

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

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 6, 2021

Auditor Information

Name: James L. Roland Jr. **Email:** james.roland@nakamotogroup.com

Company Name: The Nakamoto Group, Inc.

Mailing Address: 11820 Parklawn Drive, Suite 240 **City, State, Zip:** Rockville, MD. 20852

Telephone: 302-468-6535 **Date of Facility Visit:** May 18-20, 2021

Agency Information

Name of Agency: South Dakota Department of Corrections

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

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

Mailing Address: Click or tap here to enter text. **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: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Kevin McClain

Email: Kevin.McClain@state.sd.us **Telephone:** 605-323-9035

Agency-Wide PREA Coordinator

Name: Brittney Lengkeek

Email: Brittney.lengkeek@state.sd.us **Telephone:** 605-323-9035

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**

Kevin McClain 3

Facility Information

Name of Facility: South Dakota Women's Prison

Physical Address: 3200 E. Highway 34

City, State, Zip: Pierre, SD, 57501

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

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/PrisonRapeElimination Act.aspx](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:
ACA Medical Only

Warden/Jail Administrator/Sheriff/Director

Name: Darren Berg

Email: Darren.berg@state.sd.us

Telephone: 605-773-6826

Facility PREA Compliance Manager

Name: Jon Degreef

Email: jon.degreef@state.sd.us

Telephone: 605-773-3968

Facility Health Service Administrator N/A

Name: Melissa Johnson

Email: Melissa.johnson@state.sd.us

Telephone: 605-369-2201

Facility Characteristics

Designated Facility Capacity:

506

Current Population of Facility:

371

Average daily population for the past 12 months:	374	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-64	
Average length of stay or time under supervision:	PIR 6.8, PRE 8.4, PRH	
Facility security levels/inmate custody levels:	Minimum, Low Medium, High Medium	
Number of inmates admitted to facility during the past 12 months:	599	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	595	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	562	
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 checked="" type="checkbox"/> Yes <input 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 checked="" 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:	124	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	25	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	24	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	33	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	33	

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>	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>	7
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	7
<p>Number of open bay/dorm housing units:</p>	3
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	14
<p>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)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<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.)
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Investigations

Criminal Investigations

<p>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:</p>	0
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<p>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.</p>	<input type="checkbox"/> Facility Investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<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 Criminal Investigation) <input type="checkbox"/> N/A
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Administrative Investigations

<p>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?</p>	2
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<p>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</p>	<input checked="" type="checkbox"/> Facility Investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<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: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

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

Overview

The on-site Prison Rape Elimination Act (PREA) compliance audit of South Dakota Women's Prison (SDWP), located in Pierre, South Dakota, was conducted on May 18-20, 2021, by U.S. Department of Justice (DOJ) certified PREA Auditor, James L. Roland Jr. from The Nakamoto Group, Inc. The standards used for this audit became effective August 20, 2012. The Auditor conducted an opening meeting, toured the entire facility, interviewed a randomized sample of staff and inmates, and reviewed PREA related staff and inmate documentation. Upon completing the audit process, a closing meeting was held with the administrative staff to discuss the audit process, preliminary findings, and the post-audit process. Employees at the facility were found to be extremely courteous, cooperative, and professional. All areas of the facility were clean and well maintained. During the closing meeting, the Auditor thanked the staff for their hard work and dedication to the PREA process.

Pre-Audit Phase

On April 6, 2021, PREA Audit Notices in English and Spanish were provided to the facility to be posted. During the facility tour, the Auditor observed these notices posted in the living units, the main entrance, and the visitation areas. The notices were posted for longer than six weeks pre-audit due to Covid-19. The Auditor did not receive any correspondence from inmates before the on-site visit.

SDWP staff members were asked to complete the Pre-Audit Questionnaire (PAQ), also provided to the facility on April 6, 2021. The Auditor received the completed PAQ and supporting documentation via the PREA Resource Center Online Auditing System (OAS) System.

On-Site Audit Phase

The Auditor held an opening meeting on the morning of May 18, 2021, at the SDWP facility with administrative staff. The audit schedule and process were discussed during the meeting. Including the Auditor, those present at the meeting were:

- Warden
- PREA Compliance Manager (PCM)
- Unit Manager
- Captain
- Lieutenant
- PREA Compliance Coordinator (PCC)

The Unit H Manager serves as PCM and as a facility investigator .

The Auditor was provided a private conference room in which to conduct business and confidential interviews. All requested files and rosters of both staff and inmates were made available to the Auditor for review.

Site Review

Immediately following the opening meeting, a facility tour was completed, and the PCC and the PCM escorted the Auditor. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards and other locations. The Auditor assessed camera surveillance, physical supervision, and electronic monitoring capabilities. During the facility tour, other focus areas included but were not limited to levels of staff supervision and limits to cross-gender viewing. All signs and postings were in both English and Spanish. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. Audit notice postings with the PREA Auditors' contact information were posted in the same areas. The Auditor notice postings were posted eight weeks before the on-site visit. Unimpeded access to all areas of the facility was provided to the Auditor.

Interviews

At the time of the audit, there were 371 female inmates housed at SDWP. Utilizing the PREA Compliance Audit Instrument – Interview Guide for Inmates, a total of 31 inmates, were interviewed. At the time of the audit, the facility indicated there were no inmates who were Limited English Proficient (LEP), three inmates who self-identified as LGBTI, two inmates who disclosed sexual victimization during risk screening, one inmate with a physical disability, and no inmates with cognitive disability. During random interviews, five inmates indicated that they had reported sexual abuse. Three inmates refused to be interviewed, including the inmate with a physical disability. Interviews were conducted using the Department of Justice (DOJ) protocols to determine inmates' knowledge of the PREA and the reporting mechanisms available to them.

SDWP employs a staff of 124 individuals. Thirty-six staff members were interviewed utilizing the PREA Compliance Audit Instrument – Interview Guides for Specialized/Random Staff. 20 random staff (from both shifts) and 16 administrative/specialized staff were interviewed. The administrative staff included the agency head designee, Warden, PREA Compliance Coordinator (PCC), and the PREA Compliance Manager (PCM). Specialized staff interviewed included a Human Resource Administrator, shift supervisors, corrections officers, teachers, and medical and mental health professionals.

Additionally, a Sexual Assault Nurse Examiner (SANE) representative from Avera Saint Mary's Hospital located in Pierre, SD was interviewed, telephonically. All staff members have been trained to act as first responders when a PREA related allegation occurs. All staff members are considered first responders.

The Auditor reviewed the Memorandum of Understanding (MOU) that exists between Missouri Shores Domestic Violence Shelter (MSDVS) and SDWP. The MOU ensures that MSDVS will provide services to SDWP, including, but not limited to, a 24 hour per day, seven days per week Sexual Assault Hotline, medical accompaniment, and advocacy services for an inmate victim of sexual assault.

