

PREA Facility Audit Report: Final

Name of Facility: South Dakota State Penitentiary

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/24/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 01/24/2025

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	12/10/2024
End Date of On-Site Audit:	12/13/2024

FACILITY INFORMATION	
Facility name:	South Dakota State Penitentiary
Facility physical address:	1600 North Drive, Sioux Falls, South Dakota - 57117
Facility mailing address:	

Primary Contact

Name:	Jerad Timmerman
Email Address:	jerad.timmerman@state.sd.us
Telephone Number:	605-367-4496

Warden/Jail Administrator/Sheriff/Director	
Name:	Amber Pirraglia
Email Address:	amber.pirraglia@state.sd.us
Telephone Number:	605-367-5051

Facility PREA Compliance Manager	
Name:	Melissa Maturan
Email Address:	melissa.maturan@state.sd.us
Telephone Number:	(605) 367-6117

Facility Health Service Administrator On-site	
Name:	Ryan Landon
Email Address:	ryan.landon@state.sd.us
Telephone Number:	605-656-0746

Facility Characteristics	
Designed facility capacity:	1813
Current population of facility:	1474
Average daily population for the past 12 months:	1389
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

<p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
<p>Age range of population:</p>	18-86
<p>Facility security levels/inmate custody levels:</p>	Minimum, Minimum-Restricted, Medium, Close
<p>Does the facility hold youthful inmates?</p>	No
<p>Number of staff currently employed at the facility who may have contact with inmates:</p>	462
<p>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</p>	44
<p>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</p>	621

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information			
Name:	Jerad Timmerman	Email Address:	jerad.timmerman@state.sd.us

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.32 - Volunteer and contractor training
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-12-10
2. End date of the onsite portion of the audit:	2024-12-13

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1813
15. Average daily population for the past 12 months:	1389
16. Number of inmate/resident/detainee housing units:	28
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1523
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	159
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	17
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	45
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	14
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>26</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>30</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>122</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility does not track LGB offenders and as such the number above is the number identified for interview. The number who reported sexual abuse includes those who reported both sexual abuse and sexual harassment.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>462</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>66</p>

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	15
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample among interviewees (random and targeted). The following offenders were selected from the housing units: four from A, five from B, three from C, three from D, eleven from East, twelve from West and two from segregated housing.

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

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

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>6</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed housing assignments for those who reported abuse and those at high risk of victimization.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>A few of the offenders had more than one interview protocol utilized.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	14
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender, Race and Ethnicity.
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Security staff mainly make up two shifts, day shift work 6am-6pm while night shift works from 6pm-6am. Seven staff were interviewed from day shift and seven staff were interviewed from night shift. Eight staff were at the Jameson facility, and six staff were from the State Penitentiary facility. With regard to the demographics of the random staff interviewed, eleven were male and three were female. Two of the staff interviewed were black, eleven were white and one was Hispanic. Nine staff interviewed were Correctional Officers, two were Sergeants, two were Lieutenants and one was a Major.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	31
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.	Commissary
---------------------------------------------------------------------------------------------------	------------

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--------------------------------------------------------------	------------------------------------------------------------------

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-----------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

68. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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

The on-site portion of the audit was conducted on December 10-13, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected offenders and staff for interview as well as documentation to review. The auditor conducted a tour of the Penitentiary facility on December 11, 2024 and of the Jameson facility on December 12, 2024. The tour included all areas associated with the facilities to include; housing units, laundry, warehouse, intake, visitation, chapel, education, vocation, food service, health services, recreation, industries, powerhouse, commissary, front entrance and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for offenders in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout each of the facilities via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster, the PREA Wall Sign, and the Sexual Abuse Awareness Brochure. The auditor observed the posted information on letter and legal size paper. Information was observed in both English and Spanish. The posted information was observed on housing unit walls, near telephones and/or at the entrance of the housing units, In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy, the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Sexual Abuse Awareness Brochure, the Offender Living Guide, and the PREA Wall Sign. Additionally, the auditor observed the PREA educational video on the tablet in English, Spanish and Hmong. It should be noted that all offenders logging into their

tablet are required to acknowledge the Sexual Assault Awareness Brochure prior to having access to anything else on the tablet. The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member.

Third party reporting information was observed at the front entrance of the facilities via the Break the Silence metal posting. The posting advised of the zero tolerance policy and to contact staff for more information. Third party reporting information was observed in visitation via the Break the Silence Poster and the No Means No Poster. Additionally, visitation included the Sexual Abuse Awareness: Family and Friends Brochure in English and Spanish.

During the tour the auditor confirmed the facilities follows a staffing plan. There were at least three security staff per housing building, with most having additional security staff based on custody level. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed that lines of sight were adequate based on staffing and video monitoring technology. The auditor observed a few areas that appeared to be cramped, but the facilities did not appear to be overcrowded. There were no apparent blind spots, but there were areas the auditor identified that would benefit from additional video monitoring technology. Informal conversation with staff and offenders confirmed that staff make rounds at least every hour. Offenders advised they only see supervisors when they ask for them.

During the tour the auditor observed a plethora of cameras in housings units,

common areas, program areas and work areas. Cameras are monitored by the staff in each area and by staff in central control. Cameras can also be remotely monitored by administrative level staff. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas.

During the tour the auditor observed privacy was provided through solid doors, doors with security windows, metal barriers, curtains and wall angles. The auditor observed that general population cells at the Penitentiary were open bar stock. Offenders are able to hang up a sheet or towel to obstruct cross gender viewing. The auditor observed that this direction/information was outlined in the "Unit Plans." The auditor viewed this practice during the tour and also confirmed during informal conversation with offenders and interviews with offenders that this is standard practice. The auditor observed a cross gender viewing issue in "C" housing unit. The toilets were viewable from inside the housing unit and as such required modification. During the interim report period the facility constructed a barrier to place in front of the toilets when in use. The barrier provided adequate privacy and alleviated the cross gender viewing issue. The auditor also noted that showers at the Jameson facility provided privacy for male offenders, but the windows did not afford adequate privacy for transgender female offenders. The auditor noted that specific showers in a few of the housing units faced other offender cells, while others faced forward. The facility noted that they would immediately correct the issue by providing transgender showers in the showers that face forward. During the on-site portion of the audit the PC sent out information to staff on the showers to be utilized for transgender offenders. The direction noted that if the specific showers were not available, that transgender offenders would be authorized to

cover part of the door to assist with blocking the view. Photos were provided to illustrate the appropriate showers and the proper use of the window cover. A review of strip search areas noted privacy was provided via walls and barriers. The auditor identified one issue with the strip search area in industries via windows facing the exterior of the building. The facility immediately took corrective action and added coverings to the windows to alleviate any cross gender viewing issues. A review of video monitoring technology noted that numerous cells had cameras. The auditor viewed that the toilet areas were pixilated or had a black/gray box over the toilet. One housing unit did not have the modifications and the facility took immediate corrective action. The monitor with the issue was a direct feed and as such Information Technology staff made appropriate modifications and disconnected the direct feed. Photos were provided confirming the modification. Additionally, the group showers were also equipped with cameras. The facility advised only a select few higher level staff have access to these cameras. The cameras are not monitored and are only utilized for investigative purposes. The auditor received confirmation that only eight staff had access to the shower cameras, including investigative staff, the PCM, the PC and the Warden Designee. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement during the tour verbally and over the loud speaker. The announcement was made upon entry into each housing building. The auditor noted that based on the physical plant of the housing buildings, the announcement was not being completed as required under the PREA Resource Center's (PRC) Frequently Asked Question (FAQ). Additionally, the Penitentiary had a unique layout and while each was considered only one housing unit under the PRC definition, a verbal announcement one time upon entry into the unit is not adequate.

Medical and mental health records are electronic. Records are maintained in a separate medical database that is accessible by medical and mental health care staff only. No other staff have access to the records. Risk screening information is maintained in the electronic system. Certain profiles have access to the risk screening information. There are over 150 profile groups that do not have access, including Correctional Officers. The auditor had a Correctional Officer attempt to access risk screening information. He did not have access and received an error message when he attempted to access the information. Investigative files are paper and electronic. Only investigative staff have access to the investigations in the electronic database. Paper files are also maintained by investigators in their locked office.

During the tour the auditor observed that offenders are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The mailroom staff advised that incoming mail from family and friends is opened and scanned for key work and gang information. The mail is then photocopied and the photocopy is provided to the offender. Originals are maintained for a set time period and are then shredded. Legal mail is logged by the mailroom staff and is sent through the detection machine to ensure nothing was added to the paper. Legal mail is provided to the unit staff who call the offender down to the office and open the legal mail in front of the offender. Outgoing mail is collected by night shift staff. Offenders place regular mail unsealed in any of the drop boxes around the facilities. Regular mail is scanned and read by night shift staff. Night shift staff will then seal the mail and drop it off in the mailroom. Any outgoing legal mail is provided to unit staff. The offender notifies staff that they have legal mail, unit staff will then call the offender

down and review the mail to ensure it is legal. Unit staff do not read the mail. The mailroom staff advised that mail to and from DCI is considered legal mail. Staff advised mail to and from the local rape crisis center is considered legal mail.

The auditor observed the intake process through a demonstration. All offenders are assigned a tablet, which contains the Offender Living Guide and the PREA policy. A physical copy of the Offender Living Guide is also provided to offenders upon arrival at the facility. The document is available in English and Spanish.

The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in the intake room. Offender are called into the room one-on-one. Staff complete the risk assessment on a paper form and then enter the information into the electronic system. The paper form is forwarded to the risk reassessment staff to utilized during the reassessments. Staff ask the offender all the questions on the form (PREA Risk Screen). Staff ask about prior violence, prior sexual abuse, violent offenses, disabilities, sexual victimization, age, height, weight, number of times in prison, sexual orientation and views on vulnerability. A mental health follow-up is offered to all offenders with prior sexual victimization or prior sexual abuse. After the staff complete the verbal part of the risk assessment, they review the offenders background, including criminal history, COMS, etc. to confirm the verbal responses provided. Staff noted that if any verbal responses are incorrect (i.e. criminal history information), they change the information on the paper form to match up with the file information. The risk reassessment is completed one-on-one in a private office setting. Staff utilize the initial risk screening form completed when the offender first arrived. The staff ask the offender the questions on the risk screening

form. Staff then also review file information, including criminal history, COMS, discipline, etc. Once all information is reviewed the reassessments information is entered into the electronic system and the paper form is shredded.

The auditor tested the internal reporting mechanism during the tour. The auditor attempted to call the *33 Crime Stoppers hotline, however the two attempts were unsuccessful as the line is answered by live staff and it does not have a voicemail system. In both instances staff were not able to answer the line. The auditor then called the *36 PREA Reporting Line. The PC advised this line goes to his office typically, however it also does not have a voicemail system. He advised if he is not able to answer the call it rolls over to the local (facility) control center. The *36 line rang and was forwarded to the local control center. The auditor reached a live staff member. The staff member stated if an offender wanted to report sexual abuse or sexual harassment, they would gather as much information as possible from the offender and then forward the information immediately to the Officer in Charge (OIC). The auditor confirmed that none of the speed dial numbers required a pin and all were free to call. It should be noted that all offenders are able to call any of the speed dial numbers through their tablet or from any of the wall phones. The auditor also tested the internal written reporting process. The auditor submitted a kite via a locked mailbox in a housing unit sallyport on December 11, 2024. The auditor received confirmation the following day that the kite was received by staff and would be processed per policy and procedure if it was a report of sexual abuse or sexual harassment.

The auditor also tested the outside reporting mechanism via a letter to Division of Criminal Investigations (DCI). The auditor obtained a free envelope from the mailroom. All

offenders are provided a certain number of free envelopes. A test letter was sent via the mailroom on December 12, 2024. The auditor addressed the mail to the address found on the PREA Notice - DCI & Victim Advocacy. The auditor received confirmation (via email) on December 18, 2024 from the PC that DCI received the letter. The email included the forwarded email from DCI advising they received the letter on December 16, 2024.

DCI staff previously advised that any report to DCI would be assigned to a Special Agency for investigation in conjunction with DOC investigators. DCI staff advised that if an offender wanted to remain anonymous they would be treated as an informant and their name would be replaced with a number.

Additionally during the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they complete a handwritten report via an incident report. The incident report would be submitted to the OIC, via the chain of command.

The auditor tested the third party reporting mechanism via the email found on the agency website. The auditor sent an email to DOC.ADULTPREA@state.sd.us on December 3, 2024. The auditor did not receive confirmation that the email was received. During the on-site portion of the audit, the auditor inquired with the PC about the agency email. The PC advised he is the one who receives the emails. He immediately reached out to Information Technology (IT) staff related to not receiving the email. The PC was able to work with IT staff to correct the issue. On December 12, 2024 the auditor sent a second email to the email address to confirm the corrective action. The PC provided confirmation on the same date that the original email sent on December 3, 2024 and the email sent on December 12, 2024 were both received. He advised any allegation of sexual abuse or sexual harassment would be

forwarded for investigation.

The auditor tested the victim advocacy hotline during the on-site portion of the audit. The auditor dialed the speed dial number found on the posted information (*34) and reached the rape crisis center. The automated response advised to select "1" for general information or "2" for services. The auditor pressed "2" and was connected to a live staff member. The staff advised that they can provide services to any offender who was sexually abused/assaulted. The staff noted they can provide the services over the phone initially and they can also set up services in-person at the prison. The speed dial number did not require a pin number and was free to call. Additionally, the speed dial number is not monitored or recorded.

The auditor observed the comprehensive PREA education process through a demonstration. All offenders are provided facility orientation at the Jameson facility. Orientation is completed in a small room in intake. Staff play the PREA video (PRC PREA Adult Comprehensive) on a 46 inch television. The auditor observed the video has subtitles and the audio appeared to be adequate. The video is available in English, Spanish and American Sign Language (ASL). After the video, the staff go over information on the Sexual Abuse Awareness: Offender Brochure, including the zero tolerance policy, ways to report, how to use the phones, who provides which services and the facility PCM. The staff ask offenders if they have any questions. It should be noted the staff advised she also asks if the offender has any questions when she completes the initial risk assessments, as sometimes they feel more comfortable asking outside of a group setting. The staff noted she utilizes the translation line for LEP offenders and she would make appropriate accommodations for any disabled offenders.

During offender interviews the auditor utilized

the translation services for LEP offender interviews. The PC provided access to the call in number and facility/agency access code. Over the phone translation was provided through a speakerphone for the interviews. Additionally, the auditor utilized UbiDuo for a hearing impaired offender interview. UbiDuo is a two way electronic tablet system where the two individuals are able to type information back and forth to communicate. The auditor and the offender communicated effectively via the UbiDuo.

Documentation Sampling

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

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

Yes

No

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

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

Personnel and Training Files. The auditor reviewed 45 personnel and/or training files that included seven staff hired within the previous twelve months, four contractor hired in the previous twelve months, five staff employed over five years, and four staff promoted in the previous twelve months. The sample included four total contractors, seven volunteers and five medical and mental health care staff.

Offender Files. A total of 62 offender files were reviewed. 39 offender files were of those that arrived within the previous twelve months, four were LEP offenders, thirteen were disabled offenders, five were transgender offenders and 21 offenders disclosed prior sexual victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening.

Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for nineteen victims of sexual abuse or sexual harassment as well as mental health documents for 21 offenders that disclosed prior sexual victimization during the risk screening or were identified with prior sexual abusiveness during the risk screening.

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

Incident Reports. The auditor reviewed the incident reports for nineteen investigations as well as a sample of random incident reports.

Investigation Files. The facility indicated there were 87 allegations reported during the

previous twelve months. The auditor reviewed nineteen total investigations, including ten sexual abuse and nine sexual harassment. Four of the allegations were referred to the Division of Criminal Investigation (DCI) for criminal investigation. Two were referred back to the facility from DCI for facility investigators to handle. One investigation was referred for prosecution, however the District Attorney refused to prosecute as the victim did not want to press charges. A second investigation was still active and was referred for prosecution, however the prosecution was for a physical assault rather than a sexual assault.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	30	0	30	0
Staff-on-inmate sexual abuse	7	1	7	1
Total	37	1	37	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	42	0	42	0
Staff-on-inmate sexual harassment	17	0	17	0
Total	59	0	59	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	3	23	3
Staff-on-inmate sexual abuse	4	1	1	1
Total	5	4	24	4

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	2	26	13
Staff-on-inmate sexual harassment	4	5	8	0
Total	5	7	34	13

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	10
------------------------------------------------------------------------------------------	----

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>8</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 3. South Dakota Department of Corrections Policy 300-07 - Searches - Institutions 4. South Dakota Department of Corrections Policy 1500-01 - Americans with Disabilities Act (ADA) 5. South Dakota Department of Corrections Policy 100-12 - Screening of Staff Volunteers and Contractors for Prior Sexual Abuse 6. South Dakota Department of Corrections Policy 500-04 - Grievance Procedure 7. South Dakota Department of Corrections Policy 500-05 - Offender Access to

Telephones and Tablet

8. South Dakota Department of Corrections Policy 500-06 - Offender Correspondence
9. South Dakota Department of Corrections Policy 100-05 Staff Code of Ethics
10. South Dakota Department of Corrections Policy 300-17 - Offender Discipline System
11. SDCL § 24-2-9
12. SDCL § 24-1-26.1.
13. Agency Organizational Chart
14. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of offenders. The agency policy, 1100-01 outlines the agency's strategies on preventing, detecting and responding to sexual abuse and include definitions of prohibited behavior. Page 1 states it is the policy of the South Dakota Department of Corrections (DOC) to have zero-tolerance regarding sexual assault/rape, sexual misconduct, and sexual harassment of offenders. It is the policy of the DOC to provide a coordinated victim-centered response to reports of sexual assault. This includes providing medical and behavioral health counseling to victims of sexual assault/rape, sexual harassment and fully investigating and aggressively prosecuting those who are involved in such conduct. Pages 3-4 provide the definitions of prohibited behaviors and pages 6-7 outline sanctions for those who have participated in prohibited behaviors. In addition

to 1100-01, the agency has numerous other policies that address portions of sexual abuse prevention, detection and response strategies. These policies include: 300-07, 1500-01, 100-12, 500-04, 500-06, 500-05, 100-05, 300-17, SDCL 24-2-2 and SDCL 24-1-26.1. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCM, training (staff, volunteers and contractors), staffing, intake/risk screening, offender education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and offender discipline, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual safety.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PREA Coordinator is supervised by the Inspector General (IG). 1100-01, page 2 provides the definition of PREA Coordinator, an individual who develops, implements, and oversees DOC efforts to comply with the PREA standards in all facilities to include assisting PREA Compliance Manager's efforts to comply with the PREA standards and applicable policies and to assist the Special Investigations Unit Investigators with PREA investigations, assist the Department of Justice auditors, complete pre-audit, and internal audits. Review and maintain monthly matrix for PREA and active transgender and intersex list, statistics on sexual abuse and sexual harassment, assist with compiling the reports for the Correctional Offender Management System (COMS), complete the Department of Justice Survey of Sexual Victimization, annual public reports and aggregate PREA reports. Maintain documentation MOUs for victim advocacy groups, community confinement, and local hospitals, assist training manager with PREA training. An individual with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The organizational chart reflects that the PC position is an upper-level, agency-wide position. The position is PREA Coordinator and that position reports to the Inspector General who reports to the Secretary of Corrections. The interview with the PC indicated that he has sufficient time and authority to coordinate the agency's efforts to comply with the PREA standards. He indicated he is still learning his position but he has enough time. The PC stated they have three PREA Compliance Managers. He advised he communicates with the PCMs daily through TEAMS and email as well as through site visits. The PC stated if he identifies an issue complying with a PREA standard he first reviews the standard and relevant agency policy. He then looks at practice and determines where they are falling short. He indicated they would take appropriate action to correct the issue and he would follow-up once implemented to ensure continued compliance. While the PREA Coordinator is relatively new in the position, he has implemented numerous updated procedures for the agency to comply with PREA standards. He has taken a proactive approach to sexual safety for the agency through implementing best practices and striving to

exceed standard requirements. He took the initiative to educate himself in all areas of PREA, including PRC FAQs and other PRC training and resources. Through the audit process the auditor noted the PC was well respected by staff at all levels, had the authority to make immediate changes to policy and procedure and had direct access to the Agency Head.

115.11 (c): The PAQ indicated that the facility has designated a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PAQ stated the position of PCM at the facility reports to the Associate Warden. 1100-01, page 2 provides the definition of PREA Compliance Manager, which states each DOC facility will designate an individual to serve as a PREA Compliance Manager. A PREA Compliance Manager must have sufficient time and authority to coordinate and manage the facility's compliance with required PREA Standards. The organizational chart indicates the PCM is the Corrections Specialist and this position reports to the Associate Warden. The interview with the PREA Compliance Manager indicated she has sufficient time to manage all of her PREA related responsibilities. She stated she coordinates compliance through training and facility tours. She noted anyone can reach out to her with questions. The PCM further stated she ensures the signs are up, she observes strip search areas, she monitors for retaliation and she conducts site reviews. She reiterated she is very hands on. The PCM stated if she identifies an issue she would reach out to whoever is the supervisor of the area of the non-compliance and work with them to address the issue. She advised she would provide necessary training and she can reach out to the Warden if necessary. It should be noted that the PCM has taken a proactive approach to sexual safety for the facility through implementing best practices and striving to exceed standard requirements. She was very knowledgeable of the audit process and was involved in numerous aspects within the facility related to PREA compliance. She appeared to exceed the requirements of this provision.

Based on a review of the PAQ, 1100-01, 300-07, 1500-01, 100-12, 500-04, 500-06, 500-05, 100-05, 300-17, SDCL 24-2-2, SDCL 24-1-26.1, the organizational charts, and information from interviews with the PC and PCM, the facility appears to exceed this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)

3. Contracts for Confinement of Offenders

4. PREA Compliance Survey for Agencies Housing SD DOC Offenders

Interviews:

1. Interview with the Agency’s Contract Administrator

Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has entered into or renewed nine contracts for the confinement of offenders since the last PREA audit and all nine contracts require the contractor to adopt and comply with PREA standards. Further communication with the PC indicated the agency has three contracts that fall under this standard, the remaining contracts are for individual released from custody that live in centers where they are not confined and are free to come and go. As such, only three contracts have been entered into or renewed. 1100-01, page 6 states all contracts with public, private, government, or other entities for confinement of offenders sentenced to the DOC will include an obligation that the facility adopt and comply with all applicable PREA standards and allow the DOC to monitor to ensure the contractor is complying with PREA standards. This may include a review of the facility’s most recent PREA audit report. The PREA coordinator will provide input concerning contracts with vendors who have contact with offenders. A review of the contracts confirmed that language is included that states that the contractor will “comply with the Prison Rape Elimination Act of 2003 (Federal Law 42, U.S.C. 15601 et.Seq.) by establishing a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and following all applicable PREA Standards as adopted by the United States Department of Justice.”

115.12 (b): The PAQ indicated that the one contract did not require the agency to monitor the contractor’s compliance with PREA standards. 1100-01, page 6 states all contracts with public, private, government, or other entities for confinement of offenders sentenced to the DOC will include an obligation that the facility adopt and comply with all applicable PREA standards and allow the DOC to monitor to ensure the contractor is complying with PREA standards. This may include a review of the facility’s most recent PREA audit report. The PREA coordinator will provide input concerning contracts with vendors who have contact with offenders. A review of documentation confirmed that the agency utilizes the PREA Compliance Survey for Agencies Housing SD DOC Offenders, which inquiries about PREA audits completed

(completed and/or planned), allegations reported, training, policy, reporting, investigations, education, medical and mental health and a tour. The interview with the Agency Contract Administrator indicated the agency sends out monitoring surveys to each agency they contract with to inquire as to the agency's compliance with the PREA standards. He indicated they also reach out to the agencies and remind them that they are required to be in compliance with the PREA standards. The Agency Contract Administrator confirmed they send out the surveys and received them back from the agencies. He advised the agencies are working toward PREA compliance. A review of the monitoring surveys indicated one agency completed a PREA audit in 2021, but had not yet completed one for the current cycle. The other agencies had not completed a PREA audit.

Based on the review of the PAQ, 1100-01, the language within the contracts, the PREA Compliance Survey for Agencies Housing SD DOC Offenders form and information from the interview with the Agency Contract Administrator, this standard appears to be complaint. The auditor advised the PC that all three agencies are required to complete a PREA audit by the end of the current audit cycle per the PREA Resource Center's (PRC) Frequently Asked Questions (FAQ).

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 3. Attachment #1: Facility Staffing Plan 4. Attachment #2: Upgrades to Facilities and Technology 5. Deviations from the Staffing Plan (DOC Facility Staff Shortage) 6. Documentation of Unannounced Rounds 7. Camera Layout <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden Designee

2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interviews with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

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

Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against abuse. The PAQ indicated that the staffing plan is based on 1386 offenders and the average daily population over the previous twelve months has been 1379. A review of the staffing plan confirms that all required components under this provision are considered in the staffing plan. The plan includes Attachment #1 and Attachment #2 as well as a breakdown of the offender populations and a breakdown of posts and coverage. The facility employs 462 staff. Security staff make up two shifts, day shift which is from 6am-6pm and night shift which is from 6pm-6am. Additional non-security staff and administrative staff are at the facility during various administrative hours. The agency as a whole make efforts in recruiting to hire staff across all of the SD DOC. During the tour the auditor confirmed the facilities follows a staffing plan. There were at least three security staff per housing building, with most having additional security staff based on custody level. Program, work and education areas included non-security staff and either a positioned or roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor observed that lines of sight were adequate based on staffing and video monitoring technology. The auditor observed a few areas that appeared to be cramped, but the facilities did not appear to be overcrowded. There were no apparent blind spots, but there were areas the auditor identified that would benefit from additional video monitoring technology. Informal conversation with staff and offenders confirmed that staff make rounds at least every hour. Offenders advised they only see supervisors when they ask for them. During the tour the auditor observed a plethora of cameras in housings units, common areas, program areas and work areas. Cameras are monitored by the staff in each area and by staff in central control. Cameras can also be remotely monitored by administrative level staff. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas. The interview with the Warden Designee confirmed that the facility has a

staffing plan that includes adequate levels to protect offenders from sexual abuse. She stated they ensure they have minimum staffing levels they can't drop below and they make sure rounds are completed in a timely manner. The Warden Designee stated video monitoring is part of the plan, but it does not replace staff, it is in addition to the staff. She further confirmed the staffing plan is documented. The Warden Designee confirmed all elements under this provision are considered in the staffing plan. She noted that they review the minimum staffing levels and post assignments. She advised the staffing is so that all areas can be checked in timeframes for sexual safety and that physical plants plays a huge roll, especially with the older facility. The Warden Designee also advised they use cameras for transparency. She stated they check for compliance with the staffing plan through the daily shift report. The interview with the PCM indicated the facility has a staffing roster with the minimum required staffing. She noted the Majors review the staffing to ensure nothing has changed. She also stated they have a meeting to look at staffing to ensure it is adequate and nothing has changed. The PCM confirmed the elements under this provision are considered in the staffing plan.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ noted the most common reason for deviations from the staffing plan include: vacancies, hospital coverage, call ins, leave, staff training and heightened security in other areas. The interview with the Warden Designee confirmed that any deviations from the staffing plan would be documented. She stated if they drop below the minimum staffing that requires a major incident report. A review of documentation (eleven examples) indicated deviations from the staffing are plan are documented on the DOC Facility Staff Shortage form which outlines the post, date, time, reason, action to cover shortage and plan to prevent the shortage in the future.

