sd.gov/about/PrisonRapeEliminationAct.aspx>

Agency Chief Executive Officer

Name: Mike Leidholt, Secretary of Corrections

Email: mike.leidholt@state.sd.us **Telephone:** 605-773-3478

Agency-Wide PREA Coordinator

Name: Brittney Lengkeek

Email: brittney.lengkeek@states.sd.us **Telephone:** 605-323-9035

PREA Coordinator Reports to: Director Kevin McLain **Number of Compliance Managers who report to the PREA Coordinator:** 3

Facility Information

Name of Facility: Mike Durfee State Prison

Physical Address: 1412 Wood St.

City, State, Zip: Springfield, SD. 57062

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information <https://doc.sd.gov/about/PrisonRapeEliminationAct.aspx>

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

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

ACA

NCCHC

CALEA

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

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

[Click or tap here to enter text.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Brent Fluke

Email: Brent.fluke@state.sd.us

Telephone: 605-369-2201

Facility PREA Compliance Manager

Name: Laine Schryvers PCM and Unit Manager

Email: laine.schryvers@state.sd.us

Telephone: 605-369-3141

Facility Health Service Administrator N/A

Name: Melissa Johnson

Email: melissa.johnson@state.sd.us

Telephone: 605-369-2201

Facility Characteristics

Designated Facility Capacity:	1831	
Current Population of Facility:	1542	
Average daily population for the past 12 months:	1557	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-92 years old	
Average length of stay or time under supervision:	MDSP 21 months, RCCWC 7 months, YCWC 6.6 - years	
Facility security levels/inmate custody levels:	MDSP- Low Medium, RCCWC/YCWC- Minimums	
Number of inmates admitted to facility during the past 12 months:	203 for all facilities	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	203 days for all facilities	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	203 days for all facilities	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	203 for all facilities	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	61	

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	30 for all facilities
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	MDSP(YCWC) 31, RCCWC 2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	MDSP(YCWC) 49, RCCWC 16
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	MDSP = 20 on inner perimeter, 5 small storage or sweat lodge sheds, 3 buildings outside the perimeter and 2 outside towers RCCWC = 1 YCWC = 4.
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	MDSP- 4 RCCWC- 2 YCWC- 1
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	MDSP- 4, RCCWC-2, YCWC -1
Number of open bay/dorm housing units:	MDSP- 1, RCCWC -2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	MDSP - 62, RCCWC 2
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

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

Investigations

Criminal Investigations

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

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	5
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

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

The South Dakota Department of Corrections entered a contract for the Prison Rape Elimination Act (PREA) auditing services with The Nakamoto Group. The sole primary auditor is Robert Manville, and no conflict of interest exists between the two parties. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases. The agency and contracting staff determined that the agency would utilize the paper audit portal to complete the audit. The final audit and auditor documentation will be uploaded on the PREA OAS system. The OAS system is a secure software platform that will prevent the transfer of personally identifiable information and provide the user to have the ability to upload documents and retain the documentation for future use. Before the on-site visit, the PREA Coordinator and facility staff uploaded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination on a flash drive and the Nakamoto secure server. Policies and documentation are in the form of agency directives and policies. Institution Supplements (IS) are provided in the form of Facility Directives. Updates of the Pre-audit questionnaire, investigations, and Institutional Supplements were also discussed before the beginning of the audit. The auditor reviewed the agency website for PREA reports and updated policies. The auditor reviewed the December 2018 Audit Report posted on the Agency website and notated all previously recommended corrective action responses. The website included data collection reports from 2015 through 2020, and the auditor noted all statistical data throughout the review. A search of any litigations, facility information, was also reviewed on a Google Search. There were no litigations or negative postings found in the Google Posting. Upon arrival at the facility, an in-briefing meeting was held with the Warden, Agency PREA Coordinator, several department heads and support staff, facility PREA compliance manager. The standards used for this audit became effective August 20, 2012.

Twenty-four (28) randomly selected correctional staff members were interviewed, including employees from the day and night shifts. Lieutenants from all shifts were included in the interview process as part of the specialized staff. Each officer was able to articulate the training they have received documented in the PREA questionnaire. All staff have been trained on Cross-Gender searches. All staff indicated that while they have been trained, they have not conducted a pat-down search on persons of the other gender. Most staff could explain exigent

circumstances when they may be required to conduct a cross-gender pat search. It was recommended that the training enhance the meaning of exigent circumstances.

Specialized staff members were also interviewed. Specialized staff not assigned to the facility were interviewed, including the SDDOC Director, SDDOC PREA Coordinator, Correctional Investigative Staff, two community-based Victim Advocates, and two SANE medical centers. On-site, specialized staff members were also interviewed, including the Warden, Major, Institutional PREA Compliance Manager (PCM), two Investigators, Human Resource Specialist, Intake staff, Health Services Administrator, Mental Health Director, Chaplain, case manager supervisor, Training officer, Grievance Coordinator, Unit Managers from both community corrections facilities, staff responsible for monitoring for retaliation, and screening staff. All interviewed staff and contractors demonstrated an understanding of the PREA responsibilities under this program, relative to their position or roles with the organization and employment status

Inmate random interviewed inmates included inmates housed in every dormitory in each program. The below offenders were determined to be a target population:

Targeted population

Populations	Targeted population	Total Available on date of audit	Total Interviewed
Transgender	6	6	6
Allegation of Sexual Abuse	0	0	0
Allegation of Sexual Harassment	0	0	0
Victimization	5	5	5
Gay	3	3	3
Segregation for PREA	0	0	0
Disabled	1	1	1
Deaf	2	2	2
Cognitive	2	2	2
LEP			
Total Random Inmates	1530	1530	27
Correspondence	1530	1530	2
Total Population	1548	1548	48

The inmates were interviewed using the Department of Justice protocol interview questions. Overall, the inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process.

Staff File Review:

The auditor requested random personnel background checks and reviewed 15 employee training records, two contractor files, and two volunteer files. The employee records included five staff employed at the facility for more than five years, 5 of the staff were promoted, and 5 of the staff were employed in the last 12 months. Employment background checks are completed and are maintained on file at the facility. The contractor files had the same email indicating background clearance and contained PREA training documentation. Volunteer files were also reviewed and had the exact background clearance and PREA training documentation.

Resident Files:

Fifteen offender files were reviewed. The file contained documentation of Intake Screening, Intake PREA notification, rescreening, and formalized PREA education. The facility updates or completes rescreening throughout the offender's stay at the facility. All time requirements were met in each area.

Staff Training:

The auditor requested some specific and random training files for employees. Including in the specific list were training staff, Superintendent, PCM, Medical staff, Mental Health staff, and five random officers. All training records contained yearly training. Specialized staff had received yearly training specific to their duties.

Investigations

There were ten allegations of sexual abuse or sexual harassment investigations conducted at the facility during the audit period. Division of Criminal Investigations investigates sexual abuse that could lead to a criminal complaint

The investigations were completed by trained Sexual Abuse in Confinement.

Serial #	Allegation	Description	Administrative	Administrative/Criminal
N/A 5-22-20	Sexual Abuse	Offender on Offender	Unsubstantiated	Non-Criminal
N/A 9-5-20	Sexual Harassment	Staff on Offender	Unfounded	Administrative
N/A 10-26-20	Sexual Harassment	Staff on Offender	Unsubstantiated	Administrative
N/A 5-27-20	Sexual Harassment	Staff on Offender	Unfounded	Administrative
N/A Third Party Report	Sexual Abuse	Offender on Offender	Unsubstantiated	Administrative

N/A 9-16-20	Sexual Abuse	Offender on Offender	Unsubstantiated	Administrative
N/A 7-25-20	Sexual Abuse (Voyeurism)	Staff on Offender	Unsubstantiated	Administrative
N/A 9-26-20	Sexual Harassment	Offender on Offender	Unsubstantiated	Administrative
N/A 3/18/21	Sexual Harassment	Staff on Offender	Unsubstantiated	Administrative
N/A 4/18/21	Sexual abuse (Voyeurism)	Staff on Offender	Unfounded	Administrative

Facility Characteristic

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

The Mike Durfee State Prison (MDSP) consists of a low - medium-security male facility and two off-site community work centers, Rapid City Community Work Center (RCCWC) and the Yankton Community Work Center (YCWC) for minimum-security inmates and parolees in the Community Transition Program.

MSDP administrative facility has a rated bed capacity of 1275 and a current inmate population of 996. There are 160 staff members assigned to MDSP. The facility has 20 buildings located inside the perimeter. The housing units consist of five separate buildings, one of which is a single story with an open bay/dormitory. Three housing units are two and three-story buildings with cubicles housing from two to eight inmates. The fourth housing unit includes the segregation unit, which houses up to 62 offenders. Inside of each of the living units are showers with a wall separating the showers from the open area of the facility. The facility has installed curtains up from the wall to provide more privacy when offenders are showering. During the audit, a small curtain was placed in the front of the handicap-accessible toilet due to offenders possibly being seen using the toilet. Staff indicated that most offenders use this toilet as a urinal; however, this would still pose a risk of being seen. Upon entering each dormitory, the following signs were displayed on framed bulletin board walls. There are PREA zero-tolerance signs in English and Spanish, Victim support services, reporting posters, and PREA audit notices.