File Review

Following the interviews, the Auditor reviewed the files requested during the pre-audit phase. The Auditor reviewed all personnel files to establish compliance with PREA training mandates and background checks. The Auditor also reviewed contractor and volunteer training documentation to verify training mandates and background check requirements. Screening and intake procedures were evaluated by reviewing five random inmate files, including a vulnerability assessment instrument and inmate education verification documentation.

Investigations

During the current auditing period, there were 39 reported allegations of sexual harassment and/or sexual abuse. Fourteen allegations were unsubstantiated, two were substantiated, and 23 were determined to be unfounded. The facility investigator investigated allegations that resulted in a criminal investigation and subsequently referred to the Division of Criminal Investigations (DCI). The Auditor reviewed this documentation.

The facility investigator conducts all administrative investigations. If an investigation reveals potentially criminal evidence, the case is referred to the Division of Criminal Investigation (DCI). The Warden is responsible for receiving verbal and telephonic referrals 24 hours a day, seven days a week. Additionally, abuse investigation outcomes and general protective services assessment outcomes are submitted to, reviewed by, and finalized by the Warden and forwarded to the agency PREA Compliance Coordinator (PCC).

Closeout

A closing meeting was held with the Auditor and the administrative staff. Discussions centered on the audit process, preliminary findings, and the post-audit process. The Auditor thanked the staff for their hard work and dedication to the PREA process.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, inmate 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.

South Dakota Women's Prison Mission: To protect the citizens of South Dakota by providing safe and secure facilities for adult female offenders, utilizing evidence-based practices to address criminal conduct and maximize successful reentry into the community.

The South Dakota Women's Prison is part of the Solem Public Safety Center, a unique facility that houses the prison, Department of Corrections administrative offices, and law enforcement agencies of the state, county, and city governments.

The Women's Prison opened in 1997, with all primary custody levels. The prison consists of four housing units (Unit A, B, C & D) in the main building and a separate housing unit known as Unit E, located on the grounds of the main prison. The Pierre Community Work Center (PCWC), also known as Unit H, is located just east of the prison. The Community Work Center houses minimum-security inmates on work release and community service status and parolees in the Community Transition Program.

The completed facility includes the new State Women's Prison, the Central Office of the State Department of Corrections, Pierre Police Department, Hughes County Sheriff's office, a State Highway Patrol station, and State Division of Criminal Investigation agents. The Women's Prison portion of the facility constitutes the majority of the 78,000 square foot building. Prison Industries at the Women's Prison includes an embroidery shop. Badlands Quilting is a private-sector business with a shop at the Women's Prison.

Inmates can take classes for literacy, Adult Basic Education, and GED and receive treatment for chemical dependency and sex offenses. The State Department of Health provides medical, dental, and optometric services for the adult corrections system. The State Department of Social Services provides mental health and chemical dependency services.

The Correctional Behavioral Health program has contracts with licensed psychiatrists to provide psychiatric consultations, diagnosis, and treatment plan services.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

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

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

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.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.1.C.10 Staff Anti-Harassment and Discrimination
4. Policy: 1.1.C.4 Staff Grievances
5. Policy: 1.1.C.1 Staff Code of Ethics
6. Policy: 1.1.C.2 Supervision of Offenders
7. Policy: 1.3.E.6 PREA Response & Investigation of Sexual Abuse/Harassment
8. Policy: 1.1.C.3 Staff Reporting Abuse or Neglect
9. Policy: 1.3.A.5 Searches
10. Poster: Break the Silence of Sexual Abuse
11. SDWP Organizational Chart
12. Inmate Living Guide
13. Staffing Plan
14. Interviews with the following:
 - a. Specialized and Random Staff

The agency's zero-tolerance policy against sexual abuse was established in the above documentation and via interviews. The policy also outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The Unit H Manager serves as the PCM. In addition to the PCM, there is a designated agency PREA Compliance Coordinator to ensure adherence to the PREA. The PCM reports to the agency PREA Compliance Coordinator (PCC). Zero-tolerance posters are displayed throughout every area of the facility. Agency and facility directives 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 intake and are required to view a video during admission and orientation presentations. Additional program information is contained in the Inmate Living Guide and is posted throughout the facility, as observed during the tour by this Auditor. PREA information is given to the inmate in the intake packet. All PREA information, both video and written, is available in English and Spanish. Interpretive services are available for inmates who do not speak or read English fluently. All inmates are issued a computer tablet with all PREA information uploaded onto the tablet. During the tour, the Auditor asked random inmates to bring up this information on their tablet. Both SDWP staff and inmates are provided with multiple opportunities to become informed of PREA policies and procedures. All employees receive initial training and Annual Refresher Training (ART) and updates throughout the year.

Corrective action: None required

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Contract: Sequel Youth Services of South Dakota
3. Contract: North Dakota Youth Correctional Center
4. St. Francis House
5. Interviews with the following:
 - a. Specialized Staff

The SDWP does contract with other entities for the confinement of inmates. Contracts were reviewed by the auditor.

Corrective action: None required

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? 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.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.1.C.1 Staff Code of Ethics
4. Policy: 1.1.C.2 Supervision of Offenders
5. Policy: 1.3.E.6 PREA Response & Investigation of Sexual Abuse/Harassment
6. Policy: 1.1.C.3 Staff Reporting Abuse or Neglect
7. Policy: 1.3.A.5 Searches
8. Poster: Break the Silence of Sexual Abuse
9. SDWP Organizational Chart
10. Staffing Plan
11. Staff Shortage occurrences (examples)
12. Unannounced Rounds (examples)
13. Interviews with the following:
 - a. Specialized and Random Staff

Agency policy requires this facility to review the staffing plans on an annual basis. The interview with the Warden revealed compliance with the PREA and that other safety and security issues are always a primary focus when considering and reviewing respective staffing plans. Staffing levels are maintained and mandated by South Dakota state law. The administrative team meets weekly to address staffing issues as it relates to the PREA. The facility has been provided with all necessary resources to support the programs and procedures that ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to grievance forms, staff interviews, rosters, and unannounced rounds documentation. Supervisory and administrative staff members routinely make unannounced rounds covering all shifts, and these rounds are documented. Interviews with staff confirmed unannounced rounds occur in all areas of the facility and are conducted weekly, with no warning to employees. All rounds are recorded electronically into the computer system with an electronic hand-held device. The officer records rounds by touching the device to each inmate's cell door button. The SDWP utilizes several video cameras to monitor the facility. The auditor observed these cameras during the facility tour.

