

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

Date of report: August 14, 2015

Auditor Information			
Auditor name: Philip Bradshaw			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
Email: Phil.Bradshaw@Nakamotogroup.com			
Telephone number: (417) 425-0564			
Date of facility visit: July 20-23, 2015			
Facility Information			
Facility name: Mike Durfee State Prison			
Facility physical address: 1412 Wood Street, Springfield, SD 57062			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (605) 369-2201			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Bob Dooley, Warden			
Number of staff assigned to the facility in the last 12 months: 352			
Designed facility capacity: 2044			
Current population of facility: 1712			
Facility security levels/inmate custody levels: Low-Medium and 2 Minimum Security Community Work Centers			
Age range of the population: 19-86			
Name of PREA Compliance Manager: Becc Coyle		Title: Unit Manager/PREA Compliance Manager	
Email address: Becc.Coyle@state.sd.us		Telephone number: (605) 773-2707	
Agency Information			
Name of agency: South Dakota Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 3200 East Highway 34, Pierre, SD 57501			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (605) 773-3478			
Agency Chief Executive Officer			
Name: Denny Kaemingk		Title: Secretary of Corrections	
Email address: Denny.Kaemingk@state.sd.us		Telephone number: (605) 367-6136	
Agency-Wide PREA Coordinator			
Name: Ken VanMeveren		Title: PREA Coordinator	
Email address: Ken.VanMeveren@state.sd.us		Telephone number: (605) 367-4496	

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the South Dakota Mike Durfee State Prison (MDSP) was conducted July 20-23, 2015 by Nakamoto Group Inc. auditor Philip D. Bradshaw. When this auditor arrived at the facility, an "in-briefing" meeting was held with Warden, Associate Warden, PREA Coordinator, PREA Compliance Manager and several support staff. The audit process was discussed during the briefing. The standards used for this audit became effective August 20, 2012. This auditor discussed the data contained in the Pre-Audit Questionnaire with the agency PREA Coordinator and the facility PREA Compliance Manager prior to the on-site visit.

A tour of the facilities was conducted on Monday, July 20, 2015. Following the tour, interviews with inmates and staff were scheduled. All required facility staff and inmate interviews were conducted on site. A total of 35 randomly selected inmates were interviewed that included inmates from each housing unit, the segregation unit, inmates who were identified as being in a designated group (e.g. disabled, limited English proficiency, LGBTI or who had reported sexual abuse) and six inmates that had reported allegations of sexual harassment. Interviews with 29 staff members were also conducted and included random selected staff as well specialized staff. The specialized staff included; SDDOC Agency Head designee, Warden, Deputy Warden, Assistant Warden, PREA Compliance Manager, PREA Coordinator, investigative staff, first responders, medical and 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 the director 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.

Representatives from the local advocacy centers were contacted and both stated the centers have a good relationship with the SDDOC and believe there is a good "PREA Culture" at the facilities.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Mike Durfee State Prison (MDSP) consists of three separate facilities, one low-medium security male facility and two off-site Community Work Centers for minimum-security inmates and parolees in the Community Transition Program. The low-medium security prison (MDSP) is located on a 64 acre campus of the former University of South Dakota at Springfield, South Dakota. The prison opened in 1984 as a female facility. In 1985 it became a co-ed facility and remained co-ed until 1997 when it became an all-male facility. MSDP has a rated bed capacity of 1260 and a current inmate population of 1245. The age range of this facility is 19-86 with an average length of stay of 12 years and 6 months. The housing units consist of five separate buildings, one of which is a single story with open bay/dormitory bunks and the four remaining units are two and three story buildings with individual rooms and/or cubicles housing between two to eight inmates.

The Community Work Centers are under the direction of the MDSP and are located in Rapid City and Yankton, South Dakota. The Rapid City Community Work Center was opened in 2012 and houses inmates that work on community service projects such as firefighting or helping thin timber in the Black Hills of South Dakota. The facility also houses inmates on work release status, working in the community for various businesses. The facility also houses parolees enrolled in the Community Transition Program. The Rapid City facility has a rated bed capacity of 424 and a current inmate population of 195. The age range of this facility is 19-65 with an average length of stay of 6 years and 6 months. The facility has one housing unit consisting of open bay/dormitory housing.