115.13 (c): The PAQ indicated that at least once a year the facility in collaboration with the PC, reviews the staffing plan to see where adjustments are needed. 1100-01, page 21 states whenever necessary, but no less frequently than once each year, each facility operated by the DOC, the warden in consultation with the PREA coordinator and PREA facility compliance manager, will assess, determine, and document whether adjustments are needed to the facility staffing plan (see Attachment #1 - Facility Staffing Plan). The staffing plan was most recently reviewed on January 25, 2024. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The staffing plan review included information on whether the required components under provision (a) of this standard were reviewed/included as well as a breakdown of the composition of the offender population; work, program and education posts and post priority identification. The staffing plan was previously reviewed on January 25, 2023. The PC confirmed that he is consulted regarding each facility's staffing plan. He stated the staffing plans are sent out at the beginning of the year and if there are any

questions he reaches out to the facility Warden to discuss any adjustments.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further states that the facility documents the unannounced rounds and the rounds cover all shifts. Additionally, the PAQ stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. 1100-01, page 21 states Lieutenants or higher-level supervisors will conduct and document unannounced rounds to identify and deter sexual assault/rape, sexual abuse, sexual misconduct, and sexual harassment. Such unannounced rounds will occur during all shifts and be documented via the rounds tracking system and/or COMS shift log. DOC employees are prohibited from alerting others that the supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. Interviews with intermediate-level or higher-level staff confirmed that they make unannounced rounds and they document the unannounced rounds in COMS, and through the round reader system. Staff advised that they try to deter staff from alerting one another of the rounds by not advising when they are coming and not conducting rounds in a set pattern (i.e. time and location). A review of documentation for six weeks selected by the auditor confirmed that unannounced rounds are completed on both shifts in each housing unit.

Based on a review of the PAQ, 1100-01, Attachment #1: Facility Staffing Plan (2024), Attachment #2: Upgrades to Facilities and Technology, Deviations from the Staffing Plan (DOC Facility Staff Shortage), Documentation of Unannounced Rounds, Camera Layout, observations made during the tour and interviews with the PC, PCM, Warden Designee and intermediate-level or higher-level staff, this standard appears to have been corrected during the interim report period and as such is compliant.

Recommendation

The auditor highly recommends that the facility install cameras in the warehouse/property area, the garage, the clothing room at Jameson, and the storage areas of food service. Additionally, the auditor recommends that the facility install mirrors behind the dryers in laundry.

115.14	Youthful inmates
---------------	-------------------------

	Auditor Overall Determination: Meets Standard
--	------------------------------------------------------

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)
3. Population Age Report

Findings (By Provision):

115.14 (a): The PAQ indicated that no youthful offenders are housed at the facility and as such this standard is not applicable. 1100-01, page 11 states youthful offenders will not be placed in housing units in which they will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. A review of the population age report confirmed the facility does not house anyone under eighteen.

115.14 (b): The PAQ indicated that no youthful offenders are housed at the facility and as such this standard is not applicable. 1100-01, pages 11-12 state in areas outside of housing units, the DOC will either: maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff supervision (is defined as staff being present in the same area as the offenders and maintain direct visual observation of the offenders) when youthful offenders and adult offenders have sight, sound, or physical contact. A review of the population age report confirmed the facility does not house anyone under eighteen.

115.14 (c): The PAQ indicated that no youthful offenders are housed at the facility and as such this standard is not applicable. 1100-01, page 12 states facilities will make best efforts to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, facilities will not deny youthful offenders daily large-muscle exercise or any legally required special education services to comply with this provision. Youthful offenders will also have access to other programs and work opportunities to the extent possible. A review of the population age report confirmed the facility does not house anyone under eighteen.

Based on a review of the PAQ, 1100-01 and the population age report, this standard appears to be not applicable and as such compliant.

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 300-07 – Searches – Institutions 3. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 4. Unit Plans 5. PREA Resource Center’s Guidance of Cross Gender and Transgender Pat Searches 6. Gender Non-Confirming Committee Response 7. Staff Training Records 8. Shift Supervisor Training 9. Staff Training on Opposite Gender Announcement <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interviews with Random Offenders 3. Interviews with Transgender Offenders <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy Barriers 2. Observation of Cross Gender Announcement <p>Findings (By Provision):</p> <p>115.15 (a): The PAQ indicated that the facility conducts cross gender strip or cross gender visual body cavity searches of offenders. The PAQ noted that transgender</p>

female offenders can request a female staff to search them, but if none are willing and available, the search is conducted by a male staff member. The PAQ stated one search of this kind was conducted at the facility over the past twelve months. 300-07, page 1 states body cavity searches shall only be conducted by outside medical staff. Page 6 further states strip searches will be conducted by an employee of the same gender as the offender being searched, except in exigent circumstances or when performed by a medical practitioner. Additionally, page 8 states body scan searches shall be of the same gender as the offender being viewed/searched, except in exigent circumstances. 1100-01, page 12 states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an informational report shall be written in COMS and forwarded to the PREA facility compliance manager. A review of documentation noted that a transgender offender requested to be searched by a female staff member. The facility attempted to locate a female staff member, however all refused to perform the search. The search was then completed by two male staff. The search was documented on an informational report.

115.15 (b): The PAQ indicated the facility does not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. It further advised that this provision is not applicable as the facility does not house female offenders. 300-07, page 5 states universal pat searches of male offender may be conducted by employees or contractor workers of either gender; female offenders will not be universal pat searched by cross-gender employees or contractor workers, except in exigent circumstances. 1100-01, page 12 states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an informational report shall be written in COMS and forwarded to the PREA facility compliance manager. Interviews with fourteen staff confirmed that none were aware of a time that a transgender female offender was restricted access to regularly available programming and out of cell opportunities in order to comply with this provision. Interviews with four transgender offenders confirmed all four are searched professionally. Two advised they are searched based on their preference while two advised they are searched by male staff. A review of documentation for five transgender offenders confirmed all five were reviewed and approved for gender appropriate pat searches. Offenders are required to request the accommodations at the time of the search. If staff are unavailable or unwilling, the search is conducted by male staff and is required to be documented. During the interim report period the facility conducted a training with Shift Supervisors related to gender appropriate searches. The training advised to make all efforts possible to find a female staff

member to conduct the search. If no female staff is willing, an informational report is required.

115.15 (c): The PAQ indicated that facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented. The PAQ also stated the facility does not house female offenders. 300-07, page 6 states exigent circumstances resulting in an opposite gender strip search by a non-medical staff will be documented in an incident report. Page 5 further states opposite gender universal pat searches of female offenders will be documented in an incident report. 1100-01, page 12 states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an informational report shall be written in COMS and forwarded to the PREA facility compliance manager. A review of documentation noted that a transgender offender requested to be searched by a female staff member. The facility attempted to locate a female staff member, however all refused to perform the search. The search was then completed by two male staff. The search was documented on an informational report.

115.15 (d): The PAQ stated that the facility has implemented policies and procedures that enable offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit. 1100-01, page 6 states in order to allow offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff of the opposite gender will announce their presence when entering a housing unit at the beginning of each shift. If the opposite gender status quo changes during the shift another announcement is required. A review of the Unit Plans note that offenders are advised that when they are using the restroom, they can cover their bodies from the shoulders down. During the tour the auditor observed privacy was provided through solid doors, doors with security windows, metal barriers, curtains and wall angles. The auditor observed that general population cells at the Penitentiary were open bar stock. Offenders are able to hang up a sheet or towel to obstruct cross gender viewing. The auditor observed that this direction/information was outlined in the "Unit Plans." The auditor viewed this practice during the tour and also confirmed during informal conversation with offenders and interviews with offenders that this is standard practice. The auditor observed a cross gender viewing issue in "C" housing unit. The toilets were viewable from inside the housing unit and as such required modification. During the interim

report period the facility constructed a barrier to place in front of the toilets when in use. The barrier provided adequate privacy and alleviated the cross gender viewing issue. The auditor also noted that showers at the Jameson facility provided privacy for male offenders, but the windows did not afford adequate privacy for transgender female offenders. The auditor noted that specific showers in a few of the housing units faced other offender cells, while others faced forward. The facility noted that they would immediately correct the issue by providing transgender showers in the showers that face forward. During the on-site portion of the audit the PC sent out information to staff on the showers to be utilized for transgender offenders. The direction noted that if the specific showers were not available, that transgender offenders would be authorized to cover part of the door to assist with blocking the view. Photos were provided to illustrate the appropriate showers and the proper use of the window cover. A review of strip search areas noted privacy was provided via walls and barriers. The auditor identified one issue with the strip search area in industries via windows facing the exterior of the building. The facility immediately took corrective action and added coverings to the windows to alleviate any cross gender viewing issues. A review of video monitoring technology noted that numerous cells had cameras. The auditor viewed that the toilet areas were pixilated or had a black/gray box over the toilet. One housing unit did not have the modifications and the facility took immediate corrective action. The monitor with the issue was a direct feed and as such Information Technology staff made appropriate modifications and disconnected the direct feed. Photos were provided confirming the modification. Additionally, the group showers were also equipped with cameras. The facility advised only a select few higher level staff have access to these cameras. The cameras are not monitored and are only utilized for investigative purposes. The auditor received confirmation that only eight staff had access to the shower cameras, including investigative staff, the PCM, the PC and the Warden Designee. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement during the tour verbally and over the loud speaker. The announcement was made upon entry into each housing building. The auditor noted that based on the physical plant of the housing buildings, the announcement was not being completed as required under the PREA Resource Center's (PRC) Frequently Asked Question (FAQ). Additionally, the Penitentiary had a unique layout and while each was considered only one housing unit under the PRC definition, a verbal announcement one time upon entry into the unit is not adequate. All fourteen random staff interviewed stated that offenders have privacy when showering, using the restroom and changing clothes. 35 of the 40 offenders interviewed indicated they have privacy when showering, using the restroom, and changing their clothes. 26 of the 40 offenders stated that staff of the opposite gender announce when they enter housing units. All fourteen staff stated that opposite gender staff announce their presence when entering housing units. During the interim report period the facility conducted training during shift briefings related to the opposite gender announcement. Shift Supervisor read a training memo across all shifts that outlined the requirement of the opposite gender announcement based on physical plant.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex offenders for the sole purpose of determining the offender’s genital status and no searches of this nature occurred in the past twelve months. 1100-01, page 12 states the facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with fourteen staff indicated thirteen were aware of an agency policy that prohibits strip searching a transgender or intersex offenders for the sole purpose of determining the offenders’ genital status. Interviews with four transgender offenders confirmed none were searched for the sole purpose of determining their genital status.

115.15 (f): 1100-01, page 8 states employees will be trained in how to conduct a universal pat search which includes searches of transgender and intersex offenders. Page 12 states an offender that identifies as transgender or intersex, may request to be strip searched and pat searched by an employee of the gender the offender identifies with. The request will be honored if an employee of the designated gender is available and willing to conduct the search unless exigent circumstances dictate the need for an immediate search by available personnel. If the requested gender is not available or willing to conduct the search, an informational report shall be written in COMS and forwarded to the PREA facility compliance manager. The facility utilizes the PREA Resource Center’s Guidance in Cross Gender and Transgender Pat Searches. This video is shown during annual PREA training. The PAQ indicated that 100% of staff have received this training. Interviews with fourteen staff indicated all fourteen had received training on how to conduct cross-gender pat down searches and searches of a transgender and intersex offenders. A review of fifteen security staff training documents confirmed all fifteen had completed the search training.

Based on a review of the PAQ, 300-07, 1100-01, Unit Plans, PREA Resource Center’s Guidance of Cross Gender and Transgender Pat Searches, Gender Non-Confirming Committee Response, Staff Training Records, Shift Supervisor Training, Staff Training on Opposite Gender Announcement, observations made during the tour and information from interviews with random staff, random offenders and transgender offenders, this standard appears to be corrected and as such compliant.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1500-01 - Americans with Disabilities Act (ADA)
3. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA)
4. Prison Rape Elimination Act of 2003 Training Curriculum
5. Client Letter and Information Sheet for ISI, LLC.
6. Offender Living Guide
7. Sexual Abuse Awareness: Offender Brochure
8. PREA Notice - DCI & Victim Advocacy
9. No Means No Poster
10. Break the Silence Poster
11. PREA Wall Sign

Interviews:

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

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled offenders equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 1500-01 outlines the agency's approach for LEP and disabled offenders. Page 6 states the DOC will take appropriate steps to ensure communication with

offenders with a communication disability are as effective as communication with other offenders. The policy outlines accommodations and procedures to ensure equal access for LEP and disabled offenders. A review of the Prison Rape Elimination Act training curriculum confirms that it goes over information on LEP and disabled offenders on slides 37-29. A review of the Offender Living Guide, Sexual Abuse Awareness: Offender Brochure, PREA Notice – DCI & Victim Advocacy, No Means No Poster, Break the Silence Poster and PREA Wall Sign indicated they were available in adequate size font, poster size paper and in bright colors. The facility partners with ISI, LLC., an organization that provides interpreting services. The documentation provided confirmed that they provide language translation as well as video ASL translation. Additionally, page 5 of the Offender Living Guide outlines Americans with Disabilities Act (ADA) information. The interview with the Agency Head confirmed that the agency has established policies and procedures to provide offenders with disabilities and offenders who are Limited English Proficient equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. She stated they have policies and orientation that outline the accommodations for anyone that needs additional assistance. The Agency Head indicated they have ASL interpreters as well as language interpreters available and they also have TTY phones. Further, she advised that the agency has education material in different languages and they can provide accommodations for disabled offenders during education as well. During the tour the auditor observed PREA information posted throughout each of the facilities via the No Means No Poster, the PREA Notice – DCI & Victim Advocacy, the Break the Silence Poster, the PREA Wall Sign, and the Sexual Abuse Awareness Brochure. The auditor observed the posted information on letter and legal size paper. Information was observed in both English and Spanish. The posted information was observed on housing unit walls, near telephones and/or at the entrance of the housing units, In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency’s PREA policy, the No Means No Poster, the PREA Notice – DCI & Victim Advocacy, the Sexual Abuse Awareness Brochure, the Offender Living Guide, and the PREA Wall Sign. Additionally, the auditor observed the PREA educational video on the tablet in English, Spanish and Hmong. It should be noted that all offenders logging into their tablet are required to acknowledge the Sexual Assault Awareness Brochure prior to having access to anything else on the tablet. The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During offender interviews the auditor utilized UbiDuo for a hearing impaired offender interview. UbiDuo is a two way electronic tablet system where the two individuals are able to type information back and forth to communicate. The auditor and the offender communicated effectively via the UbiDuo. Interviews with six disabled offenders and three LEP offenders indicated eight were provided information in a format that they could understand.

115.16 (b): The PAQ indicates that the agency has established procedures to provide offenders with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 1500-01 outlines the agency's approach for LEP and disabled offenders. Page 6 states the DOC will take appropriate steps to ensure communication with offenders with a communication disability are as effective as communication with other offenders. The policy outlines accommodations and procedures to ensure equal access for LEP and disabled offenders. A review of the Prison Rape Elimination Act training curriculum confirms that it goes over information on LEP and disabled offenders on slides 37-29. The facility partners with ISI, LLC., an organization that provides interpreting services. The documentation provided confirmed that they provide language translation as well as video ASL translation. A review of the Offender Living Guide, Sexual Abuse Awareness: Offender Brochure, PREA Notice - DCI & Victim Advocacy, No Means No Poster, Break the Silence Poster and PREA Wall Sign confirmed that information is available in both English and Spanish and can be translated into other languages, as needed. During the tour the auditor observed PREA information posted throughout each of the facilities via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster, the PREA Wall Sign, and the Sexual Abuse Awareness Brochure. The auditor observed the posted information on letter and legal size paper. Information was observed in both English and Spanish. The posted information was observed on housing unit walls, near telephones and/or at the entrance of the housing units, In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy, the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Sexual Abuse Awareness Brochure, the Offender Living Guide, and the PREA Wall Sign. Additionally, the auditor observed the PREA educational video on the tablet in English, Spanish and Hmong. It should be noted that all offenders logging into their tablet are required to acknowledge the Sexual Assault Awareness Brochure prior to having access to anything else on the tablet. The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During offender interviews the auditor utilized the translation services for LEP offender interviews. The PC provided access to the call in number and facility/agency access code. Over the phone translation was provided through a speakerphone for the interviews. Interviews with six disabled offenders and three LEP offenders indicated eight were provided information in a format that they could understand.

115.16 (c): The PAQ indicated that agency policy prohibits use of offender interpreters, offender readers, or other type of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation of the offender's allegation. The PAQ further stated the agency/facility documents the limited circumstances and that there were zero instances where an

	<p>offender was utilized to interpret, read or provide other types of assistance. 1100-01, page 6 states DOC may not rely on offenders for assistance if an offender is a suspect or a victim is deaf or hard of hearing, blind or low vision, or for those who have an intellectual, psychiatric, speech, or are limited English proficient consistent with the Americans with Disabilities Act (ADA). Interviews with fourteen staff indicated twelve were aware of a policy that prohibits utilizing offenders interpreters, readers or other types of offenders assistants for sexual abuse allegations. Interviews with six disabled offenders and three LEP offenders indicated eight were provided information in a format that they could understand. None advised they had another offender provide assistance.</p> <p>Based on a review of the PAQ, 1500-01, 1100-01, Prison Rape Elimination Act of 2003 Training Curriculum, Client Letter and Information Sheet for ISI, LLC., the Offender Living Guide, Sexual Abuse Awareness: Offender Brochure, PREA Notice - DCI & Victim Advocacy, No Means No Poster, Break the Silence Poster, PREA Wall Sign, observations made during the tour as well as interviews with the Agency Head, random staff, LEP and disabled offenders, this standard appears to be compliant.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 100-12 - Screening of Staff Volunteers and Contractors for Prior Sexual Abuse 3. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 4. Background Check Waiver 5. Security Questionnaire 6. Staff and Contractor Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 1100-01, page 23 states the hiring authority will ensure any incidents of sexual harassment are considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. Bureau of Human Resources (BHR) personnel will be responsible to notify the hiring authority after their selection has cleared the background process. Any staff member, contractor, or volunteer who is found to have engaged in sexual abuse or sexual harassment of an offender is subject to the provisions of DOC policy 100-12 - Screening of Staff Volunteers and Contractors for Prior Sexual Abuse. A review of documentation for seven newly hired staff confirmed all seven had a criminal background records check completed prior to hire. A review of documentation for four newly hired contractors confirmed all four had a criminal background records check completed prior to enlisting services.

115.17 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an offender. 1100-01, page 23 states the hiring authority will ensure any incidents of sexual harassment are considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. Bureau of Human Resources (BHR) personnel will be responsible to notify the hiring authority after their selection has cleared the background process. Any staff member, contractor, or volunteer who is found to have engaged in sexual abuse or sexual harassment of an offender is subject to the provisions of DOC policy 100-12 - Screening of Staff Volunteers and Contractors for Prior Sexual Abuse. The interview with the Human Resource staff indicated that sexual harassment is considered when determining whether to hire or promote any staff or enlist the services of any contractor.

115.17 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with offenders, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 100-12, page 2 states a criminal records background check shall be conducted by the DOC and Bureau of Human Resources (BHR) utilizing the NCIC III for all potential new hires and existing staff, volunteers and contractors

with contact with offenders who is assigned to a DOC facility or considered for providing services within a DOC facility. The background will be completed for each person every five years, beginning in the year 2012 and continuing every five years thereafter. Page 3 states security supervisors and BHR will perform a criminal background records check that is consistent with Federal, State and local laws, to make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of an allegations of sexual abuse. The PAQ indicated there were 224 people hired in the past twelve months that may have contact with offenders that have had a criminal background records check completed. The interview with Human Resource staff confirmed that a criminal background records check is completed prior to hiring any new employees who may have contact with offenders. Additionally, the staff confirmed that the agency makes its best effort to contact all prior institutional employers. She stated the standard criminal background records check includes a review of the OMNI system (NCIC) as well as completion of the PREA form, reference checks and review of the offender visitation lists. A review of documentation for seven newly hired staff confirmed all seven had a criminal background records check completed prior to hire. None of the seven newly hired staff required prior institutional checks, however the facility provided agency examples of the process to confirm compliance.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with offenders. The PAQ indicated that there have been three contracts at the facility within the past twelve months where criminal background record checks were conducted on all staff covered under the contract. 100-12, page 2 states a criminal records background check shall be conducted by the DOC and Bureau of Human Resources (BHR) utilizing the NCIC III for all potential new hires and existing staff, volunteers and contractors with contact with offenders who is assigned to a DOC facility or considered for providing services within a DOC facility. The background will be completed for each person every five years, beginning in the year 2012 and continuing every five years thereafter. The Human Resource staff confirmed that a criminal background records check is completed prior to enlisting the services of any contractor who may have contact with offenders. A review of documentation for four newly hired contractors confirmed all four had a criminal background records check completed prior to enlisting services.

115.17 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with offenders, or that a system is in place for otherwise capturing such information for current employees. 100-12, page 2 states a criminal records background check shall be conducted by the DOC and Bureau of Human Resources (BHR) utilizing the NCIC III for all potential new hires and existing staff, volunteers and contractors with contact with offenders who is

assigned to a DOC facility or considered for providing services within a DOC facility. The background will be completed for each person every five years, beginning in the year 2012 and continuing every five years thereafter. The interview with the Human Resource staff member indicated that criminal background record checks are completed via the OMNI system (NCIC) as well as completion of the PREA form, reference checks and review of the offender visitation lists. She confirmed they conduct criminal background record checks at least every five years on staff and contractors. A review of five staff employed over five years indicated all five had a five year criminal background records check completed. There were zero contractors employed over five years and as such no documentation was reviewed.

115.17 (f): A review of the new hire interview questions and the promotion interview questions indicated they are asked "Have you ever engaged in any sexual abuse or sexual harassment in prison, jail, community confinement facility, juvenile facility, or other institution, or outside of work in the community?. A review of the Security Questionnaire on the application noted that it includes three questions related to this provision. Questions include: "Have you ever engaged in any sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution?; Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and Have you ever been civilly or administratively adjudicated to have engaged in the activities described in previous questions?". A review of the Background Check Waiver confirmed it included five questions, including: "Have you ever engaged in any sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution?; Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?; and Have you ever been civilly or administratively adjudicated to have engaged in the activities described in previous questions?". The Human Resource staff stated they ask staff questions under this provision during the individuals interview. The Human Resource staff member confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. The auditor requested documentation for seven staff hired in the previous twelve months and four staff promoted during the previous twelve months. Ten had completed the Security Questionnaire (new hire) or Background Check Waiver (promotion). One staff promoted during the previous twelve months was missing the form. As such, the auditor was provided an additional sample (three) confirming a Background Check Waiver was completed prior to promotion, illustrating that the one missing was not a systematic issue.

115.17 (g): The PAQ indicates that agency policy states that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. 100-12, page 3 states material omissions or providing materially false information shall be grounds for disciplinary action, including and up

	<p>to termination.</p> <p>115.17 (h): The interview with the Human Resource staff confirmed that they provide requested information to other institutional employers.</p> <p>Based on a review of the PAQ, 100-12, 1100-01, Background Check Waiver, Security Questionnaire, Staff and Contractor Records and information obtained from the Human Resource staff interview, this standard appears to be compliant.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Attachment #2: Upgrades to Facilities and Technology <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden Designee <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Physical Plant 2. Observations of Video Monitoring Technology <p>Findings (By Provision):</p> <p>115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility</p>

or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. 1100-01, page 21 states when designing or acquiring any new facility, or planning any substantial expansion or modification of an existing facility, or installing or updating a new video monitoring system, electronic surveillance system or other monitoring technology, the PREA facility compliance manager and PREA coordinator will consult with the director of prisons and warden or designee to consider any effects of the design, acquisition, expansion, update, or installation may potentially have on staff's ability to protect offenders from sexual abuse. During the tour the auditor confirmed that there were no substantial modifications to the existing facility. The interview with the Agency Head indicated that the agency has two projects going on right now related to substantial modifications. She advised that they look at what type of offender movement the areas create and ensure that they are able to cover these areas with staff as well as security equipment such as cameras and mirrors. She also advised that they review the floor plan to determine if additional staff are needed due to the modifications. The interview with the Warden Designee confirmed there were no substantial expansions or modifications to the existing facility since the last PREA audit.

115.18 (b): The PAQ stated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. 1100-01, page 21 states the physical plant manager or staff designated by the warden will complete the Upgrades to Facilities and Technology form (see attachment #2) describing any expansion, modification, installation, upgrade, etc. A copy of this report will be sent to the warden, director of prisons, PREA facility compliance manager, and PREA coordinator. A review of numerous Attachment #2 outlined the numerous camera upgrades and additions to the facility. The form noted the description of the upgrade, the reason for the upgrade and whether sexual safety was considered in the upgrade. During the tour the auditor observed a plethora of cameras in housing units, common areas, program areas and work areas. Cameras are monitored by the staff in each area and by staff in central control. Cameras can also be remotely monitored by administrative level staff. Video monitoring was utilized as a supplement to staffing and not a replacement. Video monitoring technology covers blind spots and high traffic areas. The interview with the Agency Head confirmed that any use of newly updated or installed video monitoring technology would be utilized to assist in enhancing the agency's ability to protect offenders from sexual abuse. She advised that they utilize pan, tilt and zoom cameras throughout the agency. She indicated they use PREA audit results as a component of their facility vulnerability assessments, which assess safety and security (including PREA). She indicated they have upgraded more than half of their cameras throughout the agency and they have been installing cameras to cover blind spots and in areas identified from data collection and review. The Warden Designee confirmed that when installing or updating video monitoring technology they consider how that technology will protect offenders from sexual abuse. She advised video does not replace staff, but they

	<p>utilize video monitoring to cover blind spots and traffic areas. She noted cameras get checked weekly for outages.</p> <p>Based on a review of the PAQ, 1100-01, Attachment #2: Upgrades to Facilities and Technology, observations made during the tour and information from interviews with the Agency Head and Warden Designee indicates that this standard appears to be compliant.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Sexual Incident Protocol and Reference Book 4. Memorandum of Understanding with the Compass Center (TCC) 5. Investigative Reports 6. Update PREA Response Facility Checklist 7. Shift Supervisor Training <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with SAFE/SANE 4. Interviews with Offenders who Reported Sexual Abuse <p>Findings (By Provision):</p>

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. Additionally, the PAQ stated that the South Dakota Department of Criminal Investigations assists with criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. 1100-01, page 20 states the SIU investigator will follow a sexual assault uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Collection of trace evidence will be done by a qualified DOC PREA first responder and/or DCI. A review of the Sexual Incident Protocol and Reference Book notes that it includes information on first responder duties, evidence collection and preservation, documentation and SAFE/SANE. The document includes a checklist to ensure a uniform evidence protocol. Interviews with fourteen staff indicated all fourteen were aware of and understood the protocol for obtaining usable physical evidence. Additionally, all fourteen stated they knew who was responsible for conducting sexual abuse investigations.

