

PREA Facility Audit Report: Final

Name of Facility: Western South Dakota Juvenile Services Center

Facility Type: Juvenile

Date Interim Report Submitted: 08/19/2019

Date Final Report Submitted: 03/16/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Ana T. Aguirre, ATA3 Consulting, LLC	Date of Signature: 03/16/2020

AUDITOR INFORMATION	
Auditor name:	Aguirre, Ana
Address:	
Email:	ata3consulting@gmail.com
Telephone number:	
Start Date of On-Site Audit:	07/15/2019
End Date of On-Site Audit:	07/18/2019

FACILITY INFORMATION	
Facility name:	Western South Dakota Juvenile Services Center
Facility physical address:	3505 Cambell Street, Rapid City, South Dakota - 57701
Facility Phone	605-394-2639
Facility mailing address:	

Primary Contact	
Name:	Darren Patterson
Email Address:	darrenp@pennco.org
Telephone Number:	605-394-2639

Superintendent/Director/Administrator	
Name:	Joe Gutierrez
Email Address:	gutierrez@pennco.org
Telephone Number:	650-394-2639

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Darren Patterson
Email Address:	DarrenP@pennco.org
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Dr. Nathan Long
Email Address:	nathanlong12@hotmail.com
Telephone Number:	605-890-1045

Facility Characteristics	
Designed facility capacity:	41
Current population of facility:	39
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	10-20
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	56
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Pennington County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	300 Kansas City St Suite 100, Rapid City, South Dakota - 57701
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Heather Pressley	Email Address:	pressley@pennco.org

AUDIT FINDINGS
<p>Narrative:</p> <p>The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.</p>
<p>The Prison Rape Elimination Act (PREA) onsite audit of the Western South Dakota Juvenile Service Center (WSDJSC) located in Rapid City, South Dakota, was conducted July 15-18 2019, by Ana Aguirre, ATA3 Consulting, LLC. The facility is under the jurisdiction of the Pennington County Sheriff's Office. The Pennington County Sheriff's Office (PCSO) is divided into four divisions: Addiction Services, Jail, Juvenile Services Center, and Law Enforcement. The PCSO oversees the operations of the Pennington County Jail (PCJ) and the Western South Dakota Juvenile Justice Center (WSDJSC).</p>

The agency underwent a prior PREA Audit for both facilities. The Pennington County Jail PREA Audit Report is dated 2/18/17 and the onsite audit was conducted on July 18-20, 2016. The Western South Dakota Juvenile Justice Center Facility PREA Audit Report is dated 3/27/17 and the onsite audit was conducted on July 21-22, 2016. The audit reports remain posted on the agency's website

Pre-Onsite Audit Phase

The contract between the agency and the auditor was finally agreed to and signed on 4/28/19 with both parties agreeing that the on onsite audit dates would be scheduled for July 15-18 2019.

The auditor initiated communicated with the audit team via email on 5/21/19, to review the audit process, discuss logistics and to provide informational materials and forms, and request information that would be needed during the pre-audit phase or would be needed upon arrival for the onsite audit.

The auditor provided the audit team the following documents: (1) PREA Audit Resources – Juvenile Facilities (included the Process Map); (2) PREA Audit Notices (English and Spanish) and posting instructions; (3) PREA Audit Request for Information Form (Investigations Data and Matrix); (4) Screening and Classification Systems Overview Worksheet; (5) Pre-Onsite and Onsite Rosters and Documents (which included instructions on which information would be needed upon arrival onsite): complete resident roster; roster of residents with disabilities; roster of residents who are limited English proficient (LEP); roster of residents who are Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI); roster of residents who reported a sexual abuse; and lists of grievances, incident reports, allegations of sexual abuse and sexual harassment, and hotline calls; and information needed prior to arrival: a complete staff roster; roster of specialized staff; and a roster of contractors and volunteers who may have contact with residents; and (6) Pre Staff Interviews Form. The email communication was followed by a phone call on the same date with the audit team to discuss the audit process; the pending completion of the PAQ by the audit team; logistics and access to the facility; and to set goals, expectations, and set timelines.