The Receiving/Discharge area has an intake area for orientation and initial intake. Upon arriving at the facility, inmates are individually taken to an office for a shake-down and issued clothing. There is a private room for the initial strip search and body scan. Only staff of the same gender conduct these searches. There are other offices located in this area that allow

private interviews to be conducted. There were zero-tolerance posters displayed in the intake area.

The Health Services Department contains treatment rooms and offices. There is a bulletin board that contains PREA information located in the waiting area. There are correctional officers assigned to the health care area whenever inmates are in this area. The health unit is always operational 24 hours a day with specialized staff on-call staff on duty. While there are cameras located in the health services department, none of the cameras provided a view of the examination rooms.

The mental health staff's offices are in the program areas adjacent to the central corridor. This area contains offices, cubical, and group rooms. There is a bulletin board that contains PREA information located in the waiting area. There are cameras located throughout the mental health staff areas.

There are recreation areas located on this compound. These recreational areas include a gymnasium, activity center, exercise equipment, hobby craft rooms, and an outside recreation area. Zero-tolerance posters are located throughout the recreation area. The bathroom areas in each of the recreational areas include partitions and doors to provide privacy. There were PREA information boards in each of the recreational areas.

The Religious Services Department consists of a chapel area, group rooms, music area, and offices. There were PREA posters located in the religious services hallway and the front entrance area. There were no blind spots noted in this area.

The Food Service Department has a large dining room with a food service preparation area attached. Except for the staff dining room, all foodservice areas are under constant surveillance with cameras, mirrors, or staff supervision. There are zero-tolerance posters in all food service areas.

The laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors. There were no blind spots noted in the laundry. The laundry area had a bulletin board with PREA information, including zero-tolerance and PREA audit notices.

The Maintenance Department contains several working shops. There were cameras and mirrors located though out the area. There were no blind spots noted in the Maintenance Area. This area had a bulletin board with PREA information, including zero-tolerance and PREA audit notices.

The Visitation area allows contact visits. There were PREA zero-tolerance signs were posted in both English and Spanish, Victim support services, Third-party reporting/PREA Reporting, Notice of PREA audit were also posted in this area. There are cameras in the visitation room. There were no cameras located in a private area utilized to search offenders before and after visitations.

Any areas that would be utilized to conduct strip searches were marked. There were privacy panels attached to the wall that would pull out and provide privacy for offenders being strip-searched. During the review of all cameras located at the facility, it was noted that none of the shake-down partitions could be viewed by the person reviewing the cameras. A review of all cameras found that all were operational, and none provided any privacy concerns.

The Education area contains classrooms and support services. The Education department provides various programs for the inmates, including:

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- Advanced Occupational Education
- Release Readiness Program
- Law Library
- Leisure Library

Prison industries/vocational training at MDSP includes home construction for the Governor's Housing Project, printing and bookbinding, furniture restoration and reupholstering, garment manufacturing and sign and decal design, welding, auto body repair, auto mechanics, and construction technology. Inmates not assigned to prison industries are provided other work assignments such as food services, mechanical services, health services, education, recreation, laundry, and unit orderlies. Each of these areas that had restrooms was provided privacy by doors or partitions. There were PREA information boards in each of the education and prison industry areas.

The Community Work Centers are units of the MDSP and are in Rapid City and Yankton, South Dakota, under the supervision of a Unit Manager who reports to the Warden. The Yankton Community Work Center is located on the grounds of the South Dakota Human Services Center. The center supplies inmate workers for the Human Services Center as well as for community service projects.

The Yankton center has a rated bed capacity of 338 and a current inmate population of 281. The design of the building is multiple cells located on three floors. Each of the cells houses up to 10 offenders. There is a bathroom in each of the cells. There is a shower area on each floor that includes curtains and a partition for the offender to shower and change clothing. The basement of the Yankton Community Center houses medical offices and examination rooms, education programs, a chemical dependency program, and food service areas. All of these areas are in constant view of cameras. There are partitioned bathrooms in this area. The areas have bulletin boards that include PREA information. There are 25 staff members assigned to the center.

The Rapid City Community Work Center (RCCWC) was opened in 2012 and houses inmates that work on community service projects such as firefighting or helping thin timber in the Black Hills of South Dakota. The center also houses inmates on work release status, working in the community for various businesses. The center also houses parolees enrolled in the Community Transition Program. The RCCWC has a rated bed capacity of 416 and a current inmate population of 271. There are 27 staff members assigned to the center.

The first floor contains medical offices and examination rooms, education programs, a parole and work release preparation program, and food service areas. All of these areas are in constant view of cameras.

The second floor contains open bay dormitories. Each of the dormitories has a bathroom area that includes toilets, showers, and washbasins. These areas have curtains and partitions to provide privacy for offenders to shower, change clothing, and use the toilet without viewing a person of the opposite gender.

Each dormitory had PREA information on the bulletin board and telephone access to make PREA related calls.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 4 Click or tap here to enter text.

List of Standards Exceeded:

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

Standard 115.13: Supervision and Monitoring

Standard 115.31: Employee training;

Standard 115.71: Criminal and administrative agency investigations

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met:

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.11 (a)

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

to sexual abuse and sexual harassment? Yes No

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

South Dakota Department of Corrections (SDDOC) Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
MDSP 2021 staffing plan
Acknowledgement of Prevention of Sexual Abuse/Harassment Information.
PREA Acknowledgement of Prevention Information

Gender Non-conforming Committee.
PREA Sexual Incident Review Form
PREA Upgrades to Facilities and Technology
PREA Compliance with Prison Rape Elimination Act Standards
Staff Code of Ethics.
2021 Updated Organizational Chart
2021 Sequel Agency Monitoring
2021 St Francis House Monitoring

South Dakota Department of Corrections published the agency policy serial # 1.3.E.5 – Policy - PREA Compliance with Prison Rape Elimination Act Standards. This policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This policy and procedures establish the responsibilities to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to, and investigating inmates' sexual abuse and sexual harassment. The facility has a detailed policy and organizational chart the auditor provided during the audit's pre-audit phase. The policy and organization chart clearly designates an agency-wide PREA Coordinator. The PREA Coordinator is part of the agency management team. Interview with the PREA coordinator indicated she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with its facilities' PREA standards. The facility staff interviewed acknowledged and understood the zero-tolerance policy and the specific Prison Rape Elimination Act policy. Policies and directives outline procedures and expectations related to the SDDOC approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It is developed in compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.

The agency has established a system to develop well-documented staffing plans based on the level of supervision and services provided. The staffing plan establishes a mandate that facilities document non-compliance with the minimum staffing and a corrective action plan to rectify the noncompliant staffing.

Contracting facilities are mandated to utilize the agency policy on Sexual Abuse and Sexual Harassment and maintain compliance with PREA. The agency monitors these private providers for compliance with PREA.

The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with Employee Discipline policy and Facility Rule of Conduct and subject to employment termination. Employees are subject to criminal prosecution.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

SDDOC memorandum, warden memorandum, and a facility organizational chart meet the requirements of this standard. The agency's zero-tolerance against sexual abuse is clearly established, and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency memorandum establishes a position of PREA compliance manager with the responsibility to oversee the implementation and management of the Prison Rape Elimination Act of 2003.

The agency policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the A&O Handbook, and postings are distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance. Exceed compliance was determined by reviewing orientation PowerPoint presentations, posters, A&O handbook, and interviews with staff, contractors, volunteers, and inmates.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

NDDOC JUV 2021 Contract Agency Monitoring.
2021 Sequel Agency Monitoring.
NDDOC JUV 2021 Contract Agency Monitoring.
PREA Compliance Survey for Agencies housing SD DOC Offenders (2021 St Francis House Monitoring)

SDDOC mandates that all contracting agencies assure compliance with the Prison Rape Elimination Act. PREA Compliance Survey for Agencies housing SDDOC Offenders must be completed by all facilities that contract to house DOC offenders. NDDOC and Sequel or/ are planning to undergo a PREA audit during the Third PREA audit schedule. The St. Francis House does not intend to undergo a PREA audit. The DOC PREA coordinator monitors the facility through a compliance survey, and St. Francis House has authorized the DOC PREA coordinator to review the facility for PREA compliance. The facility has a PREA compliance manager and completes the annual PREA review. Compliance was determined by reviewing the PREA Compliance Survey, interviews with the PREA Coordinator, and email confirmation from the Agency Coordinator.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

1.3.A.5 Policy - Searches – Institutions
 RCCWC All Staff-Volunteers
 guidance_on_cross-gender_and_transgender_pat_search_ppt_slides.
 DSP-YKT Security.
 DSP-YKT NON-Security
 PREA- Annual Staffing Plan Review Certification
 Staffing Plan re: Adequate Levels of Staffing
 Security Roster & Activity Log re: Supervisor Rounds
 Copies of officers' logbooks showing unannounced rounds by supervisors on all shifts

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards Prisons Mandates that the facility will complete a staffing plan prior to opening a facility and will continue to review a minimum of once a year utilizing the following criteria.