115.21 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful offenders. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents." Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. 1100-01, page 20 states the SIU investigator will follow a sexual assault uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Collection of trace evidence will be done by a qualified DOC PREA first responder and/or DCI. A review of the Sexual Incident Protocol and Reference Book notes that it includes information on first responder duties, evidence collection and preservation, documentation and SAFE/SANE. The document includes a checklist to ensure a uniform evidence protocol.

115.21 (c): The PAQ indicated that the facility offers all offenders who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated when possible forensic examinations are conducted by SAFE/SANE, and when SAFE/SANE are not available, a qualified medical practitioners performs the examination. The PAQ noted that the facility documents efforts to provide SAFE/SANE. 1100-01, page 17 states medical services will consider any treatment of the victim of sexual assault as a medical emergency. The victim of sexual assault will be provided outside medical treatment pursuant to DOC medical protocols, when necessary, and transported to a medical facility for a forensic medical exam with a SANE, upon request by the SIU investigator. When the SIU investigator is not responsible for investigating allegations of sexual assault, the DOC will request

that the investigating law enforcement agency follow the requirements outlined in this policy as well as the PREA standards. Page 20 further states access to forensic medical examinations will be free of charge. Once the SIU Investigator determines a forensic medical examination is needed, such examinations will be performed by Sexual Assault Forensic Examiners (SAFE) or SANE where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners at the hospital. DOC will document efforts to provide a forensic medical exam performed by a SAFE or SANE. The PAQ indicated that during the previous twelve months there were four forensic medical examinations conducted by a SANE/SAFE. The auditor contacted Avera McKenna Hospital related to forensic medical examinations. The staff confirmed they have SAFE/SANE available 24 hours a day to perform forensic medical examinations. A review of documentation confirmed there were four total forensic medical examination completed in the previous twelve months, two of victims and two of alleged perpetrators. All four were completed by SAFE/SANE at Avera Sacred Heart Hospital.

115.21 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member. The PAQ noted behavioral health staff are utilized when needed. 1100-01, page 19 states the OIC will initiate victim advocate services if requested by the victim, a victim advocate or behavioral health will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. If a victim advocate from a rape crisis center is not available to provide victim advocate services, behavioral health staff from the department will respond accordingly. The facility has a Memorandum of Understanding with The Compass Center, which was signed on November 5, 2024. The MOU states the organizations are committed to providing sexual abuse and sexual harassment awareness, intervention and related supportive services to offenders housed in South Dakota's correctional institutions, consistent with each agency's mission and to cooperate and collaborate with the partners to the MOU. The MOU further states that at the victim's request, TCC shall have a victim advocate available to accompany and support the victim through the forensic medical examination and the investigatory interviews. The victim advocate will provide emotional support, crisis intervention, relevant information if known, and any additional referrals. The interview with the PCM confirmed the facility provides offender with access to a victim advocate, when requested, to accompany and provide emotional support during forensic medical exams and investigatory interviews. She stated they have advocates available 24 hours a day, seven days a week who will meet the offender at the hospital or come out to the facility. She advised they have an MOU with The Compass Center, the local rape crisis center. The PCM stated she would call the rape crisis center to schedule services and document the services on the OIC checklist. Interviews with offenders who reported sexual abuse indicated one of the six was afforded access to a victim advocate after the

report of sexual abuse. A review of documentation for ten sexual abuse allegations indicated three offenders were offered a victim advocate. Documentation was not provided to confirm that two offenders who accepted victim advocacy services were provided the services. During the interim report period the agency updated the PREA Response Facility Checklist to include an area to document the offer of a victim advocate and whether the victim accepted or declined the advocate. The facility conducted training with Shift Supervisors on the change on the PREA Response Facility Checklist and the process if a victim accepts the advocate (notify the investigator who will coordinate the advocate through TCC). The updated PREA Response Facility Checklist went live on January 16, 2025. The facility provided documentation for two sexual abuse allegations made after January 16, 2025. In both instances the victim was offered an advocate. Both victims declined the service. Additionally, the facility provided documentation illustrating that staff were working with TCC to coordinate services for another offender who had not reported sexual abuse but wanted services. This documentation was provided to illustrate that there is a process to coordinate services with TCC if a victim accepts the advocate.

115.21 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 1100-01, page 19 states the OIC will initiate victim advocate services if requested by the victim, a victim advocate or behavioral health will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. If a victim advocate from a rape crisis center is not available to provide victim advocate services, behavioral health staff from the department will respond accordingly. The facility has a Memorandum of Understanding with The Compass Center, which was signed on November 5, 2024. The MOU states the organizations are committed to providing sexual abuse and sexual harassment awareness, intervention and related supportive services to offenders housed in South Dakota's correctional institutions, consistent with each agency's mission and to cooperate and collaborate with the partners to the MOU. The MOU further states that at the victim's request, TCC shall have a victim advocate available to accompany and support the victim through the forensic medical examination and the investigatory interviews. The victim advocate will provide emotional support, crisis intervention, relevant information if known, and any additional referrals. The interview with the PCM confirmed the facility provides offender with access to a victim advocate, when requested, to accompany and provide emotional support during forensic medical exams and investigatory interviews. She stated they have advocates available 24 hours a day, seven days a week who will meet the offender at the hospital or come out to the facility. She advised they have an MOU with The Compass Center, the local rape crisis center. The PCM stated she would call the rape crisis center to schedule services and document the services on the OIC checklist. Interviews with offenders who reported sexual abuse indicated one of the six was afforded access to a victim advocate after the

report of sexual abuse. A review of documentation for ten sexual abuse allegations indicated three offenders were offered a victim advocate. Documentation was not provided to confirm that two offenders who accepted victim advocacy services were provided the services. The two offenders who had a forensic medical examination were offered an advocate. One was documented with the services, while the other was one of the two that the auditor did not receive documentation. During the interim report period the agency updated the PREA Response Facility Checklist to include an area to document the offer of a victim advocate and whether the victim accepted or declined the advocate. The facility conducted training with Shift Supervisors on the change on the PREA Response Facility Checklist and the process if a victim accepts the advocate (notify the investigator who will coordinate the advocate through TCC). The updated PREA Response Facility Checklist went live on January 16, 2025. The facility provided documentation for two sexual abuse allegations made after January 16, 2025. In both instances the victim was offered an advocate. Both victims declined the service. Additionally, the facility provided documentation illustrating that staff were working with TCC to coordinate services for another offender who had not reported sexual abuse but wanted services. This documentation was provided to illustrate that there is a process to coordinate services with TCC if a victim accepts the advocate.

115.21 (f): The PAQ indicated that this provision is not applicable as they conduct administrative and criminal investigations. 1100-01, page 17 states medical services will consider any treatment of the victim of sexual assault as a medical emergency. The victim of sexual assault will be provided outside medical treatment pursuant to DOC medical protocols, when necessary, and transported to a medical facility for a forensic medical exam with a SANE, upon request by the SIU investigator. When the SIU investigator is not responsible for investigating allegations of sexual assault, the DOC will request that the investigating law enforcement agency follow the requirements outlined in this policy as well as the PREA standards.

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

115.21 (h): The facility has a Memorandum of Understanding with The Compass Center, which was signed on November 5, 2024. The MOU states the organizations are committed to providing sexual abuse and sexual harassment awareness, intervention and related supportive services to offenders housed in South Dakota's correctional institutions, consistent with each agency's mission and to cooperate and collaborate with the partners to the MOU. The MOU further states that at the victim's request, TCC shall have a victim advocate available to accompany and support the victim through the forensic medical examination and the investigatory interviews. The victim advocate will provide emotional support, crisis intervention, relevant information if known, and any additional referrals.

	<p>Based on a review of the PAQ, 1100-01, Sexual Incident Protocol and Reference Book, Memorandum of Understanding with the Compass Center, Investigative Reports, Update PREA Response Facility Checklist, Shift Supervisor Training, and information from interviews with random staff, the PREA Compliance Manager, SAFE/SANE and offenders who reported sexual abuse, this standard appears to be corrected and as such compliant.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 1100-01, page 5 states all allegations of sexual assault/rape, sexual misconduct, and sexual harassment will be investigated. Page 19 further states SIU investigators will conduct all administrative and criminal investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities operated by, or pursuant to, a contract with the DOC (including return to custody offenders of contract facilities). SIU will contact and work with DCI for criminal cases. The PAQ noted there were 87 allegations reported within the previous twelve months. 70 resulted in an administrative investigation and four resulted in a criminal investigation. The PAQ noted that thirteen investigation were still open/</p>

ongoing. Further communication with the PCM noted that this information was incorrect and that all 87 allegations resulted in an administrative investigation. The interview with the Agency Head confirmed that the agency ensures an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated the agency has an Inspector General's Office (IG) and all allegations of sexual abuse and sexual harassment are reported to this office. The IG completes criminal investigations while facility staff complete administrative investigations. The IG reviews the administrative investigations completed at the facility level. She indicated they hand off any investigations that necessitate criminal charges to the Division of Criminal Investigations. The auditor reviewed nineteen investigations and the investigative log. Documentation confirmed all were forwarded for investigation and had an administrative investigation initiated/completed. Four of the investigations reviewed were forwarded for criminal investigation through DCI, however two were returned back to the facility as DCI declined to investigate.

115.22 (b): The PAQ indicated that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 1100-01, page 19 states SIU will ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual assault/rape and will ensure that for all cases alleging criminal behaviors are referred for investigation to an agency with the legal authority to conduct criminal investigations. Page 19 further states SIU investigators will conduct all administrative and criminal investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities operated by, or pursuant to, a contract with the DOC (including return to custody offenders of contract facilities). SIU will contact and work with DCI for criminal cases. A review of the agency website indicates that it states "in adult institutions, the Office of Special Security investigates each and every allegation of sexual abuse or harassment. They will collaborate with DCI to determine when the case will be turned over for further DCI investigation and/or referral for prosecution. The identity of anyone making a report will remain confidential. All reports are investigated thoroughly and taken very seriously. The sharing of information pertaining to the alleged sexual abuse and identity of the victim will be limited to those who must know. Sharing information regarding the victim and/or incident shall be conducted in a manner that is in accordance with all applicable policies, state statutes, and professional licensure and ethics standards." Further 1100-01 is available to view via the website. Interviews with investigators confirmed that agency policy requires allegations of sexual abuse be referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The auditor reviewed nineteen investigations and the investigative log. Documentation confirmed all were forwarded for investigation and had an administrative investigation initiated/

completed. Four of the investigations reviewed were forwarded for criminal investigation through DCI, however two were returned back to the facility as DCI declined to investigate.

115.22 (c): The agency/facility has the authority to conduct both administrative and criminal investigations. 1100-01, page 19 states SIU will ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual assault/rape and will ensure that for all cases alleging criminal behaviors are referred for investigation to an agency with the legal authority to conduct criminal investigations. Page 19 further states SIU investigators will conduct all administrative and criminal investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities operated by, or pursuant to, a contract with the DOC (including return to custody offenders of contract facilities). SIU will contact and work with DCI for criminal cases.

115.22 (d): The PAQ stated that this provision does not apply. The agency/facility has the authority to conduct both administrative and criminal investigations. 1100-01, page 19 states SIU will ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual assault/rape and will ensure that for all cases alleging criminal behaviors are referred for investigation to an agency with the legal authority to conduct criminal investigations. Page 19 further states SIU investigators will conduct all administrative and criminal investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct, or sexual harassment that occur in DOC facilities operated by, or pursuant to, a contract with the DOC (including return to custody offenders of contract facilities). SIU will contact and work with DCI for criminal cases.

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

Based on a review of the PAQ, 1100-01, Investigative Reports, the agency's website and information obtained via interviews with the Agency Head and the investigators indicate that this standard appears to be compliant.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)
3. Prison Rape Elimination Act of 2003 Training Curriculum
4. Staff Training Records (Acknowledgment of Understanding PREA Staff Training)

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with offenders on the requirements under this provision. 1100-01, page 8 states PREA training will be provided to all employees who may have contact with offenders tailored to the gender of the offenders at the facility during the basic training academy. Contract workers, temporary staff, interns, volunteers, and chaplains will receive the training in the basic volunteer training. All staff will take a refresher course on an annual basis thereafter. Training will include but will not be limited to: review of this policy, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, and sexual harassment; how to fulfill their requirements under DOC's sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape and sexual harassment and regarding available medical and behavioral health treatment; and information related to the investigation of incidents of sexual assault/rape, and sexual harassment, and the prosecution of perpetrators. In addition to the above, training will cover the following: common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, and sexual harassment; offenders right to be free from sexual assault/rape and sexual harassment and to be free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; confidentiality; dynamics of sexual assault/rape, sexual misconduct, and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape and sexual harassment; and consequences for failure to report. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms that it includes information on: the agency's zero-tolerance policy (slide 15),

how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 45-46, 52-54), the offenders' right to be free from sexual abuse and sexual harassment (slide 55), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (slide 55), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 21-22), the common reactions of sexual abuse and sexual harassment victims (slides 23-24), how to detect and respond to signs of threatened and actual sexual abuse (slides 25, 45-46 and 52-54), how to avoid inappropriate relationship with offenders (slides 41-44), how to communicate professionally and effectively with LGBTI offenders (slide 26-36) and how to comply with relevant laws related to mandatory reporting (slide 47). Interviews with fourteen random staff confirmed they had received PREA training. All fourteen confirmed that the required components under this provision are discussed during the PREA training. A review of 23 total staff training records confirmed all 23 had received PREA training.

115.31 (b): The PAQ indicated that training is tailored to the gender of offender at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 1100-01, page 8 states PREA training will be provided to all employees who may have contact with offenders tailored to the gender of the offenders at the facility during the basic training academy. A review of the Prison Rape Elimination Act of 2003 training curriculum outlines the common reactions of men and women. The facility houses adult male offenders and as such additional training was not required or conducted.

115.31 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with offenders with refresher information about current policies regarding sexual abuse and sexual harassment and that staff are provided training annually. 1100-01, page 8 states PREA training will be provided to all employees who may have contact with offenders tailored to the gender of the offenders at the facility during the basic training academy. All staff will take a refresher course on an annual basis thereafter. A review of 23 staff training records indicated thirteen had completed PREA training at least every two years. Ten of the staff were employed less than a year and as such only had one training. It should be noted that the staff reviewed had completed training annually.

115.31 (d): The PAQ indicated that the agency documents that employees who may have contact with offenders understand the training they have received through employee signatures or electronic verification. 1100-01, page 8 states each employee, contract worker, and volunteer will document through signature that they understand the training they have received. The original will be maintained in the employees training file. A review of the acknowledgment of Understanding PREA Staff Training notes that staff sign that they have received the training and had the opportunity to ask any questions pertaining to the training. The form also outlines

that staff acknowledge that they understood the training provided. A review of the Prison Rape Elimination Act of 2003 training curriculum indicates it includes four questions to test the staffs' understanding of the training. A review of 23 total staff training records confirmed all 23 had received PREA training and had signed that they understood the training.

Based on a review of the PAQ, 1100-01, Prison Rape Elimination Act of 2003 Training Curriculum, Staff Training Records, a review of staff training records as well as interviews with random staff indicates that this standard appears to be compliant.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. PREA Video 4. Prison Rape Elimination Act of 2003 Training Curriculum 5. Contractor and Volunteer Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Volunteers or Contractors who have Contact with Offenders <p>Findings (By Provision):</p> <p>115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 1100-01, page 8 states contract workers, temporary staff, interns, volunteers, and chaplains will receive the training in the basic volunteer training. Training will include but will not be limited to: review of this policy, the Prison Rape</p>

Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, and sexual harassment; how to fulfill their requirements under DOC's sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape and sexual harassment and regarding available medical and behavioral health treatment; and information related to the investigation of incidents of sexual assault/rape, and sexual harassment, and the prosecution of perpetrators. In addition to the above, training will cover the following: common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, and sexual harassment; offenders right to be free from sexual assault/rape and sexual harassment and to be free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; confidentiality; dynamics of sexual assault/rape, sexual misconduct, and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape and sexual harassment; and consequences for failure to report. The PAQ indicated that 130 volunteers and contractors had received PREA training. Further communication with the PCM indicated all volunteers and contractors receive training. She advised the number in facility information was those who are "visitors" and attend a one-time visit with offenders for chapel activities. Contractors complete the same training as staff (Prison Rape Elimination Act of 2003) while volunteers watch the PREA video. A review of the PREA video indicates it includes information on: zero tolerance, staff responsibilities (including reporting), offenders rights, dynamics of sexual abuse, common victim reactions, detection and response, inappropriate relationships, understanding LGBTI and mandatory reporting. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms that it includes information on: the agency's zero-tolerance policy (slide 15), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 45-46, 52-54), the offenders' right to be free from sexual abuse and sexual harassment (slide 55), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (slide 55), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 21-22), the common reactions of sexual abuse and sexual harassment victims (slides 23-24), how to detect and respond to signs of threatened and actual sexual abuse (slides 25, 45-46 and 52-54), how to avoid inappropriate relationship with offenders (slides 41-44), how to communicate professionally and effectively with LGBTI offenders (slide 26-36) and how to comply with relevant laws related to mandatory reporting (slide 47). Interviews with contractors and volunteers confirmed that they all received information on the agency's sexual abuse and sexual harassment policies. The contractors advised they received training in person as part of the facility training, which covers numerous topics, including PREA. The volunteer stated they go through a slide show on PREA and they get PREA cards each year. A review of documentation for four contractors and seven volunteers indicated all eleven had received PREA

training.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. The PAQ stated that contractors and volunteers either watch the training video or attend an in-person class. Additionally, the PAQ indicates that all volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 1100-01, page 8 states contract workers, temporary staff, interns, volunteers, and chaplains will receive the training in the basic volunteer training. Training will include but will not be limited to: review of this policy, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, and sexual harassment; how to fulfill their requirements under DOC's sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape and sexual harassment and regarding available medical and behavioral health treatment; and information related to the investigation of incidents of sexual assault/rape, and sexual harassment, and the prosecution of perpetrators. In addition to the above, training will cover the following: common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, and sexual harassment; offenders right to be free from sexual assault/rape and sexual harassment and to be free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; confidentiality; dynamics of sexual assault/rape, sexual misconduct, and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape and sexual harassment; and consequences for failure to report. A review of the PREA video indicates it includes information on: zero tolerance, staff responsibilities (including reporting), offenders rights, dynamics of sexual abuse, common victim reactions, detection and response, inappropriate relationships, understanding LGBTI and mandatory reporting. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms that it includes information on: the agency's zero-tolerance policy (slide 15), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 45-46, 52-54), the offenders' right to be free from sexual abuse and sexual harassment (slide 55), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (slide 55), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 21-22), the common reactions of sexual abuse and sexual harassment victims (slides 23-24), how to detect and respond to signs of threatened and actual sexual abuse (slides 25, 45-46 and 52-54), how to avoid inappropriate relationship with offenders (slides 41-44), how to

communicate professionally and effectively with LGBTI offenders (slide 26-36) and how to comply with relevant laws related to mandatory reporting (slide 47). Interviews with contractors and volunteers confirmed the training went over the zero tolerance policy and reporting requirements.

115.32 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. 1100-01, page 8 states each employee, contract worker, and volunteer will document through signature that they understand the training they have received. The original will be maintained in the employees training file. A review of documentation for four contractors and seven volunteers indicated all eleven had received PREA training. All eleven signed the same training acknowledgment as staff (under standard 115.31).

Based on a review of the PAQ, 1100-01, PREA Video, Prison Rape Elimination Act of 2003 Training Curriculum, a review of volunteer and contractor training records as well as the interviews with contractors and volunteers, the facility appears to exceed this standard. All contractors and volunteers, regardless of contact, are required to complete an extensive training, either in person or through video. The training includes various topics under PREA, including the topics required for staff training under Standard 115.31. Volunteers and contractors receive training annually.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 3. South Dakota Department of Corrections Policy 1500-01 - Americans with Disabilities Act (ADA) 4. Admission and Orientation Presentation 5. PREA Adult Comprehensive Video (English) 6. PREA What You Need to Know Video (Spanish) 7. Attachment #8: Acknowledgment of PREA Procedures

8. Client Letter and Information Sheet for ISI, LLC.
9. Offender Living Guide
10. Sexual Abuse Awareness: Offender Brochure
11. PREA Notice – DCI & Victim Advocacy
12. No Means No Poster
13. Break the Silence Poster
14. PREA Wall Sign
15. Offender PREA Education Records
16. Staff Training Email

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.33 (a): The PAQ indicated that offenders receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that 2496 offender received information on the zero-tolerance policy and how to report at intake. 1100-01, page 13 states offenders will be shown the “PREA: What you need to know” video and receive a copy of the “An Offender’s Guide to sexual abuse and sexual harassment awareness” brochure at intake. The auditor observed the intake process through a demonstration. All offenders are assigned a tablet, which contains the Offender Living Guide and the PREA policy. A physical copy of the Offender Living Guide is also provided to offender upon arrival at the facility. The document is available in English and Spanish. The Offender Living Guide, pages 5-6, includes definitions of sexual abuse and sexual harassment, the zero tolerance policy, reporting mechanisms (including internal and external) and transgender offender accommodations. The

document notes offenders can report to staff verbally and in writing, anonymously through a kite, through the hotlines, by contacting DCI via mail or through family or friends. It also notes that victims of sexual assault/rape or harassment have access to community victim advocate services. The interview with the intake staff confirmed that offenders are provided information on the agency's zero tolerance policy and reporting mechanism during intake. She advised offenders receive the Offender Living Guide on day one, and then received orientation on day two. Interviews with 40 offenders indicated 36 were provided information on the zero tolerance policy and methods to report. A review of documentation for 39 offenders that arrived in the previous twelve months indicated that all 39 had received information upon intake, either at the facility or a prior SD DOC facility. It should be noted that nine of the offenders were transferred from another SD DOC facility. Education was completed, at minimum, upon arrival into the agency. All SD DOC policies and procedures are the same and as such education is not required upon transfer to other facilities within the SD DOC.

115.33 (b): 1100-01, page 13 states within thirty (30) days of intake, the DOC will provide all offenders entering all facilities comprehensive education and orientation material regarding their rights to be free from sexual assault/rape, and sexual harassment, and to be free from retaliation for reporting such incidents or behavior, and regarding agency policies and procedures for responding to sexual assault/rape, sexual harassment, or sexual misconduct. The orientation information will be communicated orally, either in person or by video, and in written form in a manner that is clearly understood by the offender. In accordance with Americans with Disabilities Act - Offender Request for Accommodation, appropriate provisions will be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. The DOC will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. DOC will maintain documentation of offender participation in these education sessions. Information provided will include, but not be limited to: the DOC zero tolerance policy; self-protection; prevention/intervention; reporting procedures, treatment and counseling; protection against retaliation, and disciplinary actions for making false allegations. The PAQ indicated that 2264 offenders received comprehensive PREA education within 30 days of intake. A review of the Admission and Orientation presentation noted that the last slide has a PREA video embedded. The facility utilizes the new PRC video, PREA Adult Comprehensive video for English education and the PREA What You Need to Know video for Spanish education. The Sexual Abuse Awareness: Offenders Brochure outlines: the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to avoid sexual abuse, what to do if sexually abused, steps taken after the facility receives a report of sexual abuse, the offenders right to be free from retaliation from reporting incidents, methods to report (differentiates between internal and external) and provides contact information (address and speed dial number) for victim advocacy services. The document outlines calling instructions

from the wall phones and the tablets. It notes reporting is free and anonymous. It advises mail to DCI is considered privileged legal mail. It also states that calls to victim advocates are not monitored or recorded. The auditor observed the comprehensive PREA education process through a demonstration. All offenders are provided facility orientation at the Jameson facility. Orientation is completed in a small room in intake. Staff play the PREA video (PRC PREA Adult Comprehensive) on a 46 inch television. The auditor observed the video has subtitles and the audio appeared to be adequate. The video is available in English, Spanish and American Sign Language (ASL). After the video, the staff go over information on the Sexual Abuse Awareness: Offender Brochure, including the zero tolerance policy, ways to report, how to use the phones, who provides which services and the facility PCM. The staff ask offenders if they have any questions. It should be noted the staff advised she also asks if the offender has any questions when she completes the initial risk assessments, as sometimes they feel more comfortable asking outside of a group setting. The staff noted she utilizes the translation line for LEP offenders and she would make appropriate accommodations for any disabled offenders. The interview with the intake staff indicated that offender receive education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the facility's response to a report of sexual abuse. She advised offenders receive orientation the second day after arrival, which includes the PREA video and verbally going over the Sexual Abuse Awareness: Offender Brochure. She stated she verbally goes over the zero tolerance policy, ways to report and directions on how to call on the phones. She then asks if they have any questions. Interviews with 40 offenders indicated 31 were provided information on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents, and agency policies and procedures for responding to such incidents. Most stated they were provided this information via video during orientation or they saw the video on their tablet. A review of documentation for 39 offenders that arrived in the previous twelve months indicated all 39 had received comprehensive PREA education, either at the facility or a prior SD DOC facility. It should be noted that nine of the offenders were transferred from another SD DOC facility. Education was completed, at minimum, upon arrival into the agency. All SD DOC policies and procedures are the same and as such education is not required upon transfer to other facilities within the SD DOC.

115.33 (c): The PAQ indicated that all current offenders at the facility had been educated on PREA within 30 days of intake. Additionally, the PAQ indicated that agency policy requires that offenders who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. 1100-01, page 13 states offenders who have not been offered education and information explaining the zero tolerance policy regarding sexual abuse and how to report incidents or suspicions of sexual abuse will be offered education and information during the

offender's case planning within one year and review with unit staff. The interview with the intake staff indicated that offender receive education on their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation from reporting such incidents and the facility's response to a report of sexual abuse. She advised offenders receive orientation the second day after arrival, which includes the PREA video and verbally going over the Sexual Abuse Awareness: Offender Brochure. She stated she verbally goes over the zero tolerance policy, ways to report and directions on how to call on the phones. She then asks if they have any questions. A review of 62 total offender files indicated all 62 had received comprehensive PREA education. Those who arrived prior to 2013 were documented with education in 2014.