In preparation for the onsite audit, the facility completed the Pre-Audit Questionnaire (PAQ) via the Online Audit System (OAS). The agency initiated the process to access the OAS on 5/9/19. The PAQ was completed on 6/6/19, at which time the auditor was provided access to the PAQ for review. The auditor reviewed all documentation, materials, and data submitted by the facility in the PAQ. The documentation reviewed included agency policies and procedures; forms; organizational chart; PREA related posters, brochures; and training documentation for staff.

The PREA Audit Notices (English and Spanish) and Posting Instructions were provided to the facility on 5/21/19 with instructions to post the notices by 5/31/19. In the 5/21/19 email, the auditor also provided instructions requesting the facility ensure any correspondence related to the PREA audit notices are treated as legal mail. The agency was instructed to submit a minimum of six pictures to verify the timely posting of the notices. The agency provided verification of the posted notices on bright orange paper on 6/4/19, which was short by one day for the needed six-week period required prior to auditor's arrival onsite. The posting locations reflected in the pictures submitted included the following areas: facility entrance, booking, staff area, female housing unit, male housing unit, conference room, medical exam room, and classrooms. The auditor formally requested on 6/4/19 that the facility maintain the posted notices for a minimum of six weeks after the conclusion of the onsite audit.

On 6/12/19, the audit team provided the auditor the requested information for the following: PREA Audit Request for Information Form (Investigations Data and Matrix; Screening and Classification Systems Overview Worksheet; Pre-Onsite and Onsite Rosters and Documents specific to staff rosters; and Pre Interviews for Staff, which allowed the auditor to make a preliminary list of staff to interview prior to arrival onsite.

On 6/12/19, auditor was also provided and reviewed a copy a letter of correspondence from the Federal Bureau of Prisons (BOP) Residential Reentry Services Division, dated 5/20/19. The letter was in response to the results of the full monitoring conducted at the facility on 5/6/19. The monitoring was conducted by the BOP's contract oversight specialist and residential reentry manager. The correspondence stated, "During the inspection, no deficiencies and no advised item were noted. Therefore, there is no need for a response and you can consider this monitoring closed." The BOP conducts monitoring visits based on the contractual agreement with the agency.

The auditor conducted an internet research of the Western South Dakota Juvenile Services Center on 7/6/19. No items of concern were found or noted. The agency's website reflected the following posted information: General PREA information; 2016 Final PREA Audit Report (dated 2017); and 2016, 2017, and 2018 Annual Data Reports

On 7/9/19, the auditor provided the facility's audit team a proposed onsite agenda and a copy of the Issue Log, which indicated additional information needed as a result of the pre-onsite audit review process. On 7/10/20, the auditor was provided the shift schedule, which allowed the auditor to make a preliminary random selection of staff to interview prior to arrival onsite.

Onsite Audit Phase

An entrance Interview was held on Monday, 7/15/19 with Joe Gutierrez, Commander; Heather Pressley, PREA Coordinator; Darren Patterson, PREA Compliance Manager; and nine staff. The audit process was discussed, including the progress made during the pre-onsite audit phase; the onsite agenda with the expected onsite review, arrangements for confidential interviews with staff and residents required, and files and document review. The auditor emphasized every effort would be made to conduct the required tasks with minimal interference with the facility's operation.

On the first day of the onsite audit, the auditor conducted an onsite review of the facility, which included the following: three housing units, which also function as educational and program areas; sally port; intake (booking); property storage; medical station; control; kitchen; visitation, which included contact and non-contact; and lobby. The auditor noted the notices were printed on orange paper which stood out as a uniquely posted document for easy distinction and separation from other information posted throughout the facility. The posted notices reflected the previously submitted photos verification that the notices were posted. During the onsite review of the facility, the auditor observed the following: the facility's configuration; locations of cameras; staff to resident ratios; housing unit layout including the shower areas; placement of PREA related information; resident intake and admission procedures; resident programming; and areas designated for staff support/operations. The auditor noted that the shower set-up and design allow residents to shower one at a time. At a minimum, each 12-cell housing unit is equipped with at least two showers – one at the lower level and one at the upper level. The auditor conducted informal interviews with staff and residents while conducting the onsite review and arranged her schedule to allow for onsite observation of each shift. The auditor conducted a mock admission/screening with staff and staff reported all residents undergo a risk screening and are provided their PREA educational information during the intake and screening process on the same day of the resident's arrival. Staff reported the initial screening starts right after the pat-down search is completed on the resident. Residents are held in one of the five holding cells in the intake area until they are assigned to their housing unit. Informal interviews were conducted with staff and residents during the onsite review.