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.
- Findings of inadequacy from Federal investigative agencies.
- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.
- The composition of the inmate population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Other relevant factors.

Interviews with the Warden and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Warden meets weekly with his executive staff with operational needs, including addressing staffing issues related to the PREA.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems, staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts, and these rounds are documented. PREA rounds are documented in operations lieutenants' logs and at the officer's stations logs for housing units.

The facility documents deviations in mandatory staffing and the reasons for deviation. During the pandemic, the facilities average 14 thirty-minute periods of shortage of staff for the month. A review of a breakdown of shortage found the 30-minute shortage was for non-mandatory posts and not direct care staff. In some cases, the facility closed the warehouse, food service security staff, or a staff previously assigned as a rover and moved staff to the secure area to be vacated. In discussion with the shift supervisors, during the pandemic, they have had no problems having people come to the facility with little notices due to having sent up to 5 staff out due to one staff being part of their team being determined to be positive. Many times they would pull the staff from the non-essential post while staff members were called into work. This would cause a deviation on staff level until staff arrived. The protocol requires that the tested positive staff and the team the staff was working with are required to leave the facility immediately and have no contact with offenders or other staff.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift, and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-

level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night, and on the weekends. The Institution Duty Officer (IDO) conducts unannounced rounds. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers, including nights and weekends. PREA rounds are documented in operations logs and at the officer's stations logs for housing units. An examination of policy and supporting documentation and all interviews confirm compliance with this standard. Compliance was determined by interviews with the human resource manager, correctional staff, associate Warden, Warden and reviews of documented staffing rosters, daily supervisory checks and facility workforce meeting records, pay period staffing reports, and the examination of the video monitoring system. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing cameras coverage, and available staff in areas that inmates are assigned. Subsequently, tours of each facility area were also reviewed while going throughout the facility to meet with staff and interview inmates.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

MDSP does not house youthful offenders. Offenders that are housed at MDSP is housed in a diagnostic program prior to be permanently assigned to the facility. If an offender is housed at the diagnostic program that were determined to be under 18, they would be immediately transferred to a juvenile program.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards guidance_on_cross-gender_and_transgender_pat_search_ppt_slides.
 SDDOC Policy 1.3.A.5 Searches - Institutions
 Gender staff assigned to living unit Posters
 Logbook of announcing female staff coming on the shift
 Pre-Service Training- Training
 Pre-Service Training Roster
 Statement of Fact: Limits to Cross-Gender Viewing and Searches

SDDOC Policy 1.3.A.5 Searches: Institutions mandate that Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergencies or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of a visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never to examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff interviews also confirmed that all officers had been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The facility allows transgender offenders to determine staff gender for pat searches. The facility does not allow cross-gender pat searches except in emergencies. In cases when a cross-gender pat search occurs, staff must document the incident on the pat-search logbook. The auditor observed that each unit has individual stalls for privacy in utilizing the toilets. One toilet did not have appropriate privacy curtains, which were installed during the audit. The facility has implemented a policy that all opposite-gender staff working the units will announce themselves before walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. The control room will document announcements made and announce with the other gender enter the housing units. Inmates interviewed acknowledged they could shower, dress and use the toilet without being viewed by a staff of the opposite

gender. Staff and inmates interviewed indicated that employees of the opposite gender announce their presence before entering a housing unit.

Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

No cross-gender strip searches nor cross-gender body cavity searches of any offender and no cross-gender pat-down searches of any female offender were performed at the MDSP during the last 12 months. The living areas have showers with partitions that provide for inmate privacy while showering. Some toilet areas have partitions with doors to allow inmates to use the restroom without being viewed by staff. Other bathroom areas have routine doors with a sink. During the audit, an additional curtain was placed leading into the shower/toilet area due to concerns that offenders could be seen naked and in view of persons of the other gender.

Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of a visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never to examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff interviews also confirmed that female officers had been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training.

Staff and inmates interviewed indicated that employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announced the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member. Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas, and the modification completed during the audit and interviews with staff and inmates, it has been determined that MDSP complies with this standard. Six Transgender offenders were interviewed. Each stated they could shower separately from the general population and could discuss housing assignments during the initial classification committee meeting.

Compliance was determined by a review of the policies, directives, and training curriculum. Also, compliance was determined by interviews with general population offenders and offenders determined to be targeted population offenders. Compliance was also determined by touring the facility with respect to staff announcing their presence, privacy provided in the shower and toilet area, and communication noted between staff and offenders.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
 Language Assistance Services to Offenders
 Qualified interpreter Services American Sign language
 Statement of Fact
 Americans with Disabilities Act (ADA)

An Inmate's Guide-Braille
An Inmate's Guide-SPANISH.
Guidance on cross-gender and Transgender Pat Search

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards mandate that inmates with disabilities and inmates who are limited English shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Directive.

The facility houses a mental health program that includes several offenders that are cognitively disabled. The mental health staff members are aware of these offenders before arriving at the facility. The mental health staff conducts their initial PREA screening and rescreening and are also responsible for conducting the PREA training program for these and all mental health residents. Two of the cognitive offenders were interviewed and were aware of the PREA rules and how to report allegations of sexual abuse or sexual harassment.

Two inmates assigned to the facility were deaf. The agency has a contract for sign language services, and both inmates were interviewed utilizing a sign language interpreter. Upon identifying an inmate with a disability that prevents them from reading or understanding inmate PREA educational materials, staff conducting initial intake screenings coordinate with other staff as needed to obtain appropriate accommodations addressing the inmate's disability (i.e., referral to medical as appropriate).

Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The disabled inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures, and handouts, is available in English, Spanish, and other languages. Staff also may read information to inmates when necessary. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's sexual abuse/sexual harassment allegations. Interviews with first responders, medical, mental health, and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Compliance with this standard was confirmed by reviewing Agency Policy, Institutional supplement, contracting services for language interpretation services, and interviews with staff and disabled inmates.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
SDDOC Policy 1.1.C.13 Screening of Staff, Volunteers and Contractors for Prior Sexual Abuse

PREA Interview Questions

15 Personnel Files

5 Volunteer Files

5 Contractor Files

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

- The Department of Corrections will not hire or promote an individual or enlist the services of any volunteer or contractor to work within a DOC facility before completing a pre-employment screening to identify if the individual has engaged in institutional or community sexual abuse or sexual harassment, or whose criminal history reveals a history of sexual misconduct. The DOC will screen all individuals identified for possible assignment to a DOC facility and current staff members considered for promotion. Hiring and promotion decisions require all employees, contractors, and volunteers to obtain a completed criminal background check. The facility does not hire or promote anyone who may have contact with inmates and does not enlist any contractor or volunteer that may have contact with inmates. Additionally, the facility does not hire anyone who has:

- engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or
- has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or
- if the victim did not consent or was unable to consent or refuse, or if the person has been civilly or administratively adjudicated to have engaged in the activity.

Incidents of sexual harassment are considered in determining whether to hire or promote anyone or enlist the services of any contractor or volunteer who may contact inmates. The facility staff asked applicants and employees who may have contacted inmates directly about previous misconduct; they use a form to document. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA. The policy prohibits staff from material omissions and the provision of materially false information, which may result in grounds for termination. Interviewed HR staff confirmed that the facility would provide employment information, including detailed employee information substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer who may request this information.

Policies and staff interviewed stated that the facility requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The policy requires that before hiring new employees who may have contact with inmates, the agency performs a criminal background check consistent with Federal, State, and local law, do its best to contact all prior institutional employers for information on substantiated allegations of inmates or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations. MDSP requires the facility not to hire or promote anyone who

may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or mentally disabled or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or immaterial care.
2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection

Employees must disclose such misconduct. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The human resource manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations during a pending investigation of sexual abuse. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. The human resources manager conducts all NCIC checks and documents the information in the personnel files. Five new staff members and five promoted staff personnel files and staff with over five years tenure were reviewed and completed before employment or promotion. Sample of NCIC notification of arrest was provided to verify the Agency notification system.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
 MDSP Camera Plans
 PREA Annual Assessment Meeting
 Physical Plant Diagrams
 Statement of Fact

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Interviews with the PREA Compliance Manager and Warden indicated no major expansion during the past four years. The Facility Management Team indicated that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse. Since operationalizing PREA, the warden and his team discussed a list of modifications that have occurred in each program to comply with PREA. During the PREA audit, additional shower curtains were placed around handicapped-accessible toilets. The agency has updated the cameras as technology improves camera and monitoring capabilities. During the tour of each facility, staff discussed where modifications had been implemented to enhance the facility's safety.

Compliance was determined by reviewing the camera system, interviews with the warden, and reviewing yearly staffing and upgrade plans.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.6 PREA Response and Investigation of Sexual Abuse/Harassment Victim

Representative

Working Against Violence MOU

Yankton Women and Children Center River City

Medical Staff Safe Prisons Training

Verbal Reports.