115.33 (d): The PAQ indicated that offender PREA education is available in formats accessible to all offenders, including those who are disabled or limited English proficient. 1100-01, page 13 states within thirty (30) days of intake, the DOC will provide all offenders entering all facilities comprehensive education and orientation material regarding their rights to be free from sexual assault/rape, and sexual harassment, and to be free from retaliation for reporting such incidents or behavior, and regarding agency policies and procedures for responding to sexual assault/rape, sexual harassment, or sexual misconduct. The orientation information will be communicated orally, either in person or by video, and in written form in a manner that is clearly understood by the offender. In accordance with Americans with Disabilities Act - Offender Request for Accommodation, appropriate provisions will be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. The DOC will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. DOC will maintain documentation of offender participation in these education sessions. 1500-01 outlines the agency's approach for LEP and disabled offenders. Page 6 states the DOC will take appropriate steps to ensure communication with offenders with a communication disability are as effective as communication with other offenders. The policy outlines accommodations and procedures to ensure equal access for LEP and disabled offenders. A review of the Prison Rape Elimination Act training curriculum confirms that it goes over information on LEP and disabled offenders on slides 37-29. A review of the Offender Living Guide, Sexual Abuse Awareness: Offender Brochure, PREA Notice - DCI & Victim Advocacy, No Means No Poster, Break the Silence Poster and PREA Wall Sign indicated they were available in adequate size font, poster size paper. in bright colors and in English and Spanish. The facility partners with ISI, LLC., an organization that provides interpreting services. The documentation provided confirmed that they provide language translation as well as video ASL translation. Interviews with six disabled offenders and three LEP offenders indicated eight were provided information in a format that they could understand. A review of documentation for thirteen disabled offenders and four LEP offenders confirmed all seventeen had received education. During the interim report period the facility sent a

training email to staff that advised intake staff to notate in COMS when an interpreter is utilized for education. It also advised to notate if the offender declines the interpreter and wants the education in English.

115.33 (e): The PAQ indicated that the agency maintains documentation of offender participation in PREA education sessions. 1100-01, page 13 states offenders will be required to sign the PREA Acknowledgement of Prevention of Sexual Abuse/ Harassment Information acknowledging receipt of this information. A copy of the offender orientation verification form will be maintained in the electronic file. PREA education is documented in the electronic offender system. The PREA 72 Hour Safety Briefing and PREA Admission and Orientation is documented with a date completed and staff responsible for completion. A review of Attachment #8 notes that the offender and a staff member sign and date that they received information on the prevention of sexual abuse and the zero tolerance policy. The form also indicates the signature confirms they were advised of their right to be free of sexual abuse and retaliation from reporting such incidents as well as confirmation they completed the PREA admission and orientation class. The form also further outlines that the offender signs to acknowledge receipt of prevention and reporting information. A review of 62 total offender files confirmed all 62 had PREA education documentation in the electronic system (COMS).

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, offender handbooks or other written formats. 1100-01, page 13 states in addition to providing such education, the facilities will have key information continuously and readily available or visible to offenders through posters, offender living guides, or other written format. A review of the PREA Wall Sign indicates it advises of the agency's zero tolerance policy, the offenders right to be free from retaliation and provides dialing instructions for the wall phones and tablets for speed dial numbers. It provides the three speed dial hotline numbers as well as the hotline number for victim advocacy services. The document states reporting is free and anonymous. The PREA Notice - DCI & Victim Advocacy includes information on the zero tolerance policy, the agency policy number for PREA (1100.01), internal reporting mechanisms (staff, family, friends or other offender), the external reporting method (DCI mailing address), and information on confidential support services. The document advises that offenders and write a letter confidentially and/or anonymously to DCI. It also notes that confidential support services (victim advocates) can be reached via writing a letter to Compass Center (address provided) or by calling the *34 speed dial from a wall phone or tablet. Additionally, the document notes that due to confidentiality, confidential support services are not reporting entities. The Sexual Abuse Awareness: Offenders Brochure outlines: the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to avoid sexual abuse, what to do if sexually abused, steps taken after the facility receives a report of sexual abuse, the offenders right to be free from retaliation from reporting incidents, methods to report

(differentiates between internal and external) and provides contact information (address and speed dial number) for victim advocacy services. The document outlines calling instructions from the wall phones and the tablets. It notes reporting is free and anonymous. It advises mail to DCI is considered privileged legal mail. It also states that calls to victim advocates are not monitored or recorded. The Offender Living Guide, pages 5-6, includes definitions of sexual abuse and sexual harassment, the zero tolerance policy, reporting mechanisms (including internal and external) and transgender offender accommodations. The document notes offenders can report to staff verbally and in writing, anonymously through a kite, through the hotlines, by contacting DCI via mail or through family or friends. It also notes that victims of sexual assault/rape or harassment have access to community victim advocate services. The Break the Silence Poster outlines the zero tolerance policy advises offender to tell a friend, tell family, tell staff, call the Crime Stoppers Helpline or the Sexual Abuser Crisis Hotline. The No Means No Poster advises outlines the zero tolerance policy and stats that the agency is committed to investigating every allegation, providing services to every victim and pursuing every perpetrator. It outlines reporting mechanisms, including the three speed dial reporting lines, verbally to staff, in writing to any staff (including the PC), The document also provides information on the external reporting entity (DCI). It advises DCI is the external reporting entity and that offender can sent privileged legal mail to DCI. It also states reports can be made anonymously. The auditor observed PREA information posted throughout each of the facilities via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster, the PREA Wall Sign, and the Sexual Abuse Awareness Brochure. The auditor observed the posted information on letter and legal size paper. Information was observed in both English and Spanish. The posted information was observed on housing unit walls, near telephones and/or at the entrance of the housing units, In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy, the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Sexual Abuse Awareness Brochure, the Offender Living Guide, and the PREA Wall Sign. Additionally, the auditor observed the PREA educational video on the tablet in English, Spanish and Hmong. It should be noted that all offenders logging into their tablet are required to acknowledge the Sexual Assault Awareness Brochure prior to having access to anything else on the tablet. The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. Informal conversation with offenders indicated that PREA information has been posted and/or available on the tablet for a while.

Based on a review of the PAQ, 1100-01, 1500-01, Attachment #8: Acknowledgment of PREA Procedures, Client Letter and Information Sheet for ISI, LLC., Offender Living Guide, Sexual Abuse Awareness: Offender Brochure (Brochure), PREA Notice - DCI & Victim Advocacy, PREA Notice - Phone, Break the Silence Poster, No Means No Poster, Offender PREA Education Records, staff training, observations made during the tour, as well as information obtained during interviews with intake staff and random

	offenders, this standard to be compliant.
--	-------------------------------------------

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 3. National Institute of Corrections (NIC): Investigating Sexual Abuse In a Confinement Setting 4. National Institute of Corrections (NIC): Advanced Investigator Training 5. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicates that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 1100-01, page 9 states additional specialized training is required for PREA first responders and SIU. This training may include, but is not limited to, crime scene management, elimination of trace evidence cross-contamination, evidence collection protocol, and sexual assault crisis intervention. Administrative and criminal SIU will remain current in required training. SIU will be trained in: conducting investigations of sexual assault/rape and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. The agency utilizes the NIC trainings which include necessary elements under this standard. Interviews with investigators confirmed they received specialized training regarding conducting sexual abuse investigations in a confinement setting. A review of documentation indicated three staff had completed the specialized investigator training.</p>

115.34 (b): 1100-01, page 9 states additional specialized training is required for PREA first responders and SIU. This training may include, but is not limited to, crime scene management, elimination of trace evidence cross-contamination, evidence collection protocol, and sexual assault crisis intervention. Administrative and criminal SIU will remain current in required training. SIU will be trained in: conducting investigations of sexual assault/rape and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. The agency utilizes the NIC trainings which include necessary elements under this standard. A review of the training curriculums confirm they include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. Interviews with investigators confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of documentation indicated three staff had completed the specialized investigator training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and three investigators completed the specialized training. 1100-01, page 9 states documentation verifying completion of the specialized training will be recorded in each individual's training record and will be forwarded to the PREA coordinator. A review of documentation indicated three staff had completed the specialized investigator training. A review of investigations revealed they were completed by three investigators, all of which had completed the specialized investigator training.

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

Based on a review of the PAQ, 1100-01, National Institute of Corrections (NIC): Investigating Sexual Abuse In a Confinement Setting, National Institute of Corrections (NIC): Advanced Investigator Training, Investigator Training Records as well as the interviews with investigators, this standard appears to be compliant.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)
3. National Institute of Corrections (NIC): PREA 201 for Medical and Mental Health Practitioners
4. Prison Rape Elimination Act of 2003 Training Curriculum
5. Medical and Mental Health Staff Training Records

Interviews:

1. Interviews with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ indicated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 1100-01, page 8 states all full-and part-time clinical services staff (medical and mental health care practitioners) who work regularly in facilities will be trained in: how to detect and assess signs of sexual assault/rape and sexual harassment; how to preserve physical evidence; how to respond effectively and professionally to victims of sexual assault/rape and sexual harassment; and how and to whom to report allegations or suspicions of sexual assault/rape and sexual harassment. Medical health care professionals will attend PREA First Responders training and behavioral health clinicians will attend Trauma Informed Practice training. Clinical staff will complete specialized PREA approved training and certifications will be forwarded to the PREA coordinator. Documentation of completion of this training will be recorded in each individual’s training record. A review of the NIC training confirmed it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 60 medical and mental health care staff and that 100% of these staff received the specialized training. Interviews with medical and mental health care staff confirmed that they received specialized training and the training included the elements under this provision. A review of five medical and mental health staff training records confirmed all five had completed the

specialized training.

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

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. 1100-01, page 8 states documentation of completion of this training will be recorded in each individual's training record. A review of five medical and mental health staff training records confirmed all five had completed the specialized training. Training was documented via a signed acknowledgment.

115.35 (d): 1100-01, page 8 states contract workers, temporary staff, interns, volunteers, and chaplains will receive the training in the basic volunteer training. Training will include but will not be limited to: review of this policy, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws; information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, and sexual harassment; how to fulfill their requirements under DOC's sexual assault, and sexual harassment prevention, detection, reporting, and response policies and procedures; information on reporting and responding to such incidents; recognition of warning signs that someone has been a victim of sexual assault/rape and sexual harassment and regarding available medical and behavioral health treatment; and information related to the investigation of incidents of sexual assault/rape, and sexual harassment, and the prosecution of perpetrators. In addition to the above, training will cover the following: common reactions of victims; sensitivity to offender allegations of sexual assault/rape, sexual misconduct, and sexual harassment; offenders right to be free from sexual assault/rape and sexual harassment and to be free from retaliation for reporting such behavior; how to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; confidentiality; dynamics of sexual assault/rape, sexual misconduct, and sexual harassment in confinement; recognition of signs of predatory offenders and potential victims; employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders; compliance with relevant laws related to mandatory reporting of sexual assault/rape and sexual harassment; and consequences for failure to report. A review of the PREA video indicates it includes information on: zero tolerance, staff responsibilities (including reporting), offenders rights, dynamics of sexual abuse, common victim reactions, detection and response, inappropriate relationships, understanding LGBTI and mandatory reporting. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms that it includes information on: the agency's zero-tolerance policy (slide 15), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 45-46, 52-54), the offenders' right

to be free from sexual abuse and sexual harassment (slide 55), the right of the offender to be free from retaliation for reporting sexual abuse or sexual harassment (slide 55), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 21-22), the common reactions of sexual abuse and sexual harassment victims (slides 23-24), how to detect and respond to signs of threatened and actual sexual abuse (slides 25, 45-46 and 52-54), how to avoid inappropriate relationship with offenders (slides 41-44), how to communicate professionally and effectively with LGBTI offenders (slide 26-36) and how to comply with relevant laws related to mandatory reporting (slide 47). A review of five medical and mental health staff training records confirmed all five had completed training as required under 115.31.

Based on a review of the PAQ, 1100-01, National Institute of Corrections (NIC): PREA 201 for Medical and Mental Health Practitioners, Prison Rape Elimination Act of 2003 Training Curriculum, Medical and Mental Health Staff Training Records as well as interviews with medical and mental health care staff, this standard appears to be compliant.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 3. Attachment #7: PREA Offender Admission & Review Screen Scoring 4. Attachment #10: PREA Administrative Override Referral 5. PREA Risk Screen 6. Investigative Reports 7. Offender Assessment and Reassessment Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Staff Responsible for Risk Screening 2. Interviews with Random Offenders

3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

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

Findings (By Provision):

115.41 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders. 1100-01, page 9 states all offenders are assessed within 72 hours of arrival at the admissions facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior in person and in a private location. Page 13 further states Admissions and Orientation (A&O) and intake staff shall conduct an intake screen and PREA safety briefing assessment on all new admissions to the facility within 72 hours of arrival to identify risks of victimization and abusiveness. The auditor was provided a demonstration of the initial risk assessment. The initial risk screening is completed in the intake room. Offenders are called into the room one-on-one. Staff complete the risk assessment on a paper form and then enter the information into the electronic system. The paper form is forwarded to the risk reassessment staff to be utilized during the reassessments. Staff ask the offender all the questions on the form (PREA Risk Screen). Staff ask about prior violence, prior sexual abuse, violent offenses, disabilities, sexual victimization, age, height, weight, number of times in prison, sexual orientation and views on vulnerability. A mental health follow-up is offered to all individuals with prior sexual victimization or prior sexual abuse. After the staff complete the verbal part of the risk assessment, they review the offender's background, including criminal history, COMS, etc. to confirm the verbal responses provided. Staff noted that if any verbal responses are incorrect (i.e. criminal history information), they change the information on the paper form to match up with the file information. Interviews with 25 offenders that arrived within the previous twelve months indicated nineteen were asked questions related to risk of victimization and abusiveness. Interviews with staff responsible for risk screening confirmed offenders are screened for risk of victimization and abusiveness upon admission to the facility or transfer to another facility.

115.41 (b): The PAQ indicated that the policy requires that offenders be screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours

of their intake. 1100-01, page 9 states all offenders are assessed within 72 hours of arrival at the admissions facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior in person and in a private location. Page 13 further states Admissions and Orientation (A&O) and intake staff shall conduct an intake screen and PREA safety briefing assessment on all new admissions to the facility within 72 hours of arrival to identify risks of victimization and abusiveness. The PAQ noted that 2432 offenders were screened within 72 hours over the previous twelve months. Interviews with staff responsible for the risk screening confirmed offenders are screened for their risk of victimization and abusiveness within 72 hours. Interviews with 25 offenders that arrived within the previous twelve months indicated nineteen were asked questions related to risk of victimization and abusiveness when they first came in to the facility. A review of documentation for 39 offender that arrived within the previous twelve months indicated all 39 had an initial risk screening upon transfer to the facility. 30 of the 39 were completed within 72 hours of arrival. During the interim report period the facility provided 48 additional risk screening documents for offenders that arrived after the on-site portion of the audit. All 48 had an initial risk screening completed and 47 of the 48 were completed within 72 hours of arrival.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. 1100-01, page 9 states the PREA Risk Screens are assessments (screens) based upon the Final Adult PREA National Standards. The goal of this screening is to aid in the determination of an offender's potential for sexually abusing others (aggressor) or being sexually abused by others (victim) using an objective screening instrument. A review of Attachment #7 illustrates that the risk screening tool includes four areas related to aggression, including: institutional incidents of sexually abusing other offender, prior acts of violent sexual abuse (non-institutional), prior felony convictions for violent offenses and violence within institutional setting. The victim section includes 10 areas, including: disabilities, prior sexual victimization (institutional and non-institutional), age, physical stature, prior incarcerations, criminal history (violent vs non-violent), sexual offenses against a child or adult, if offender is or is perceived to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming, and perception of vulnerability. Attachment #7 outlines how to complete each area, including what questions to ask and what information to review. Both the victim and aggressor sections are tallied. If the offender responds positively to a certain question they are deemed victim or aggressor and if they answer positively to three or more of the questions they are deemed potential victim or potential aggressor. A review of Attachment #10 notes that the form includes information related to any overrides, including the reason for the override and the recommendation for score. The override must be approved by the PCM and PC.

115.41 (d): 1100-01, page 10 states the screenings will consider prior non-institutional acts or history of sexual assault/rape, sexual harassment, or sexual misconduct; prior convictions for violent offenses, and history of prior institutional

violence or sexual assault/rape, sexual harassment, or sexual misconduct in assessing offenders for risk of being sexually aggressive. A review of Attachment #7 illustrates that the risk screening tool includes a victimization section with ten areas: disabilities, prior sexual victimization (institutional and non-institutional), age, physical stature, prior incarcerations, criminal history (violent vs non-violent), sexual offenses against a child or adult, if offender is or is perceived to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming, and perception of vulnerability. Attachment #7 outlines how to complete each area, including what questions to ask and what information to review. Both the victim and aggressor sections are tallied. If the offender responds positively to a certain question they are deemed victim or aggressor and if they answer positively to three or more of the questions they are deemed potential victim or potential aggressor. Interviews with the staff responsible for the risk screening indicated they ask the questions from the Attachment #7 and they also conduct a file review. The staff confirmed the required elements under this provision are included in the initial risk screening.

115.41 (e): 1100-01, page 10 states the screenings will consider prior non-institutional acts or history of sexual assault/rape, sexual harassment, or sexual misconduct; prior convictions for violent offenses, and history of prior institutional violence or sexual assault/rape, sexual harassment, or sexual misconduct in assessing offenders for risk of being sexually aggressive. A review of Attachment #7 illustrates that the risk screening tool includes four areas related to aggression including: institutional incidents of sexually abusing other offender, prior acts of violent sexual abuse (non-institutional), prior felony convictions for violent offenses and violence within institutional setting. Attachment #7 outlines how to complete each area, including what questions to ask and what information to review. Both the victim and aggressor sections are tallied. If the offender responds positively to a certain question they are deemed victim or aggressor and if they answer positively to three or more of the questions they are deemed potential victim or potential aggressor. Interviews with the staff responsible for the risk screening indicated they ask the questions from the Attachment #7 and they also conduct a file review. The staff confirmed the required elements under this provision are included in the initial risk screening.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offender's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 1100-01, page 10 states within 30 days from the date of arrival at all facilities, a trained admissions case manager or unit case manager will assess or reassess the offender's risk of sexual victimization or sexual aggressiveness creating an updated PREA Risk Screen Assessment. The screening will be in person and conducted in a private location. The PAQ noted that 2264 offenders were reassessed within 30 days. The risk reassessment is completed one-on-one in a private office setting. Staff utilize the

initial risk screening form completed when the offender first arrived. The staff ask the offender the questions on the risk screening form. Staff then also review file information, including criminal history, COMS, discipline, etc. Once all information is reviewed the reassessments information is entered into the electronic system and the paper form is shredded. Interviews with 25 offenders that arrived within the previous twelve months indicated seven had been asked questions related to their risk of victimization and abusiveness on more than one occasion. Interviews with the risk screening staff indicated they conduct a reassessment within 30 days of arrival at the facility. A review of documentation for 39 offender that arrived within the previous twelve months indicated 35 had a reassessment. 30 of the 35 had the reassessment completed within 30 days of arrival. Prior to the on-site portion of the audit the facility identified the issue with reassessment and took immediate corrective action. As such, additional documentation was provided during the interim report period to demonstrate the corrective action. 48 risk assessment documents were provided for offenders that arrived after the on-site portion of the audit. 26 had a reassessment completed within 30 days of arrival. Those without a reassessment had not been at the facility longer than 30 days and as such a reassessment was not yet due.

115.41 (g): The PAQ indicated that the policy requires that an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offenders risk of sexual victimization or abusiveness. 1100-01, page 11 states if an offender is suspected of being a potential sexual victim or potentially sexually aggressive at any time during their incarceration; is found guilty of an offense in custody for rape or sexual misconduct/sexual harassment; or if the offender is involved in an incident of sexual assault/rape, sexual harassment, or sexual misconduct during their incarceration, a PREA Risk Screen re-assessment will be conducted in-person and in a private location to determine the appropriate risk level. Interviews with 25 offenders that arrived within the previous twelve months indicated seven had been asked questions related to their risk of victimization and abusiveness on more than one occasion. Interviews with staff responsible for the risk screening confirmed that offender would be reassessed due to referral, request, incident of sexual abuse or receipt of additional information. A review of documentation for 39 offender that arrived within the previous twelve months indicated 35 had a reassessment. The auditor identified three sexual abuse allegations that would necessitate a reassessment due to incident of sexual abuse. The victim and abuser of one investigation were both reassessed after a substantiated incident. Two other victims of unsubstantiated incidents were not reassessed. Prior to the on-site portion of the audit the facility identified the issue with 30 day reassessment and reassessments for victims of unsubstantiated sexual abuse allegations and took immediate corrective action. As such, additional documentation was provided during the interim report period to demonstrate the corrective action. 48 risk assessment documents were provided for offenders that arrived after the on-site portion of the audit. 26 had a reassessment completed within 30 days of arrival. Those without a reassessment had not been at the facility longer than 30 days and as such a reassessment was not yet due. The facility also provided

documentation for three sexual abuse investigations completed after the deficiency was found by the facility (April 2024) that the auditor did not review as part of the sample. The documentation confirmed that all three victims were reassessed following the conclusion of the investigation (all three unsubstantiated).

115.41 (h): The PAQ indicated that policy prohibits disciplining offenders for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the offender has a mental, physical, or developmental disability; (b) whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the offender has previously experienced sexual victimization; and (d) the offender's own perception of vulnerability. 1100-01, page 9 states offenders will not be disciplined for refusing to answer, or for not disclosing complete information, in response to any questions asked for the PREA risk assessments. Interviews with the staff responsible for risk screening confirmed that offenders are not disciplined for refusing to answer or for not fully disclosing information any of the risk screening questions.

115.41 (i): 1100-01, page 9 states appropriate controls will be used on the dissemination of information in order to ensure that sensitive information contained in responses to all PREA Risk Screen Assessment is not exploited by staff or other offenders. Risk screening information is maintained in the electronic system. Certain profiles have access to the risk screening information. There are over 150 profile groups that do not have access, including Correctional Officers. The auditor had a Correctional Officer attempt to access risk screening information. He did not have access and received an error message when he attempted to access the information. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to an offenders risk assessment within the facility in order to protect sensitive information from being exploited. He stated that not all staff have access to the information in COMS and that access to the risk screening is granted through administration with supervisor's approval. He further stated all staff have access to the risk screening score but not the responses. The PCM confirmed that the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated policy limits who has access. The staff responsible for risk screening confirmed the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited.

Based on a review of the PAQ, 1100-01, Attachment #7: PREA Offender Admission & Review Screen Scoring, Attachment #10: PREA Administrative Override Referral, PREA Risk Screen, Investigative Reports, Offender Assessment and Reassessment Documents and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random offenders, this standard appears to be corrected and as such compliant.

115.42	Use of screening information
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 429 378">Documents:</p> <ol data-bbox="256 412 1474 1077" style="list-style-type: none"><li data-bbox="256 412 667 445">1. Pre-Audit Questionnaire<li data-bbox="256 479 1321 562">2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA)<li data-bbox="256 595 1474 678">3. South Dakota Department of Corrections Policy 700-14 - Management of Gender Dysphoria<li data-bbox="256 712 1458 795">4. Housing Assignments of Offenders at Risk of Sexual Victimization and/or Sexual Abusiveness<li data-bbox="256 828 922 862">5. Transgender/Intersex Housing Documents<li data-bbox="256 896 986 929">6. Transgender/Intersex Biannual Reassessments<li data-bbox="256 963 727 996">7. LGBTI Housing Assignments<li data-bbox="256 1030 842 1064">8. Housing Justification Documentation <p data-bbox="256 1256 416 1290">Interviews:</p> <ol data-bbox="256 1323 1059 1653" style="list-style-type: none"><li data-bbox="256 1323 1059 1357">1. Interviews with Staff Responsible for Risk Screening<li data-bbox="256 1391 788 1424">2. Interview with PREA Coordinator<li data-bbox="256 1458 922 1491">3. Interview with PREA Compliance Manager<li data-bbox="256 1525 1059 1559">4. Interviews with Gay, Lesbian and Bisexual Offender<li data-bbox="256 1592 1059 1626">5. Interviews with Transgender and Intersex Offenders <p data-bbox="256 1760 628 1794">Site Review Observations:</p> <ol data-bbox="256 1827 746 1861" style="list-style-type: none"><li data-bbox="256 1827 746 1861">1. Shower Area in Housing Units <p data-bbox="256 1973 587 2007">Findings (By Provision):</p>

115.42 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. 1100-01, page 9 states information obtained during the intake assessment and reassessment processes will be used to assist in the classification and facility assignment of the offender, in accordance with policies addressing Male/Female Offender Classification, Adult Internal Management System (AIMS), and Restrictive Housing. The facility will make individual determinations about how to ensure the safety of each offender. Unit staff will use information from the PREA Risk Screen assessments to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually aggressive. The interview with the PREA Compliance Manager indicated that information from the risk assessment is used for housing and work. She stated classification uses the information to determine who the offender is housed with, what their job assignment is, their education, as well as if they need mental health services. Interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing and jobs. The staff advised that they do not place high risk victims with high risk abusers. A review of documentation indicated high risk victims and high risk abusers were housed in the same housing units. None were observed to be housed in the same room/cell together. The auditor observed that high risk victims also worked with high risk abusers in the kitchen and industries area. The auditor inquired with the facility about the housing and job placement of these individuals as it relates to the goal of keeping these populations separate. The PC provided documentation confirming that these assignments were reviewed case-by-case and were appropriate based on other factors. He indicated the housing units housing high risk victims with high risk abusers were special units that aimed to keep apart gang members and those at high risk for violence. He advised the units also housed sexual offenders. These units were specific for these populations. The PC further advised the high risk abusers working in the industries area have work stations in direct view of staff and those in the kitchen have direct staff supervision.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each offender. 1100-01, page 9 states information obtained during the intake assessment and reassessment processes will be used to assist in the classification and facility assignment of the offender, in accordance with policies addressing Male/Female Offender Classification, Adult Internal Management System (AIMS), and Restrictive Housing. The facility will make individual determinations about how to ensure the safety of each offender. Unit staff will use information from the PREA Risk Screen assessments to determine housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually aggressive. Interviews with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing

and jobs. The staff advised that they do not place high risk victims with high risk abusers. A review of documentation indicated high risk victims and high risk abusers were housed in the same housing units. None were observed to be housed in the same room/cell together. The auditor observed that high risk victims also worked with high risk abusers in the kitchen and industries area. The auditor inquired with the facility about the housing and job placement of these individuals as it relates to the goal of keeping these populations separate. The PC provided documentation confirming that these assignments were reviewed case-by-case and were appropriate based on other factors. He indicated the housing units housing high risk victims with high risk abusers were special units that aimed to keep apart gang members and those at high risk for violence. He advised the units also housed sexual offenders. These units were specific for these populations. The PC further advised the high risk abusers working in the industries area have work stations in direct view of staff and those in the kitchen have direct staff supervision.