The Yankton Community Work Center is located on the grounds of the state Human Services Center. The facility supplies workers for the Human Services Center as well as for community service projects and inmates that are enrolled in the Community Transition Program. The Yankton facility has a rated bed capacity of 360 and a current inmate population of 272. The age range of this facility is 19-66 with an average length of stay of 7 years, 8 months. The facility has one housing unit consisting of open bay/dormitory housing.

The mission of the South Dakota Department of Corrections 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.

Prison industries at MDSP includes home construction for the Governor's Housing Project, printing and book binding, furniture restoration and reupholstering, garment manufacturing and sign and decal design. Inmates not assigned to prison industries are provided other work assignments such as Food Service, Mechanical Services, Health Services, Education/Recreation, Laundry and unit orderlies. Inmates can take classes for literacy, Adult Basic Education and GED as well as receive treatment for chemical dependency and for sex offenses. Inmates are also provided the opportunity to participate in the practice of their faith, access to leisure and law libraries as well as a wide variety of recreational programs.

The State Department of Health provides medical, dental and optometric services for SDDOC inmates 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 available at Avera Sacred Heart Hospital. 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. Food service operations are provided through a contract with CBM Correctional Food Service.

The auditor concluded, through interviews and review of policies and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving the PREA. During the interviews, the inmates acknowledged that they received information about the facility's Zero Tolerance Policy against sexual abuse, upon their arrival to the facility, that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment were made. Staff were observed to be interacting with inmates in a positive and helpful manner.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, an “out-brief” meeting was held with the Warden, Deputy and Associate Warden, PREA Coordinator, PREA Compliance Manager and numerous administrative staff. The auditor was provided with comprehensive files of documentation prior to the audit for review to support a conclusion of compliance with the PREA. During the course of the on-site visit, staff were found to be cooperative, courteous and professional. All areas of the facilities toured were observed to be clean and well maintained. At the conclusion of the audit the auditor thanked the MDSP staff for their hard work and commitment to the Prison Rape Elimination Act and the processes that have been incorporated into the daily operations of the facilities.

Number of standards exceeded: 2

Number of standards met: 40

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 agency and the facility exceed the standard with policies and practice. Policies 1.3.E.5 and 1.3.E.6 mandate zero tolerance towards all forms of sexual abuse and sexual harassment. The policies outline the facility’s approach to preventing, detecting, and responding to such conduct, and include such definitions. The facility PREA Plan exceeds zero tolerance as required by the standard. The facility has zero tolerance postings in all areas of the facility. All staff are issued pocket size PREA Standards Guidelines to carry at all times for reference. Staff receive initial training and annual training, as well as updates throughout the year. The South Dakota Department of Corrections (SDDOC) has a designated agency-wide PREA Coordinator. The Unit Manager at MDSP serves as the PREA Compliance Manager for the MDSP and the Community Work Centers. Interviews with the PREA Coordinator and the PREA Compliance Manager indicated 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 Warden, which indicates proper authority.

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)

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 and facility has established policy and compliance requirements when contracting with other entities for the supervision of, and confinement of inmates, to include PREA law compliance and its Zero Tolerance Policy. Policy 1.3.E.6 addresses this standard. A review of contracts with Community Education Centers, Minnehaha County Jail and North Dakota Department of Corrections confirmed that these documents include the required PREA language. The contracts require that the agency monitors 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)

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.

Policy 1.3.E.5 addresses this standard. Interviews with the Warden, PREA Compliance Manager and the Human Resources Specialist, indicated that reviews of the staffing plan, recruitment policy and institutional needs are conducted routinely to assure the safety of staff and inmates and compliance with the PREA standards. Intermediate and higher level staff conduct unannounced rounds to identify any deviation from policy or procedure. Staff compliance is monitored through these unannounced rounds. The audit included an examination of all video monitoring systems, and inmate access to telephones. Video cameras (450) are placed throughout the complex with monitoring capabilities. Documentation of unannounced rounds by administrative staff that cover all shifts was reviewed. Interviews with staff confirmed unannounced rounds to all areas of the facility are on a weekly basis and conducted with no warning to staff. Electronic logs as well as manual logs, incident reviews and reports are maintained in accordance to the standard. MDSP has also implemented a Staffing Plan Deviation form to document deviations from the staffing plan and the reason for such deviations. It was the auditor's impression, from interviews with higher level and intermediate staff as well as interviews of random staff and inmates, that supervision was appropriate and that staff and inmates both felt safe.

