

**PREA AUDIT REPORT     Interim    Final  
ADULT PRISONS & JAILS**

**Date of report:** 09/17/2017

<b>Auditor Information</b>			
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<b>Telephone number:</b> 478.278.8022			
<b>Date of facility visit:</b> August 22 -24, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> South Dakota Women's Prison			
<b>Facility physical address:</b> 3200 East Highway 34, Pierre, SD 57501			
<b>Facility mailing address:</b> <i>(if different from above)</i> 3200 East Highway 34, c/o 500 E. Capitol Ave., Pierre, SD 57501			
<b>Facility telephone number:</b> 605.367.5566			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Brent Fluke, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 55			
<b>Designed facility capacity:</b> 460			
<b>Current population of facility:</b> 457			
<b>Facility security levels/inmate custody levels:</b> Minimum to Maximum			
<b>Age range of the population:</b> 18 to 80 years			
<b>Name of PREA Compliance Manager:</b> Jon DeGreef		<b>Title:</b> Unit Manager/PREA Compliance Manager	
<b>Email address:</b> Jon.DeGreef@state.sd.us		<b>Telephone number:</b> 605.773.3968	
<b>Agency Information</b>			
<b>Name of agency:</b> South Dakota Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 3200 East Highway 34, Pierre, SD 57501			
<b>Mailing address:</b> <i>(if different from above)</i> 3200 East Highway 34, c/o 500 E. Capitol Ave., Pierre, SD 57501			
<b>Telephone number:</b> 605.773.3478			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Denny Kaemingk		<b>Title:</b> Secretary of Corrections	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Ken VanMeveren		<b>Title:</b> PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

The on-site Prison Rape Elimination Act (PREA) compliance audit of the South Dakota Women's Prison (SDWP) was conducted August 22 to 24, 2017 using the PREA standards finalized August 2012. The auditor was provided with comprehensive files of documentation prior to the audit for review. The auditor discussed the data contained in the Pre-Audit Questionnaire with the PREA Coordinator and the Unit Manager/PREA Compliance Manager prior to the on-site visit. When the auditor first arrived at the facility, an in-briefing was held with the Warden, the Unit Manager/PREA Compliance Manager and the agency's PREA Coordinator to discuss the audit process.

A tour of the facility was conducted on Tuesday, August 22, 2017. Following the tour, interviews with inmates and staff were scheduled. All required facility staff and inmate interviews were conducted on site. A total of forty-two (42) inmates were interviewed. Twenty-seven (27) randomly selected inmates were interviewed including inmates from each housing unit, inmates housed in the segregation unit, two inmates who self-identified as being transgender, three inmates who self-identified as being gay, one limited English proficient inmate, one disabled inmate, three inmates who had reported sexual abuse/harassment and five inmates that had disclosed prior sexual victimization upon risk screening. Interviews with thirty-eight (38) staff members were also conducted, including fifteen (15) random selected staff from all three shifts as well as specialized staff. The specialized staff included; South Dakota Department of Corrections (SDDOC) Agency Head's designee, the Warden's designee, the Unit Manager/PREA Compliance Manager, the SDDOC PREA Coordinator, the Human Resources Manager, investigative staff, first responders, medical/mental health care professionals, incident review team members, intake/screening staff, administrative staff, intermediate and higher level facility staff as well as volunteers, contractors, and a representative of the local crisis center. Investigative records, training records, and personnel records were reviewed. Intake PREA screenings and PREA training was observed as well as testing of the inmate phone systems for reporting allegations to outside sources.

A review of the eleven investigative files opened during the previous twelve months alleging sexual abuse or sexual harassment were conducted. Of the eleven allegations investigated, two were inmate-inmate sexual abuse (both unsubstantiated), two inmate-inmate sexual harassment (both unsubstantiated), five staff-inmate sexual abuse (two unfounded and three unsubstantiated), and two staff-inmate sexual harassment (one unsubstantiated and one unfounded).