Corrective action: None required

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility does not house Youthful Inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.1.C.1 Staff Code of Ethics
4. Policy: 1.1.C.2 Supervision of Offenders
5. Policy: 1.3.E.6 PREA Response & Investigation of Sexual Abuse/Harassment
6. Policy: 1.1.C.3 Staff Reporting Abuse or Neglect
7. Policy: 1.3.A.5 Searches
8. Cross Gender Announcement Logs
9. Officer Location Incident Logs
10. SDWP Training Logs
11. Training Curricula: PRC: Guidance in Cross-Gender and Transgender Pat Searches

12. Poster: Break the Silence of Sexual Abuse
13. Staffing Plan
14. Unannounced Rounds (examples)
15. Interviews with the following:
 - a. Specialized and Random Staff

The policies and documentation address this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in exigent circumstances or performed and documented by a medical practitioner. Staff interviewed indicated they received cross-gender pat search training during initial and annual training. The Auditor observed that each unit has individual shower stalls. The facility has implemented a policy that all staff working the unit will announce themselves before entering the unit to allow inmates the opportunity to prepare themselves from a privacy perspective. The facility also provides a Public Address (PA) announcement at the beginning of each shift. The inmates interviewed acknowledged they could shower, dress, and use the toilet privately without being viewed by the staff of the opposite gender. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining their genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member at SDWP.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.1.C.1 Staff Code of Ethics
4. Policy: 1.1.C.2 Supervision of Offenders
5. Policy: 1.3.E.6 PREA Response & Investigation of Sexual Abuse/Harassment
6. Policy: 1.1.C.3 Staff Reporting Abuse or Neglect
7. Policy: 1.3.A.5 Searches
8. Policy: 1.1.E.7 Americans with Disabilities Act (ADA)
9. Policy: 1.1.A.2 Policy and Operational Memorandum Management
10. Policy: 1.4.A.2 Inmate Admission
11. Policy: 1.3.E.2 Administrative Remedy for Inmates
12. Policy: 1.3.E.1 Inmate Access to the Courts
13. Inmate Request for Reasonable Accommodation (form)
14. An Inmates Guide - English
15. An inmates Guide - Spanish
16. An Inmates Guide - Braille
17. Contract with Video Remote Interpreting Services (VRI)

SDWP takes appropriate steps to ensure inmates with disabilities and inmates with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings, and inmate handbooks are English, Spanish, and Braille. The documents mentioned above were submitted to and reviewed by the Auditor. Interviewed staff members were aware of the policy that, under no circumstances, is any inmate interpreter or assistant to be used when dealing with PREA issues. Translation services are provided by Video Remote Interpreting Services (VRI). These services are available to inmates who do not have a basic command of the English language. There were no LEP inmates at the facility at the time of the audit. The review of documentation, staff and inmate interviews support a finding that the facility meets the standard.

Corrective action: None required

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.1.C.13 Screening of Staff, Volunteers and Contractors for Prior Sexual Abuse
3. Review of Employee, Contractor, and Volunteer Background Checks (5 Examples)
4. Policy: Staff Code of Ethics
5. National Sex Offender Search (NSOS)
6. State Sex Offender Search (SSOS)
7. Employee Handbook
8. Interviews with the following:
 - a. Specialized and Random Staff

Policies and interviews address this standard. Five employee files were randomly selected for review regarding this standard. A Human Resource Representative was interviewed, stating that all components of this standard have been met. Background checks have been completed on all employees, contractors, and volunteers. Background checks are completed on all employees, contractors, and volunteers via the National Crime Information Center (NCIC), and National Sex Offender Search (NSOS), and the State Sex Offender Search (SSOS). Fingerprints are run through the Division of Criminal Investigation for South Dakota. Background checks must be cleared before an individual's hiring/promotion status will be approved. South Dakota requires that background checks on all employees be conducted yearly. The policy clearly states that the submission of false information by any applicant is grounds for termination. The agency does its best to contact all prior institution employers for information regarding substantiated allegations of sexual abuse or resignations occurring during a pending investigation of sexual abuse. The agency also provides information on substantiated allegations of sexual abuse/sexual harassment involving former employees when requested by a potential institutional employer, unless prohibited by law. Appropriate licensing and certifying agencies are notified when professional employees are terminated for substantiated allegations of sexual abuse/sexual harassment. Documentation on file, policies, and procedures support a finding of compliance with this standard.

Corrective action: None required

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Upgrades to Facilities and Technology PREA Standard Review (document)
3. Staffing Plan (document)
4. Interviews with the following:
 - a. Warden

The policies and interviews confirm compliance with this standard. There were no facility upgrades, but technology modifications in the form of video camera upgrades have been purchased and have been installed. SDWP utilizes a video camera system for video surveillance. Cameras are placed strategically throughout the facility to ensure the safety and security of both inmates and staff. Presently, the facility has 216 video cameras.

Corrective action: None required

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.E.6 PREA Response and Investigation of Sexual Abuse/Harassment
4. Inmate Living Guide
5. Policy: Searches – Institutions
6. Sexual Incident Checklist: Officer in Charge (form)
7. Policy: 1.3.D.1 Disciplinary Housing
8. Policy: P-F-06 Response to Sexual Abuse
9. Policy: P-G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Actions
10. Policy: 1.3.A.7 Inmate Transport and Escort
11. Policy: 1.4.B.3 Sex Offender Management Program
12. Memorandum of Understanding (MOU) with Missouri Shores Domestic Violence Shelter (MSDVS)
13. Sexual Incident Protocol and Reference Book – South Dakota Department of Corrections
14. 2021 Specialty Training Log Medical/Behavioral Health Staff
15. Interviews with the following:
 - a. Specialized and Random Staff

The policies and interviews confirm compliance with this standard. Forensic medical examinations are conducted off-grounds at Avera Saint Mary's Hospital (ASMH), located in Pierre, SD. All staff members have been trained in evidence protocol. In the event of a sexual assault, the Shift Supervisor is notified, followed by the Warden. The Warden determines when the inmate should be transported to the hospital for a Sexual Assault Nurse Examiner (SANE) examination or other medical treatment. The facility has an MOU with MSDVS to provide quality and comprehensive services for victims of sexual assault. The Hotline number is posted in each housing unit. All criminal investigations are conducted by the DCI. The facility investigator conducts administrative investigations. All PREA allegations determined by the facility investigator to be criminal are reported to DCI. Missouri Shores Domestic Violence Shelter will provide a victim advocate. SDWP does not house youthful offenders. Medical and mental health practitioners receive specialized training in PREA requirements and standards.