115.42 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex offenders in the facility on a case-by-case basis. 1100-01, page 12 states in making facility, cell/unit housing, and programmatic assignments for transgender or intersex offenders, the DOC will consider on a case-by-case basis whether the assignment would ensure the offender's health and safety, and whether the assignment would present management or security problems. Offenders will be placed in facilities based upon collaboration between the Gender Dysphoria Treatment Committee, clinical services, administration, and the Office of Offender Services on a case-by-case basis. Offenders will not be housed based exclusively on external genital anatomy. 700-14, page 3 outlines the placement process for transgender and intersex offenders. It states that facility housing and programming is on a case by case basis, consistent with the offender classification system, taking into consideration the offender's gender identify, crimes, disciplinary history, history of violence, medical and mental health needs, risk screening, individuals safety, programming needs and legitimate penological interest of the DOC. It further advises that requests by transgender, intersex or gender dysphoria offenders to transfer to a facility inconsistent with the offenders external genital anatomy, may be considered on a case-by-case basis. Requests will be forwarded to the gender dysphoria treatment committee for review. The interview with the PCM indicated transgender and intersex offender housing and program assignments are based on their risk screening score. She advised offenders may request to be housed at the opposite gender facility and that this request would be reviewed by the Gender Dysphoria Team, which is a multi-disciplinary team, that includes an outside contractor as well. She confirmed assignments consider the offender's health and safety and whether the assignment would present any security or management problems. Interviews with four transgender offenders indicated two were asked about how they felt about their safety with regard to housing and programming assignments and three felt they were not housed in one facility, unit or wing based on gender identity/sexual preference. The agency as a whole houses one transgender male offenders and 53 transgender female offenders. The auditor requested

documentation related to those that requested a facility change. The PC advised there have been zero requests by offender. Once an offender identifies as transgender they are provided an accommodations form, which provides them information to submit related to housing.

115.42 (d): 1100-01, page 10 states the case manager will meet individually in person and in a private location with offenders who identify as transgender and intersex. Offenders will be re-assessed every six months to review placement and programming assignments to review any threats to safety experienced by the offender. The PCM advised that transgender and intersex offenders are reviewed formally twice a year in January and July. The staff responsible for the risk screening confirmed transgender and intersex offenders are reassessed at least twice a year. A review of documentation for five transgender offenders indicated four had biannual assessments completed. The one that did not have a biannual had just been identified in July 2024 and as such only had one review.

115.42 (e): 1100-01, page 12 states serious consideration will be given to a transgender or intersex offender's own view with respect to their own safety. Interviews with the PCM and staff responsible for the risk screening confirmed that transgender and intersex offenders' views with respect to their safety are given serious consideration. Interviews with four transgender offenders indicated two were asked about how they felt about their safety with regard to housing and programming assignments.

115.42 (f): 1100-01, page 10 states the case manager will inquire about the offender's opportunity to shower separately from other offenders. Page 12 further states self-identified transgender and intersex offenders will be given the opportunity to request the opportunity to shower separately from other offenders that do not identify as transgender or intersex. During the tour the auditor observed both single person showers and group showers. Transgender and intersex offenders have a separate shower time for showers. The auditor also noted that showers at the Jameson facility provided privacy for male offenders, but the windows did not afford adequate privacy for transgender female offenders. The auditor noted that specific showers in a few of the housing units faced other offender cells, while others faced forward. The facility noted that they would immediately correct the issue by providing transgender showers in the showers that face forward. During the on-site portion of the audit the PC sent out information to staff of the showers to be utilized for transgender offenders. The direction noted that if the specific showers were not available, that transgender offenders would be authorized to cover part of the door to assist with blocking the view. Photos were provided to illustrate the appropriate showers and the proper use of the window cover. Interviews with the PCM and the staff responsible for risk screening confirmed that transgender and intersex offenders are afforded the opportunity to shower separately. The PCM stated that they have the

transgender shower line at one facility and that transgender offenders are given a separate time or location for private showers. Interviews with four transgender offenders confirmed they are afforded the opportunity to shower separately.

115.42 (g): 1100-01, page 12 states DOC will not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely based on such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. Offenders will not be housed based exclusively on external genital anatomy. The interview with the PC confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI offenders. He advised they do not have a designated spot for LGBTI offender, but rather they are housed based on classification and PREA risk screening score/code. The PCM confirmed that the agency does not have a consent decree and that LGBTI offenders are not placed in dedicated facilities, units or wings solely because of their identification or status. Interviews with three LGB offenders and four transgender offenders indicated seven felt that the facility does not place LGBTI offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. A review of housing assignments for LGBTI offenders confirmed they were housed across different housing units at the facilities, confirming that LGBTI offenders were not placed in one dedicated unit or wing.

Based on a review of the PAQ, 1100-01, 700-14, housing for offenders at risk of sexual abusiveness and sexual victimization, transgender and intersex offender house documentation, transgender and intersex offender biannual assessments, LGBTI offender housing assignments, observations made during the tour and information from interviews with the PC, PCM, staff responsible for conducting the risk screening and LGBTI offenders, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility evaluate their risk screening tool to be specific to the facility to further pinpoint those at high risk of victimization and those at high risk of abusiveness related to the specific facility population. This will in turn assist with placement of high risk victims and high risk abusers, with the goal of not placing the two populations in the same housing unit or in job assignments together.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)
3. Offenders at High Risk of Victimization Housing Assignments

Interviews:

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

Site Review Observations:

1. Observations in the Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ noted that there were zero offenders at high risk of victimization that were placed in involuntary segregated housing in the past twelve months. 1100-01, page 18 states offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault will not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary restrictive housing for less than 24 hours while completing the assessment. The interview with the Warden Designee indicated agency policy prohibits placing offenders at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are not alternative means of separation from likely abusers. She stated any placement in segregated housing requires the Warden's approval. A review of housing assignments

for current offenders at high risk of sexual victimization indicated those in segregated housing were there due to a mental health watch, requesting protection or disciplinary purposes. None of the offenders were in segregated housing due to risk of victimization.

115.43 (b): 1100-01, page 18 states offenders placed in restrictive housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document the opportunities limited, the reason for such limitations, and the duration of the limitation. During the tour the auditor observed the segregated housing unit at the Penitentiary and at Jameson. The segregated housing unit at the Penitentiary included four wings. The wings had an indoor recreation area, cells converted to interview rooms, a holding cell, living cells and a shower. A separate outdoor recreation area is also available for those in segregated housing. The segregated housing unit at Jameson is one housing building ("A") with six pods. The segregated housing unit mirrors that of the general population housing units. The segregated housing area included a holding cell, interview rooms, indoor recreation enclosures, living cells, single showers, and group rooms. Offenders in segregated housing have out of cell time for an hour a day. During this time they can participate in recreation and showers. Offenders have access to the phone daily, and those in segregated housing for any purpose other than discipline, have access to their tablets. Grievances can be provided to any staff member, as the grievance process requires the staff to sign they received it and provide a receipt to the offender. PREA information was observed in the segregated housing unit. The interviews with staff who supervise offenders in segregated housing indicated offenders at high risk of sexual victimization who are involuntary segregated would not have access to programs, privileges, education and work opportunities to the extent possible. The staff stated they do not place offender at high risk of victimization in segregated housing unless SIU determines they need to be placed there or they voluntarily request protective custody. The staff stated policy dictates what offender in segregated housing have access to and all offenders in segregated housing have a care and placement plan which outlines access and restriction. There were no offenders identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (c): 1100-01, page 18 states the facility may assign victim offenders to restrictive housing for investigative purpose (IP) only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days. The PAQ indicated there were zero offenders at risk of sexual victimization who were assigned to involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden Designee confirmed that offenders would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She stated alternative housing is typically found the same day, within a few hours. She

stated the maximum would be a week or so under any extreme circumstances. Interviews with the staff who supervise offenders in segregated housing indicated that offenders would only be placed in involuntary segregated housing until they could find an alternative means of separation. Staff advised they only place offenders at high risk of victimization in segregated housing if they request protective custody. There were no offenders identified to be in segregated housing due to their risk of victimization and as such no interviews were conducted.

115.43 (d): 1100-01, page 18 states if an involuntary restrictive housing assignment is made for this purpose the facility will clearly document, utilizing the IP status form, the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be arranged. The PAQ indicated there were zero offenders at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months who had both a statement of the basis for the facility's concern for the offender's safety and the reason why alternative means of separation could not be arranged. A review of housing assignments for current offenders at high risk of sexual victimization indicated those in segregated housing were there due to a mental health watch, requesting protection or disciplinary purposes. None of the offenders were in segregated housing due to risk of victimization.

115.43 (e): The PAQ indicate that if an offender was placed in segregation due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the offender to be separated from the general population. Interviews with the staff who supervise offenders in segregated housing confirmed that offenders would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. Staff advised they conduct reviews at the fifteen, 30, 60 and 90 day mark and each level requires approval via the Warden, Director of Prisons and/or Secretary of Corrections.

Based on a review of the PAQ, 1100-01, high risk offender housing assignments, observations from the facility tour as well as information from the interviews with the Warden Designee and staff who supervise offenders in segregated housing, this standard appears to be compliant.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)
3. South Dakota Department of Corrections Policy 500-05 – Offender Access to Telephones and Tablet
4. South Dakota Department of Corrections Policy 500-06 - Offender Correspondence
5. Prison Rape Elimination Act of 2003 Training Curriculum
6. Offender Living Guide
7. Sexual Abuse Awareness: Offender Brochure
8. PREA Notice – DCI & Victim Advocacy
9. No Means No Poster
10. Break the Silence Poster
11. PREA Wall Sign

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.51 (a): The PAQ indicated that the agency has established procedures allowing

for multiple internal ways for offenders to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. 1100-01, page 14 states offenders incarcerated in a DOC facility or contract facility may report any act of sexual assault/rape, sexual misconduct, or sexual harassment or retaliation for reporting such behavior by the following means: tell a DOC employee, contract worker, or volunteer; call the Offender Reporting Line at 0-605-367-5638 or the Offender Rape Crisis Hotline at #21 or #22 (after hours); mail a letter to the PREA Coordinator at PO Box 5911, Sioux Falls, South Dakota, 57117, send a kite or give a note directly to any DOC employee, contract worker, or volunteer; request to talk to clinical services; and send a note or letter in an envelope to the SIU investigator, unit staff, or warden. Policy further states offenders can report sexual abuse, sexual assault, or sexual harassment to an agency that is not part of the DOC. The outside PREA reporting agency - the Division of Criminal Investigations (DCI) will immediately forward written reports of sexual assault or sexual harassment to the IG. Offenders can remain anonymous by not identifying themselves in the letter. Correspondence addressed to this address will be treated as confidential. A review of the PREA Wall Sign indicates it advises of the agency's zero tolerance policy, the offenders right to be free from retaliation and provides dialing instructions for the wall phones and tablets for speed dial numbers. It provides the three speed dial hotline numbers as well as the hotline number for victim advocacy services. The document states reporting is free and anonymous. The PREA Notice - DCI & Victim Advocacy includes information on the zero tolerance policy, the agency policy number for PREA (1100.01), internal reporting mechanisms (staff, family, friends or other offender), the external reporting method (DCI mailing address), and information on confidential support services. The document advises that offenders and write a letter confidentially and/or anonymously to DCI. It also notes that confidential support services (victim advocates) can be reached via writing a letter to Compass Center (address provided) or by calling the *34 speed dial from a wall phone or tablet. Additionally, the document notes that due to confidentiality, confidential support services are not reporting entities. Sexual Abuse Awareness: Offenders Brochure outlines: the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to avoid sexual abuse, what to do if sexually abused, steps taken after the facility receives a report of sexual abuse, the offenders right to be free from retaliation from reporting incidents, methods to report (differentiates between internal and external) and provides contact information (address and speed dial number) for victim advocacy services. The document outlines calling instructions from the wall phones and the tablets. It notes reporting is free and anonymous. It advises mail to DCI is considered privileged legal mail. It also states that calls to victim advocates are not monitored or recorded. The Offender Living Guide, pages 5-6, includes definitions of sexual abuse and sexual harassment, the zero tolerance policy, reporting mechanisms (including internal and external) and transgender offender accommodations. The document notes offenders can report to staff verbally and in writing, anonymously through a kite, through the hotlines, by contacting DCI via mail or through family or friends. It also notes that victims of sexual assault/rape or harassment have access to community victim advocate services. The Break the

Silence Poster outlines the zero tolerance policy advises offender to tell a friend, tell family, tell staff, call the Crime Stoppers Helpline or the Sexual Abuser Crisis Hotline. The No Means No Poster advises outlines the zero tolerance policy and states that the agency is committed to investigating every allegation, providing services to every victim and pursuing every perpetrator. It outlines reporting mechanisms, including the three speed dial reporting lines, verbally to staff, in writing to any staff (including the PC), The document also provides information on the external reporting entity (DCI). It advises DCI is the external reporting entity and that offender can sent privileged legal mail to DCI. It also states reports can be made anonymously. During the tour the auditor observed PREA information posted throughout each of the facilities via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster, the PREA Wall Sign, and the Sexual Abuse Awareness Brochure. The auditor observed the posted information on letter and legal size paper. Information was observed in both English and Spanish. The posted information was observed on housing unit walls, near telephones and/or at the entrance of the housing units, In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy, the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Sexual Abuse Awareness Brochure, the Offender Living Guide, and the PREA Wall Sign. Additionally, the auditor observed the PREA educational video on the tablet in English, Spanish and Hmong. It should be noted that all offenders logging into their tablet are required to acknowledge the Sexual Assault Awareness Brochure prior to having access to anything else on the tablet. The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. The auditor tested the internal reporting mechanism during the tour. The auditor attempted to call the *33 Crime Stoppers hotline, however the two attempts were unsuccessful as the line is answered by live staff and it does not have a voicemail system. In both instances staff were not able to answer the line. The auditor then called the *36 PREA Reporting Line. The PC advised this line goes to his office typically, however it also does not have a voicemail system. He advised if he is not able to answer the call it rolls over to the local (facility) control center. The *36 line rang and was forwarded to the local control center. The auditor reached a live staff member. The staff member stated if an offender wanted to report sexual abuse or sexual harassment, they would gather as much information as possible from the offender and then forward the information immediately to the OIC. The auditor confirmed that none of the speed dial numbers required a pin and all were free to call. It should be noted that all offenders are able to call any of the speed dial through their tablet or from any of the wall phones. The auditor also tested the internal written reporting process. The auditor submitted a kite via a locked mailbox in a housing unit sallyport on December 11, 2024. The auditor received confirmation the following day that the kite was received by staff and would be processed per policy and procedure if it was a report of sexual abuse or sexual harassment. Interviews with 40 offenders confirmed that all 40 were aware of at least one method to report sexual abuse and sexual harassment. Offenders stated they would report through the hotline, via the tablet, to staff, through a kite (writing) and through their family. Interviews with random staff

indicated offenders can report to staff, via a kite, through the hotline and through their family.

115.51 (b): The PAQ stated that the agency provides at least one way for offenders to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ indicated that the facility does not house offenders solely for civil immigration purposes. 1100-01, page 14 states offenders incarcerated in a DOC facility or contract facility may report any act of sexual assault/rape, sexual misconduct, or sexual harassment or retaliation for reporting such behavior by the following means: tell a DOC employee, contract worker, or volunteer; call the Offender Reporting Line at 0-605-367-5638 or the Offender Rape Crisis Hotline at #21 or #22 (after hours); mail a letter to the PREA Coordinator at PO Box 5911, Sioux Falls, South Dakota, 57117, send a kite or give a note directly to any DOC employee, contract worker, or volunteer; request to talk to clinical services; and send a note or letter in an envelope to the SIU investigator, unit staff, or warden. Policy further states offenders can report sexual abuse, sexual assault, or sexual harassment to an agency that is not part of the DOC. The outside PREA reporting agency - the Division of Criminal Investigations (DCI) will immediately forward written reports of sexual assault or sexual harassment to the IG. Offenders can remain anonymous by not identifying themselves in the letter. Correspondence addressed to this address will be treated as confidential. A review of the PREA Wall Sign indicates it advises of the agency's zero tolerance policy, the offenders right to be free from retaliation and provides dialing instructions for the wall phones and tablets for speed dial numbers. It provides the three speed dial hotline numbers as well as the hotline number for victim advocacy services. The document states reporting is free and anonymous. The PREA Notice - DCI & Victim Advocacy includes information on the zero tolerance policy, the agency policy number for PREA (1100.01), internal reporting mechanisms (staff, family, friends or other offender), the external reporting method (DCI mailing address), and information on confidential support services. The document advises that offenders and write a letter confidentially and/or anonymously to DCI. It also notes that confidential support services (victim advocates) can be reached via writing a letter to Compass Center (address provided) or by calling the *34 speed dial from a wall phone or tablet. Additionally, the document notes that due to confidentiality, confidential support services are not reporting entities. Sexual Abuse Awareness: Offenders Brochure outlines: the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to avoid sexual abuse, what to do if sexually abused, steps taken after the facility receives a report of sexual abuse, the offenders right to be free from retaliation from reporting incidents, methods to report (differentiates between internal and external) and provides contact information (address and speed dial number) for victim advocacy services. The document outlines calling instructions from the wall phones and the tablets. It notes reporting is free and anonymous. It advises mail to DCI is considered privileged legal mail. It also states that calls to victim advocates are not monitored or recorded. The Offender Living Guide, pages 5-6, includes definitions of sexual abuse and sexual harassment, the zero tolerance policy, reporting mechanisms (including internal and external) and transgender

offender accommodations. The document notes offenders can report to staff verbally and in writing, anonymously through a kite, through the hotlines, by contacting DCI via mail or through family or friends. It also notes that victims of sexual assault/rape or harassment have access to community victim advocate services. The Break the Silence Poster outlines the zero tolerance policy advises offender to tell a friend, tell family, tell staff, call the Crime Stoppers Helpline or the Sexual Abuser Crisis Hotline. The No Means No Poster advises outlines the zero tolerance policy and stats that the agency is committed to investigating every allegation, providing services to every victim and pursuing every perpetrator. It outlines reporting mechanisms, including the three speed dial reporting lines, verbally to staff, in writing to any staff (including the PC), The document also provides information on the external reporting entity (DCI). It advises DCI is the external reporting entity and that offender can sent privileged legal mail to DCI. It also states reports can be made anonymously. During the tour the auditor observed PREA information posted throughout each of the facilities via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster, the PREA Wall Sign, and the Sexual Abuse Awareness Brochure. The auditor observed the posted information on letter and legal size paper. Information was observed in both English and Spanish. The posted information was observed on housing unit walls, near telephones and/or at the entrance of the housing units, In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy, the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Sexual Abuse Awareness Brochure, the Offender Living Guide, and the PREA Wall Sign. Additionally, the auditor observed the PREA educational video on the tablet in English, Spanish and Hmong. It should be noted that all offenders logging into their tablet are required to acknowledge the Sexual Assault Awareness Brochure prior to having access to anything else on the tablet. The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During the tour the auditor observed that offenders are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The mailroom staff advised that incoming mail from family and friends is opened and scanned for key work and gang information. The mail is then photocopied and the photocopy is provided to the offender. Originals are maintained for a set time period and are then shredded. Legal mail is logged by the mailroom staff and is sent through the detection machine to ensure nothing was added to the paper. Legal mail is provided to the unit staff who call the offender down to the office and open the legal mail in front of the offender. Outgoing mail is collected by night shift staff. Offenders place regular mail unsealed in any of the drop boxes around the facilities. Regular mail is scanned and read by night shift staff. Night shift staff will then seal the mail and drop it off in the mailroom. Any outgoing legal mail is provided to unit staff. The offender notifies staff that they have legal mail, unit staff will then call the offender down and review the mail to ensure it is legal. Unit staff do not read the mail. The mailroom staff advised that mail to and from DCI is considered legal mail. The auditor also tested the outside reporting mechanism via a letter to Division of Criminal

Investigations (DCI). The auditor obtained a free envelope from the mailroom. All offenders are provided a certain number of free envelopes. A test letter was sent via the mailroom on December 12, 2024. The auditor addressed the mail to the address found on the PREA Notice - DCI & Victim Advocacy. The auditor received confirmation (via email) on December 18, 2024 from the PC that DCI received the letter. The email included the forwarded email from DCI advising they received the letter on December 16, 2024. DCI staff previously advised that any report to DCI would be assigned to a Special Agency for investigation in conjunction with DOC investigators. DCI staff advised that if an offender wanted to remain anonymous they would be treated as an informant and their name would be replaced with a number. The interview with the PCM noted that offenders can report externally to DCI via a letter. She stated the information is posted for the offenders. The PCM further stated that when DCI receives information they reach out to the facility/agency investigators and provide them any necessary information for them to take over to investigate. Interviews with 40 offenders indicated eighteen were aware of DCI as the outside reporting entity and 21 knew they could anonymously report.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 1100-01, page 14 states DOC employees, contract workers, and volunteers will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any reports and will immediately, confidentially, and directly report to their supervisor or the shift commander (report "directly" means the reporting person must speak directly to the supervisor or shift commander via radio, telephone, or in person). Page 15 states a detailed report should be completed pursuant to policy, a written informational and a copy of this report sent to the PREA coordinator by email from the PREA facility compliance manager. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms slide 28 instructs staff that they are required to write a detailed incident report related to reports of sexual abuse and sexual harassment. Additionally during the tour, the auditor asked staff to demonstrate how to document a verbal report of sexual abuse. Staff indicated if they received a verbal report they complete a handwritten report via an incident report. The incident report would be submitted to the OIC, via the chain of command. Interviews with 40 offenders indicate all 40 knew they could report verbally and/or in writing to staff and 29 knew they could report through a third party. Interviews with fourteen staff indicated that offenders can report verbally, in writing, anonymously and through a third party. The staff stated if an offender reported verbally they would document the information after they handled the situation and reported to the OIC. A review of nineteen allegations indicated thirteen were reported verbally, four were reported in writing and two were reported via staff observation. All verbal allegations were documented in writing via an email or an incident report.

115.51 (d): The PAQ indicates the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. The PAQ notes staff are informed of these procedures through training and periodic email reminders. 1100-01, page 15 states if a DOC employee, contract worker, or volunteer believes they cannot go through their normal facility protocol to make a report, DOC provides a private reporting phone line at 605-367-4496 or 605-369-556. A review of the Prison Rape Elimination Act of 2003 training curriculum confirms slide 50 advises of the different staff reporting options. Interviews with fourteen staff indicated twelve were aware that they could privately report sexual abuse of an offender.

Based on a review of the PAQ, 1100-01 – Prison Rape Elimination Act (PREA), Prison Rape Elimination Act of 2003 Training Curriculum, Offender Living Guide, Sexual Abuse Awareness: Offender Brochure (Brochure), PREA Notice – Phone, PREA Notice – DCI & Victim Advocacy, Break the Silence Poster, No Means No Poster observations during the tour, information from interviews with the PCM, random offenders and random staff, this standard appears to be compliant. It should be noted that the current policy contains outdated hotline numbers and inaccurate information related to reporting to the rape crisis hotline. The facility was in the process of updating current policy language.

Recommendation

The auditor highly recommends that the facility install a locked box near the dayroom/recreation area for mail and grievances in the segregated housing unit at the Penitentiary.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 500-04 – Grievance Procedure 3. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 4. Offender Living Guide

5. Admission and Orientation Presentation
6. Sexual Abuse Grievances
7. Grievance Log

Interviews:

1. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): 500-04 is the policy related to grievance procedures for offenders. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): The PAQ indicated that agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that offenders are required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 500-04, page 4 states the agency shall not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The agency shall not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A review of the Offender Living Guide indicates that page 16 states that emergency issues, such as sexual abuse or harassment must be reported immediately to staff and are not subject to the offender grievance process. Additionally, the grievance policy is available to offender through their tablets. A review of the Admission and Orientation presentation illustrated that slide eight provided information on sexual abuse grievances.

115.52 (c): The PAQ stated that agency policy and procedure allow an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an offender grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 500-04, page 4 states an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be referred to, investigated, or formally responded to by a staff member who is the subject of the sexual abuse grievance. Such grievance is not referred to a staff member who is the

subject of the complaint. A review of the Offender Living Guide indicates that page 16 states that emergency issues, such as sexual abuse or harassment must be reported immediately to staff and are not subject to the offender grievance process. Additionally, the grievance policy is available to offender through their tablets.

115.52 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were thirteen sexual abuse grievances filed in the previous twelve months and all thirteen had a response within 90 days. The PAQ further indicates that the agency always notifies an offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. 500-04, page 7 states including the day the Request for Administrative Remedy/Grievance form is received by the grievance coordinator, the grievance coordinator has 20 calendar days to generate a response to the offender. If an extension is warranted, the grievance coordinator will generate a letter requesting an extension approval from the warden. The reason for the extension will be documented in COMS and the offender notified. Extensions are limited to a maximum of 30 days. Interviews with offenders who reported sexual abuse indicated four of the six were aware they were to be notified of the outcome of the investigation into their allegation. Four of the six indicated they were notified verbally or in writing about the outcome, however none reported via a grievance. A review of thirteen grievances identified as PREA indicated three were sexual abuse or sexual harassment allegations. All three were forwarded for investigation and had a response within 90 days (all within 30 days). Further, the other PREA grievances that were not sexual abuse or sexual harassment also had a response within 90 days. The auditor also reviewed the grievance log to verify there were no other grievances involving sexual abuse or sexual harassment.

115.52 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of offenders. The PAQ further indicated that agency policy and procedure requires that if an offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the offender's decision to decline. 500-04, page 3 states third party assistance in pursuing a request for remedy is permitted. Offenders may request a third party assistant to help document their request and the grievance. The offender requesting the remedy must sign the completed form. The third party preparer is required to sign the completed form/request. Page 2 also states the offender who is the alleged victim must provide a written statement or agreement accepting or declining to have the request proceed. The PAQ stated that there were zero grievances alleging sexual abuse by offenders in the past twelve months in which the offender declined third-party assistance and which contained documentation of the offender's decision to decline. The auditor reviewed the PREA

grievances and grievance log and confirmed none were reported via a third party.

115.52 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. 1100-01, page 15 states upon receiving an emergency grievance alleging imminent/substantial risk of sexual abuse, the staff member in receipt of the grievance will immediately forward the grievance to the PREA facility compliance manager for review and have an initial response within 48 hours and will issue a final agency decision within 5 calendar days. The PAQ stated there were zero emergency grievance alleging substantial risk of imminent sexual abuse in the previous twelve months. The auditor reviewed the PREA grievances and grievance log and confirmed none were emergency grievances.