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)

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.

Not Applicable - This 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.

Policy 1.3.A.5 addresses this standard. Policy and procedures governing cross gender viewing and searches were reviewed during the audit visit. Cross-gender strip or body cavity searches are prohibited, except in emergency situations. Searches are to be performed by medical staff and documented. Staff indicated they received cross-gender pat search training during initial and annual training sessions. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. Inmates and staff reported staff of the opposite gender announces their presence before entering a housing unit and beginning of the shift. The facility also utilizes an intercom speaker system announcing at the beginning of the shift and several times during the shift, stating the possibility of opposite gender staff may be entering the housing unit. There are notices posted in the housing units indicating opposite gender presence. These posting and announcements were observed by the auditors. The posting are written in both English and Spanish.

Staff were aware of the policy prohibiting the search of transgender or intersex inmates to determine their 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.

Policy 1.3.E.5 addresses the requirements of this standard. The facility takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, postings and inmate handbooks are in English and Spanish. The auditors reviewed all mentioned documents. Staff interviewed were aware that under no circumstance are inmate interpreters or assistants to be used when dealing with PREA issues. Inmates with disabilities and who are limited English proficient were interviewed and confirmed compliance to this standard. The facility uses Language Line Solutions for interpretive services when necessary.

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)

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.

Hiring and promotion decisions are made according to policy 1.1.C.13. 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)

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.

There has been no substantial expansion or modifications to the facility since August 20, 2012. 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. There are a total of 450 cameras installed in the facility.

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)

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.

Policy 1.3.E.6 addresses the requirements of this standard. The Special Investigations Unit (SIU) conducts administrative investigations, and collaborates with the South Dakota Division of Criminal Investigation (DCI) for criminal investigations. 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 were 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 SAFE (Sexual Abuse Forensic Examiner) 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 SAFE examinations were conducted within the last year. Forensic medical exams are conducted by qualified and trained medical practitioners at Avera Sacred Heart Hospital in Yankton, South Dakota. The facility also utilizes the River City Domestic Violence Center and Working Against Violence, Inc. for victim advocacy and counseling. There is a signed MOU between the facility and the crisis centers.

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.

Policy 1.3.E. 6 addresses the requirements of this standard. Administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. The facility’s Special Investigative Unit (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 and DCI investigators indicated a comprehensive understanding of their responsibilities under the PREA. There were 5 allegations of sexual abuse during the past 12 months. Two allegations were determined to

be substantiated, two were found to be unsubstantiated and the remaining allegation was determined to be unfounded. The auditor was able to interview 2 inmates who made allegations who were still housed at the facility. Both inmates interviewed believed staff responded appropriately. All allegation files were reviewed by the auditor. The files were exceptionally maintained and contained all appropriate documents. The documents included; incident report, inmate interviews, medical reviews, intervention, monitor reports, PREA Coordinator report, after-action review team report, letter of notification to inmate, anonymous and third party letters and investigation reports. All 5 allegations were reported and thoroughly investigated within 7 days after the incident. A review of documents and interviews with staff and inmates confirmed an exceed rating of compliance with the 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)

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.

Policy 1.1.D.1 addresses all training required by this standard. All employees of MDSP receive training on the agency's Zero Tolerance Policy 1.3.E.5 for sexual abuse and sexual harassment at pre-service and annual refresher training sessions. Employees are required to sign an acknowledgement form indicating they understand the training they have received. All staff carries an embossed reference card detailing their duties and responsibilities related to the PREA. All staff interviewed indicated that they received the required PREA training. Staff training files were reviewed and contained documentation supporting 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)

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.

Policy 1.1.D.1 addresses the requirements 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 125 contractors and volunteers who have received PREA training that covered zero-tolerance, reporting and responding requirements. All training is documented. An interview with a food service contractor indicated he was knowledgeable of his responsibilities. A review of training files confirmed standard compliance.

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)

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.