BROCHURE - PREA Inmate BRAILLE.

BROCHURE an Inmates Guide SP.

BROCHURE an Inmates Guide.

CARD - Inmate ID w PREA.

Inmate Living Guide Spanish - 2020.

NOTICE - DCI E&S.

POSTER No Means No.

PREA Phone DSP-YKT updated.

PREA Phone RCC updated.

NOTICE - DCI E&S.

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards mandates medical forensic examinations are conducted by SANE or SAFE staff at a Medical Center or hospital that provides these services. MDSP has two hospitals that are utilized for SANE forensic examinations. Mike Durfee State Prison and Yankton Community Work Center utilize Avera Sacred Heart Hospital, and Rapid City Community Correctional Center utilizes Monument Health in Rapid City. SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards also mandates that each facility develop or attempt to develop an MOU for Victim Services and Emotional Support for offenders that have been sexually abused. Mike Durfee State Prison and Yankton Community Work Center have an MOU with Yankton Women's and Children's Center. Rapid City Community Correctional Center utilizes Working Against Violence in Rapid City, SD. Both advocacy groups were contacted and provided an overview of their program and procedures to provide Victim Advocacy Services. Each agency has received training from South Dakota Coalition Ending Domestic & Sexual Violence. Avera Sacred Heart Hospital has victim advocates services as part of the hospital's Sexual Abuse Response Team. Monument Health has on-call SANE staff and has a working relationship with Working Against Violence.

SDDOC provides a pamphlet when offenders arrive at any facilities that details services provided by the Victim Advocates and telephone numbers to contact Victim Advocates. Offenders that are sexually abused are provided an opportunity to utilize the victim advocate programs and emotional support following a sexual assault. The facility provides a form that details the victim advocate program, and residents are permitted to accept or decline these services.

DOC Special Investigative Unit investigates all allegations of sexual abuse or sexual harassment, and if it appears to be criminal, SIU contacts the Division of Criminal Investigation (DCI). DCI is under the control of the State's Attorney General.

The agency follows a uniform evidence protocol described in the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical

Forensic Examinations, Adults/Adolescents.” Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only, and the victim would be transported to a local hospital for examination, treatment, and forensic evidence gathering by a SANE nurse. All sexual abuse advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim.

A review of training records confirmed that internal investigative unit staff had received appropriate investigator training to investigate sexual abuse and harassment in a confinement setting. Interviews with staff, local hospital nurses, local rape crisis center advocates, and an examination of documentation confirmed compliance with this standard. Correctional and medical staff members were interviewed concerning this standard, and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were also aware of the staff responsible for conducting PREA investigations. Staff members carry a First Responder card to provide reminders and expected responses to sexual abuse.

In our telephone interview, the hospital representative indicated that the hospital works with a victim advocacy group located at the hospital to provide advocacy services, including staff to accompany inmates that have been sexually abused. There were no forensic examinations conducted during the past 12 months. There was one incident that involved a possible forensic examination. During the incident, the facility contacted the chief of classification, a trained advocate, to meet with the offender and stay with the offender during the initial medical review. It was determined that the offender did not require a SANE evaluation due to the nature of the allegation.

Compliance was determined through review of policy, documentation of training records, Memo from advocacy program, and interviews with Mike Durfee State Prison, Yankton Community Work Center, and Rapid City Community Work Center staff and inmates. SIU investigator and PREA coordinator.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

South Dakota Department of Corrections Policies Distribution: Public
SDDOC Website

Upon learning such information/receiving the complaint or information regarding sexual abuse or sexual harassment, the staff member will promptly report the complaint or information to the Officer in Charge (OIC) or his/her supervisor. If a staff member witnesses sexual abuse or

attempted sexual abuse of an inmate, he/she will directly report the information to the OIC or his/her supervisor. Report “directly” means the reporting staff member must speak directly to the OIC or supervisor by telephone or in-person. The OIC or supervisor will gather information and evidence and document the incident on the Sexual Incident Checklist: Officer in Charge form. The incident will be reported directly to the Special Investigation Unit (SIU).

- 1) The completed Checklist will be forwarded to the Special Investigations Unit, along with all relevant reports, evidence, and information by the end of the shift when the incident was initially reported or discovered.
- 2) The Special Investigations Unit is responsible for the preliminary investigation into the incident.

Security Staff will be responsible for the following:

- a. The staff member witnessing the incident will separate the victim and abuser.
- b. Staff will preserve and protect any potential crime scene and evidence according to policy and approved practices, procedures, and directives until appropriate steps can be taken to process the scene and collect evidence.
- c. The chain of custody of evidence will be recorded and preserved according to all applicable DOC policies, institutional operational memorandums (OMs), and correctional best practices.
- d. If the sexual abuse occurred within a time that allows for the collection of physical evidence, including forensic evidence, staff will ensure the alleged abuser does not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating.
- e. Staff first responding to the scene/incident shall remain in the presence of the inmate(s) involved and instruct the inmate not to take any actions that could destroy potential physical evidence.

A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons.

All staff members interviewed confirmed compliance with the standard. Correctional staff indicated they would follow the above policy. Non-Correctional staff indicated they would immediately notify a corrections staff member and remained with the offender until a correctional staff reports to the area. During the tour, the staffing plan and observations provided evidence that correctional staff members were stationed in the proximity of all areas that offenders are assigned. Staff carry cards to provide the above information and information can be found on the website. <https://doc.sd.gov/about/PrisonRapeEliminationAct.aspx>.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

Annual Refresher Training Packet
 Pre-Service/In-Service Orientation Training Schedule & Roster re: PREA Training
 Prison Rape Elimination Act - Training Acknowledgement In-service Pre-Service Summary
 Review Test re: PREA Knowledge
 SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
 SDDOC Policy 1.1.D.1 Staff Training Requirements
 Training Curriculum

All staff PREA training and protocol for sexual abuse prevention, intervention, reporting, protecting the inmates, and preserving the possible crime scene. Pre-Service Training includes:

- A zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

- Inmates' right to be free from sexual abuse and sexual harassment.
- Employees' right to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions to sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- How to conduct Gross Gender Pat Searches

Newly hired employees receive training relative to the PREA standards during their initial training in a classroom setting. Yearly refresher training is required for all staff, utilizing a Computer-Based PREA training program. Contractors and volunteers are provided training relative to their duties and responsibilities by the facility PREA Compliance Manager. A review of the training curriculum, training sign-in sheets, and other related documentation and staff interviews confirmed that staff is required to acknowledge, in writing, not only that they received PREA training but that they understood it. A review of documentation and staff interviews confirmed that the facility is compliant with this standard.

Staff assigned to the segregation unit received specialized training for segregation units and are required to take the gender-specific training.

A sampling of staff annual training files (15) was reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they had received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed, and officers assigned to the restrictive housing unit also receive additional training. A review of the shift pass-on log found PREA training and tabletop drills for Sexual abuse and coordinated response plans on each shift up monthly and quarterly. The extensive training provided and the staff's knowledge of the PREA requirements confirmed that the facility exceeds compliance with this standard. Shift supervisors and staff provided documentation of shift briefing training that is provided on an ongoing basis.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

Statement of Fact Statement of Fact

Contractors and volunteers are provided training relative to their duties and responsibilities. All contract and volunteer staff are required to receive PREA training annually. SDDOC publishes a volunteer handbook that is provided for all persons volunteering with MDSP. A review of the training curriculum, training sign-in sheets, and other related documentation, as well as staff interviews, confirmed staff members are required to acknowledge, in writing, not only that they received PREA training but that they understood it. The facility chaplain works with the PREA compliance manager to ensure all volunteers receive annual training. The chaplain provided files for volunteers that documented the annual training. The chaplain indicated that prior to the pandemic, the facility updated training quarterly, which included training for volunteers after background checks were cleared prior to contact with inmates. The facility has 63 persons trained to conduct volunteer services at MDSP. The facility utilizes 37 contracting staff. Contracting staff undergo the same training for Pre Service and annual training utilized for MDSP staff. A review of documentation and staff interviews, facility volunteer coordinator

(Chaplain), contracting staff, and PREA compliance managers confirmed that the facility is compliant with this standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
 Sexual Assault Awareness Course
 Offender Orientation Handbook English & Spanish
 Safe Prison Handout
 Offender Orientation Training
 PREA Training Roster & ODS Offender Records

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards establishes the standard required training. Inmates receive information during the intake process that includes a PREA handout, printed in English and Spanish. There are PREA

posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone number, which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. There is an interpretive language service available for limited English proficient inmates. A review of A&O Checklists verified that inmates received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing that they have received PREA education. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred to another facility, the policy requires that this training process be repeated at the new institution, as confirmed through interviews with newly arrived inmates. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities.