During the onsite audit phase, the auditor was provided a meeting space to conduct confidential interviews with staff and residents. Formal interviews were conducted with residents, facility staff, contractors, and volunteers. The auditor utilized the PREA Resource Center Interview Protocols while formally interviewing staff and residents. Staff interviews included, but were not limited to the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; PREA related training received; reporting requirements, including reporting mechanisms available to residents and staff; their general knowledge of detection and protective measures related to sexual abuse and sexual harassment; and response and first responder duties and protocols. Resident interviews included, but were not limited to, the following topics: their general knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; their rights not to be sexually abused or sexually harassed; prohibited conduct and discipline; PREA related education received; their knowledge on how to report and reporting options available to them; proper protection and response to allegations of sexual abuse or sexual harassment; not fearing retaliation for reporting; access to an outside reporting agency; and access to services.

Interview and File Selection Methodology

Staff Selection – Interviews (Onsite)

The WSDJSC employs 55 staff. The agency reported there were three/four contracts with contractors, which included a total of four individual contract staff who may have contact with the residents, and 72 volunteers who may have contact with residents. Using the staff roster, the auditor randomly selected the fifth name of the staff to interview. A total of 12 randomly selected staff were interviewed. The auditor was provided a meeting space to conduct confidential interviews with staff.

The auditor identified four administrative staff, 14 specialized staff, on contract staff, and three volunteers to interview based on their roles and responsibilities. Several staff members were interviewed for more than one interview protocol, based on their roles and responsibilities. Security direct-care staff were randomly selected from all three shifts, which included the administrative shift, and based on their availability.

The auditor interviewed the following administrative staff:

- Agency Head – Deputy Chief
- Superintendent – Commander
- PREA Coordinator
- PREA Compliance Manager

Specialized staff interviewed included the following:

- Agency Contract Administrator – Deputy Chief
- Intermediate/Higher Level Facility Staff – 1
- Medical Staff – 1

Mental Health Staff – 1

SAFE/SANE – 2 (1 – Deputy Chief; 1 – Working Against Violence, Inc. (W.A.V.I.) Staff)

Administrative (Human Resources) Staff – 2 (1 – Employees; 1 – Contract Staff and
Volunteers)

Contractors – 1

Volunteers – 3

Investigative Staff – 2 (1 Criminal Investigator; 1 Administrative Investigator)

Screening for Risk of Victimization and Abusiveness Staff – 1

Staff who Supervise Residents in Isolation – 1

Incident Review Team – 1

Designated Staff Member Charged with Monitoring Retaliation – 1

Security Staff who have Acted as First Responders – 1

Intake Staff – 1

Random Sample of Staff – 12

The random sample of staff were interviewed from the following shifts:

06:30 – 15:00;

14:30 – 22:30; and

22:30 – 07:00.

Resident Selection - Interviews

Using the resident roster dated 7/15/19, which reflected a current population of 30 males and four females, for a total of 34 residents, the auditor selected every fourth name for the resident interviews and adjusted the random selection after identifying the required targeted resident interviews. A total of 10 residents were interviewed from all three housing units. The auditor was provided access to one of the conference rooms to conduct confidential interviews with the residents.

The auditor interviewed the following residents:

Residents with Disabilities – 1

Residents who are LEP – 1

LGBTI Residents – 1

Residents Who Disclosed Prior Sexual Victimization During Risk Screening – 2

Random Sample of Residents – 5

Staff Selection – Files:

The WSDJSC employs 55 staff. Files were requested for all 12 of the randomly selected staff interviewed, plus one file of a staff member not interviewed. The auditor reviewed a total of 29 files.