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 handbook (provided at the time of intake in English/Spanish and Braille). Inmates are required to sign a form acknowledging receipt of the handbook. 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. Housing unit meetings between inmates and staff are conducted which allows ample opportunity for inmates to ask questions to discuss PREA. There are posters throughout the facility and in each housing unit and a "hotline" telephone number to call to report abuse or harassment. The Office of Inspector General's address is posted in each housing unit for inmates to write concerning any sexual abuse or harassment. Interviews with staff and inmates, as well as documentation review, indicate compliance with the standard.

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)

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.

Policy 1.3.E.5 addresses the requirements of this standard. The SIU and DCI investigators have received training relevant to the PREA. The investigators were interviewed and able to explain in detail the process and procedures required during a PREA-related 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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Policy 1.3.E.5 addresses this standard. All mental health and medical staff are required and have received specialized training on victim identification, interviewing, reporting and clinical interventions. Staff receive annual refresher training and all training is documented. The

auditor reviewed training records and the training lesson plan. A review of training records indicated 100% of the 42 medical and mental care practitioners have received the training required by agency policy and PREA standards. Medical staff employed by the agency do not conduct forensic examinations. All SAFE examinations would occur at a 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)

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.

Policy 1.4.B.16 addresses 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 MDSP have an Initial PREA Risk Screen Assessment completed by unit staff trained to administer the screen within 72 hours of an inmates arrival at the facility. Interviews with staff indicated they are almost always seen the first day of intake. The admission screen includes the inmate’s demographics, results of an NCIC background, sentencing and PSI (Pre-Sentence Investigation) 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. Staff review all relevant information from other facilities and continues to reassess when additional information is received within 30 days of arrival. 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)

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.

Policies 1.4.B.16 and 1.3.E.5 address this standard. Policy requires the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping inmates at high risk of being sexually abused / 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 for all inmates with continued follow-up and monitoring when needed. Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in this policy. At the present time, MDSP does not have any transgender or intersex inmates. 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)

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.

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 an 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 during the past 12 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.

Policies 1.3.E.5 and 1.3.E.6 as well as the PREA pamphlet, and the inmate handbook address this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways including verbally, in writing, anonymously, privately and from a third party for inmates to report sexual abuse/harassment. Staff documents all allegations. Staff are trained to immediately report and document any sexual abuse or sexual harassment allegation. There are posters and other documents on display throughout the facility (observed by auditor) that also explain reporting methods.

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.

Policies 1.3.E.2 and 1.3.E.6 address this standard. The agency has an administrative procedure for dealing with inmate grievances regarding PREA Audit Report

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 the document 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 filing 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 grievance 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 will be reported to the OIC (Officer in Charge) at which point immediate corrective action may be taken. The initial response is completed before the end of the shift of when the incident was reported and the final agency decision within five days. There were no grievances filed involving PREA related issues during the past 12 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.

Policy 1.3.E.5 addresses the requirements 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 the Rapid City Working Against Violence and the Springfield/Yankton River City Domestic Violence Centers to provide services relevant to this standard including confidential emotional support services related to sexual abuse. The facility has placards by the telephones that provide instructions for the toll free, speed dial telephone number to the crisis centers 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 MDSP. 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. Interviews with the directors of the crisis centers indicated there had been no calls from the facility in the last 12 months.

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.

SDDOC provides a method to receive third-party reports of inmate sexual abuse or harassment. The 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.

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.

Policies 1.3.E.5 and 1.3.E.6 outline staff and agency reporting steps. 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 at a facility whether or not it is part of the agency. Interviews with staff revealed an awareness of procedures to take concerning reporting incidences of sexual harassment and sexual abuse. A review of training documentation indicates that staff receives 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.

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. Staff interviewed stated their duties and responsibilities if they were aware of an inmate being sexually abused or harassed and they would act immediately to protect the inmate. Staff are issued a pocket PREA guide outlining all actions to be taken. The staff stated they would separate inmates, secure the scene, protect possible evidence, not allow inmates to destroy possible evidence and contact their supervisor and medical staff. In the past 12 months there were 3 reported incidents of an inmate being subject to substantial risk of imminent sexual abuse. A review of documentation indicated the appropriate immediate action was taken in all cases.

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.