There is a translation language line available to LEP inmates. The auditor was provided a random sampling of A&O Checklists/Signature Sheets to verify that inmates admitted during the auditing period received the Sexual Abuse and sexual harassment (PREA) education and relevant written materials. All inmates are required to acknowledge completion of PREA education. During the interview process, randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment when they arrived at the facility. Two deaf offenders were interviewed using a Sign Language Interpreter and indicated they had received training during the diagnostic process and arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment, and their right not to be punished for reporting sexual abuse/sexual harassment. Inmates and staff confirmed that PREA training is provided during the initial intake at the facility and during the orientation phase, which occurs within one week of arriving at the facility. Inmates were aware of available services outside of the facility for dealing with sexual abuse.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative.

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

POLICY AND DOCUMENT REVIEWED

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
 Training Records for Facility Investigator
 Approved Online Training for PREA Investigators

Additional Investigator Training 3-10-20.
DenOuden - DOC PREA Inv(full) Cert.
DenOuden - NIC PREA Inv Cert (Basic).
Dykstra -PREA Certification training.
Fluke - DOC PREA Inv(full) Cert.
Kaufenberg - Add DOC PREA Training 6-2018.
Kaufenberg - Add Social Media & Investigations.
Loewe - Add DOC PREA Training 6-2018.
Loewe - Add DOC PREA Training 12-2018.
Loewe - DOC PREA Inv (full) Cert.
PREA Investigator Training (Part 2).
Reyes - NIC PREA Inv Certs.
Schauer - Add DOC PREA Training 6-2018.
Schauer - Add DOC PREA Training 12-2018.
Schauer - Additional Inv Training Cert.
Schauer - DOC PREA Inv(full) Cert.
Schauer - NIC PREA Inv Cert (Basic).
Schryvers - Add DOC PREA Training 6-2018.
Schryvers - Add DOC PREA Training 12-2018.
Schryvers - NIC & PREA Cert.
Sestack - Add DOC PREA Training 6-2018.
Sestack - Add DOC PREA Training 12-2018.
Sestak - NIC PREA Cert.
Suarez - Additional Inv Training Cert.
Suarez - DOC PREA Training & Ack.
Suarez - NIC PREA Cert(s).

MDSP requires that administrative investigations are conducted by trained investigators who are full-time employees at the facility. DOC investigators (Special Investigations Unit (SIU) staff) conducting sexual incident investigations at the facility must complete specialized training specific to conducting sexual incident investigations in a correctional environment.

1. Specialized training may include but is not limited to:
 - a. Techniques for interviewing sexual abuse victims.
 - b. Proper use of Miranda and Garrity warnings.
 - c. Directing sexual abuse evidence collection in correctional/confinement settings.
2. The criteria and evidence required to substantiate a case for administrative action or referral for criminal prosecution.
3. The training coordinator for each facility will maintain documentation supporting staff investigators who have completed the required specialized training.

The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide and the course completion list for Investigating Sexual Abuse in a Confinement Setting training and the OIG PREA Criminal Investigator Certification Training List. Administrative investigations are conducted by a trained investigator who is a full-time

employee of the facility. When criminal investigations are indicated, they are conducted by the CID. Interviews with staff, the MDSP trained investigator, investigator from CID, and an examination of policy confirmed compliance with this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
 Medical Training Records

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
 mandates Health Service and Behavioral Health staff will be informed of:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

All mental health and medical staff have received the required specialized training on 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 to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training as it relates to the PREA. Interviews with medical and mental health staff confirmed their responsibilities regarding the PREA specialized training medical and mental health staff have attended during the last 12 months. The medical staff interviewed were highly knowledgeable of sexual abuse and sexual harassment and responses to reporting and identifying sexual abuse or sexual harassment. Compliance was determined by training curriculum, interviews with Medical and Mental Health Directors, and reviewing the training files for medical and mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

PREA Institutional Risk Screens.

PREA Institutional Risk Screens.

PREA Institutional Risk Screen Form.

PREA Institutional Risk Screens.

PREA Risk Screen Scoring Guide.

PREA Institutional Risk Screen Form.

PREA Institutional Risk Screens.

PREA Risk Screen Scoring Guide.

PREA Institutional Risk Screen Form.

PREA Risk Screen Scoring Guide.

PREA Institutional Risk Screens.

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

establishes policies and procedures governing this standard. All offenders are assessed during the intake screening process for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The initial screening occurs typically within twenty-four hours of the offender's arrival but no more than seventy-two hours after the inmates arrives at the Jamison Diagnostic Program. Policies and procedures require the use of a screening instrument (reviewed by the auditor) to determine proper housing, bed assignment, work assignment, education, and other program assignments, to keep inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. A medical staff conducts an initial medical screening, including questions of prior sexual abuse. Agency Directives require that within the first 30 days of arriving at the facility, an inmate's risk level is reassessed within thirty days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Controls are in place to ensure that information received during the screening is only available to staff on a need-to-know basis. Agency policy prohibits inmates from being disciplined for refusing to answer or not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history, and perception of vulnerability. Housing and program assignments are made on a case-by-case basis, and inmates are not placed in housing units based solely on their sexual identification or status.

Upon arrival at the determined program case managers staff interviews the offender and review the risk screening instrument with the offender. The facility instituted more formal documentation to include additions signature of the offender to confirm they receive the screening at the determined program. Offender meets with their prospective case managers within thirty days which includes reviewing the risk assessment. The agency enhances this within a 30-day review by having the offender also sign they received the screening and add this information on the agency PREA database.

A review of 15 initial screening instruments revealed that all inmates were screened. Four files did not include the rescreening as required by the standard. The database did provide documentation that rescreening was completed due to recommendations by staff or based on offender need based on review with case managers or mental health staff.

The agency has a PREA Intake Objective Screening Instrument. The assessment results are documented on the Intake Screening Form whether the inmate is vulnerable or sexually aggressive. Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the inmate has a mental, physical, or developmental disability.
- The age of the inmate.
- The physical build of the inmate.
- Whether the inmate has previously been incarcerated.
- Whether the inmates' criminal history is exclusively nonviolent.
- Whether the inmate has prior convictions for sex offenses against an adult or child.
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the inmate has previously experienced sexual victimization.
- The inmate's own perception of vulnerability.

The Screening Instrument does not include the information on if the resident is the inmate is detained solely for civil immigration purposes. The agency does not house residents for the sole purpose of civil immigration. The agency has updated the screening instrument to provide full compliance with the standards. Compliance was determined by reviewing the screening instrument, reviewing inmate records with screening and rescreening instrument, and reviewing agency inmate data to manage screening instruments. Compliance was further determined by interviews with the classification supervisor, PREA compliance manager, inmate's mental health, and medical staff.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards;
 Transgender, Gender Dysphoria or Intersex Inmates:
 PREA Institutional Risk Screens.
 PREA Compliance with Prison Rape Elimination Act Standards.
 DSP Count Sheet
 PREA Institutional Risk Screens.

RCC Count Sheet
YKT Count Sheet
Memo: Transgender and Intersex Offender Shower
Memo: Transgender and Intersex Offender Bi-Annual Reassessment
Statement of Fact

The facility's classification procedures provide that risk screening information is used to determine housing, bed, work, and education and program assignments to keep separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials to complete this task.

The specialized treatment team utilizes the Screening instrument, additional mental health evaluations and rescreening as part of the mental health treatment plan. DDDOC decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. SDDOC has no dedicated facilities for transgender or intersex inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, including whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. The policy states that a transgender or intersex inmate's view with respect to his own safety should be given serious consideration when making these assignments. MDDOC policy mandates that transgender and intersex inmates are allowed to shower, dress and use the toilet facilities separately from other inmates. The facility has six transgender inmates assigned during the last 12 months. The Agency's PREA coordinator's interview confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with staff and inmates, observations of housing assignments and unit activities, as well as an examination of documentation/policy confirm that the facility is following this standard. Six transgender offenders were interviewed. Each confirmed they are allowed to shower by themselves and meet monthly with mental health and medical staff to discuss job assignments, housing arrangements, and medical and mental health concerns.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards mandates that Inmates identified as being at risk for sexual abuse may be temporarily segregated from other inmates until appropriate housing placement can be determined; this may include placement in protective custody. Inmates determined through the PREA risk screen to have a high risk of victimization will not be housed in Restricted Housing or protective custody solely to separate the inmate from potential. The Protective Custody Hearing Board determines there are no alternative means of separating the inmate from likely abusers, taking into consideration the penological interests of the DOC and efficient, safe management of the inmate population as a whole, and such placement is temporary and subject to regular review. Inmates who may require separation and meet the criteria for placement in Restricted Housing may be housed in Restricted Housing.

While in the Restrictive Housing unit, program opportunities are provided within the restrictive housing unit. When opportunities are not allowed, the facility will document and justify any deviation of offenders' opportunities. A review of the segregation unit during the last 12 months validated that no inmate was housed in segregation for concerns of sexual safety or a PREA investigation or allegation. Compliance was determined through a review of policy, segregation logs, and interviews with Warden and PREA compliance manager and unit manager with responsibility to supervise the segregation unit.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Verbal Reports.

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

BROCHURE - PREA Inmate BRAILLE.