Corrective action: None required

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

16. SDWP Pre-Audit Questionnaire
17. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
18. Policy: 1.3.E.6 PREA Response and Investigation of Sexual Abuse/Harassment
19. Inmate Living Guide
20. Policy: Searches – Institutions
21. Sexual Incident Checklist: Officer in Charge (form)
22. Policy: 1.3.D.1 Disciplinary Housing
23. Policy: P-F-06 Response to Sexual Abuse
24. Policy: P-G-04 Therapeutic Relationship, Forensic Information, and Disciplinary Actions
25. Policy: 1.3.A.7 Inmate Transport and Escort
26. Policy: 1.4.B.3 Sex Offender Management Program
27. Memorandum of Understanding (MOU) with Missouri Shores Domestic Violence Shelter (MSDVS)
28. Sexual Incident Protocol and Reference Book – South Dakota Department of Corrections
29. 2021 Specialty Training Log Medical/Behavioral Health Staff
30. Interviews with the following:
 - a. Specialized and Random Staff

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 that the facility investigator investigates all sexual abuse allegations and reports them to DCI when appropriate. MSDVS will provide a victim advocate. All forensic medical examinations are conducted by SANE staff at ASMH. A telephonic interview with a SANE representative at ASMH was conducted, and the contract provider is aware of the provisions of the PREA standards. The representative indicated that a SANE is available 24 hours a day, seven days a week. There were no SANE examinations conducted during the past 12 months. MSDVS provides advocacy services for inmates at SDWP. The Memorandum of Understanding (MOU) was reviewed for compliance with the standard. The MOU was confirmed to be in effect at the time of the on-site audit.

Corrective action: None required

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.1.D.1 Staff Training Requirements
4. Policy: 1.1.A.1 Mission Statement
5. Policy: 1.1.A.8 Adult and Juvenile Transportation
6. Policy: 1.1.C.1 Supervision of Offenders
7. Policy: 1.1.C.2 Code of Ethics
8. Policy: 1.1.C.3 Supervision of Offenders
9. Policy: 1.1.C.6 Outside Employment
10. Policy: 1.1.C.10 Harassment
11. Policy: 1.3.A.3 Use of Force – Adult Institutions
12. Policy: 1.3.A.4 Use of Force – Juvenile Institutions
13. Policy: 1.3.E.4 Prevention of Offender Sexual Assault/Rape
14. Policy: 1.4.E.7 Suicide Prevention
15. Policy: 1.5.G.3 Use of Force – Parole Services Staff
16. Policy: 1.5.H.3 Use of Force – Juvenile Community Corrections
17. Employee Training confirmations (5 examples)
18. Pre-Service Lesson Plan

19. Acknowledgement of Understanding PREA Staff Training (5 examples)
20. SDWP camera locations
21. SDWP Facility Layout
22. SDWP Coordinated Response Plan
23. Interviews with the following:
 - a. Specialized and Random Staff

South Dakota Women's Prison provides extensive PREA training to all employees. All newly hired employees must attend and successfully complete the course curriculum. All employees were aware of PREA First Responder's responsibilities in the event of a PREA allegation. All staff members are mandated to receive training annually, and the curriculum includes an extensive review of PREA requirements. The Auditor reviewed the training curriculum, training sign-in sheets, and other related training documentation. All staff carry a First Responder card which they refer to in the case of a PREA incident. Interviewed staff verified the requirement to acknowledge, in writing, that they received PREA training and understood it.

Corrective action: None required

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.1.D.1 Staff Training Requirements
4. Annual In-Service Training Curriculum
5. SDWP Employee Training for PREA
6. PREA Volunteer and Contractor Sign-off Sheet
7. PREA Volunteer and Contractor Sign-off Sheet (5 examples)
8. PREA Training Sign-in Sheets
9. Interviews with the following:
 - a. Specialized and Random Staff

Policies, Annual Training 2021 Lesson Plan, and Annual Training 2021 Agenda/Presentation address this standard. All contractors and volunteers received the PREA training, including the zero-tolerance policy, reporting, and responding requirements. The training is documented and maintained on electronic file databases. The Auditor reviewed copies of training sign-in sheets and other related documents at the facility.

Corrective action: None required

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.4.B.16 PREA Institutional Risk Screens
4. Policy 1.4.A.2 Inmate Admission
5. Acknowledgement of Prevention of Sexual Abuse/Harassment Information (form)
6. Policy: 1.1.E.7 Americans with Disabilities Act (ADA)
7. Policy 1.5.D.4 Inmate Access to Telephones
8. Policy: 1.5.D.3 Inmate Correspondence
9. PREA Video
10. An Inmates Guide – English
11. An Inmates Guide – Spanish
12. An Inmates Guide – Braille
13. PREA Hotline Signage
14. Break the Silence Signage – English
15. Break the Silence Signage – Spanish
16. No Means No! Signage - English
17. Inmate Training Signature Acknowledgement Sheets
18. Receipt of PREA Training (examples)
19. Interviews with the following:
 - a. Specialized and Random Staff
 - b. Inmates

Policies, training curriculum, signed acknowledgments, and Orientation Checklist/Signature Sheets address the mandates of this standard. The facility puts forth its best efforts to educate the inmates regarding the PREA. Inmates receive information during the intake process. All inmates receive An Inmate Guide, printed in English and Spanish. Per standard 115.333 (b), a staff member conducts an education program regarding the PREA for all inmates within ten days of intake. Based on inmate interviews and documentation, 98.8 percent of inmates received PREA training at intake. Seven inmates received PREA orientation within thirty days

of intake. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility's zero-tolerance policy, the inmates' right to be free from sexual abuse/sexual harassment, and retaliation. All inmates receive an electronic tablet upon arrival. This electronic tablet contains all PREA information, how to report an incident, and resources for victim advocacy services. There are PREA posters displayed throughout the facility and in each housing unit. These posters offer a "Hotline" telephone number, which may be called to report sexual abuse or sexual harassment. Since the "Hotline" telephone number is an 800-toll-free number, calls may be placed at any of the telephones in all living units. PREA information is posted in An Inmate Guide and posted in each housing unit for inmate correspondence concerning any sexual abuse or sexual harassment allegation. There is a translation line available to LEP inmates. The Auditor was provided a random sampling of PREA Checklists/Signature Sheets to verify that inmates admitted during the auditing period received education and relevant written materials. All inmates are required to acknowledge, in writing, the 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. 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 were aware of available services outside of the facility regarding sexual abuse/sexual harassment.