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 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 have been no allegations of an inmate being sexually abused while confined at another facility during the past 12 months. Policy 1.3.E.6 requires that an allegation of sexual abuse received from other facilities are investigated in accordance with the PREA standard. There has been one allegation of sexual abuse that was claimed to have occurred at MDSP from an inmate housed at another facility in the last 12 months. The allegation was investigated in accordance with facility policy and PREA standards and found to be unsubstantiated. This standard was verified by reviewing policy and interviewing the Warden and Associate Warden.

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.

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 knowledgeable about their duties and responsibilities. All staff 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 five allegations of sexual abuse within the past 12 months requiring first responder actions all of which were responded to by non-security 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.

Policy 1.3.E.6 describes 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. Interviews with staff and a review of policy and the facility's Correction Protocol for Responses to Sexual Abuse indicated compliance with this standard.

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 August 2012. 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.

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 have 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 or as long as needed to make sure the inmate is safe from retaliation or the inmate is transferred. Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. There have been no incidents of retaliation occurring within the previous 12 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.

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. The 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 past 12 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.

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 has been one substantiated allegation of conduct that was referred for prosecution during the last 12 months. 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.

Policy 1.3.E.6 addresses this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the SIU lieutenant confirmed this standard of evidence is 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.

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 convicted, unless the investigation determines the allegation is unfounded. All notification is documented in the incident file. In review of five investigative packets for allegations of sexual abuse, notification was made to the inmates informing them of the outcome of the allegation. There has been one substantiated complaint of sexual abuse committed by a staff member against an inmate in the past 12 months. The individual was convicted and the appropriate notifications were completed.

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 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 engage in sexual abuse. Interviews with the Warden and Unit Manager/PREA Compliance Manager indicated 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 has been one incident of disciplinary action taken as a result of sexual abuse during the last 12 months. The staff -inmate sexual abuse incident resulted in the termination and conviction of the contract employee. There have been no resignations in lieu of termination during the past 12 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.

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 past 12 months, there has been one contract employee reported to law enforcement for

engaging in sexual abuse of an inmate. The incident resulted in the termination and conviction of the contract employee.

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.

Policy 1.3.E.6 addresses 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. MDSP 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. MDSP 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 two substantiated cases of sexual abuse during the past 12 months, one inmate-inmate and one staff-inmate. The staff-inmate sexual abuse incident resulted in the termination and conviction of the contract employee.

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.

Polices 1.4.B.1, 1.3.E.5 and P.B.4 address this standard. Interviews with medical and specialized staff indicated 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. All inmates who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, pursuant to the standard 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. Treatment services are offered without inmate financial costs. 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 decisions such as housing, bed, work, education and program assignments. Informed consent is obtained from an inmate before reporting about prior sexual victimization that did not occur in an institutional setting. Interviews with staff confirmed compliance with this standard.

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.

Policies 1.3.E.6, P.B.4 and P.B.5 mandate 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. The treatment is offered at no financial cost to the inmates. Policy requires medical and mental health departments 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. MDSP has a memorandum of understanding with Avera Sacred Heart Hospital, River City Domestic Violence Center and the Working Against Violence Center to provide emergency care and crisis intervention services.

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.

Policies 1.3.E.6, P.B.4 and P.B.5 address this standard. MDSP 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. Treatment services are offered at no cost to victims. The facility has a Memorandum of Understanding with Avera Sacred Heart Hospital, River City Domestic Violence Center and the Working Against Violence Center to provide emergency care and crisis intervention services. This standard of compliance was determined by documentation review and medical / mental health staff interviews.

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)
- 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.

Agency 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 MDSP review team consists of the PREA Coordinator, Unit Manager/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 past 12 months there have been five 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.

Based on policies 1.3.E.5 and 1.3.E.6, and on an interview with the PREA Coordinator and review of documentation, 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.

Based on policies 1.3.E.5 and 1.3.E.6 and on an interview with the PREA Coordinator, the PREA Coordinator is responsible for 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 prevention, detection and response policies, and to identify any issues or problematic areas and take corrective action if needed. 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. An annual report is prepared and placed on the SDDOC website. The Annual Report was reviewed by the auditor.

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.

The agency, through its policy 1.3.E.6, 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 standard §115.87 for at least 10 years after the initial date of collection, unless federal, state or local law requires otherwise. The SDDOC 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.

Philip Bradshaw

August 14, 2015

Auditor Signature

Date