## DESCRIPTION OF FACILITY CHARACTERISTICS

The South Dakota Women's Prison (SDWP) is located in Pierre, South Dakota and is part of the Solem Public Safety Center, a unique facility that houses prison, state corrections offices, and law enforcement agencies of the state, county and city governments. In 1995, legislation was introduced that authorized the construction of a new women's prison in Pierre. After the passage of the bill, the idea was pursued of joining resources with local governments to best utilize the new facility. The completed facility includes the 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 South Dakota Women's Prison opened and was dedicated on October 23, 1997. The women's prison portion of the facility constitutes the majority of the 78,000 square foot building. The facility consists of three separate housing units, two within the secure perimeter and one minimum security work release center, outside the secure perimeter. The prison is a 460 bed facility housing minimum, medium and maximum security female inmates. The average daily population during the on-site audit was 457 inmates. The average length of stay is 275 days. A total of 241 staff are assigned to the facility.

The mission of the South Dakota Department of Corrections (SDDOC) is to protect the citizens of South Dakota by providing safe secure facilities for offenders committed to its custody by the courts, to provide effective community supervision to offenders upon release and to utilize evidence-based practices to maximize opportunities for rehabilitation. The vision statement of the agency is to be a national leader in corrections that enhances public safety by employing evidence based practices to maximize the rehabilitation of offenders.

The State Department of Health provides medical, dental and optometric services for SDWP and SDDOC adult corrections system and is accredited by the National Commission on Correctional Health Care (NCCHC). Medical care is provided 24 hours a day, seven days per week. Outside medical and emergency care is provided by St. Mary's Hospital, located approximately one mile from the facility. The State Department of Social Services provides mental health and chemical dependency services. The program contracts with licensed psychiatrists to provide psychiatric consultations, diagnosis and treatment plan services. Inmates can take classes for literacy, Adult Basic Education and GED as well as receive treatment for chemical dependency and for sex offenses.

The auditor determined, through interviews and the review of policy and documentation, that all staff were knowledgeable concerning their duties and responsibilities concerning the PREA. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an allegation of sexual abuse or sexual harassment were made. During interviews, inmates stated that staff were respectful and that they felt safe from sexual abuse at the facility. The auditor found the environment to be extremely low-tension with detainees freely approaching the auditor to converse. Staff interactions observed with inmates were relaxed, yet professional.

## SUMMARY OF AUDIT FINDINGS

The site visit was completed on August 24, 2017 and an “out-brief” meeting was held with the Secretary of Corrections, Deputy Secretary of Corrections, the Director of Research & Grants, the Warden, the PREA Compliance Manager, and the PREA Coordinator. The facility was found to be fully compliant with the PREA. One standard was determined to be not-applicable, one standard was determined to exceed the standard, and the remaining 41 standards were determined to meet standards. The auditor had been provided with extensive files prior to and during the audit for review to support a conclusion of compliance to the PREA. All interviews and observations also supported compliance. The facility staff were found to be extremely courteous, cooperative, and professional. Staff morale was very good and the observed staff/inmate relationships were excellent. All areas of the facility were observed to be very clean and very well maintained. Prison Rape Elimination Act and the processes that have been incorporated into the daily operations of the facility.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

### Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The South Dakota Department of Corrections policies 1.3.E.5 and 1.3.E.6 address the requirements for zero tolerance towards all forms of sexual abuse and sexual harassment. The policies outline a zero tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing procedures, by viewing a video and during additional admission and orientation procedures. All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. The South Dakota Department of Corrections (SDDOC) has a designated agency-wide PREA Coordinator. A Unit Manager at SDWP serves as the PREA Compliance Manager for the facility. Interviews with the agency-wide PREA Coordinator and Unit Manager/PREA Compliance Manager confirmed they have sufficient time and authority to develop and oversee compliance. The PREA Coordinator reports directly to the Director of Grants and Research under the Secretary of Corrections and the Unit Manager/PREA Compliance Manager reports directly to the Deputy Warden. All interviews with staff, volunteers, contractors, and inmates confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/harassment. The commitment to the enforcement and implementation of the PREA meets the required compliance to this standard. An examination of documentation also confirms compliance to this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.3.E.6 address the requirements of this standard. The agency has established policy and compliance requirements when contracting with other entities for the supervision of, and confinement of inmates, to include PREA compliance and its Zero Tolerance Policy. A review of the documentation submitted confirmed the agency requires other entities contracted with for the confinement of inmates to adopt and comply with the PREA standards. The contracts require that the agency monitor the contractor's compliance with PREA standards.

### Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.3.E.5 addresses the requirement of this standard. Interviews with the Warden's designee, the PREA Compliance Manager, and the Bureau of Human Resources Manager, confirmed that reviews of the staffing plan, recruitment policy, and institutional needs are conducted routinely to assure the safety of staff and inmates. Intermediate and higher level staff conduct unannounced rounds to identify any deviation from policy or procedure. Staff compliance is monitored through these unannounced rounds. Electronic logs as well as manual logs, incident reviews and reports are maintained in accordance to the standard. SDWP has also implemented a Staffing Plan Deviation form to document deviations from the staffing plan and the reason for such deviations. It was confirmed through interviews with higher level and intermediate staff as well as interviews of random staff and inmates, that supervision was appropriate and that both staff and inmates felt safe from sexual assault.

### **Standard 115.14 Youthful inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

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Not Applicable – The facility does not house youthful offenders.

### **Standard 115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.A.5 addresses the requirement of this standard. Policy and procedures concerning cross gender viewing and searches were reviewed during the audit. Policy prohibits cross-gender strip searches and cross-gender body cavity searches except in exigent circumstances or when performed by licensed medical practitioners. While cross-gender pat searches of females are not permitted except in exigent circumstances, policy requires these searches to be documented. Staff training includes conducting cross-gender searches in a manner that is consistent with security needs. Policy and procedures, as well as the layout of the facility, allow for inmates to shower, perform bodily functions, and change clothing without non- medical staff of the opposite gendering viewing inmate bodies. Policy, procedure and interviews confirm the announcement of opposite gender staff entering housing areas. Policy prohibits searches of transgender and intersex inmates for the sole purpose of determining genital status.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.5 addresses the requirement of this standard. It was confirmed through interviews with inmates that the facility takes appropriate steps to ensure inmates with disabilities and those with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, postings and the "Inmate Living Guide" are provided in English and Spanish. The facility uses Language Line Solutions for interpretive services when necessary. In the past twelve months, there have been no instances where inmate interpreters, readers or other types of inmate assistants have been used that could compromise an inmate's safety or the performance of first responder duties for the investigation of an inmate's allegations.

### Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.1.C.13 address the requirements of this standard. All employees, contractors and volunteers have had their background checks completed. A tracking system is in place to ensure that updated background checks are conducted every five years. The agency will not hire or promote a staff member, or enlist the services of any contractor or volunteer who may have contact with inmates, who has engaged in sexual abuse in institutions or the community, or has been civilly or administratively adjudicated to have engaged in sexual abuse in institutions or the community. All incidents of sexual harassment are considered in the hiring or promoting of staff. Contact with prior institutional employers is attempted. All applicants are asked about prior misconduct. Material omissions regarding misconduct are grounds for termination. State law and agency policy allow for the information sharing with other institutions upon employment.

### Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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There has been no substantial expansion or modifications to the facility since the previous PREA Audit. SDDOC Policy 1.3.E.5 requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology will enhance the agency's ability to protect inmates from sexual abuse. During the past twelve months, several additional cameras have been installed and a body scanner was installed in the visiting room. When each device was installed a form was signed by both the Warden and the Facility Physical Plant Manager with a full explanation as to how the projects would affect the agency's ability to protect offenders from sexual abuse. The facility has an extensive video and visual monitoring system in place.