BROCHURE an Inmates Guide SP.

BROCHURE an Inmates Guide.

CARD - Inmate ID w PREA.

Inmate Living Guide Spanish - 2020.

NOTICE - DCI E&S.

POSTER No Means No.

PREA Phone DSP-YKT updated.

PREA Phone RCC updated.

NOTICE - DCI E&S.

Inmates are provided with information on how to report sexual abuse or harassment to facility staff and public and/or private agencies not affiliated with MDSP; procedures for permitting third-party reports of sexual abuse/harassment on behalf of an inmate. Information for third-party reporting, such as from friends or family, can be found in the visitation room and offender handbook. This information is given during intake, orientation and made available through posters, handbooks, and pamphlets. Inmates may privately report sexual abuse, sexual harassment, retaliation by other inmates or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents in several ways. Inmates may speak with any staff member, contact their family or friends, or utilize an Inmate Request to All staff will accept reports made verbally, in writing, anonymously, and from third parties. Staff will promptly document any verbal reports and will immediately report any such information to the shift supervisor. A review of supportive documentation and staff/inmate interviews indicated multiple ways (verbally, in writing, anonymously, privately, and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to

document all allegations. Throughout the facility, there are posters and other documents on display that also explain reporting methods.

Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse/sexual harassment. MDSP provides to the inmates a third-party line to the National Sexual Assault Hotline for reporting any abuse or harassment and the Victim Advocate reporting menu. Inmates at the facility are not detained solely for civil immigration purposes.

Compliance with this standard was validated by reviewing the inmate handbook, posters throughout the facility, company policies on inmates reporting sexual abuse or sexual harassment, and interviews with staff and inmates.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.2 Administrative Remedy for Inmates
 Statement of Fact Statement of Fact
 Offender Grievance forms
 Sexual Assault Investigation

SDDOC Policy 1.3.E.2 Administrative Remedy for Inmates addresses the mandates of this standard. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process, and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the

complaint. Additionally, the policy also prohibits the investigation of allegations by either staff allegedly involved in the incident or any staff who may be under their supervision. The policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. The policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, it will be expedited. No prohibition limits third parties, including fellow inmates, staff members, family members, attorneys, and outside victim advocates, in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were two grievances filed involving PREA related issues during the past 12 months. No grievances were alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, no grievances were alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Disciplinary action would generally be taken if a grievance was filed in bad faith. Compliance was determined by a review of policy and grievance logs and an interview with the PREA compliance manager and inmates.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards;

Victim Advocate/Rape Crisis Centers:

BROCHURE An Inmates Guide SP.

BROCHURE an Inmates Guide.

DCI Notice E&S.

Inmate Living Guide Spanish - 2020.

Inmate Living Guide.

Notice Poster-DSP (New).

Notices Poster-RCC (New).

PREA Phone DSP-YKT updated.

PREA Phone RCC updated.

SDDOC Policy 1.3.E.6 PREA Response and Investigation of Sexual Abuse/Harassment Victim Representative

WAVI MOU.

YWCC (River City).

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards;

Victim Advocate/Rape Crisis Centers mandates that SDDOC facilities provide inmates with access to outside victim advocates for emotional support services related to sexual abuse.

Mike Durfee State Prison and Yankton Community Work Center have an MOU with Yankton Women's and Children's Center. Rapid City Community Correctional Center utilizes Working Against Violence in Rapid City, SD. Both advocacy groups were contacted and provided an overview of their program and procedures used to provide Victim Advocacy Services and emotional support for offenders who are sexually abused. Each agency has received training from South Dakota Coalition Ending Domestic & Sexual Violence. Avera Sacred Heart Hospital

has victim advocates services as part of the hospital's Sexual Abuse Response Team. Monument Health has on-call SANE staff and has a working relationship with Working Against Violence.

SDDOC provides a pamphlet when offenders arrive at any facilities that details services provided by the Victim Advocates and telephone numbers to contact Victim Advocates. Offenders that are sexually abused are provided an opportunity to utilize the victim advocate programs and emotional support following a sexual assault. The facility provides a form that details the victim advocate program, and residents are permitted to accept or decline these services.

Emotional Support Services are provided phone in the offender dormitories. Each facility will work with the support group to make offenders available through private offices to receive calls or visit offenders. The resident at the Rapid City work release program is provided passes to go for victim support services. Compliance was determined by reviewing the MOU, interviews with the PREA compliance manager, Warden, and victim advocate programs directors. Interviews with offenders also confirmed that offenders are provided telephone numbers and addresses to both programs.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Website Indicating 3rd Party Reporting
SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
Reporting Posters

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards and
SDDOC Website meet the requirements of this standard.

There are posters located throughout the facility including the visitation room on front entrance that provides the address and phone number of the SDDOC and DCI. The inmates interviewed indicated they were aware of third-party reporting. Compliance was determined by review of policy, posters, agency website (<http://doc.sd.gov/>) and interviews with inmates.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
Sexual Assault Investigation Packet

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment

meets the mandates of this standard. Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Interviewed staff members were aware of their duty to immediately report allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is ordinarily made to the Shift Supervisor but could be made privately or to a third party. The policy requires the information concerning the identity of the alleged inmate victim and specific facts of the case to be shared with staff on a need-to-know basis due to involvement with the victim's welfare and/or the investigation of the incident. The facility does not house inmates under the age of 18. Medical and Mental Health staff interviews determined that unless

otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. SDDOC has developed a reporting database that provides a checklist for the reporting staff to follow in making reports of sexual abuse or sexual harassment. This database provides mandates on reporting and provides documentation that reports are made and investigations occur promptly.

The first staff member knowing about the incident shall immediately report the allegation to a security supervisor. The security supervisor shall implement notification and response procedures by first notifying the highest-ranking security supervisor on duty. A review of established policy and interviews with staff members supports the finding that the facility follows this standard. The warden was interviewed and stated that the facility should report allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the PREA coordinator and the investigative unit.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

SDDOC and MDSP policies and operational plans mandates that offender will immediately be protected from Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, including separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the shift supervisor and medical staff. Staff members carry PREA information cards documenting what to do if an inmate was subject to a substantial risk of imminent sexual abuse. In the past 12 months, no instance in which agency or facility determined that an offender might be subject to a substantial risk of imminent sexual abuse. Compliance was determined by reviewing the facility operating policies and procedures, secondary documentation submitted with the pre-audit questionnaire, review of data and documentation provided by the facility staff, and interviewed inmates and staff during an on-site visit and tour of the facility.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
Sexual Assault Investigation Packet
Statement of Fact

SDDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse Harassment meets the requirement of this standard. The policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. The policy also requires that an investigation be initiated. In the past 12 months, there were no allegations from an inmate of sexual abuse or harassment while confined at another facility. Compliance was determined through review agency and company policy and interviews with PCM and Warden.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
Sexual Assault Investigation Packet
SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
PREA Operational Manual
Response Plan Cards

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards establishes mandates for staff, volunteer, and contractor's roles for inmate allegations of sexual abuse. Policy and several documents (such as the PREA card provided to all staff-interviewed on how to respond to allegations of sexual assaults) provide initial guidance to employees regarding the expected coordinated actions to respond to an incident of sexual abuse/sexual harassment. The policies and information provide direction to security staff, medical/mental health practitioners, investigators, staff and community victim advocates, forensic examination service providers (SANE), and facility leadership. Upon learning of an allegation of sexual assault, first responders will immediately notify the nearest correctional staff member. The facility will separate the victim and abuser; preserve and protect the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they would request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. First Responder correctional staff should attempt to make notifications to shift supervisor or appropriate staff with as much confidentiality as possible. An examination of policy/documentation, interview with all staff interviewed by auditor including education instructors, support staff, and volunteers confirms compliance with this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

PREA Compliance with Prison Rape Elimination Act Standards
PREA Response Investigation of Sexual Abuse-Harassment
Sexual Incident Protocol and Reference Book #2.

Sexual Incident Protocol and Reference Book #2 address the mandates of this standard. The policy specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provide prompt and effective intervention if a case of abuse or assault occurs. Correctional staff carries a card that provides a guideline for a first responder or coordinated responses to sexual abuse.

After learning of an allegation that an inmate was sexually abused, the first correctional officers responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. Refer the alleged victim and known abuser to the medical and mental health services for examination and evaluation. If medical and mental health staff are not available

when the allegation is made, staff first responders shall take preliminary steps to protect the victim and notify on-call medical or mental health staff.