115.52 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline an offender for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the offender filed the grievance in bad faith. 1100-01, page 14 states reports of sexual assault/rape, sexual misconduct, and sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PAQ indicated that zero offenders were disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 500-04, 1100-01, Sexual Abuse Grievances, Grievance Log, and interviews with offenders who reported sexual abuse indicates that this standard appears to be compliant.

Recommendation

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

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA)
3. South Dakota Department of Corrections Policy 500-05 - Offender Access to Telephones and Tablet
4. South Dakota Department of Corrections Policy 500-06 - Offender Correspondence
5. Memorandum of Understanding with The Compass Center (TCC)
6. Offender Living Guide
7. Sexual Abuse Awareness: Offender Brochure
8. PREA Notice - DCI & Victim Advocacy
9. PREA Wall Sign

Interviews:

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

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The PAQ indicated that the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse. It further stated that the facility provides offenders with access to such services by giving offenders mailing addresses and telephone numbers for local, state or national

victim advocacy or rape crisis organizations and that the facility provides offenders with access to such services by enabling reasonable communication between offenders and these organizations in a confidential a manner as possible. The PAQ stated that the facility does not hold individuals strictly for immigration purposes. 1100-01, page 19 states offenders shall have access to outside victim advocates. Offenders will be provided mailing addresses and telephone numbers (including toll-free hotline numbers, where available) of local, state, or national victim advocacy or rape crisis organizations. Correspondence with a Victim Advocate/Rape Crisis Center is privileged. Offenders are allowed privileged telephone calls with Victim Advocate/Rape Crisis Centers Calls from the offender telephones or tablets will not be monitored and/or recorded for content. Messages sent from offender tablets are not confidential and subject to reading by staff. Page 21 further states the facility will provide offenders with access to outside victim advocates for emotional support services through the following. The contact information for statewide, national, and local rape crisis centers, is available through the PREA facility compliance manager and/or offender tablet; offenders can contact the rape crisis hotline at #21 (or #22 after hours). Offenders will be advised these calls are free, confidential, anonymous, and are not recorded or monitored. The rape crisis advocates are mandatory reporters and are required to report threats of suicide or homicide and reports of child abuse to the DOC or appropriate agency. Abuse of the rape crisis hotline will be reported to the SIU investigators by the rape crisis advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crisis line and/or DOC disciplinary sanctions. A review of the PREA Wall Sign indicates it advises of the agency's zero tolerance policy, the offenders right to be free from retaliation and provides dialing instructions for the wall phones and tablets for speed dial numbers. It provides the three speed dial hotline numbers as well as the hotline number for victim advocacy services. The document states reporting is free and anonymous. The PREA Notice - DCI & Victim Advocacy includes information on the zero tolerance policy, the agency policy number for PREA (1100.01), internal reporting mechanisms (staff, family, friends or other offender), the external reporting method (DCI mailing address), and information on confidential support services. The document advises that offenders and write a letter confidentially and/or anonymously to DCI. It also notes that confidential support services (victim advocates) can be reached via writing a letter to Compass Center (address provided) or by calling the *34 speed dial from a wall phone or tablet. Additionally, the document notes that due to confidentiality, confidential support services are not reporting entities. Sexual Abuse Awareness: Offenders Brochure outlines: the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to avoid sexual abuse, what to do if sexually abused, steps taken after the facility receives a report of sexual abuse, the offenders right to be free from retaliation from reporting incidents, methods to report (differentiates between internal and external) and provides contact information (address and speed dial number) for victim advocacy services. The document outlines calling instructions from the wall phones and the tablets. It notes reporting is free and anonymous. It advises mail to DCI is considered privileged legal mail. It also states that calls to victim advocates are not monitored or recorded. The Offender Living Guide, pages 5-6, includes definitions of sexual abuse and sexual harassment, the zero tolerance

policy, reporting mechanisms (including internal and external) and transgender offender accommodations. The document notes offenders can report to staff verbally and in writing, anonymously through a kite, through the hotlines, by contacting DCI via mail or through family or friends. It also notes that victims of sexual assault/rape or harassment have access to community victim advocate services. The MOU with the Compass Center notes that the facility will provide all offenders the address and phone number of the local rape crisis center and/or victim advocacy group and provide free, confidential access for offender to call the rape crisis hotline. It also states that phone calls will be documented but not recorded for confidentiality purposes. The MOU also advises that the rape crisis center will provide a phone number that is available 24 hours a day seven days a week for offender. During the tour the auditor observed PREA information posted throughout each of the facilities via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster, the PREA Wall Sign, and the Sexual Abuse Awareness Brochure. The auditor observed the posted information on letter and legal size paper. Information was observed in both English and Spanish. The posted information was observed on housing unit walls, near telephones and/or at the entrance of the housing units, In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included the agency's PREA policy, the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Sexual Abuse Awareness Brochure, the Offender Living Guide, and the PREA Wall Sign. Additionally, the auditor observed the PREA educational video on the tablet in English, Spanish and Hmong. It should be noted that all offenders logging into their tablet are required to acknowledge the Sexual Assault Awareness Brochure prior to having access to anything else on the tablet. The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. The auditor tested the victim advocacy hotline during the on-site portion of the audit. The auditor dialed the speed dial number found on the posted information (*34) and reached the rape crisis center. The automated response advised to select "1" for general information or "2" for services. The auditor pressed "2" and was connected to a live staff member. The staff advised that they can provide services to any offender who was sexually abused/assaulted. The staff noted they can provide the services over the phone initially and they can also set up services in-person at the prison. The speed dial number did not require a pin number and was free to call. Additionally, the speed dial number is not monitored or recorded. Interviews with 40 offenders, including those who reported sexual abuse, indicated eighteen were aware of outside victim advocacy services and twelve were provided a phone number and mailing address to a local rape crisis center.

115.53 (b): The PAQ indicated that the facility informs offenders, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs offenders, prior to giving them access to outside support services, of the mandatory reporting rules governing

privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. 1100-01, page 19 states offenders shall have access to outside victim advocates. Offenders will be provided mailing addresses and telephone numbers (including toll-free hotline numbers, where available) of local, state, or national victim advocacy or rape crisis organizations. Correspondence with a Victim Advocate/Rape Crisis Center is privileged. Offenders are allowed privileged telephone calls with Victim Advocate/Rape Crisis Centers. Calls from the offender telephones or tablets will not be monitored and/or recorded for content. Messages sent from offender tablets are not confidential and subject to reading by staff. A review of the PREA Wall Sign indicates it advises of the agency's zero tolerance policy, the offenders right to be free from retaliation and provides dialing instructions for the wall phones and tablets for speed dial numbers. It provides the three speed dial hotline numbers as well as the hotline number for victim advocacy services. The document states reporting is free and anonymous. The PREA Notice - DCI & Victim Advocacy includes information on the zero tolerance policy, the agency policy number for PREA (1100.01), internal reporting mechanisms (staff, family, friends or other offender), the external reporting method (DCI mailing address), and information on confidential support services. The document advises that offenders and write a letter confidentially and/or anonymously to DCI. It also notes that confidential support services (victim advocates) can be reached via writing a letter to Compass Center (address provided) or by calling the *34 speed dial from a wall phone or tablet. Additionally, the document notes that due to confidentiality, confidential support services are not reporting entities. Sexual Abuse Awareness: Offenders Brochure outlines: the zero tolerance policy, definitions of sexual abuse and sexual harassment, ways to avoid sexual abuse, what to do if sexually abused, steps taken after the facility receives a report of sexual abuse, the offenders right to be free from retaliation from reporting incidents, methods to report (differentiates between internal and external) and provides contact information (address and speed dial number) for victim advocacy services. The document outlines calling instructions from the wall phones and the tablets. It notes reporting is free and anonymous. It advises mail to DCI is considered privileged legal mail. It also states that calls to victim advocates are not monitored or recorded. The Offender Living Guide, pages 5-6, includes definitions of sexual abuse and sexual harassment, the zero tolerance policy, reporting mechanisms (including internal and external) and transgender offender accommodations. The document notes offenders can report to staff verbally and in writing, anonymously through a kite, through the hotlines, by contacting DCI via mail or through family or friends. It also notes that victims of sexual assault/rape or harassment have access to community victim advocate services. During the tour the auditor observed PREA information posted throughout each of the facilities via the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Break the Silence Poster, the PREA Wall Sign, and the Sexual Abuse Awareness Brochure. The auditor observed the posted information on letter and legal size paper. Information was observed in both English and Spanish. The posted information was observed on housing unit walls, near telephones and/or at the entrance of the housing units, In addition to the postings, the auditor had an offender pull up information on the tablet system. All offenders are issued a tablet. The auditor viewed that the tablet included

the agency's PREA policy, the No Means No Poster, the PREA Notice - DCI & Victim Advocacy, the Sexual Abuse Awareness Brochure, the Offender Living Guide, and the PREA Wall Sign. Additionally, the auditor observed the PREA educational video on the tablet in English, Spanish and Hmong. It should be noted that all offenders logging into their tablet are required to acknowledge the Sexual Assault Awareness Brochure prior to having access to anything else on the tablet. The auditor also observed that each offender identification card included directions to contact Crime Stoppers or write to DCI to report sexual abuse or sexual harassment. It also advised to call the local rape crisis center for support or reach out to a family member. During the tour the auditor observed that offenders are able to place outgoing mail in any of the locked boxes around the facility, including in the housing units. None of the boxes were specific to sexual abuse or sexual harassment allegations or information. The mailroom staff advised that incoming mail from family and friends is opened and scanned for key work and gang information. The mail is then photocopied and the photocopy is provided to the offender. Originals are maintained for a set time period and are then shredded. Legal mail is logged by the mailroom staff and is sent through the detection machine to ensure nothing was added to the paper. Legal mail is provided to the unit staff who call the offender down to the office and open the legal mail in front of the offender. Outgoing mail is collected by night shift staff. Offenders place regular mail unsealed in any of the drop boxes around the facilities. Regular mail is scanned and read by night shift staff. Night shift staff will then seal the mail and drop it off in the mailroom. Any outgoing legal mail is provided to unit staff. The offender notifies staff that they have legal mail, unit staff will then call the offender down and review the mail to ensure it is legal. Unit staff do not read the mail. The mailroom staff advised that mail to and from the local rape crisis center is considered legal mail. Interviews with 40 offenders, including those who reported sexual abuse, indicated eighteen were aware of outside victim advocacy services and twelve were provided a phone number and mailing address to a local rape crisis center. Most of the offenders indicated they were not aware of specifics of the local rape crisis center but they were given the information. Some advised they can call anytime and it is free.

115.53 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide offenders with emotional support services related to sexual abuse. The PAQ also indicated that the facility maintains copies of the agreement. 1100-01, page 19 states the PREA coordinator will maintain copies of such agreements or documentation showing attempts to enter into such agreements and renew these as necessary. The facility has a Memorandum of Understanding with The Compass Center, which was signed on November 5, 2024. The facility maintains a copy of the MOU.

Based on a review of the PAQ, 500-05, 500-06, 1100-01, Memorandum of Understanding with the Compass Center, Offender Living Guide, Sexual Abuse Awareness: Offender Brochure, PREA Notice - DCI & Victim Advocacy, PREA Wall Sign,

	<p>observation during the tour and interviews with random offenders and offenders who reported sexual abuse, this standard appears to be compliant. It should be noted that the current policy contains outdated hotline numbers and inaccurate information related to reporting to the rape crisis hotline. The facility was in the process of updating current policy language.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.54 Third-party reporting	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Sexual Abuse Awareness: Family and Friends Brochure 4. Break the Silence Metal Poster 5. Break the Silence Poster 6. No Means No Poster <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an offender. 1100-01, page 6 states the DOC website includes information about how a third-party may report incidents of sexual assault/rape, sexual misconduct, and sexual harassment involving an offender and/or on behalf of an offender within a DOC facility: http://doc.sd.gov or email DOC.ADULTPREA@state.sd.us, or write DOC-Adult Division PREA Coordinator PO Box 5911 Sioux Falls, SD 57117 or call 605-367-4496. A review of the Sexual Abuse Awareness: Family and Friends Brochure confirmed that it advises of routes to report, including: by telling a DOC employee, contractors or volunteer; through the reporting line; via a letter or email to the PC or in writing to facility staff and leadership. The Break the Silence Poster outlines the zero tolerance policy advises offender to tell a friend, tell family, tell staff, call the Crime Stoppers Helpline or the Sexual Abuser Crisis Hotline. The No Means No Poster advises outlines the zero tolerance policy and stats that the agency is committed to investigating</p>

every allegation, providing services to every victim and pursuing every perpetrator. It outlines reporting mechanisms, including the three speed dial reporting lines, verbally to staff, in writing to any staff (including the PC), The document also provides information on the external reporting entity (DCI). It advises DCI is the external reporting entity and that offender can sent privileged legal mail to DCI. It also states reports can be made anonymously. A review of the agency website confirmed that it provides information on reporting sexual abuse and sexual harassment. The website provides a physical mailing address, a phone number and an email to report an incident of sexual abuse or sexual harassment. Third party reporting information was observed at the front entrance of the facilities via the Break the Silence metal posting. The posting advised of the zero tolerance policy and to contact staff for more information. Third party reporting information was observed in visitation via the Break the Silence Poster and the No Means No Poster. Additionally, visitation included the Sexual Abuse Awareness: Family and Friends Brochure in English and Spanish. The auditor tested the third party reporting mechanism via the email found on the agency website. The auditor sent an email to DOC.ADULTPREA@state.sd.us on December 3, 2024. The auditor did not receive confirmation that the email was received. During the on-site portion of the audit, the auditor inquired with the PC about the agency email. The PC advised he is the one who receives the emails. He immediately reached out to IT staff related to not receiving the email. The PC was able to work with IT staff to correct the issue. On December 12, 2024 the auditor sent a second email to the email address to confirm the corrective action. The PC provided confirmation on the same date that the original email sent on December 3, 2024 and the email sent on December 12, 2024 were both received. He advised any allegation of sexual abuse or sexual harassment would be forwarded for investigation.

Based on a review of the PAQ, 1100-01, Sexual Abuse Awareness: Family and Friends Brochure, Break the Silence Metal Poster, Break the Silence Poster, No Means No Poster, and the agency’s website, and the functional test, this standard appears to be compliant.

Recommendation

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

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)
3. Investigative Reports

Interviews:

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

Findings (By Provision):

115.61 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against offenders or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 1100-01, page 14 states DOC employees, contract workers, and volunteers will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any reports and will immediately, confidentially, and directly report to their supervisor or the shift commander (report “directly” means the reporting person must speak directly to the supervisor or shift commander via radio, telephone, or in person). 1100-01, page 15 states any DOC Employee/Contract Worker/Volunteer with knowledge, suspicion, or information (including third party and anonymous kites, letters, and reports), regarding incidents of sexual assault/rape, sexual misconduct, and sexual harassment in a correctional setting, (including DOC prisons, private prisons, and community confinement facilities); incidents of retaliation against offenders or DOC employees, contract workers, or volunteers who reported such incidents; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation who willfully fails to report shall be subject to disciplinary action. The shift commander or OIC will notify the Duty Officer, the PREA facility compliance manager, and the SIU investigator of all allegations of sexual assault/rape and harassment by phone call and email. Interviews with fourteen staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual

abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 1100-01, page 14 states DOC employees, contract workers, and volunteers will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any reports and will immediately, confidentially, and directly report to their supervisor or the shift commander (report "directly" means the reporting person must speak directly to the supervisor or shift commander via radio, telephone, or in person). 1100-01, page 15 states any DOC Employee/Contract Worker/Volunteer with knowledge, suspicion, or information (including third party and anonymous kites, letters, and reports), regarding incidents of sexual assault/rape, sexual misconduct, and sexual harassment in a correctional setting, (including DOC prisons, private prisons, and community confinement facilities); incidents of retaliation against offenders or DOC employees, contract workers, or volunteers who reported such incidents; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation who willfully fails to report shall be subject to disciplinary action. The shift commander or OIC will notify the Duty Officer, the PREA facility compliance manager, and the SIU investigator of all allegations of sexual assault/rape and harassment by phone call and email. DOC employees, contract workers, and volunteers will not reveal any information related to a sexual assault/rape, sexual misconduct, or sexual harassment report to anyone other than to supervisors, investigators, and designated officials. Such information will be limited to information necessary to make treatment, investigation, and other security and management decisions. Interviews with thirteen staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that contributed to the sexual abuse or retaliation. Staff stated they would report the information to Officer in Charge or Duty Officer.

115.61 (c): 1100-01, page 9 states a Release of Information form from clinical services signed by the offender may be required prior to release or request of confidential information about the offender which may be requested from outside sources. Clinical services will inform offenders of the practitioner's duty to report, and the limitations of confidentiality and management decisions. Interviews with medical and mental health care staff confirmed that at the initiation of services with an offender they disclose limitations of confidentiality and their duty to report. All staff stated they are required to report any knowledge, suspicion or information related an incident of sexual abuse or sexual harassment. Two of the four advised

they became aware of such information and immediately reported it to security. A review of investigative reports indicated two were reported to a mental health staff member who immediately reported it to security and completed a written report. The allegations were reported then forwarded to the facility investigator.

115.61 (d): 1100-01, page 16 states if the alleged victim is under the age of eighteen (18) or considered a vulnerable adult in accordance with SDCL 22-22-7.6: Sexual acts between jail or juvenile correctional facility employees and detainees-- Felony, the DOC will report the allegation to the designated state or local services agency under applicable mandatory reporting laws. The interview with the PREA Coordinator indicated that staff are mandatory reporters. He indicated the agency goes not house anyone under eighteen but as a mandatory reporter they report information to DCI and any further notifications would be made by DCI. The Warden Designee stated they are mandatory reporters and that any allegation would be reported through the investigation process, to include to DCI. All criminal activity is reported to DCI.

115.61 (e): 1100-01, page 13 states all allegations of sexual assault/rape, sexual misconduct, and sexual harassment will be forwarded to the facility SIU investigator and PREA facility compliance manager within 24 hours of notification of an incident. Page 15 states any DOC Employee/Contract Worker/Volunteer with knowledge, suspicion, or information (including third party and anonymous kites, letters, and reports), regarding incidents of sexual assault/rape, sexual misconduct, and sexual harassment in a correctional setting, (including DOC prisons, private prisons, and community confinement facilities); incidents of retaliation against offenders or DOC employees, contract workers, or volunteers who reported such incidents; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation who willfully fails to report shall be subject to disciplinary action. The shift commander or OIC will notify the Duty Officer, the PREA facility compliance manager, and the SIU investigator of all allegations of sexual assault/rape and harassment by phone call and email. The interview with the Warden Designee confirmed that all allegations of sexual abuse and sexual harassment are reported to the designated facility investigators. A review of nineteen allegations indicated thirteen were reported verbally, four were reported in writing and two were reported via staff observation. All nineteen allegations were forwarded to facility investigators.

Based on a review of the PAQ, 1100-01, investigative reports and information from interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden Designee, this standard appears to be compliant.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)
3. Investigative Reports

Interviews:

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

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 1100-01, page 5 states if any employee, contract worker or volunteer learns that an offender is subject to a substantial risk of imminent sexual abuse, that person will take immediate action to protect the offender. The PAQ stated that there were zero determinations made in the past twelve months that an offender was at substantial risk of imminent sexual abuse. The Agency Head stated that when the agency learns that an offender is subject to substantial risk of imminent sexual abuse they deem this individual a victim and they immediately initiate an investigation. She stated they may need to move that individual or place them in protective custody. She stated there are some cases there may be a need to transfer that offender or another offender to another facility. The Agency Head advised the biggest concern is to ensure that they do not victimize someone at risk through isolation. The interview with the Warden Designee indicated when an offender is at imminent risk of sexual abuse they remove the offender from population and get them to a safe place. Interviews with random staff indicated if an offender was at imminent risk of sexual abuse they would remove the offender from the area and notify the PREA Compliance Manager or PREA Coordinator. A review of documentation confirmed there were zero offenders determined to be at imminent risk of sexual abuse. There were numerous reports of sexual harassment and staff took immediately action once reported to ensure the offender was safe.

	<p>Based on a review of the PAQ, 1100-01, investigative reports and information from interviews with the Agency Head, Warden Designee and random staff, this standard appears to be compliant.</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Attachment #9: Reporting to Other Confinement Facilities 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden Designee <p>Findings (By Provision):</p> <p>115.63 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 1100-01, page 16 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the warden will notify the warden of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. Agency to agency referral (see attachment #9 – Reporting to Other Confinement Facilities) will be completed and placed with the written report that will be generated by SIU investigator and a copy will be sent to the PREA facility compliance manager and PREA</p>

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

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 1100-01, page 16 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the warden will notify the warden of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. Agency to agency referral (see attachment #9 - Reporting to Other Confinement Facilities) will be completed and place with the written report that will be generated by SIU investigator and a copy will be sent to the PREA facility compliance manager and PREA coordinator. A review of documentation confirmed there were six offender who reported sexual abuse that occurred at another facility. All six were forwarded to the facility where the incident occurred via a Warden to Warden notification. Five of the six were provided within 72 hours.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 1100-01, page 16 states upon receiving an allegation that an offender was sexually assaulted or sexually abused while confined at another facility, the warden will notify the warden of the facility or appropriate office where the alleged sexual assault or sexual abuse occurred. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. Agency to agency referral (see attachment #9 - Reporting to Other Confinement Facilities) will be completed and place with the written report that will be generated by SIU investigator and a copy will be sent to the PREA facility compliance manager and PREA coordinator. A review of Attachment #9 notes the form is a template that can be filled with contact information for the agency, the information related to the allegation received, the response and return contact information. A review of documentation confirmed there were six offender who reported sexual abuse that occurred at another facility. All six were forwarded to the facility where the incident occurred via a Warden to Warden notification.

115.63 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 1100-01, page 16 states the Warden that receives any such notification will ensure that the allegation is investigated. The PAQ stated there were

	<p>two allegations reported to the facility from another facility in the previous twelve months. The Agency Head stated they just received a Warden to Warden notification a few weeks prior. A jail administrator contacted the Warden and the PC. The information was then forwarded for investigation. The Warden Designee stated that any information received from another facility/agency would be forwarded for investigation. She advised she has sent Warden to Warden notifications but she was not aware of any that the facility received. She did note she was there in a temporary role so they may have received them when she was not serving in the role. A review of investigative reports and the investigative log confirmed two allegations were received through a Warden to Warden notification and both were forwarded for investigation.</p> <p>Based on a review of the PAQ, 1100-01, Attachment #9: Reporting to Other Confinement Facilities, investigative reports, and interviews with the Agency Head and Warden Designee, this standard appears to be compliant.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Attachment #3: PREA Response Facility Checklist 4. Prison Rape Elimination Act of 2003 Training Curriculum 5. Sexual Incident Protocol and Reference Book 6. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff 3. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 1100-01, page 16 states appropriate security procedures will include, at a minimum: separate the perpetrator and victim; preserve and protect the crime scene, isolate, and cordon off the crime scene until appropriate steps can be taken to collect any evidence or receiving further direction from the SIU investigator; and instruct the suspect and request the victim within a time period that still allows for collection of physical evidence not to shower, wash, brush their teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence. A review of the Prison Rape Elimination Act training curriculum confirms slide 52 discusses first responder duties. Additionally, the Sexual Incident Protocol and Reference Book, page 1 outlines first responder duties. The PAQ stated there were 34 allegations of sexual abuse in the previous twelve months and all 34 involved the immediate separation of the alleged victim and abuser. Three occurred within a time period to collect physical evidence, three allegations involved the collection of physical evidence by securing of the crime scene and three included requesting the victim not take any action to destroy any evidence. The security first responder advised they would separate the individuals, preserve the scene, instruct the offenders not to take action to destroy evidence, report the information to the OIC and then the OIC would take it from there. The non-security first responder stated that if an incident occurred she would act on it and perform the duties on the back of the card she was given. She stated there are five steps, including separating them, advising them not destroy evidence, securing the area and notifying the OIC. Interviews with offenders who reported sexual abuse indicated five of six had immediate action taken. Five were removed from the area and taken to another housing unit or to talk to the investigator. One was transported to the hospital. A review of investigative reports indicated two involved immediate first responder duties. Staff separated the individuals, preserved the scene, instructed the offenders not to take action to destroy evidence, notified the supervisor and escorted the victim to healthcare. The offenders both were transported to the outside hospital for a forensic medical examination. While none of the other allegations reviewed involved immediate first responder duties, a few did include the separation of the victim and alleged abuser.

115.64 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. 1100-01, page 16 states appropriate security procedures will include, at a minimum: separate the perpetrator and victim; preserve and protect the crime scene, isolate, and cordon off the crime scene until appropriate steps can be taken to collect any evidence or receiving further direction from the SIU investigator; and instruct the suspect and request the victim within a time period that still allows for collection of physical evidence not to shower, wash, brush their teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence. The PAQ stated there were four allegations of sexual abuse that involved a non-security staff first responder. Two involved advising the victim not to take any action to destroy evidence and all four were reported to security. The security first responder advised they would separate the individuals, preserve the scene, instruct the offenders not to take action to destroy evidence, report the information to the OIC and then the OIC would take it from there. The non-security first responder stated that if an incident occurred she would act on it and perform the duties on the back of the card she was given. She stated there are five steps, including separating them, advising them not to destroy evidence, securing the area and notifying the OIC. Interviews with fourteen random staff indicated they were aware of first responder duties. A review of investigative reports indicated none involved any immediate non-security first responder duties. The three allegations reported to a non-security staff member noted that the staff notified security.

Based on a review of the PAQ, 1100-01, Attachment #3: PREA Response Facility Checklist, Prison Rape Elimination Act of 2003 Training Curriculum, Sexual Incident Protocol and Reference Book, investigative reports, the PREA Checklist and interviews with random staff and first responders, this standard appears to be compliant.

Recommendation

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

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA)
3. Sexual Incident Protocol and Reference Book

Interviews:

1. Interview with the Warden Designee

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. 1100-01, page 16 states each facility, including contracted facilities, must use the checklist, to develop a written PREA facility response plan. The facility specific PREA response plan will coordinate actions among first responders, clinical staff, SIU investigator or local law enforcement, facility leadership, victim rights, and advocacy in response to an incident of sexual assault or sexual activity. 1100-01, pages 16-17 outline actions in response to an incident of sexual abuse or sexual harassment. A review of the Sexual Incident Protocol and Reference Book indicates it includes duties of first responder, correctional medical services, correctional behavioral services, SIU investigators, the PCM, the Division of Criminal Investigations, victim advocates, and the attorney general. The document also includes the Attachment #4: PREA Response Facility Checklist and instructions for the checklist. The Warden Designee confirmed that the facility has plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators and facility leadership. She advised they have A team first responders and PREA first responders and they follow a chain of events via the PREA checklist.