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.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. National Institute of Corrections (NIC) PREA Learning Center: Approved Online Training for PREA Investigators
4. The Reid Technique of Investigative Interviewing and Advanced Interrogation Certification
5. Investigator Certifications
6. Investigator Certifications (verification)
7. Interviews with the following:

a. Specialized and Random Staff

The facility investigator conducts preliminary gathering of information in suspected PREA related allegations. SDWP has two facility investigators; both have been trained and certified in investigations. The training, PREA: Investigating Sexual Abuse in a Confinement Setting, was completed through the National Institute of Corrections (NIC). This training is offered via an online format. Administrative investigations are conducted by the facility investigator(s). All PREA allegations are reported to the Warden. The DCI conducts criminal investigations. There were 39 allegations of sexual abuse/sexual harassment reported in the past 12 months. The Auditor conducted a comprehensive review of documentation. Of those allegations, 23 were unfounded, 14 were unsubstantiated, and two were substantiated. Investigative documentation indicates that the facility took appropriate action based on policies and procedures.

Corrective action: None required

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. PREA for Medical in the South Dakota State Prison System Curriculum
4. 2021 Specialty Training Log Medical/Behavioral Health Staff SDWP Facilities Training Roster

5. Interviews with the following:
 - a. Specialized and Random Staff

Policies, Annual Training Lesson Plan, and PowerPoint Presentation address the mandates of this standard. SDWP provides on-site medical care. The agency ensures that all full and part-time medical and mental health practitioners, who regularly work in this facility, have been trained according to the practitioners' status in the organization. All employees, including mental health practitioners, receive PREA training annually, and support documentation is on file. 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 awareness of their responsibilities regarding the PREA. If a case requiring sexual assault evidence collection kits is processed, the inmate(s) would be transported to Avera Saint Mary's Hospital, where a SANE is always available. A SANE at ASMH was interviewed and confirmed access to these services. A review of the training documentation and policy confirms compliance with this standard.

Corrective action: None required

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.B.16 PREA Institutional Risk Screens
4. Policy: 1.4.A.2 Inmate Admission
5. Inmate Living Guide
6. Policy: 1.4.A.3 Sex Offender Management Program
7. Policy: 1.4.B.14 Female Inmate Classification
8. Policy: 1.4.B.9 Sexual Behavior Issue Review
9. Policy: 1.3.E.3 Administrative Remedy for Inmates
10. Policy: 1.3.E.3 Administrative Housing
11. South Dakota Department of Corrections PREA Risk Screen (form)
12. South Dakota Department of Corrections PREA Risk Screen (form) (examples)
13. South Dakota Department of Corrections PREA Risk Screen Scoring Guide
14. Staff Training Agenda 2021 Annual Refresher Training
15. Interviews with the following:
 - a. Specialized and Random Staff

The policy addresses the requirements of this standard. Agency and facility policy require the use of a screening instrument to determine proper housing, bed assignment, work assignment, education, and other program assignments, to keep inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Agency policy requires all inmates to be screened within 72 hours of arrival; however, they are routinely screened on the day of arrival. Risk management staff review all relevant pre-sentence documentation and information from other confinement facilities and reassess an inmate's risk level, as necessary, within 30 days of arrival. Agency policy prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history, and perception of vulnerability. Seclusion can be used at SDWP but is not used for PREA incidents. 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. Interviews with risk management staff and a random review of risk screening assessments support the finding that the facility complies with this standard.

Corrective action: None required

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.B.16 PREA Institutional Risk Screens
4. Policy: 1.4.A.2 Inmate Admission
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6. Policy: 1.4.A.3 Sex Offender Management Program
7. Policy: 1.4.B.14 Female Inmate Classification
8. Policy: 1.4.B.9 Sexual Behavior Issue Review
9. Policy: 1.3.E.3 Administrative Remedy for Inmates
10. Policy: 1.3.E.3 Administrative Housing
11. South Dakota Department of Corrections PREA Risk Screen (form)
12. South Dakota Department of Corrections PREA Risk Screen (form) (examples)
13. South Dakota Department of Corrections PREA Risk Screen Scoring Guide
14. Count sheet with PREA indicators
15. Staff Training Agenda 2021 Annual Refresher Training
16. Interviews with the following:
 - a. Specialized and Random Staff
 - b. Inmates

Policy, documentation, and interviews support compliance with this standard. Agency and facility policy require the use of a screening instrument to determine proper housing, bed assignment, work assignment, education, and other program assignments, to keep inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. 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. Three inmates who self-identified as LGBTI were interviewed by the auditor. Additionally, two inmates indicated sexual victimization or abusiveness during risk screening and were interviewed.

During the audit, risk management staff indicated that transgender and intersex inmates are reassessed monthly, and their views concerning their safety are given serious consideration. Additionally, they are allowed to shower separately from other inmates. Per an interview with the Warden, although the facility does have a segregation unit, it is not used for PREA incidents. Staff and inmate interviews, the review of supporting documentation, and the Auditors' observations support that the facility complies with the standard.

Corrective action: None required

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.A.5 Searches - Institutions
4. Inmate Living Guide
5. Policy: Staff Code of Ethics
6. Policy: 1.4.A.3 Sex Offender Management Program
7. Policy: 1.1.E.6 Case Management
8. Policy: 1.1.E.7 Americans with Disabilities Act (ADA)
9. Policy: 1.5.D.3 Inmate access to Telephones
10. Policy: 1.5.D.3 Inmate Correspondence
11. Policy: 1.3.C.2 Inmate Discipline System
12. Policy: 1.4.B.14 Female Inmate Classification
13. Policy: 1.4.B.9 Sexual Behavior Issue Review
14. Policy: 1.3.E.3 Administrative Remedy for Inmates
15. Policy: 1.3.E.3 Administrative Housing
16. South Dakota Department of Corrections PREA Risk Screen (form)
17. South Dakota Department of Corrections PREA Risk Screen (form) (examples)
18. South Dakota Department of Corrections PREA Risk Screen Scoring Guide

19. Interviews with the following:
a. Specialized and Random Staff

Policy, documentation, and interviews support compliance with this standard. Per an interview with the Warden, although the facility does have a segregation unit it is not used for PREA incidents. Staff and inmate interviews, the review of supporting documentation and the Auditors' observations support the facility is in compliance of the standard.