The auditor reviewed the facility operating policies, observed facility practices, reviewed data and documentation provided by the facility staff, and interviewed inmates and staff during an on-site visit and tour. The facility provided the auditor with documentation confirming compliance with the standard. Compliance was determined through the review of policy, interviews with the non-correctional staff, correctional staff, medical staff, victim advocate, and conversations with PCM and Warden.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards mandates that any collective bargaining agreement or other agreement comply with PREA standards dated August 20, 2012. The facility has no collective bargaining agreements. The Warden and Human Resource Manager were interviewed and verified that MDSP does not have a collective bargaining agreement. Compliance was confirmed through a review of the policy and interviews with administrative staff.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
Sexual Assault Investigation Packet
Retaliation Status Checklist

MDSP prohibits retaliatory behavior by inmates or staff regarding the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates PREA related incidents and allegations. Inmate's rights documentation and staff policy establish expected conduct. The facility PREA Compliance Manager is responsible for monitoring retaliation along with supervisors to monitor inmates as it relates to PREA allegations and incidents. The facility has several protection and reporting measures for inmates. They can utilize the Grievance Program to document retaliatory acts or other PREA related concerns and issues. The process is overseen by the facility PREA Compliance Manager who works in concert with the facility administrators and investigators to ensure privacy and policy compliance. The facility can change inmate housing or transfer inmate victims or abusers, remove 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. The monitoring of any retaliation is conducted for at least 90 days or longer if warranted. The policy outlines the protection measures available and requires the prompt remediation of any retaliation. The agency has developed an implement SDDOC Offender Data System for documenting retaliation. Also, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is a form for documenting retaliation. A review of the DataBase confirmed that inmates who had made an allegation of sexual abuse had received retaliation monitoring. A review of the retaliation monitoring document confirmed that the alleging victim was interviewed within 24 hours of the allegations and continuously interviewed weekly. Interview with the retaliation monitor for residents and the Warden for staff indicated the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if any changes may suggest possible retaliation by inmates or staff. Compliance was determined by reviewing policy, notification systems, and interviews with PREA Coordinator, Warden, and facility PREA Compliance Manager.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
Sexual Assault Investigation Packet
SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
Sexual Incident Protocol and Reference Book #2.

The agency policy provides for the use of restrictive housing. Inmates determined through the PREA risk screen to have a high risk of victimization will not be housed in Restricted Housing or protective custody to separate the inmate from potential abusers unless the Protective Custody Hearing Board determines there are no alternative means of separating the inmate from likely abusers. This takes into consideration the penological interests of the DOC and efficient, safe management of the inmate population as a whole, and such placement is temporary and subject to regular review. Inmates who may require separation, which also meets the criteria for placement in Restricted Housing, may be housed in Restricted Housing. In the past 12 months, there were no inmates held in involuntary segregated housing awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days while awaiting alternative placement. Interviews with staff and a review of policy and procedures confirmed compliance with this standard.

Compliance with this standard was determined by a review of policy and documentation and staff interviews, including Shift Supervisor, PCM, and Warden.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
Sexual Assault Investigation Packet
PREA Compliance with Prison Rape Elimination Act Standards.
Sexual Incident Protocol and Reference Book #2.
Statement of Fact

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment

Sexual Assault Investigation Packet provides guidance for the investigation of all allegations of sexual abuse or sexual harassment. When a case has been substantiated allegations of conduct that appear to be criminal, it is referred for prosecution, and the agency consults with the prosecutor. Because an outside agency is investigating, the facility cooperates and remains informed about the progress of the investigation.

The DCI will oversee the investigation of all reported sexual abuse determined by staff to possibly include criminal conduct. The chain of custody of evidence shall be recorded and preserved. The DCI, in consultation with the respective Warden, will determine if criminal charges will be filed. Substantiated allegations of conduct that appear to be criminal will be referred for prosecution. If criminal charges are filed, DCI will coordinate the prosecution with the Attorney General's Office and/or local county States Attorney's office.

MDSP investigator provided documentation of completions of Sexual Abuse and Harassment investigator's training. Discussion with the investigators validated training included all aspects of the standards for sexual abuse and harassment training. The facility investigators conduct administrative investigations. Allegations of sexual abuse or harassment that appear to be criminal are transferred to DIC, an outside agency that reports to the South Dakota Attorney General's office. Substantiated allegations that are criminal in nature will be forwarded to the local prosecutor for possible prosecution. There were three completed investigations of sexual abuse investigated over the previous 12 months that appeared to be criminal in nature. The investigations were unsubstantial or unfounded. The credibility of an alleged victim, suspect, or witness is assessed individually and is not determined by the person's status as an inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. Staff members must cooperate with the investigation. When the quality of evidence appears to support a criminal prosecution, SIU staff will conduct compelled interviews only after consulting with DCI or prosecutors to determine if compelled interviews may be an obstacle for subsequent criminal prosecution. Facility staff will cooperate fully with DCI investigators. SIU shall remain informed about the progress of the investigation. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence, where feasible.

The written reports in the DCI and SIU include physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. After the investigation, an incidents review is completed. Included in the incident review is an effort to determine whether staff actions or inactions contributed to the alleged abuse. The DIC conducts criminal investigations. The review of policy, allegations of sexual abuse or sexual harassment, and interviews with investigators confirmed the facility and complied with the requirement of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
Sexual Assault Investigation Packet
Training Curriculum

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment Mandate that the facility shall impose any standard higher than a preponderance of the evidence during investigations when determining whether allegations of sexual abuse or harassment are substantiated.

Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. Compliance was determined by review of policy, investigator training curriculum, interview with investigators, and PCM.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
 Sexual Assault Investigation Packet
 SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
 Sexual Incident Protocol and Reference Book #2.

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment

requires that any inmate who alleges that they suffered sexual abuse at a DOC facility be informed, in writing, whether the allegation has been determined to be unsubstantiated, substantiated, or unfounded at the conclusion of the investigation. When an allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted on a charge related

to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the inmate if an outside agency completed the investigation. When an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. When the agency did not investigate an inmate's allegation of sexual abuse in an agency facility, the agency requests the relevant information from the investigative agency to inform the inmate. When an inmate's allegation that another inmate has sexually abused him or her, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on the charge related to sexual abuse within the facility. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member were indicted on the charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse.

When staff enters an Allegation of Sexual Abuse or Sexual harassment into the SDDOC Data Base, the database produces documents that must be completed to finalize the investigation. Part of the required documents includes a description of the incident, a retaliation monitoring flow sheet, a notification memo to the offender(s), and an Incident Review Team document. A review of the ten allegations of sexual abuse or sexual harassment included documentation of notification to the victim when appropriate. Notifications were provided in all cases required by this standard. During this auditing period, there were four investigations of alleged sexual abuse or sexual harassment that required notification in accordance with this standard. One of the offenders was no longer in custody, and the other offenders were provided written documentation of the investigation outcome. The offender signed receipt of the notification of the investigation outcome. Compliance with this standard was determined by a review of policy, staff interviews and inmates, and copy of inmate's notifications forms.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
Statement of Fact

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassments provides guidance for staff members alleges to have perpetrated a sexual abuse or violate the agency policy for sexual harassment. If a staff member is the alleged perpetrator of a sexual abuse or sexual harassment, the respective Warden will be notified immediately.

- a. The Warden or his/her designee will initiate reporting in accordance with DOC policy 1.1.A.3 Staff Reporting Information to DOC Administration.
- b. The Warden or Secretary of Corrections, at his/her discretion, may take any or all of the following action(s) against a staff member:

- 1) Disciplinary action, including and up to termination.
- 2) Ban the person from being on the premises of the facility or any DOC facility.
- 3) Ban the person from having any telephone, written or electronic contact with the victim.
- 4) Ban the person from having contact with other staff or discussing the incident with anyone but their attorney.

Discipline would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The policy also indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse.

All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff that would have been terminated before their resignation will be reported to law enforcement agencies unless the activity was not criminal and to any relevant licensing bodies. There have been no substantiated investigations involving staff members. Compliance with this standard was determined by reviewing policy and interviews with the investigator, warden, and human resources staff.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
SDDOC policy 1.1.C.13 Screening of Staff Volunteers and Contractors for Prior Sexual Abuse.
DOC Volunteer Handbook
Statement of Fact

SDDOC policy 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment addresses the mandates of this standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional/licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at the MDSP. Compliance with this standard was determined by reviewing policy, volunteer/contractor training files, and contractor interviews.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

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

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

Inmate Discipline System address the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. There were two findings of consensual sex during the last 12 months. Both offenders received disciplinary sanctions. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed; before the disciplinary hearings, mental health staff access the above information. The facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.4.B.16 PREA Institutional Risk Screens Referral to Mental Health Services
Authorization for Release of Information

SDDOC Policy 1.4.B.16 PREA Institutional Risk Screens Referral to Mental Health Services mandates that inmates who disclosed prior victimization during screening are offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner as indicated during the screening. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by PREA compliance team staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or the community. During the intake process, a medical provider separately interviews the incoming inmate. During this process, follow-up meetings with the inmate with a history of sexual abuse or are identified as sexual predators or scheduled. When requested, staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments, and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization, which did not occur in an institutional setting.

The institution does not house inmates under the age of 18. All screenings are recorded in the Medical and Mental Health inmate records. All information is handled confidentially, and interviews with intake screening staff support a finding that the facility follows this standard.