#### **Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.3.E.6 addresses the requirement of this standard. The facility's Special Investigations Unit (SIU) conducts administrative investigations, and collaborates with the South Dakota Division of Criminal Investigation (DCI) for criminal investigations. SDDOC Policy 1.3.E.6 outlines the mandatory use of the Corrections Protocol for Response to Sexual Abuse for facility staff. Interviews with medical, mental health and correctional staff indicated an understanding of the protocol and procedures to follow to obtain usable physical evidence if sexual abuse is alleged. Staff was aware that the SIU conducts all sexual abuse investigations. Specific actions and clinical decisions are required to determine if an inmate is to be transported to the local hospital to receive an S.A.F.E. examination. The facility has contracted with a local hospital to provide these services (the inmate will not be charged for any services related to PREA compliance). No S.A.F.E. examinations were conducted within the last year. Forensic medical exams are conducted by qualified and trained medical practitioners at St Mary's Hospital in Pierre, South Dakota. The facility also utilizes the Missouri Shores Crisis Center for victim advocacy and counseling. There is a signed MOU between the facility and the crisis center.

#### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E. 6 addresses the requirement of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. The facility's SIU completes all administrative investigations. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the investigation would be referred to the agency's Division of Criminal



Investigation. Interviews with SIU investigators revealed a comprehensive understanding of their responsibilities under the PREA. There were eleven allegations of sexual abuse or sexual harassment during the previous twelve months. All eleven resulted in administrative investigations. Appropriate documentation, referrals, and follow up was reviewed and determined to be in compliance with this standard.

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.1.D.1 addresses employee training required by this standard. All employees of the SDWP receive training on the agency’s zero tolerance policy 1.3.E.5 for sexual abuse and sexual harassment during pre-service and annual refresher training. Employees are required to sign an acknowledgement form indicating they understand the training they have received. All staff are issued and carry an embossed reference card detailing their duties and responsibilities as a first responder to an inmate allegation of sexual abuse. Additionally all staff are issued a pocket sized “Response to Sexual Incidents Handbook” and a booklet entitled “Corrections Protocol for Response to Sexual Abuse”. All contractors, volunteers, and staff are also provided with a pamphlet entitled “An Employees, Contractors, and Volunteers Guide to Sexual Abuse and Sexual Harassment Awareness”. The pamphlet explains what PREA is, what Zero Tolerance is, defines both sexual abuse and sexual harassment, explains how to report sexual abuse/sexual harassment complete with facility phone numbers, explains the importance of protecting the victim/any crime scene, and discusses relief from retaliation. All staff interviewed indicated that they received the required PREA training and were all issued the materials mentioned. Staff training files were reviewed and contained documentation confirmed compliance to this standard. Informational bulletins are provided daily to staff by the Warden and include any revisions to policy and/or procedures.

### **Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.1.D.1 addresses the requirement of this standard. The training provided ensures that all volunteers and contractors who have contact with inmates have been trained on their responsibilities as outlined in policy. There are 43 contractors and volunteers who have received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements). All contractors, volunteers, and staff are also provided with a pamphlet entitled “An Employees, Contractors, and Volunteers Guide to Sexual Abuse and Sexual Harassment Awareness”. The pamphlet explains what PREA is, what Zero Tolerance is, defines both sexual abuse and sexual harassment, explains how to report sexual abuse/sexual harassment complete with facility phone numbers, explains the importance of protecting the victim/any crime scene, and discusses relief from retaliation. All training is documented. Interviews with contractors and volunteers, and an examination of training files, confirm compliance to this standard.

### Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policies 1.3.C.1 and 1.31.4.B.16 address the requirements of this standard. Inmates receive information at the time of intake processing verbally, via video presentation and a PREA pamphlet. Additional information is also provided in the inmate living guide (provided at the time of intake in English and Spanish). Inmates are required to sign a form acknowledging receipt of the living guide. The form acknowledging receipt is documented in the Comprehensive Offender Management System (COMS) and the inmate's institutional file. Provisions are in place to meet the needs of all disabled inmates. The facility also provides brochures in Braille as well as interpretive services such as Language Line Solutions. Town hall meetings between inmates and staff are conducted which provides ample opportunity for inmates to ask questions concerning PREA. There are posters throughout the facility, and the "hotline" phone number to call to report abuse or harassment is in each housing unit. Additionally, on the back of each inmate identification card, there are instructions how inmates may report sexual abuse in multiple ways. During the previous twelve months, 311 inmates were provided PREA information during the intake process.

### Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.3.E.5 addresses the requirement of this standard. The SIU investigators have received training on conducting investigations of sexual abuse/sexual harassment in a confinement setting. The investigators were interviewed and able to explain in detail the process and procedures required during a PREA investigation. A review of the training records confirmed completion of the required PREA training.

### Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.3.E.5 addresses the requirements of this standard. Specialized training for medical and mental health staff is provided and documented. A review of training records confirmed that 100% of the 16 medical and mental care practitioners have received the training required by agency policy and PREA standards. Medical staff employed by the agency does not conduct forensic examinations. All such exams would occur at the local hospital.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.4.B.16 addresses the requirements of this standard. The facility uses the PREA Inmate Admission Screen and the PREA Admission Review Screen to determine an inmate's potential vulnerability to a sexual assault or risk of sexually abusive behavior. All inmates admitted to SDWP have an Initial PREA Risk Screen Assessment completed by unit staff trained to administer the screen within 72 hours of arrival at the facility. The admission screen includes the inmate's demographics, results of a NCIC criminal history check, sentencing and PSI information (if available), classification and assessment information, any documented/known institutional behavior or other relevant information. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates would be referred to a mental health professional for further assessment. Within 30 days of arrival, the facility reassesses the inmate's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. Inmates are not disciplined for refusing to answer any questions or for not disclosing complete information. Copies of all intake screening forms are forwarded to the appropriate medical/mental health practitioner and the original forms are secured in inmate records with only designated staff allowed access to the files.

#### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policies 1.4.B.16 and 1.3.E.5 address the requirements of this standard. A review of the risk screening form indicated the facility uses the information from the form to determine housing, cell, work, education, and program assignments. The facility's goal is to keep inmates at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in this policy. All housing and program assignments are made on a case by case basis. Interviews with staff and inmates confirmed compliance with this standard.

### Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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SDDOC Policy 1.3.E.6 requires that inmates at high risk for sexual victimization or who are alleged to suffer from sexual abuse, will not be placed in involuntary administrative segregation/protective custody unless assessment of all available alternatives has been made and a determination made that there are no available alternatives for separation from likely abusers. If an assessment cannot be done immediately the facility may hold the inmate in involuntary segregation for less than 24 hours while completing the assessment. Inmates placed in segregation for this purpose will have access to programs, privileges, education, and work opportunities. If it is necessary to restrict such activities the reasons for restrictions and duration will be documented. If an involuntary segregated housing assignment is made, the facility affords the inmate a review every 30 days to determine if there is a continuing need for separation from the general population. Interviews with staff indicated there have been no inmates placed in this status within the previous twelve months.

### Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.3.E.5 and 1.3.E.6 as well as the PREA pamphlet, and the Inmate Living Guide address the requirements of this standard. A review of documentation indicated that there are multiple ways (including verbally, in writing, privately, from a third party, and anonymously) for inmates to report sexual abuse or sexual harassment, retaliation by other inmates of staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may contribute to such incidents. Inmates interviewed were all aware of multiple reporting methods. Staff is trained to immediately report and document any sexual abuse or sexual harassment allegation. Posters and other documents were observed throughout the facility explaining reporting procedures.

### Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

SDDOC Policies 1.3.E.2 and 1.3.E.6 address the requirements of this standard. The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Inmates are not required to use an informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse with staff. There are no time limits when sexual abuse allegations can be made. Inmates are able to submit grievances without giving to the staff person involved. The standard requires a decision be made on the merits of any grievance alleging sexual abuse within 90 days. This agency's policy requires a response time of 30 days. Policy and procedures permits third parties to assist inmates in filling request for administrative remedies relating to allegations of sexual abuse and are also permitted to file such requests on behalf of an inmate. Policy and procedures are in place that allow for an inmate to file an emergency grievances alleging that there is substantial risk of imminent sexual abuse. Any grievance received by staff alleging an inmate is subject to a substantial risk of imminent sexual abuse are reported to the OIC at which point immediate corrective action is taken. The initial response is completed before the end of the shift of when the incident was reported and the final facility/agency decision within five days. There have been no emergency grievances alleging substantiated risk of imminent sexual abuse filed in the previous twelve months.

### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.5 addresses the requirement of this standard. Inmates have access to victim advocate/rape crisis centers for emotional support services related to sexual abuse. The facility has entered into an MOU agreement with Missouri Shores Domestic Violence Center to provide services relevant to this standard including confidential emotional support services related to sexual abuse. Representatives from the crisis center have partnered with the facility to provide sexual abuse awareness classes at the facility. Inmates are free to sign up and attend the classes. The facility has placards by the telephones that provide instructions for the toll free, speed dial telephone number to the crisis center and crime-stopper hot lines, in addition to mailing addresses for these organizations. Information regarding the level of confidentiality is given to all inmates during their orientation to the SDWP. The facility provides training to the victim advocates regarding responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures, including the zero-tolerance policy and how to report such incidents. An interview with the director of the crisis center confirmed the partnership with the facility.

### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency provides a method to receive third-party reports of inmate sexual abuse or harassment. The agency pamphlet entitled “Sexual Abuse & Sexual Harassment Awareness” addresses the requirements of this standard. Third-parties are informed of reporting procedures on the agency website, pamphlets and posters in the lobby.

#### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.3.E.5 and 1.3.E.6 detail staff and agency reporting procedures. All staff are required to report immediately and in accordance with policy, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency. Interviews with staff confirmed an awareness of procedure to take concerning reporting incidences of sexual harassment and sexual abuse. A review of training documentation confirmed that all staff receive the required training regarding this subject.

#### **Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.6 states, under the zero tolerance section, that when the agency learns an inmate is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. Interviews with staff indicated a comprehensive understanding of their duties and responsibilities if they became aware of an inmate being in imminent risk for abuse (first-responder or otherwise), and that certain immediate, mandatory actions to protect the inmate would take effect. All staff is issued a PREA card outlining all actions to be taken by staff that became aware of sexual abuse or harassment. The Warden indicated there have been no reported incidents of an inmate being subject to substantial risk of imminent sexual abuse during the previous twelve months.

#### **Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

SDDOC Policy 1.3.E.5 requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the head had of the facility or appropriate office of the agency or facility where the sexual abuse allegedly occurred. Policy requires such notification will occur as soon as possible and no later than 72 hours of receiving the allegation. Documentation is required of any such notification. There was one allegation of an inmate being sexually abused by another inmate while confined at another facility during the previous twelve months. The SDWP made an immediate notification to the Director of the other facility. The allegation was investigated in accordance with facility policy and PREA standards and found to be substantiated. Policy 1.3.E.6 requires that an allegations of sexual abuse received from other facilities are investigated in accordance with the PREA standard. During the previous twelve months the facility has not received any allegations of sexual abuse/sexual harassment from other facilities.

#### **Standard 115.64 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.6 details duties, procedures and action for first responders to an allegation of sexual abuse. The PREA training lesson plan outlines the duties and responsibilities for first responders and medical staff in the event an inmate is sexually abused. Inmates may report acts of sexual assault, abuse, or harassment to any employee, contract employee, or volunteer. Upon learning of an allegation that an inmate was sexually abused, if the responder is a correctional officer: 1) separate; 2) preserve and protect the crime scene; 3) if the time allows for the collection of physical evidence, make appropriate request for it; 4) if the abuse occurred within a time period that allows for physical evidence, ensure the alleged abuser does not destroy evidence. First responders interviewed were very knowledgeable about their duties and responsibilities. All staff, including the Deputy Warden, were carrying an embossed card as reference to direct them as to their responsibilities as a first responder to an allegation of a PREA incident. There have been seven allegations of sexual abuse within the previous year requiring first responder actions, each of which were responded to by staff. The allegations were received after a time period that would have allowed for the collection of physical evidence.

#### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency's Corrections Protocol for Responses to Sexual Abuse and SDDOC Policy 1.3.E.6 outlines the duties of the first responder, medical and mental health staff and facility leadership in coordinating actions taken in response to an incident of sexual abuse. This was confirmed during interviews with staff and a review of the training records.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Interviews with the agency PREA Coordinator indicated that there have been no collective bargaining agreements entered into or renewed since the previous PREA Audit. South Dakota Department of Corrections is non-union. Interviews confirmed any agreements that may be entered into would not hamper the agency's commitment to protect inmates through any disciplinary action of a staff member, including reprimand, suspension, demotion, discharge or otherwise discipline employees with proper cause.

### Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.3.E.5 and 1.3.E.6 specifically prohibits any type of retaliation to any inmate or staff member who has reported sexual abuse, sexual harassment or has cooperated with such investigations. The PREA Compliance Manager is the designated staff member that monitors the conduct or treatment of inmates and/or staff members who has reported sexual abuse to insure any type of retaliation does not occur. The monitoring of any type of retaliation will be done for at least 90 days. Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. This follow-up may also extend without limit if necessary. There have been no incidents of retaliation occurring within the previous twelve months.

### Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**



### **corrective actions taken by the facility.**

SDDOC Policy 1.3.E.5 prohibits the placement of inmates, who allege to have suffered sexual abuse, in involuntary segregation housing unless an assessment of all available alternatives has been made. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43. There have been no inmates who allege to have suffered sexual abuse, held in involuntary segregation during the previous twelve months.

### **Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.3.E.5 and 1.3.E.6 outline the procedures for administrative and criminal investigations. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are promptly, thoroughly and objectively investigated. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. There have been no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the previous PREA Audit. SDDOC retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by SDDOC plus five years.

### **Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.6 addresses this standard and states, “there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated”. Interviews with the SIU lieutenant confirmed the policy standard of evidence is always followed.

### **Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.6 requires that following an investigation into an inmate's allegation that they suffered sexual abuse in an SDDOC facility; the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If it is a staff member, the facility head or designee will inform the inmate victim whenever a staff member is no longer posted, employed, or has been indicted or has been convicted, unless the investigation determines the allegation to be unfounded. All notification is documented in the incident file. In review of seven investigative packets for allegations of sexual abuse, notification was made to each inmate who had alleged sexual abuse informing them of the determination of the investigation. Two of the investigations were inmate-inmate sexual assault and both were determined to be unsubstantiated. The inmate making the allegation was notified in each case. There were five allegations by inmates of staff-inmate sexual abuse that were investigated. The determination in two cases was unfounded, not requiring notification. Three of the staff-inmate cases were determined to be unsubstantiated and notification to the inmate was made in each case as to the determination of the investigation, complete with the staff members post assignment status in relation to the inmates unit, employment status at the facility, and whether the staff member has been indicted.

#### **Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Disciplinary sanctions for violations of the agency's policy relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of acts committed per SDDOC Policies 1.3.E.6 and 1.1.C.2. Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary action for staff who engages in sexual abuse. Interviews with the Warden's designee and the PREA Compliance Manager confirmed any termination for violations of agency sexual abuse or sexual harassment policies, or resignation by staff that would have been terminated if not for their resignation, would be reported to law enforcement agencies and to relevant licensing bodies. There have been no staff disciplinary actions, resignations or terminations for violation of this standard in the previous twelve months.

#### **Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.6 requires that any contractor or volunteer who engages in sexual abuse of an inmate will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Policy requires that appropriate remedial measures are taken and consideration as to whether to prohibit contractors/volunteers from further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies. Volunteers and contractors have all been trained and are aware of these policies. Documentation is maintained. In the previous twelve months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

**Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.6 addresses the requirement of this standard. Inmates are subject to disciplinary sanctions pursuant to policy following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Information on inmate disciplinary sanctions is provided as part of the facility orientation process upon entry into the facility. SDWP prohibits all sexual activity between inmates. Sanctions are commensurate with the nature and circumstances, subject’s prior history, and sanctions imposed for comparable offenses. The inmates’ mental health is also considered. Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 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. Interviews with the SIU investigator confirm compliance with this standard. There have been no substantiated cases of inmate-on-inmate sexual abuse during the previous twelve months.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.4.B.1, 1.3.E.5 and P.B.4 address this standard. Through interviews with medical and mental health staff, and review of the intake risk screening processes, it was determined that the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services if needed. All inmates at this facility who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, pursuant to standard §115.41,- Screening for Risk of Victimization and Abusiveness, are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate is referred to a mental health practitioner within 14 days of arrival for possible inclusion in the Sex Offender Management Program (SOMP) and Special Treatment of Perpetrators (STOP) program. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioner and

other staff as necessary for treatment plans and security and management decision such as housing, bed, work, education and program assignments. Informed consent is obtained from inmate before reporting about prior sexual victimization that did not occur in an institutional setting.

#### **Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.3.E.6 mandates that inmates who are victims of sexual abuse are offered immediate, unimpeded access to emergency treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners, according to their professional judgement. Policy requires medical and mental health departments to maintain secondary information documenting time of service, emergency medical treatment and crisis intervention services that were provided. Interviews with the medical and mental health practitioners confirmed the requirements of this standard are in place and adhered to. SDWP has a memorandum of understanding with Missouri Shores Crisis Center to provide crisis intervention services. The facility contracts with St. Mary's Hospital to provide emergency medical services. These services are provided at no cost to inmate victims.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.3.E.6 addresses this standard. SDWP offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse and to abusers. Interviews with medical/mental health staff and the director of the local crisis center confirmed ongoing medical/mental health treatment is available to all victims and includes all follow-up services, treatments and referrals. These services are consistent with the community level of care. Pregnancy and STD testing is offered as requested or pursuant to a practitioners order. If pregnancy results from sexual abuse while incarcerated, victims receive timely, comprehensive information regarding all lawful pregnancy related medical services. Treatment services are offered at no cost to victims. An agreement with St. Mary's Hospital in Pierre, South Dakota provides S.A.N.E. and S.A.F.E. services.

#### **Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.5 requires each facility conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The review is conducted within 30 days of the conclusion of the sexual abuse investigation. The SDWP review team consists of the PREA Coordinator, Deputy Warden/PREA Compliance Manager, Special Investigative Unit Lieutenant, Medical/Mental Health professionals and line supervisors. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. In review of documentation, all requirements of the standard are considered in the review and recommendations for improvements are made. In the previous twelve months there have been six allegations of sexual abuse that have been investigated and reviewed by the Incident Review Team.

#### **Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.3.E.5 and 1.3.E.6, an interview with the PREA Coordinator, and review of documentation confirmed that information on allegations of sexual abuse is electronically recorded by each facility on the Sexual Incident Review Form. The PREA Coordinator obtains and reviews information on all incidents from each facility, including facilities with which it contracts for the confinement of its inmates and aggregates that 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 all of the questions on the Survey of Sexual Violence conducted by the DOJ.

#### **Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policies 1.3.E.5 and 1.3.E.6, and an interview with the PREA Coordinator confirmed that the PREA Coordinator is responsible for PREA Audit Report

reviewing all of the data collected from the agency's facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse program and practices. The PREA Coordinator prepares an annual report that provides general comments with plans to enhance this information in future reports. Information that needs to be redacted is not included in this annual report that is forwarded to the state's Secretary of Corrections for approval. This information is available to the public on the South Dakota Department of Corrections website and can be accessed at <http://doc.sd.gov/about/PrisonRapeEliminationAct.aspx>.

**Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SDDOC Policy 1.3.E.6 addresses the requirement of this standard. The agency ensures that all aggregated sexual abuse data from facilities under its direct control is available to the public and securely retained. The agency maintains a sexual abuse data collection pursuant to standard §115.87 for at least 10 years after the initial date of collection, unless federal, state or local law requires otherwise. The South Dakota Department of Corrections, Office of Grants and Research, PREA section, is responsible for gathering and maintaining this information. Public access to data is available on the SDDOC website.

**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.



09/17/2017

Auditor Signature

Date