Corrective action: None required

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Inmate Living Guide – English
4. Inmate Living Guide – Spanish
5. Inmate Living Guide - Braille
6. Poster: Breaking the Silence of Sexual Abuse
7. DOC Notice Letter April 6, 2015 (English and Spanish)
8. Poster: Sexual Abuse Crime Stoppers Hotline with Instructions
9. DOC Facility Website <http://doc.sd.gov>
10. SDWP PREA Response Plan
14. Interviews with the following:
 - a. Specialized and Random Staff
 - b. Inmates

Policies, the PREA Notices, and Inmate Living Guide address the requirements of the standard. A review of supporting documentation and staff/inmate interviews indicates 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. There are posters and other documents on display throughout the facility that explain reporting methods. All inmates are issued an electronic tablet with all PREA

instructions to report sexual abuse/sexual harassment allegations. Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of the alleged abuse. Family and friends of inmates may report sexual abuse/sexual harassment by contacting facility staff, calling the PREA Hotline, calling The Crime Stoppers Hotline number, or other third-party personnel. All interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/assault allegations. Interviews with staff and inmates, observations of posters addressing reporting methods, and examining policy/documentation confirm the facility's compliance with this standard. All allegations are reported to the Warden and facility investigator. If it is determined by the facility investigator that there is evidence of criminal intent, the investigation is referred to the DCI.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.2 Administrative Remedy for Inmates
3. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
4. SDWP Request for Administrative Remedy
5. PREA Hotline number
6. Inmate Living Guide
7. Interviews with the following:
 - a. Specialized and Random Staff
 - b. Inmates

Policies and interviews address the requirements of this standard. The policy requires that all PREA grievances be processed in accordance with 115.352 a-f. Inmates may file a grievance; however, 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 without submitting it to the staff member who is the subject of the complaint. Grievance forms are available to all inmates. A locked grievance box is in a common area for inmates to deliver their grievance. An administrative staff member is assigned to pick up the grievances daily. Additionally, policy prohibits the investigation of the allegation by either staff alleged to be involved in the allegation or any staff who may be under their supervision. Policy states that there is no time frame for filing a grievance relating to sexual abuse or sexual harassment. Policy addresses the filing of emergency grievance requests. If an emergency grievance is filed by an inmate, and the facility believes an inmate is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. There is no prohibition that 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 no grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Generally, disciplinary action would be taken if a grievance were filed in bad faith.

Corrective action: None required

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Inmate Living Guide Inmate Living Guide – English
4. Inmate Living Guide – Spanish
5. Inmate Living Guide – Braille
6. Poster: Breaking the Silence of Sexual Abuse
7. Poster: Breaking the Silence Hotline Number
8. DCI Notice - Letter
9. Memorandum of Understanding (MOU) with Missouri Shores Domestic Violence Shelter (MSDVS)
10. PREA Inmate Orientation
11. Interviews with the following:
 - a. Specialized and Random Staff
 - b. Inmates

Policies and the Inmate Living Guide address the requirements of this standard. The facility has an MOU with MSDVS, a victim advocacy group. The Auditor reviewed the signed MOU documents. The Inmate Living Guide provides the contact information for advocacy services, and the information is also posted in the housing units. This information is also contained in the electronic tablet issued to every inmate upon entering the facility.

Corrective action: None required

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. DOC Facility Website <http://doc.sd.gov>
4. PREA Screening Tool
5. Inmate Living Guide
6. Interviews with the following:
 - a. Specialized and Random Staff
 - b. Inmates

Policies, Inmate Living Guide, PREA Posters, PREA Brochure, and Breaking the Silence of Sexual Abuse Hotline number meet the mandates of this standard. The posters and telephone

numbers assist third-party reporters in reporting allegations of sexual abuse/sexual harassment. The inmates interviewed indicated they were aware of third-party reporting and would probably feel more comfortable reporting an incident of sexual abuse to someone inside the facility. Inmates can place calls to toll-free telephone numbers at any time the phones are in operation. SDWP maintains Hotline reporting numbers for inmates and staff.

Corrective action: None required

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Sexual Incident Protocol and Reference Book #2, South Dakota Department of Corrections
4. Training Curriculum
5. Interviews with the following:
 - a. Specialized and Random Staff
 - b. Inmates

Policies and interviews address the requirements 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 a Shift Supervisor but could be made privately or to a third party. The policy requires information concerning the identity of the alleged inmate victim and specific facts of the case be shared with staff on a need-to-know basis, due to their involvement with the alleged victim's welfare and/or the investigation of the allegation. If an inmate were at risk of sexual victimization, staff could temporarily transfer the inmate to another unit. Policy and staff training ensure the inmate's safety (s) regardless of their location in the facility. Medical services can be provided on-site and, if necessary, off-site. A review of policy and interviews with staff support the finding that the facility complies with this standard.

Corrective action: None required

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Sexual Incident Protocol and Reference Book #2, South Dakota Department of Corrections
3. Staff PREA Curriculum
4. Interviews with the following:
 - a. Specialized and Random Staff

Policy and interviews address the requirements of this standard. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect that an inmate is sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate, including separating the alleged victim/perpetrator, securing the scene to protect potential evidence, preventing the destruction of potential evidence, and contacting the Shift Supervisor and Warden. In the past 12 months, there were no instances in which SDWP staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. There have been no inmates placed in protective status in the past 12 months due to a PREA

incident, which was verified through interviews with random staff. Policy and staff training ensures that safety plans would be implemented relevant to inmate safety.

Corrective action: None required

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment

- 3. PREA Screening Tool
- 3. Interviews with the following:
 - a. Specialized and Random Staff

The policy addresses the requirements of this standard. The policy requires that any inmate allegation of sexual abuse occurring 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. Established procedures require the Warden to immediately notify the other confinement facility, in writing, of the nature of the sexual abuse allegation.

Corrective action: None required

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Sexual Incident Protocol and Reference Book #2, South Dakota Department of Corrections
4. PREA First Responder Card
5. PREA Training Curriculum
3. Interviews with the following:
 - a. Specialized and Random Staff

Policies and interviews address the requirements of this standard. All interviewed staff members were highly knowledgeable concerning their first responder duties and responsibilities upon learning of sexual abuse/sexual harassment allegations. Staff indicated they would separate the inmates, secure the scene, prevent the destruction of any potential evidence, and contact their supervisor. All staff members, including non-security personnel, always carry a South Dakota Department of Corrections PREA – First Responder card. This card has all the necessary steps to address a PREA allegation in accordance with the PREA standards. The supervisor would continue to protect the inmate and notify medical, mental health, and administrative/executive staff. In the past 12 months, there was one allegation that an inmate was sexually abused, and a first responder was required to separate the alleged victim and the alleged perpetrator.

Corrective action: None required

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
4. Policy: Staff Training Requirements
5. Policy: Staff Code of Ethics
6. Inmate Living Guide
7. Policy: 1.4.A.2 Inmate Admission
8. Sexual Incident Protocol and Reference Book #2, South Dakota Department of Corrections
9. PREA Training Curriculum
10. Interviews with the following:
 - a. Specialized and Random Staff

The policy, the South Dakota Department of Corrections (SDDOC), Sexual Incident Protocol and Reference Book #2, addresses the standard's requirements which the Auditor reviewed. The policy specifies the guidelines and procedures regarding preventing sexual abuse/sexual assault and provides for prompt and effective intervention in the event abuse or an assault occurs. The policy also includes procedures for the investigation, discipline, and prosecution of the alleged abuser. The South Dakota Department of Corrections (SDDOC), Sexual Incident Protocol and Reference Book #2, details first responder duties, reporting procedures, physical evidence collection/preservation, and medical/mental health care responsibilities.