Based on a review of the PAQ, 1100-01, Sexual Incident Protocol and Reference Book and information from the interview with the Warden Designee, this standard appears to be compliant.

Recommendation

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

<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. 1100-01, page 6 states the DOC will not enter into any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The interview with the Agency Head confirmed that the agency has not entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p>

	Based on a review of the PAQ, 1100-01 and the interview with the Agency Head, this standard appears to be not applicable and as such compliant.
--	-------------------------------------------------------------------------------------------------------------------------------------------------

115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Attachment #5: Retaliation Monitoring 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the Warden Designee 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interviews with Offenders who Reported Sexual Abuse <p>Findings (By Provision):</p> <p>115.67 (a): The PAQ indicated that the agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. 1100-01, page 5 states the DOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers, and volunteers have the right to be free from retaliation from reporting sexual assault/rape, sexual misconduct, and sexual harassment and for cooperating with investigations. The PREA facility compliance manager will initiate retaliation monitoring, when the allegation is reported, on offenders who report sexual abuse or cooperate with an investigation of sexual abuse. The PREA facility compliance manger will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes,</p>

and negative offender case notes. Periodic in person status checks for offenders will be completed by the PREA facility compliance manager. For employees, contractors, and volunteers who report sexual abuse, retaliation monitoring will be completed by the PREA facility compliance manager or PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the inspector general (IG) and a copy sent to the PREA coordinator. The PAQ indicated that the PCM is the staff member charged with monitoring for retaliation.

115.67 (b): 1100-01, page 5 states the DOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers, and volunteers have the right to be free from retaliation from reporting sexual assault/rape, sexual misconduct, and sexual harassment and for cooperating with investigations. The PREA facility compliance manager will initiate retaliation monitoring, when the allegation is reported, on offenders who report sexual abuse or cooperate with an investigation of sexual abuse. The PREA facility compliance manager will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes, and negative offender case notes. Periodic in person status checks for offenders will be completed by the PREA facility compliance manager. For employees, contractors, and volunteers who report sexual abuse, retaliation monitoring will be completed by the PREA facility compliance manager or PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the inspector general (IG) and a copy sent to the PREA coordinator. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken to prevent/deter retaliation. The Agency Head stated that they have put processes in place over the last few years to protect against retaliation. She indicated IG staff, specifically the PC has been tasked with monitoring the offender to determine if they have had housing changes, job changes, placement in the segregated housing unit or any other action against them that may indicate they are being retaliated against. She confirmed the agency can take protective actions including; housing changes, job changes, removal of staff abusers and providing emotional support services. She advised that they will do what is best for the victim. The Warden Designee stated that the facility takes protective measures to prevent retaliation through a review of housing and programming changes. She advised they make sure the status quo with the offender does not change. She confirmed they can change housing, transfer facilities, remove staff from contact and offer emotional support services. The interview with the staff who monitors for retaliation indicated her role is to meet with the individual in a private area and ask them if they have any concerns related to retaliation. If there is a concern she passes the information on for investigation. She noted she asks if they

feel safe in their current housing, and if they do not she would pass that information on to determine if a housing change is needed. She advised she also asks them if they want to see mental health. The staff noted that she trains staff and makes it clear that retaliation is not tolerated. She confirmed they can take actions to prevent retaliation including: housing changes, facility transfers, removal of staff and offering emotional support services. Interviews with six offender who reported sexual abuse indicated four felt safe at the facility and five felt protected against retaliation. A review of investigative reports and monitoring documents indicated there were a few reports of retaliation via grievances. All were forwarded for investigation and determined to not be related to the reported allegation. A review of ten sexual abuse investigative reports indicated all ten required monitoring. All ten had monitoring for retaliation completed. Nine of the ten had monitoring completed for 90 days (one was unfounded after 30 days). All included in-person status checks and a review of discipline, housing changes, job change and program changes.

115.67 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff. The PAQ stated that monitoring is completed for a minimum of 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 1100-01, page 5 states the DOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers, and volunteers have the right to be free from retaliation from reporting sexual assault/rape, sexual misconduct, and sexual harassment and for cooperating with investigations. The PREA facility compliance manager will initiate retaliation monitoring, when the allegation is reported, on offenders who report sexual abuse or cooperate with an investigation of sexual abuse. The PREA facility compliance manager will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes, and negative offender case notes. Periodic in person status checks for offenders will be completed by the PREA facility compliance manager. For employees, contractors, and volunteers who report sexual abuse, retaliation monitoring will be completed by the PREA facility compliance manager or PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the inspector general (IG) and a copy sent to the PREA coordinator. A review of Attachment #5 notes that it includes information on the person being monitored as well as sections for in-person status checks and a review of disciplinary, assignment, program and work changes. The form notes three required checks and sections for two additional checks. A date is required as well as notes related the checks. The PAQ noted there were zero incidents of retaliation reported in the previous twelve months. The interview with the Warden Designee indicated that if retaliation is suspected or reported a notification is

made and they ensure the offender is taken care of. She stated, depending on what that means, there may be discipline for staff or offender. She advised they hold those who retaliate accountable. The interview with the staff responsible for monitoring retaliation indicated that monitoring is completed for 90 days. She indicated she conducts in-person status checks around the 30, 60 and 90 day mark and she reviews discipline, care and placement, housing, job assignment, program assignment, staff reprimands and post changes. The staff stated if there was a concern for retaliation she would monitor until the issues are resolved. A review of ten sexual abuse investigative reports indicated all ten required monitoring. All ten had monitoring for retaliation completed. Nine of the ten had monitoring completed for 90 days (one was unfounded after 30 days). All included in-person status checks and a review of discipline, housing changes, job change and program changes.

115.67 (d): 1100-01, page 5 states periodic in person status checks for offenders will be completed by the PREA facility compliance manager. A review of Attachment #5 notes that it includes information on the person being monitored as well as sections for in-person status checks and a review of disciplinary, assignment, program and work changes. The form notes three required checks and sections for two additional checks. A date is required as well as notes related the checks. The interview with the staff responsible for monitoring retaliation indicated she conducts in-person status checks around the 30, 60 and 90 day marks. A review of ten sexual abuse investigative reports indicated all ten required monitoring. All ten had monitoring for retaliation completed. Nine of the ten had monitoring completed for 90 days (one was unfounded after 30 days). All included in-person status checks and a review of discipline, housing changes, job change and program changes.

115.67 (e): 1100-01, page 5 states the DOC has zero tolerance for retaliation or acts of intimidation. Offenders, employees, contract workers, and volunteers have the right to be free from retaliation from reporting sexual assault/rape, sexual misconduct, and sexual harassment and for cooperating with investigations. The PREA facility compliance manager will initiate retaliation monitoring, when the allegation is reported, on offenders who report sexual abuse or cooperate with an investigation of sexual abuse. The PREA facility compliance manager will monitor for any disciplinary reports, housing changes, program changes, grievances filed, classification changes, and negative offender case notes. Periodic in person status checks for offenders will be completed by the PREA facility compliance manager. For employees, contractors, and volunteers who report sexual abuse, retaliation monitoring will be completed by the PREA facility compliance manager or PREA coordinator and will include monitoring for any negative performance reviews or reassignments. Retaliation monitoring will last for at least 90 days but may continue past 90 days if the initial monitoring indicates a continuing need. Any retaliation against individuals because of their involvement in the reporting or investigation will be reported to the inspector general (IG) and a copy sent to the PREA coordinator. The interview with the Agency Head indicated that the agency would take the same

protective measures as outlined under provision (b) for anyone who cooperates with an investigation or expresses fear of retaliation. The Warden Designee stated that the facility takes protective measures to prevent retaliation through a review of housing and programming changes. She advised they make sure the status quo with the offender does not change. She confirmed they can change housing, transfer facilities, remove staff from contact and offer emotional support services. She further advised if retaliation is suspected or reported a notification is made and they ensure the offender is taken care of. She stated, depending on what that means, there may be discipline for staff or offender. She advised they hold those who retaliate accountable.

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

Based on a review of the PAQ, 1100-01, Attachment #5: Retaliation Monitoring, Investigative Reports and interviews with the Agency Head, Warden Designee, staff charged with monitoring for retaliation and offenders who reported sexual abuse, this standard appears be compliant.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Offender Victim Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden Designee 2. Interview with Staff who Supervise Offenders in Segregated Housing <p>Site Review Observations:</p>

1. Observations of the Segregated Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further indicated that if an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ noted there were zero offenders who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. 1100-01, page 18 states offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault will not be placed in involuntary restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary restrictive housing for less than 24 hours while completing the assessment. The facility will document the basis for this housing determination and the reason why no alternative can be arranged. Offenders placed in restrictive housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document the opportunities limited, the reason for such limitations, and the duration of the limitation. The facility may assign victim offenders to restrictive housing for investigative purpose (IP) only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made for this purpose the facility will clearly document, utilizing the IP status form, the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be arranged. During the tour the auditor observed the segregated housing unit at the Penitentiary and at Jameson. The segregated housing unit at the Penitentiary included four wings. The wings had an indoor recreation area, cells converted to interview rooms, a holding cell, living cells and a shower. A separate outdoor recreation area is also available for those in segregated housing. The segregated housing unit at Jameson is one housing building ("A") with six pods. The segregated housing unit mirrors that of the general population housing units. The segregated housing area included a holding cell, interview rooms, indoor recreation enclosures, living cells, single showers, and group rooms. Offenders in segregated housing have out of cell time for an hour a day. During this time they can participate in recreation and showers. Offenders have access to the phone daily, and those in segregated housing for any purpose other than discipline, have access to their tablets. Grievances can be provided to any staff

member, as the grievance process requires the staff to sign they received it and provide a receipt to the offender. PREA information was observed in the segregated housing unit. The interview with the Warden Designee indicated that agency policy does not prohibits placing offenders who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and it is determined that there are no alternative means of separation form likely abusers. She stated any placement in segregated housing requires the Warden's approval. The Warden Designee confirmed that offenders would only be placed in involuntary segregated housing until an alternative means of separation from likely abuser(s) could be arranged. She stated alternative housing is typically found the same day, within a few hours. She stated the maximum would be a week or so under any extreme circumstances. Further the Warden advised they had to temporarily place an offender who reported sexual abuse in involuntary segregated housing because they would not tell them what happened. The facility did not know that happened and did not know it was sexual abuse until more information was gathered through camera review and interviews. The interviews with staff who supervise offenders in segregated housing indicated offenders who report sexual abuse who are involuntary segregated would not have access to programs, privileges, education and work opportunities to the extent possible. The staff stated they do not place offender at high risk of victimization in segregated housing unless SIU determines they need to be placed there or they voluntarily request protective custody. The staff stated policy dictates what offender in segregated housing have access to and all offenders in segregated housing have a care and placement plan which outlines access and restriction. Further, the staff who supervise offenders in segregated housing indicated that offenders would only be placed in involuntary segregated housing until they could find an alternative means of separation. Staff advised they only place offenders at high risk of victimization in segregated housing if they request protective custody. Additionally, the staff who supervise offenders in segregated housing confirmed that offenders would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. Staff advised they conduct reviews at the fifteen, 30, 60 and 90 day mark and each level requires approval via the Warden, Director of Prisons and/or Secretary of Corrections. There were no offenders identified to be in segregated housing due to an allegation of sexual abuse and as such no interviews were conducted. A review of housing documentation for ten offenders who reported sexual abuse indicated seven remained in the same housing status, one offender was moved to medical observation status and two were placed in segregated housing. One offender requested protection and was placed in segregated housing voluntarily while the other was placed in segregated housing under investigation as the facility was unsure which offender was the victim and which was the abuser (based on the allegation). Once the offender was determined to be the victim, he was released to general population (under 30 days).

Based on a review of the PAQ, 1100-01, housing documentation for offenders who reported sexual abuse and the interview with the Warden Designee and staff who supervise offenders in segregated housing, this standard appears to be compliant.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA)
3. Investigative Reports
4. Investigator Training Records

Interviews:

1. Interviews with Investigative Staff
2. Interview with the Warden Designee
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 1100-01, page 5 states the Special Investigations unit at each facility housing offenders shall promptly, thoroughly, and objectively investigate all reported allegations of sexual abuse, including third party and anonymous reports. Interviews with investigators indicated that an investigation is initiated immediately following an allegation. The investigators confirmed that third party and anonymous reports are investigated the same as first person reports. A review of nineteen investigations indicated all nineteen were prompt, thorough and objective.

115.71 (b): 1100-01, page 9 states additional specialized training is required for PREA first responders and SIU. This training may include, but is not limited to, crime scene management, elimination of trace evidence cross-contamination, evidence collection

protocol, and sexual assault crisis intervention. Administrative and criminal SIU will remain current in required training. SIU will be trained in: conducting investigations of sexual assault/rape and sexual harassment in confinement settings; interview techniques; trace evidence collection in confinement settings; criteria required to substantiate a case for administrative action or prosecution referral; and proper use of Miranda and Garrity advisements. The agency utilizes the NIC trainings which include necessary elements under this standard. A review of the training curriculums confirm they include the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. A review of documentation indicated three staff had completed the specialized investigator training. A review of investigations revealed they were completed by three investigators, all of which had completed the specialized investigator training.

115.71 (c): 1100-01, page 5 states the Special Investigations unit at each facility housing offenders shall promptly, thoroughly, and objectively investigate all reported allegations of sexual abuse, including third party and anonymous reports. Interviews with investigators indicated initial steps involved ensuring first responder duties were conducted as well as threshold questioning. They advised they would collect any evidence, transfer the victim for a forensic medical examination (if applicable), interview the victim, review video, interview the perpetrator, determine if any additional evidence needs to be collected, interview any witnesses and then review any reports. Investigators advised they would be responsible for gathering evidence such as, DNA, video, physical, reports, interviews, mail, phone calls, letters and prior complaints of the alleged perpetrator. A review of nineteen investigations indicated all nineteen included interviews of those involved, nine included evidence and one documented a review of prior complaints of the alleged perpetrator. The facility noted that they previously identified the lack of a review of prior complaints of the alleged perpetrator during investigations. They took corrective action prior to the auditor noting the non-compliance. The facility provided five investigation that were completed in December 2024. The auditor confirmed that the two offender-on-offender investigations included a review of prior complaints of the alleged perpetrator. The three staff-on-offender cases reviewed prior complaints of the offender victim and not the staff alleged perpetrator. As such, additional corrective action is required. The facility provided six investigations completed in January 2025 to illustrate the review of prior complaints for staff perpetrators was corrected. All six investigations included a review of prior complaints of the alleged staff perpetrator.

115.71 (d): Interviews with investigators indicated they would not conduct compelled interviews as this would be done through DCI. A review of investigative reports confirmed none involved compelled interviews.

115.71 (e): 1100-01, page 20 states the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as offender or staff. DOC will not require an offender who alleges an act of sexual assault/rape, or sexual harassment to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with investigator confirmed that the agency does require offender victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices in order to proceed with an investigation. Further investigators stated that credibility is on an individual basis and is determined through evidence. Interviews with offenders who reported sexual abuse confirmed none of the six were required to take a polygraph test.

115.71 (f): 1100-01, page 5 states the Special Investigations Unit at each facility housing offenders shall promptly, thoroughly, and objectively investigate all reported allegations of sexual abuse, including third party and anonymous reports. Interviews with investigators confirmed administrative investigations are documented in a written report and the report includes the alleged complaint, all evidence reviewed, interviews/statements and the investigative finding. The investigators stated that during the investigation they review video, statements, etc. to determine if staff followed policy and procedure (i.e. conducted rounds). A review of documentation confirmed that administrative investigations are documented in a written report. The nineteen investigative reports reviewed included information on those involved, the initial complaint, interviews, description of physical evidence, a summary and an investigative finding.

115.71 (g): 1100-01, page 19 states criminal investigations will be documented in a written report containing a thorough description of physical, testimonial, and documentary evidence with copies of all documentary evidence attached where feasible SIU will document such investigations from DCI in reportable incidents in COMS. Criminal investigations may be conducted by the agency but are typically conducted by DCI, which is an outside agency. Interviews with investigators confirmed that the criminal investigation would be documented in a written report and include similar elements as an administrative investigative report. The investigators advised DCI conducts criminal investigations and they can request a copy of the investigation. The facility did not have investigative reports from DCI, but did have information related to their investigation.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 1100-01, page 5 states each situation involving an identified perpetrator is subject to response, including referral to law enforcement and/or outside investigators for potential prosecution. Page 7 further

states acts of sexual assault/rape, sexual misconduct, and sexual harassment against offenders; retaliation against offenders who refuse to submit to sexual activity, and intimidation of a witness may be a crime. All cases involving sexual assault/rape and sexual harassment will be forwarded to the SIU, PREA coordinator and the respective warden will be immediately notified by the PREA facility compliance manager. If appropriate, SIU will refer such cases to the Office of the Attorney General for prosecution. Page 20 further states After completing an investigation of sexual abuse, sexual assault, or retaliation for reporting such behavior in a correctional setting that was substantiated, SIU or the outside agency DCI investigator will submit the findings to the Office of the Attorney General for prosecution. The PAQ noted there were two allegations referred for prosecution since the last PREA audit. Interviews with investigators advised they refer any sexual abuse allegation (that involved penetration) to DCI and DCI would refer for prosecution. A review of documentation indicated there were four investigations referred to DCI, two of which they declined to investigate. One DCI investigation was still open and one was referred for prosecution, however the District Attorney refused to prosecute because the victim did not want to pursue charges.

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

115.71 (j): 1100-01, page 20 states the departure of the suspect or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation. Interviews with investigators confirmed that if a staff member or offender departs the facility the investigation is still continued. The investigators indicated they would reach out to DCI to conduct interviews and investigative steps on those in the community.

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

115.71 (l): 1100-01, page 19 states SIU will ensure that a criminal investigation is completed for all allegations of sexual abuse and sexual assault/rape and will ensure that for all cases alleging criminal behaviors are referred for investigation to an agency with the legal authority to conduct criminal investigations. SIU investigators will document all such referrals in the COMS reportable incident reporting system. When outside agencies conduct investigations, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. The PREA Coordinator stated that when an outside agency conducts an

	<p>investigation they remained informed of the progress through SIU. He stated SIU works closely with DCI and the agency/facility also tracks these investigations that are with DCI through a spreadsheet. He indicated SIU follows up with DCI to inquire on the progress and status of each case. The Warden Designee stated that SIU (part of IG) communicates regularly with DCI. The PCM stated that when DCI conducts an investigation they remained informed through periodic updates from DCI. Interviews with investigators indicated when an outside agency investigates they provide any necessary assistance.</p> <p>Based on a review of the PAQ, 1100-01, investigative reports, investigative training records and information from interviews with the Warden Designee, PREA Coordinator, PREA Compliance Manager and investigator, this standard appears to be corrected and as such is compliant.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 3. National Institute of Corrections (NIC): Investigating Sexual Abuse In a Confinement Setting 4. National Institute of Corrections (NIC): Advanced Investigator Training 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ stated that the agency imposes a standard of a preponderance of</p>

the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 1100-01, page 20 states DOC will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault, sexual abuse, or sexual harassment are substantiated. Substantiated allegations of conduct that appear to be criminal will be referred for prosecution. A review the NIC trainings confirmed they outline the criteria to substantiate an administrative investigation (preponderance of the evidence). Interviews with investigators confirmed that administrative investigations require no more than a preponderance of evidence to substantiate (51%). A review of nineteen investigations revealed seven were substantiated. The investigations illustrated the investigators utilized a preponderance of the evidence to substantiate. Additionally, the other twelve investigations appeared to have an appropriate investigative outcome based on the information in the report.

Based on a review of the PAQ, 1100-01, National Institute of Corrections (NIC): Investigating Sexual Abuse In a Confinement Setting, National Institute of Corrections (NIC): Advanced Investigator Training, Investigative Reports and information from the interviews with the investigators, this standard appears to be compliant.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 3. Attachment #6: Notice of PREA Investigation Determination 4. Notice of PREA Investigation Determination (Special Investigations Office) 5. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden Designee 2. Interviews with Investigative Staff 3. Interviews with Offenders who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any offenders who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 1100-01, page 20 states following an investigation into an offender's allegation of sexual abuse or sexual assault, the PREA facility compliance manager will inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded in accordance with policy with the investigation determination form. A review of Attachment #6 notes the form has a section related to incident information as well as a section that outlines the investigative outcome. The form also provides definitions of the three investigative outcomes. The PAQ stated there were 23 completed sexual abuse investigations in the previous twelve months and all 23 had a verbal or written victim notification. Interviews with offenders who reported sexual abuse indicated four of the six were aware that they were to be notified of the outcome of the investigation. All four advised they were informed verbally or in writing a day to a few months after reporting the allegation. Interviews with the Warden Designee and the investigators confirmed that offenders are informed of the outcome of the investigation into their allegation. A review of ten sexual abuse investigations indicated all ten victims received a written notification of the outcome of the investigation.

115.73 (b): The PAQ stated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the offender of the outcome of the investigation. The PAQ stated there were zero investigations completed by an outside agency in the previous twelve months. A review of investigations indicated four were referred to DCI, however two of the four were referred back to the facility to investigate. One allegation was investigated by DCI but was still open/active and the second was referred for prosecution, however the victim declined to press charges so the District Attorney refused to prosecute. As such no notifications under this provision were required.

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

has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an offender in an agency facility in the previous twelve months and the associated notifications under this provision were provided. Interviews with offenders who reported sexual abuse indicated two had an allegation against staff. The offenders advised they were not informed anything about the staff member. A review of sexual abuse investigations indicated two were staff-on-offender allegations. Neither were substantiated. The one investigation that was substantiated was related to a contractor. The District Attorney refused to prosecute as the victim declined to press charges. As such, no notifications under this provision were required.

115.73 (d): The PAQ indicated following an offender's allegation that he or she has been sexually abused by another offender in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Interviews with offenders who reported sexual abuse indicated four were offender-on-offender allegations. The offender victims stated that they had not been notified of anything related to the alleged offender perpetrator. A review of sexual abuse investigative reports indicated eight were offender-on-offender sexual abuse. Three were substantiated, however none involved any notifications under this provision. One investigation was referred to DCI to investigate, however the victim declined to press charges so they refused to conduct a criminal investigation.

115.73 (e): The PAQ indicated the agency has a policy that all notifications to offenders described under this standard are documented. 1100-01, page 20 states following an investigation into an offender's allegation of sexual abuse or sexual assault, the PREA facility compliance manager will inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded in accordance with policy with the investigation determination form. A review of Attachment #6 notes the form has a section related to incident information as well as a section that outlines the investigative outcome. The form also provides definitions of the three investigative outcomes. The PAQ stated there were zero notifications made pursuant to this standard. Further communication with the PCM indicated there were 25 total notifications. A review of ten sexual abuse investigations indicated all ten victims received a written notification of the outcome of the investigation.

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

Based on a review of the PAQ, 1100-01, Attachment #6: Notice of PREA Investigation

	<p>Determination, Notice of PREA Investigation Determination (Special Investigations Office), Investigative Reports and information from interviews with the Warden Designee, investigators and offenders who reported sexual abuse, this standard appears to be compliant.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 100-05 – Staff Code of Ethics 3. SDCL § 24-1-26.1. 4. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 5. Investigative Reports <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 1100-01, page 5 states all allegations of sexual assault/rape, sexual misconduct, and sexual harassment will be investigated. If applicable, criminal charges will be filed and/or professional standards investigation will be conducted. Professional standards investigation may result in corrective and/or disciplinary action, up to and including termination. Failure of employees, contract workers, and volunteers to report incidents of sexual assault/rape, sexual misconduct, and sexual harassment may result in corrective and/or disciplinary action. Page 7 further states employees, contractors, and volunteers may be subject to correction and/or disciplinary sanctions up to and including termination for violating department policies, post orders, and clinical standards. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.</p> <p>115.76 (b): 1100-01, page 5 states all allegations of sexual assault/rape, sexual</p>

misconduct, and sexual harassment will be investigated. If applicable, criminal charges will be filed and/or professional standards investigation will be conducted. Professional standards investigation may result in corrective and/or disciplinary action, up to and including termination. Failure of employees, contract workers, and volunteers to report incidents of sexual assault/rape, sexual misconduct, and sexual harassment may result in corrective and/or disciplinary action. Page 7 further states employees, contractors, and volunteers may be subject to correction and/or disciplinary sanctions up to and including termination for violating department policies, post orders, and clinical standards. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.

115.76 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. 1100-01, page 7 states disciplinary sanctions for violations of department policies relating to sexual assault or sexual harassment (other than actually engaging in sexual rape) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.

115.76 (d): The PAQ indicated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. 1100-01, page 7 states all termination for violations of department sexual assault or sexual harassment policies, or resignation by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies and to any relevant licensing bodies unless the activity was clearly not criminal. The PAQ indicated there were zero staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. A review of investigative reports confirmed that there were zero substantiated sexual abuse and/or sexual harassment allegations against a staff member and as such there was no documentation to review.

Based on a review of the PAQ, 100-05 Staff Code of Ethics, SDCL § 24-1-26.1, 1100-01 and Investigative Reports, this standard appears to be compliant.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA)
3. Investigative Reports

Interviews:

1. Interview with the Warden Designee

Findings (By Provision):

115.77 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders. 1100-01, page 7 states employees, contractors, and volunteers may be subject to correction and/or disciplinary sanctions up to and including termination for violating department policies, post orders, and clinical standards. Any contractor or volunteer who engages in sexual assault/rape or sexual harassment with an offender or retaliates against an offender who reports sexual assault/rape, sexual misconduct, and sexual harassment, or cooperates with the investigation where such behavior rises to the level of criminal behavior, will be prohibited from contact with offenders and reported to the IG or local law enforcement and to relevant licensing bodies. In the case of any other violation of department policies by a contractor or volunteer, the facility will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders. The PAQ indicated that there has been one contractor or volunteer who violated the sexual abuse or sexual harassment policies within the previous twelve months who were reported to law enforcement or

relevant licensing bodies. A review of investigative reports indicated there was one contractor who violated the agency's sexual abuse or sexual harassment policies. The contractor was terminated from providing services at the facility. The investigation was referred to the District Attorney, however they refused to prosecute because the victim did not want to move forward.

115.77 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 1100-01, page 7 states employees, contractors, and volunteers may be subject to correction and/or disciplinary sanctions up to and including termination for violating department policies, post orders, and clinical standards. Any contractor or volunteer who engages in sexual assault/rape or sexual harassment with an offender or retaliates against an offender who reports sexual assault/rape, sexual misconduct, and sexual harassment, or cooperates with the investigation where such behavior rises to the level of criminal behavior, will be prohibited from contact with offenders and reported to the IG or local law enforcement and to relevant licensing bodies. In the case of any other violation of department policies by a contractor or volunteer, the facility will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders. The interview with the Warden Designee indicated that if a volunteer or contractor violates the sexual abuse and/or the sexual harassment policies they would not be allowed back into the facility.