In the past 12 months, the facility has not received any offenders with a past prison or jail record that indicates the offender perpetrated sexual abuse while incarcerated. If such offenders were received, the offenders would be referred to Mental Health through a Referral to Mental Health Services. If Medical or Mental Health staff report an allegation of sexual victimization, security staff will handle the matter with as much confidentiality, respect, and compassion as can be appropriately afforded consistent with security policy. Information related to sexual victimization or abusiveness in an institutional setting is strictly limited to medical and mental health practitioners. The auditor interviewed medical and mental health staff. Compliance was confirmed by a review of policies and intake screening documents and interviews with three inmates who self-identified as having experienced prior victimization during intake, and one inmate who identifies as transgender requested a follow-up with the Mental Health Staff. Compliance was determined by reviewing the screening instrument, interviews with inmates, medical and mental health staff.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

DOH policy P-G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Actions.
SDDOC Policy 1.4.E.1 Health Care Services for Offenders
Offender Co Pay.
Offender Assessment Screening
Referral to Mental Health Services
Offender Protection investigation

Sexual Abuse Investigation Checklist

Victims of sexual abuse will receive timely, unimpeded access to medical treatment and crisis intervention services, the nature and scope of which shall be determined by Health Services and Behavioral Health Services staff, consistent with professional judgment and best practices. Health Services staff will examine and provide for emergent medical needs of victims of sexual abuse. Health Service staff will not collect forensic evidence from the inmate. Inmates will be transported to an appropriate outside medical provider to facilitate the collection of any forensic evidence (See DOH policy P-G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Actions).

When not contraindicated by the inmate's welfare, preservation, and collection of forensic a qualified medical provider shall perform evidence.

If staff determine the alleged sexual abuse occurred less than one hundred and twenty hours before staff becoming aware of the incident, and there is reason/evidence to suggest the alleged sexual activity was not consensual, staff will:

1) With consent from the victim, make arrangements to transport the victim immediately the nearest hospital or emergency room equipped to administer a sexual assault forensic exam (rape kit), consistent with DOC policy 1.3.A.7 Inmate Transport & Escort.

b. If staff determine the alleged sexual abuse occurred more than one hundred and twenty hours before becoming aware of the incident, and there is reason/evidence to suggest the alleged sexual activity was not consensual:

1) Special Investigations Unit staff will investigate the incident, including interviewing those involved to determine the status of any potential physical evidence. If it is determined that some evidence may be present, the victim will be provided the opportunity to consent to the administration of a sexual assault forensic exam, which a qualified outside medical provider shall conduct.

c. Sexual assault examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) when and where possible. If SAFEs or SANEs cannot be made available, the examination may be performed by other qualified medical practitioners. The MDSP had identified SANE staff in close proximity to MDSP programs in Yankton and Rapid City.

Agency policy prohibits inmate co-pays for medical treatment to victims of sexual abuse, and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

There were no allegations of sexual abuse that required referral for forensic examination in the last year. Compliance with this standard was determined by reviewing policy/documentation and interviews with SANE medical staff at and MDSP Medical Administrator.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC policies 1.4.B.3 Sex Offender Management Program
SDDOC1.4.B.9 Sexual Behavior Issue Review
SDDOC policy 1.4.E.8 Blood-Borne Pathogens and Infectious Disease Management

Health Services and Behavioral Health Services will offer evaluation, testing and treatment as determined appropriate to inmates in DOC custody who are victims of sexual abuse while in any DOC facility, jail, contract facility, or juvenile facility.

The evaluation, testing, and treatment of victims will include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to, or placement at other facilities.

Victims shall be offered medical and mental health services consistent with the level of care and services typically provided to sexual abuse victims in the community. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy

results from sexual abuse, the victim shall receive timely and comprehensive information about available medical services and access to all lawful and licensed pregnancy medical services. Victims of sexual abuse will be offered tests for sexually transmitted infections/diseases (STDs) as deemed medically appropriate and in accordance with state statutes regarding the rights of victims and the alleged perpetrator. Treatment services, testing, and follow-up care will be provided to victims by Health Services staff without financial cost to the victim, and regardless of whether the victim names the abuser/perpetrator or cooperates with the investigation arising out of the incident. As deemed appropriate by Sex Offender Management Program staff, a mental health evaluation will be offered to all known inmate-on-inmate abusers within 60 days of staff learning of such abuse. Programming and treatment may be offered, depending on the inmate's release date (See DOC policies 1.4.B.3 Sex Offender Management Program and 1.4.B.9 Sexual Behavior Issue Review). The facility will offer and coordinate with the offender's access to the Victim Advocate Program.

As requested by the victim, the advocate, qualified DOC staff, or qualified community-based the organization staff members may accompany and support the victim through the medical examination process, testing, and investigatory interviews to provide emotional support, crisis intervention, information, and referral to the inmate victim. The Victim Advocate will continue to provide emotional supports as requested by the offenders.

Compliance with the standard was verified through a policy review and interviews with the medical and mental health director and staff from the Victim Advocacy Program.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
The policy requires the following:

- (a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and:
- (b) Determine what may have been the motivation for the incident or allegation, such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- (c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (d) Assess whether monitoring technology should be deployed to supplement staff supervision.
- (e) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
- (f) Documentation for any recommendation not implemented shall be maintained.

When staff enters an Allegation of Sexual Abuse or Sexual harassment into the SDDOC database, the database produces documents that must be completed to finalize the investigation. Part of the required documents includes a description of the incident, a retaliation monitoring flow sheet, a notification memo to the offender(s), and an Incident Review Team document. The facility conducts a sexual abuse incident review after every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. A review of the Incident Review team documentation of alleged sexual abuse, policy, and interviews with the Warden and PREA compliance manager occurred. A review of the SDDOC database reports and incident review reports, and interviews with Incident Review Team Members confirmed compliance with this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
SDDOC Website
Adult SSV2 -2019.
Juvenile SSV2-2019.

Recording Incidents:

A. The DOC will collect accurate, uniform data for every allegation of sexual abuse or sexual harassment at facilities under its direct control using a standardized instrument and set of definitions. SIU will document the incident investigations. The PREA Coordinator will

aggregate the incident-based sexual incident data at least annually. The incident-based data collected will 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. The PREA Coordinator will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews. The PREA Coordinator will obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the PREA Coordinator will provide all such data from the previous calendar year to the Department of Justice no later than June 30. Compliance with this standard was also determined by reviewing the policy/documentation SDDOC website and an interview with the SDDOC PREA Coordinator.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
SDDOC Website
Surveys of Sexual Violence

The Secretary of Corrections, Deputy Secretary, Director of Grants and Research and PREA Coordinator or designees will review data collected and aggregated to assess and improve the effectiveness of the department's overall sexual abuse prevention, detection, and response policies, practices, and training within its facilities, including by:

1. Identifying problem areas.
2. Taking corrective action; and
3. Compiling an annual PREA report of findings and any corrective actions for each facility, as well as the DOC (training, policy, directives), which shall be prepared by the PREA Coordinator.

Such report shall include comparing the current year's data and corrective actions, along with those from prior years, and an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the Secretary of Corrections and made available to the public, typically through the department's website. Compliance was determined by reviewing the annual reports for the fiscal years of 2017, 2018, and 2019.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards
SDDOC Website

SDDOC Policy 1.3.E.5 - PREA Compliance with Prison Rape Elimination Act Standards

addresses the requirements of this standard. The PREA Coordinator will ensure confidential information collected is securely retained. Only aggregated data will be placed in the annual PREA report. The data will be reviewed by the Deputy Secretary, and Director of Grants or designees before it is placed in the report for approval by the Secretary.

1. The approved report will include all aggregated data from facilities under the direct control of the DOC and private facilities with which the department contracts. The report will be made readily available to the public at least annually through the DOC website.
2. Before making aggregated sexual abuse data publicly available, the DOC will remove all personal identifiers in accordance with state law.
3. The DOC will maintain sexual incident data collected for at least ten (10) years after the initial collection date.

Compliance with this standard was determined by reviewing policy/documentation and interviews with PCM and Warden.

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is the third PREA audit of this facility. The previous PREA audit was in March 2017. The auditor was allowed access to all facility areas and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. All South Dakota facilities have received at least one PREA audit since August 20, 2012. At least one-third of all State of Dakota Department of Corrections facilities were audited during the one year after August 20, 2012, until the Covid-19 virus required Governors and other officials to limit movement into their respective States and correctional facilities. The auditor was provided supporting documentation before and during the audit. Notifications of the audit (posted throughout the facility) allowed inmates to send confidential letters to the auditor before the audit. The auditor received five pieces of correspondence from inmates or staff.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The institution has fully implemented all policies, practices, and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates, and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Substantiated allegations of abuse are processed according to the standards, including incident reviews, disciplinary actions, if required, and outcome notifications.

PREA training for staff and inmates is documented. All stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting, and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated into the intake and allegations of sexual abuse processes. Medical networks for the inmates are established in the community. The public has access to reporting mechanisms and PREA trends data via the website MDSP currently meet all applicable PREA standards.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the

agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable format to ensure accessibility to people with disabilities. Save this report document into a format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville

06/25/2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to--d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.