Corrective action: None required

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Interviews with the following:
 - a. Specialized and Random Staff

The facility has no Collective Bargaining Agreement with any entity. Staff interviews confirmed compliance with this standard.

Corrective action: None required

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
4. SDDOC Retaliation Status Checklist
5. Interviews with the following:
 - a. Specialized Staff
 - b. PCM

The policy addresses the requirements of this standard. The policy prohibits any retaliation against any staff member, inmate, or individual who reports sexual abuse, sexual harassment, or cooperates in related investigations. The PCM is responsible for monitoring retaliation. During the interview, he indicated that he follows up on all 30, 60, and 90-day reviews to ensure the policy is being enforced and conducts periodic status checks on the frequency of allegation reports, housing reassignments, and negative performance reviews/staff job reassignments, as required in 115.67c. In the event of possible retaliation, the PCM indicated he would monitor the situation indefinitely. There have been no allegations of retaliation in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Corrective action: None required

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
4. Inmate Living Guide
5. Interviews with the following:
 - a. Specialized Staff

The policy addresses the requirements of the standard. The policy requires staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment. The facility does not use seclusion as an alternative after an allegation has been reported. Inmates or staff may be re-assigned to another unit or building pending the outcome of the investigation. Compliance with this standard was determined by a review of policy and a tour of the facility and staff interviews.

Corrective action: None required

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
3. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
4. Investigator Training Certificates
5. Interviews with the following:
 - a. Facility Investigator
 - b. Specialized and Random Staff

Policies and interviews address the components of this standard. According to the Warden, the facility fully cooperates with any outside agency that initiates an investigation. The Warden serves as the facility liaison and provides requested information to outside investigative agencies and access to the inmate. 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. During the last 12 months, there were 39 allegations of sexual harassment and/or sexual abuse. Fourteen were unsubstantiated, two were substantiated, and 23 were determined to be unfounded. Internal investigations are initiated by the Warden and then forwarded to the facility investigator. The NIC-trained facility investigator confirmed that administrative investigations are initiated promptly upon receipt of an allegation. He affirmed that administrative investigations are conducted in accordance with Standard 115.71.

The DCI conducted criminal investigations of the two substantiated allegations during this auditing period. Compliance with this standard was determined by a review of policy and documentation and staff interviews.

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.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
4. Interviews with the following:
 - a. Facility Investigator

Policy and interviews address the requirements of this standard. The evidence standard is a preponderance of the evidence in determining whether sexual abuse/sexual harassment allegations are substantiated. When interviewed, the facility investigator confirmed that he was aware of the evidence standard.

Corrective action: None required

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.E.6 PREA Response Investigation of Sexual Abuse-Harassment
4. Investigation Case Review (reviewed 39 cases)
5. Sexual Incident Checklist/Response & Investigation of Sexual Abuse/Harassment (4 examples)
6. Notice of PREA Investigation Determination
7. Interviews with the following:
 - a. Specialized and Random Staff

Policy and interviews address the components of this standard. During the last 12 months, there were 39 allegations of sexual harassment and/or sexual abuse. The facility uses the DCI for all criminal investigative services. Inmates are informed of the outcome of the investigative process in writing. All investigative decisions require a written response, including the rationale for the decision. This written documentation is made available to the inmate. The Agency maintains copies of all investigative decisions.

Corrective action: None required

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Sexual Incident Checklist/Response & Investigation of Sexual Abuse/Harassment (4 examples)
4. Interviews with the following:
 - a. Specialized and Random Staff

Policy and interviews address the requirements of this standard. Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated, if not for their resignation, may be reported to criminal investigators and any law enforcement or relevant professional/certifying/licensing agencies by the facility, unless the activity was clearly not criminal. PREA investigation into a criminal investigation resulted in the termination of a facility employee. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Corrective action: None required

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.1.C.13 Screening of Staff, Volunteers and Contractors for Prior Sexual Abuse
4. Policy: 1.1.C.1 Staff Code of Ethics
5. Training Curriculum
6. Interviews with the following:
 - a. Specialized and Random Staff

Policy and interviews address the requirements of the 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 investigating agency, law enforcement, or relevant professional/licensing/certifying bodies unless the activity was not criminal in nature. In non-criminal cases, SDWP would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the past 12 months, there were no sexual abuse/sexual harassment allegations by a contractor or volunteer. Compliance with this standard was determined by reviewing policy, contractor training documentation, and staff interviews. A contractor was interviewed. There were no volunteers at the time of the audit.

Corrective action: None required

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.E.6 PREA Response and Investigation of Sexual Abuse/Harassment
4. Policy: 1.3.C.2 Inmate Discipline System
5. Policy: 1.E.3.2 Administrative Remedy for Inmates
6. Inmate Living Guide
7. An Inmate's Guide (pamphlet)
8. Interviews with the following:
 - a. Specialized and Random Staff

Policy and interviews address the components of this standard. Appropriate measures must be taken to protect the due process rights of inmates who are, or who may be, subject to discipline. The policy ensures inmates are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors and discourages inappropriate behaviors. The Inmate Living Guide addresses all disciplinary sanctions for inmates. Consensual sex of any nature is prohibited. Inmates that sexually abuse or harass staff (not consensual) are disciplined per policy. SDWP does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Corrective action: None required

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy : 1.4.B.16 Institutional Risk Screens
4. Policy : 1.4.A.2 Inmate Admission
5. Inmate Living Guide
6. Policy : Sex Offender Management Program
7. Policy: 1.4.B.14 Female Inmate Classification
8. Policy: 1.4.B.9 Sexual Behavior Issue Review
9. Policy: 1.4.B.3 Adult Internal Management System (AIMS)
10. Policy: 1.3.E.3 Administrative Remedy for Inmates

11. Department of Health Correctional Health Care Authorization for Release of Information (document)
12. South Dakota Department of Social Services Correctional Behavioral Health (document)
13. Updated Treatment Plan (5 examples reviewed)
14. PREA Screening Tool
15. Interviews with the following:
 - a. Specialized and Random Staff
 - b. Inmates

Policy and interviews address the requirements of this standard. Interviews with medical and mental health services staff confirm that the facility has a comprehensive system for collecting mental health information. This allows the staff to provide continued re-assessment and follow-up services to inmates. In the past 12 months, 100 percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Additionally, 100 percent of the inmates who previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate and confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by unit team staff during intake procedures. Intake procedures also include screening for previous sexually abusive behavior in an institutional setting or the community. When indicated, 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 to determine treatment plans, security, housing, work, program assignments, and other management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization, which did not occur in an institutional setting. All information is considered confidential. Interviews with the intake screening staff support a finding that the facility complies with this standard.