Based on a review of the PAQ, 1100-01, investigative reports and information from the interview with the Warden Designee, this standard appears to be compliant.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1563 544 1597">Auditor Discussion</p> <p data-bbox="256 1637 432 1671">Documents:</p> <ol data-bbox="256 1711 1406 2040" style="list-style-type: none"> <li data-bbox="256 1711 667 1744">1. Pre-Audit Questionnaire <li data-bbox="256 1785 1406 1861">2. South Dakota Department of Corrections Policy 300-17 - Offender Discipline System <li data-bbox="256 1901 528 1935">3. SDCL § 24-2-9 <li data-bbox="256 1975 1321 2040">4. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA)

5. Investigative Reports

Interviews:

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

Findings (By Provision):

115.78 (a): The PAQ indicated that offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that an offender engaged in offender-on-offender sexual abuse. 1100-01, page 6 states all sexual abuse including sexual assault/rape, sexual misconduct, and sexual harassment between offenders is prohibited and will be reported to the officer in charge (OIC) to complete an administrative investigation. The OIC will refer to the IG any possible criminal investigation. If appropriate, the IG will refer such cases to the Office of the Attorney General for prosecution. Offenders may be disciplined and/or criminally charged for such activity. The PAQ stated there were 23 administrative finding of offender-on-offender sexual abuse and zero criminal findings of offender-on-offender sexual abuse. A review of investigative reports indicated three were substantiated offender-on-offender sexual abuse allegations. All three perpetrators went through the disciplinary process and received discipline, including segregated housing time and loss of privileges. It should be noted one of the three offender-on-offender substantiated sexual harassment allegations also included discipline of the perpetrator.

115.78 (b): 300-17 outlines the offender disciplinary process, including offenses and sanctions. The interview with the Warden Designee confirmed that if an offender perpetrator is found to have violated the sexual abuse or sexual harassment policies they would go through the disciplinary process and would be written up for appropriate sanctions. She stated the sanctions could include loss of privileges, referral to programming and therapy, elevated PREA risk score, segregated housing and alerts for separation. The Warden Designee confirmed that sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

115.78 (c): 300-17 outlines the offender disciplinary process, including offenses and sanctions. The interview with the Warden Designee confirmed that the disciplinary

process considers whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A review of investigative reports noted that two of the substantiated investigations (both sexual harassment) involved perpetrators with serious mental illness. Both received minimal discipline as their mental health was taken into consideration.

115.78 (d): The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It further stated the facility considers whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. 1100-01, page 11 states SOMP will initiate an evaluation of all known offender-on-offender sexual aggressors referred by the PREA facility compliance manager within sixty (60) days of learning of such sexually aggressive or abusive history and offer treatment when deemed appropriate. SOMP will consider whether to require the offending offender to participate in such treatment, while incarcerated and/or in the community. Interviews with mental health staff indicated that they offer mental health services to perpetrators and they also determine if sex offender treatment is needed. Staff advised they do not require participation in order to gain access to other programming or benefits, unless they are referred to the sexual offender management program (SOMP), which has its own criteria and requirements.

115.78 (e): The PAQ indicated that the agency disciplines offenders for sexual conduct with staff only upon finding that the staff member did not consent to such contact.. 1100-01, page 7 states all cases involving sexual assault/rape, sexual misconduct, and sexual harassment will be referred to the IG for a SIU investigator to complete an investigation. If appropriate, SIU will refer such cases to the Office of the Attorney General for prosecution. Offenders may also be charged per DOC policy 300-17 - Offender Discipline System, however offenders may only be disciplined for engaging in sexual assault/rape, sexual misconduct, or sexual harassment with an employee, contract worker, or volunteer upon finding that the employee, contract worker, or volunteer was forced, threatened, or did not consent to such behavior. A review of documentation indicated there were zero offenders disciplined for sexual conduct with a staff member.

115.78 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 1100-01, page 14 states reports of sexual assault/rape, sexual misconduct, and sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence

	<p>sufficient to substantiate the allegation.</p> <p>115.78 (g): The PAQ indicated that the agency prohibits all sexual activity between offenders. It further indicated that if the agency prohibits all sexual activity between offenders and disciplines offenders for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 1100-01, page 5 states that even non-coerced or non-forced sexual behavior between offenders is prohibited, and incidents of this nature are a violation of the offender living guide and will be subject to disciplinary sanctions.</p> <p>Based on a review of the PAQ, 300-17, 1100-01, Investigative Reports and information from interviews with the Warden Designee and medical and mental health care staff, this standard appears to be complaint.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Attachment #7: PREA Offender Admission & Review Screen Scoring 4. PREA Risk Screen 5. Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Staff Responsible for Risk Screening 2. Interviews with Medical and Mental Health Staff 3. Interviews with Offenders who Disclosed Sexual Victimization at Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area
2. Observation of Records Storage

Findings (By Provision):

115.81 (a): The PAQ indicated that all offenders at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 1100-01, page 10 states if an offender has experienced prior sexual victimization, whether it occurred in an institution or in the community, facility staff will ensure the information is reported and a referral to behavioral health is made for a follow-up meeting within fourteen days of intake screening. The PAQ noted that 100% of those offenders who reported prior victimization were seen within fourteen days by medical or mental health. Interviews with the staff responsible for the risk screening indicated offenders are offered a follow-up with medical or mental health care staff and are usually seen right away or within a week. Interviews with three offender who disclosed sexual victimization during the risk screening indicated all three were offered a follow-up with mental health within fourteen day of the risk screening. A review of documentation for twelve offenders that disclosed prior sexual victimization indicated eleven were offered a mental health follow-up. Four of the eleven accepted services and were seen by mental health. Three of the four were seen within fourteen days.

115.81 (b): The PAQ indicated that all prison offenders who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner and the follow-up meeting was offered within fourteen days. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. 1100-01, page 10 states if an offender has previously perpetrated sexual abuse, whether it occurred in an institution or in the community, facility staff will ensure the information is reported to the Sex Offender Management Program (SOMP) and behavioral health. SOMP will offer a follow-up meeting within fourteen days of intake screening. The PAQ noted that 100% of those offenders who reported prior perpetration were seen within fourteen days by medical or mental health. Interviews with the staff responsible for the risk screening indicated that offenders who are identified with prior sexual abusiveness are offered a follow-up with mental health staff and are usually seen right or way or within a week. A review of documentation for nine offenders identified with prior sexual abusiveness

indicated eight were referred to the sexual offender management program, either after the risk screening or prior during another risk screening.

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

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, however it stated that the information is only shared with staff to assist with security and management decisions. 1100-01, page 10 states any information related to sexual victimization or aggressiveness occurring within an institutional setting will be confidential and strictly limited to medical, behavioral health clinicians, and approved unit staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by law. Medical and mental health records are electronic. Records are maintained in a separate medical database that is accessible by medical and mental health care staff only. No other staff have access to the records. Risk screening information is maintained in the electronic system. Certain profiles have access to the risk screening information. There are over 150 profile groups that do not have access, including correctional officers. The auditor had a Correctional Officer attempt to access risk screening information. He did not have access and received an error message when he attempted to access the information. Investigative files are paper and electronic. Only investigative staff have access to the investigations in the electronic database. Paper files are also maintained by investigators in their locked office.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of eighteen. 1100-01, page 9 states a Release of Information form from clinical services signed by the offender may be required prior to release or request of confidential information about the offender which may be requested from outside sources. Clinical services will inform offenders of the practitioner's duty to report, and the limitations of confidentiality and management decisions. Interviews with medical and mental health staff indicated they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The facility does not house anyone under eighteen.

Based on a review of the PAQ, 1100-01, Attachment #7: PREA Offender Admission & Review Screen Scoring, PREA Risk Screen, Medical/Mental Health Documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and offenders who disclosed victimization during the risk screening, this standard appears to be compliant.

115.82	Access to emergency medical and mental health services
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 429 378">Documents:</p> <ol data-bbox="256 412 1326 636" style="list-style-type: none"> <li data-bbox="256 412 668 445">1. Pre-Audit Questionnaire <li data-bbox="256 479 1326 568">2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) <li data-bbox="256 602 879 636">3. Medical and Mental Health Documents <p data-bbox="256 748 416 781">Interviews:</p> <ol data-bbox="256 815 1099 994" style="list-style-type: none"> <li data-bbox="256 815 1007 848">1. Interviews with Medical and Mental Health Staff <li data-bbox="256 882 788 916">2. Interviews with First Responders <li data-bbox="256 949 1099 983">3. Interviews with Offenders who Reported Sexual Abuse <p data-bbox="256 1106 628 1140">Site Review Observations:</p> <ol data-bbox="256 1173 1027 1207" style="list-style-type: none"> <li data-bbox="256 1173 1027 1207">1. Observations of Medical and Mental Health Areas <p data-bbox="256 1319 588 1352">Findings (By Provision):</p> <p data-bbox="256 1464 1474 2080">115.82 (a): The PAQ indicated that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicates that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 1100-01, page 17 states victims of sexual assault will receive timely, unimpeded access to emergency medical treatment and immediate crisis intervention services, the nature and scope of which will be determined by clinical services according to their professional judgment. During the tour the auditor observed the health services areas. Health services at both facilities included a reception area, exam rooms, treatment rooms</p>

and an ancillary area. Jameson facility also had an infirmary. Exam and treatment rooms provided privacy through windows with blinds. The ancillary areas included solid doors. Interviews with medical and mental health care staff confirmed that offenders receive timely and unimpeded access to emergency medical treatment and crisis intervention service. Staff stated services would be based provided immediately and would be based on professional judgement. Interviews with offenders who reported sexual abuse indicated four of the six were offered medical and/or mental health services. A review of documentation for ten sexual abuse allegations indicated seven of the victims were provided medical and/or mental health services. Additionally, during the interim report period the facility provided eleven additional investigations (sexual abuse and sexual harassment). All victims were provided services by medical and/or mental health.

115.82 (b): 1100-01, page 16 states if no qualified clinical services staff are on duty at the time a report of sexual assault is made, security staff/first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical administrator or designee and the on-call behavioral health clinician for immediate response. The security first responder advised they would separate the individuals, preserve the scene, instruct the offenders not to take action to destroy evidence, report the information to the OIC and then the OIC would take it from there. The non-security first responder stated that if an incident occurred she would act on it and perform the duties on the back of the card she was given. She stated there are five steps, including separating them, advising them not destroy evidence, securing the area and notifying the OIC. A review of documentation for ten sexual abuse allegations indicated seven of the victims were provided medical and/or mental health services. Additionally, during the interim report period the facility provided eleven additional investigations (sexual abuse and sexual harassment). All victims were provided services by medical and/or mental health. It should be noted two of the allegations involved the need for emergency medical treatment and crisis intervention services and both were sent to the local hospital.

115.82 (c): The PAQ indicated that offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 1100-01, page 17 states victims of sexual assault while incarcerated will be offered timely information from clinical services about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Interviews with offenders who reported sexual abuse indicated two involved penetration or touching that would require information and access to sexually transmitted infection prophylaxis and one was provided these services. Interviews with medical and mental health care staff confirmed that offender victims of sexual abuse receive information and access to sexually transmitted infection prophylaxis. A review of ten sexual abuse allegations indicated

	<p>two required prophylaxis. Both were documented with prophylaxis being provided.</p> <p>115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 1100-01, page 18 states treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Based on a review of the PAQ, 1100-01, medical and mental health documents and information from interviews with medical and mental health care staff, first responders and offenders who reported sexual abuse, this standard appears to be compliant.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Medical and Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical and Mental Health Staff 2. Interviews with Offenders who Reported Sexual Abuse <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ indicated the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 1100-01, page 17 states offenders identified as being a victim of DOC employee, contract worker, or volunteer sexual assault/rape, or sexual harassment will be referred to behavioral health for treatment/counseling by the SIU investigator or OIC. Victims of sexual assault are referred under appropriate security provisions to a community medical facility for treatment and gathering of forensic evidence. Page 10 also states if an offender has experienced prior sexual victimization, whether it occurred in an institution or in the community, facility staff will ensure the information is reported and a referral to behavioral health is made for a follow-up meeting within fourteen days of intake screening. During the tour the auditor observed the health services areas. Health services at both facilities included a reception area, exam rooms, treatment rooms and an ancillary area. Jameson facility also had an infirmary. Exam and treatment rooms provided privacy through windows with blinds. The ancillary areas included solid doors. A review of documentation for ten sexual abuse allegations indicated seven of the victims were provided medical and/or mental health services. Additionally, during the interim report period the facility provided eleven additional investigations (sexual abuse and sexual harassment). All victims were provided services by medical and/or mental health. A review of documentation for twelve offenders that disclosed prior sexual victimization indicated eleven were offered a mental health follow-up. Four of the eleven accepted services and were seen by mental health.

115.83 (b): 1100-01, page 17 states the SIU investigator will ensure that offenders will be offered a referral to behavioral health and/or medical for immediate crisis intervention, treatment/counseling, and long-term follow-up care. Interviews with medical and mental health care staff confirmed that they provide on-going treatment, follow-up services and referrals to outside services, to offender victims of sexual abuse. Interviews with offenders who reported sexual abuse indicated four of the six were offered/provided follow-up medical and mental health services. A review of documentation for ten sexual abuse allegations indicated seven of the victims were provided medical and/or mental health services. Additionally, during the interim report period the facility provided eleven additional investigations (sexual abuse and sexual harassment). All victims were provided services by medical and/or mental health.

115.83 (c): The facility provides access to medical and mental health staff on-site and also transports offenders to the local hospital for treatment that is not available at the facility. All medical and mental health care staff are required to have the appropriate licensure and credentials. Interviews with medical and mental health care staff

confirm that the services they provide are consistent with the community level of care. A review of documentation for ten sexual abuse allegations indicated seven of the victims were provided medical and/or mental health services. Additionally, during the interim report period the facility provided eleven additional investigations (sexual abuse and sexual harassment). All victims were provided services by medical and/or mental health.

115.83 (d): The PAQ indicated this provision does not apply as the facility does not house female offenders. 1100-01, page 18 states offender victims of vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (e): The PAQ indicated this provision does not apply as the facility does not house female offenders. 1100-01, page 18 states offender victims of vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (f): The PAQ indicated that offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 1100-01, page 17 states acute trauma care will be provided to victims of sexual assault while incarcerated including but not limited to prophylactic measures, testing for sexually transmitted infections including Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS), and treatment of injuries. When appropriate, prophylactic therapy will immediately be administered for infectious disease exposures. Interviews with offenders who reported sexual abuse indicated two involved penetration or touching that would require information and access to sexually transmitted infection prophylaxis. One of the two offenders confirmed he was provided these services. A review of ten sexual abuse allegations indicated two of the victims required testing. Both were documented with testing and prophylaxis.

115.83 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 1100-01, page 18 states treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with offenders who reported sexual abuse indicated none were not required to pay for their medical and mental health services.

	<p>115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. 1100-01, page 11 states SOMP will initiate an evaluation of all known offender-on-offender sexual aggressors referred by the PREA facility compliance manager within sixty (60) days of learning of such sexually aggressive or abusive history and offer treatment when deemed appropriate. Interviews with medical and mental health staff indicated they believed an evaluation was attempted on the known offender abuser. There were three offender-on-offender sexual abuse allegations that were deemed substantiated. All three were seen by mental health initially after the allegation was reported and then again after the allegation was substantiated.</p> <p>Based on a review of the PAQ, 1100-01 medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and offenders who reported sexual abuse, this standard appears to be compliant.</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.86 Sexual abuse incident reviews	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Attachment #4: Sexual Abuse Incident Review Form 4. Investigative Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden Designee 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 1100-01, pages 21-22 state facilities will conduct a sexual incident review at the conclusion of every sexual assault/rape investigation (excluding sexual harassment and sexual misconduct). The sexual incident review will be conducted for all substantiated and unsubstantiated sexual abuse incident. If an allegation has been determined to be unfounded, no sexual incident review needs to be completed. The PAQ stated there were 25 criminal and/or administrative investigation of alleged sexual abuse completed at the facility excluding only unfounded incidents. A review ten sexual abuse investigations indicated nine required a sexual abuse incident review. All nine had a completed review.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PAQ further stated that in the past twelve months, there were 25 sexual abuse incident review completed within the 30 day timeframe. 1100-01, page 22 states the sexual incident review will ordinarily occur within thirty (30) days of the conclusion of the investigation. A review ten sexual abuse investigations indicated nine required a sexual abuse incident review. All nine had a completed review within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 1100-01, page 22 states the sexual incident review team will include PREA facility compliance manager (team leader), PREA coordinator, warden or designee, unit manager of participants of report, SIU investigator, associate director of offender services or designee, medical supervisor, behavioral health supervisor, and SOMP supervisor. The interview with the Warden Designee confirmed that the facility has a sexual abuse incident review team and the team includes upper-level management official, line supervisor, investigators and medical and mental health care staff. A review ten sexual abuse investigations indicated nine required a sexual abuse incident review. All nine had a completed review and the review team included the staff required under this provision.

115.86 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and

PREA Compliance Manager. 1100-01, page 22 states the sexual incident review team will meet and complete the PREA Sexual Abuse Incident Review Form (see attachment #4). Consider whether the allegation or investigation indicates a need to change policy or practice. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable sexual abuse or sexual assault. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Prepare a report of its findings, including but not necessarily limited to determinations made above, and any recommendations for improvement and submit such report to the facility warden, director of prisons, and PREA coordinator. The facility will implement the recommendations for improvement or will document its reasons for not doing so. A review of Attachment #4 notes that it has a section for information on the incident as well as review questions, which include those under this provision. The form includes an area to make notes and recommendations for each question. Interviews with the Warden Designee, PCM and sexual abuse incident review team member confirmed that they conduct sexual abuse incident reviews and the reviews include the required elements under this provision. The Warden Designee stated that information from the sexual abuse incident reviews is utilized to determine any changes that can be made to alleviate the issue or prevent an incident from occurring in the future. The interview with the PCM confirmed that they have a standing meeting every month to conduct sexual abuse incident reviews. She advised she has not noticed any trends other than they tend to have more reports out of West housing unit. The PCM advised after the report is submitted she addresses any issues and follows through on any recommendation. A review of the completed sexual abuse incident reviews indicated they were documented via the Attachment #4. All included elements under this provision via yes or no responses. Six of the nine included incident specific narrative information.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 1100-01, page 22 states the facility will implement the recommendations for improvement or will document its reasons for not doing so. A review of Attachment #4 notes that it includes a section for recommendation and whether it was approved or denied. A box is included to detail any denied recommendations. A review of the completed sexual abuse incident reviews indicated that a section exists for recommendations and corrective action, however none included any recommendations.

Based on a review of the PAQ, 1100-01, Attachment #4: Sexual Abuse Incident Review Form, investigative report, and information from interviews with the Warden Designee, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.87	Data collection
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 429 378">Documents:</p> <ol data-bbox="256 412 1326 848" style="list-style-type: none"> <li data-bbox="256 412 668 445">1. Pre-Audit Questionnaire <li data-bbox="256 479 1326 557">2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) <li data-bbox="256 591 632 624">3. Investigative Reports <li data-bbox="256 658 612 692">4. Electronic Database <li data-bbox="256 725 927 759">5. Annual Prison Rape Elimination Act Report <li data-bbox="256 792 759 826">6. Survey of Sexual Victimization <p data-bbox="256 949 588 983">Findings (By Provision):</p> <p data-bbox="256 1106 1477 1644">115.87 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 1100-01, page 22 states the PREA coordinator and PREA facility compliance manager will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and facility PREA incident. The facility collects data via an electronic database. The agency utilizes definitions of sexual abuse and sexual harassment as outlined under Standard 115.6 and the Survey of Sexual Victimization. A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years.</p> <p data-bbox="256 1756 1477 2069">115.87 (b): The PAQ indicated that the agency aggregates the incident-based sexual abuse data at least annually. 1100-01, page 23 states the PREA coordinator will be responsible to aggregate and report on incident-based sexual assault/rape, sexual misconduct, and sexual harassment at least annually. The DOC also will obtain incident-based and aggregated data from every contracted entity with which it contracts for the confinement of its A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data,</p>

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

115.87 (c): The PAQ indicated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. 1100-01, page 23 states the PREA coordinator will be responsible for compiling records and reporting statistical data to the Federal Bureau of Justice Statistics, as required by PREA of 2003 using a standardized instrument and set of definitions. Upon request, the DOC will provide all such data from the previous calendar year at the date requested by the Department of Justice no later than June 30. A review of the agency's most recent Survey of Sexual Victimization (formerly known as Survey of Sexual Violence) confirms that the agency collects appropriate information using a standardized instrument and reports the appropriate information via the SSV.

115.87 (d): The PAQ indicated that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 1100-01, page 22 states the PREA coordinator and PREA facility compliance manager will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and facility PREA incident reviews. A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years.

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

115.87 (f): The PAQ indicated that the agency provided the Department of Justice with data from the previous calendar year upon request. 1100-01, page 23 states the PREA coordinator will be responsible for compiling records and reporting statistical data to the Federal Bureau of Justice Statistics, as required by PREA of 2003 using a

	<p>standardized instrument and set of definitions. Upon request, the DOC will provide all such data from the previous calendar year at the date requested by the Department of Justice no later than June 30. A review of the agency’s most recent Survey of Sexual Victimization (formerly known as Survey of Sexual Violence) confirms that the agency collects appropriate information using a standardized instrument and reports the appropriate information via the SSV.</p> <p>Based on a review of the PAQ, 1100-01, Investigative Reports, Electronic Database, Annual Prison Rape Elimination Act Report and Survey of Sexual Victimization, this standard appears to be compliant.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 – Prison Rape Elimination Act (PREA) 3. Annual Prison Rape Elimination Act Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility,</p>

as well as the agency as a whole. 1100-01, page 22 states the PREA coordinator will: review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training using a standardized instrument and set of definitions; identify problem areas; recommend corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of DOC's progress in addressing sexual assault/rape, sexual misconduct, and sexual harassment. DOC's report will be approved by the DOC SOC or designee and made readily available to the public through its website. DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years. The interview with the Agency Head indicated that the agency collects sexual abuse and sexual harassment data and the data is utilized to identify areas that may require additional training as well as identify any compliance concerns. She further stated that data is more importantly utilized to identify any trends and is used for dynamic tracking and trending. The PC confirmed that the agency reviews data that is collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies. He advised data is securely retained on a specific agency drive which only a few people have access and permission for access is only granted through OIT. He confirmed the agency takes ongoing corrective action based on the data collected. The PC confirmed that the annual report is approved by the Agency Head and is available on the agency website. The interview with the PCM indicated facility data is utilized for the annual report. She stated the data helps to identify issues and compares data across facilities and the agency as a whole.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. 1100-01, page 22 states the PREA coordinator will: review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training using a standardized instrument and set of definitions; identify problem areas; recommend corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of DOC's progress in addressing sexual assault/rape, sexual misconduct, and sexual harassment. DOC's report will be approved by the DOC SOC or designee and made readily available to the public through its website. DOC may redact specific material from the reports when publication would

present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. A review of the Annual Prison Rape Elimination Act Report indicates that it includes information on staffing, training, policies, support services and audits. The report contains general definitions, aggregated data, incidents by facility and the prospectus for the upcoming year. The report includes a comparison of data for the previous five years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 1100-01, page 22 states the PREA coordinator will: review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training using a standardized instrument and set of definitions; identify problem areas; recommend corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of DOC's progress in addressing sexual assault/rape, sexual misconduct, and sexual harassment. DOC's report will be approved by the DOC SOC or designee and made readily available to the public through its website. DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The interview with the Agency Head confirmed that she reviews and approves the annual report. A review of the website confirmed that the current annual report as well as prior annual reports are available for review.

115.88 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 1100-01, page 22 states the PREA coordinator will: review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training using a standardized instrument and set of definitions; identify problem areas; recommend corrective action on an ongoing basis, and prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of DOC's progress in addressing sexual assault/rape, sexual misconduct, and sexual harassment. DOC's report will be approved by the DOC SOC or designee and made readily available to the public through its website. DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. A review of Annual Prison Rape Elimination Act Report confirmed there was no personal identifying information

	<p>included nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that the annual report does not contain any redacted information but they would redact any information that include names or that posed a security risk.</p> <p>Based on a review of the PAQ, 1100-01, Annual Prison Rape Elimination Act Report, the website and information obtained from interviews with the Agency Head, PC and PCM, this standard appears to be compliant.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. South Dakota Department of Corrections Policy 1100-01 - Prison Rape Elimination Act (PREA) 3. Annual Prison Rape Elimination Act Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. 1100-01, page 22 states this data collected will be maintained in a secure area and will only be shared on a need-to-know basis by the PREA coordinator. The interview with the PREA Coordinator indicated that data is stored on a specific agency drive that only a few people have access. He advised access is granted to this drive through OIT only.</p> <p>115.89 (b): The PAQ indicated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it</p>

contracts be made readily available to the public at least annually through its website. 1100-01, page 23 states the PREA coordinator will be responsible to aggregate and report on incident-based sexual assault/rape, sexual misconduct, and sexual harassment at least annually. The DOC also will obtain incident-based and aggregated data from every contracted entity with which it contracts for the confinement of its offenders. A review of the website confirmed that the current annual report, which includes aggregated data, as well as prior annual reports are available for review.

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

115.89 (d): The PAQ indicated that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. 1100-01, pages 22-23 states in accordance with the SDCL § 1-27 public records and files, and any subsequent updates or supersessions thereof, all case records associated with claims of sexual assault/rape, sexual misconduct, and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, are retained by the IG or DOC at least ten (10) years after the date of the initial collection. Information required as part of the offender's medical care will be maintained in their medical record. A review of prior Annual Prison Rape Elimination Act Reports confirmed that data is available from 2013 to present.

Based on a review of the PAQ, 1100-01, the Annual Prison Rape Elimination Act Report, the agency website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 (a): The facility is part of the South Dakota Department of Corrections. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website.

	<p>115.401 (b): The facility is part of the South Dakota Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the third year of the three-year cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews.</p> <p>115.401 (n): The facility provided photos of the audit announcement posted on the offender tablets at least six weeks prior to the on-site portion of the audit. During the tour the auditor reviewed an offender tablet to review the announcement. Each time the offenders log into the tablet system they are required to acknowledge the PREA audit announcement before accessing any other information on the tablet. The audit announcement was in English and Spanish. The audit noticed advised the offenders that correspondence with the auditor would remain confidential unless the offender reported information such as sexual abuse, harm to self or harm to others. The offenders were able to send correspondence via legal mail.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (f): The agency has audit reports published to their website for all audits completed during the previous three, three year audit cycles.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

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

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

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

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

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

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

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

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

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

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

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

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

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

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

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

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

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

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

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

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

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

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

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