Corrective action: None required

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.4.E.1 Health Care for Offenders
4. Policy: P-D-07 Emergency Services and Response Plan
5. Policy: P-A-01 Access to Care
6. P-E-08 Emergency Services
7. Policy: P-D-05 Health Care Services for Offenders
8. Policy: 1.3.A.7 Transport & Escort of Inmates
9. Policy: P-H-08 Management of Health Records
10. Policy: P-A-07 Privacy of Care
11. Policy: 1.3.B.1 Emergency Response
12. PREA Screening Tool
13. Memorandum of Understanding (MOU) with Missouri Shores Domestic Violence Shelter
14. Interviews with the following:
 - a. Specialized and Random Staff

Policy and interviews address the requirements of this standard. All services are provided to inmates at no cost. Inmate victims are provided timely, unimpeded access to emergency medical treatment and crisis intervention services. Referrals are made to Avera St. Mary's Hospital for emergency medical care. Referrals for victim advocacy services are made primarily to Missouri Shores Domestic Violence Shelter. The Auditor reviewed the MOU with Missouri Shores Domestic Violence Shelter.

Corrective action: None required

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.4.E.1 Health Care for Offenders
4. Policy: P-E-07 Non-Emergency Health Care Requests and Services
5. Policy: P-A-01 Access to Care
6. Policy: P-D-07 Health Care Services for Offenders
7. Policy: 1.3.A.7 Transport & Escort of Inmates
8. Policy: P-H-04 Management of Health Records
9. Policy: P-H-02 Confidentiality of Health Records
10. Policy: Y-A-07 Emergency Response Plan
11. PREA Screening Tool

12. Memorandum of Understanding (MOU) with Missouri Shores Domestic Violence Shelter (MSDVS)
13. Interviews with the following:
 - a. Specialized and Random Staff

Policies and interviews address the requirements of this standard. The facility's mental health personnel provide services to the entire SDWP population. Mental health providers are also available for call-back during off-duty hours. Information and access to care are offered to all inmate victims, as clinically indicated. Victim advocacy services are offered through trained staff members and MSDVS. Agency policy prohibits inmate co-pays for medical treatment in cases of sexual abuse. All treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse are offered information about and timely access to sexually transmitted infection prophylaxis. This information is provided in accordance with professionally accepted standards of care when deemed medically appropriate by Avera St. Mary's Hospital staff. One allegation of sexual abuse required referral for forensic evidence collection by a SANE provider in the past year. Compliance with this standard was determined by reviewing policy/documentation and interviews with a SANE representative at Avera St. Mary's Hospital, Pierre, South Dakota.

Corrective action: None required

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Data Collection (6 Examples)
4. PREA Sexual Abuse Incident Review (form)
5. Interviews with the following:
 - a. Warden

The policy addresses the requirements of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The DCI conducts all criminal investigations. The two allegations in 2020-2021 were determined by the DCI to be substantiated. The SDWP would conduct a sexual abuse incident review after every sexual abuse investigation unless the allegation were unfounded. Based on interviews with members of the facility incident review team, the review is conducted within 30 days of the conclusion of the investigation, and consideration is given as to whether the allegation was motivated by race, ethnicity, gender identity, status, perceived status, or gang affiliation. The team also determines whether additional monitoring technology should be added to enhance staff supervision. The review team comprises upper-level management officials, including the Warden, Shift Supervisor, and the PCM. Per policy, all required reviews by the incident review team are completed within 30 days of the conclusion of all investigations. Additionally, per policy, the findings are thoroughly documented. An annual review of all incidents is also completed. The incident review team seeks additional information from other staff, as needed, to ensure a thorough review has been completed.

Corrective action: None required

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.E.6 PREA Response and Investigation of Sexual Abuse/Harassment
4. Department of Justice (DOJ) Survey of Sexual Victimization State Juvenile Systems Summary Form SSV-5
5. South Dakota DOC 2019 Annual PREA Report
6. Interviews with the following:
 - a. Warden
 - b. PCM
 - c. Incident Review Team Member

Policy and interviews address the components of this standard. The data collected is captured with a computer program; it includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. SDDOC aggregates and reviews all incident-based sexual abuse data annually. Upon request or no later than June 30th, the agency provides this information for the previous calendar year to the Department of Justice (DOJ). The report includes the aggregate data necessary to answer the Survey of Sexual Violence Survey conducted by the DOJ. The report can be found at:

<https://doc.sd.gov/documents/PREAANNUALReport2019.pdf>.

Corrective action: None required

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. Policy: 1.3.E.6 PREA Response and Investigation of Sexual Abuse/Harassment
4. SDDOC Annual Report <https://doc.sd.gov/documents/PREAANNUALReport2019.pdf>
5. Interviews with the following:
 - a. Warden

The policy addresses the requirements of this standard. As confirmed by a review of supporting documentation, SDWP collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The information can be found on their website: <https://doc.sd.gov/documents/PREAANNUALReport2019.pdf>

The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The report includes a comparison of the current year's data and corrective actions with data from previous years and provides an assessment of the agency's progress. The agency aggregates and reviews all data annually.

Corrective action: None required

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. SDWP Pre-Audit Questionnaire
2. Policy: 1.3.E.5 PREA Compliance with Prison Rape Elimination Act Standards
3. SDDOC <https://doc.sd.gov/documents/PREAANNUALReport2019.pdf>
4. Interviews with the following:
 - a. Warden

Policy and interviews address the components of this standard. SDDOC maintains sexual abuse data collected for at least ten years after the date of its initial collection. SDDOC monitors and makes available aggregated sexual abuse data from its facilities and contracted agency facilities on its website. That data can be found at SDDOC Website: <https://doc.sd.gov/documents/PREAANNUALReport2019.pdf>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, 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 was the second PREA audit of this facility. 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. SDWP facility has received at least two PREA audits since August 20, 2012. The Auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout South Dakota Women's Prison allowed inmates to correspond confidentially with the Auditor before the audit. The Auditor received no confidential correspondence because of the audit postings.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The South Dakota Women's Prison 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, 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. SDWP policies are directly tied to the PREA standards and staff expectations. The facility's leadership is fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. 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 with 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 agency PREA trends data via the agency website. The South Dakota Women's Prison currently complies with all applicable PREA standards, and no corrective actions are required.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

James L. Roland Jr.

June 6, 2021

Auditor Signature

Date

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

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