The auditor reviewed the following files:

Employees – 20

Administration – 2

Specialty Staff – 9

New Hires – 1

Promoted – 1

Investigators – 3

Contract Staff – 2

Volunteers – 7

Total files requested and reviewed: 29*

* Some files were reviewed for more than one purpose, based on the applicable provision (e.g., staff hired in the past 12 months and completed PREA training).

Resident Selection – Files:

All of the 10 randomly and targeted residents selected to be interviewed had their files reviewed. The auditor requested and was provided four additional resident files to review. A total of 14 resident files were reviewed. For each resident file requested, the auditor requested the following information: intake screening, classification, resident education, sexual abuse and sexual harassment incidents (none reported by residents whose files were reviewed), and reassessment records. The following resident files were selected for review:

Residents with Physical Disabilities – 1

Residents who are LEP – 1

LGBTI Residents – 1

Residents Who Disclosed Prior Sexual Victimization During Risk Screening – 2

Random Sample of Residents – 9

Residents – 14**

**14 – Some files were reviewed for multiple purposes (e.g., LEP resident was screened).

An exit interview was conducted on Thursday, 7/18/19, with the following administrative staff: Joe Gutierrez, Commander; Heather Pressley, PREA Coordinator; Darren Patterson, PREA Compliance Manager; and four staff. The auditor provided a brief preliminary summary of the onsite audit process and the next steps that would take place during the post-onsite audit phase.

Post-Onsite Audit Phase

The auditor completed the review of the employee, resident and investigative files during the post-onsite audit phase. Supplemental documentation, including revised forms and policies, were provided by agency staff as requested by the auditor. A follow-up meeting was conducted with agency staff via phone on 8/22/19 to review the corrective action milestones.

The auditor was provided a copy of the American Correctional Association (ACA) Commission on Accreditation for Corrections Standards Compliance Reaccreditation Audit Report (*dated March 25-27, 2019*). A review of the report reflected no concerns specific to the PREA Standards.

The auditor conducted a subsequent internet research on 2/28/20. The auditor confirmed the prior 2016 PREA Audit Reports were still posted on the agency's website. The auditor did not receive any correspondence as a result of the posted notices at any time during the pre-audit, onsite audit, or post-audit phases. During the corrective action phase, the auditor completed the review of the agency's PREA information on its website, as the jail underwent its PREA audit just prior to the WSDJS PREA audit. The auditor also contacted Just Detention International (JDI) to ensure the facility had no reports with their agency. JDI reported they have not received any information regarding the facility.

AUDIT FINDINGS

Facility Characteristics:

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

The Western South Dakota Juvenile Service Center (WSDJSC) is located at 305 Cambell St., Rapid City, South Dakota. The facility is under the jurisdiction and is one of the facilities operated by the Pennington County Sheriff's Office. The facility was constructed as a result of the formation of the Western South Dakota Regional Juvenile Services Center Compact. The compact counties include Butte, Custer, Fall River, Harding, Lawrence, Meade and Pennington. Currently, the center has servcie contracts with the Federal Bureau of Prisons, the United States (US) Probation Pre-Trial Services, District of South Dakota US Marshals, and the South Dakota Department of Corrections. The WSDJSC provides secure housing and care for pre and post-adjudicated male and female juveniles between 10 - 20 years of age. The facility contains one building. The 41-bed facility has three housing units, with 12 cells per unit, and five cells in the holding area, with a total of 29 single-cell rooms and 6 double occupancy rooms. Each housing unit is equiped with a day room and at least two showers (one each at the lower and upper levels), which are designed to allow one resident to shower at a time. The facility does not have a specified unit used solely for segregation. Two of the housing units are solely designated to house male residents; and the third is solely designated to house female residents or male residents depending on the needs of the population.

The facility operates a health clinic that is staffed by the Pennington County Sheriff's Office. The clinic provides medical and dental screenings and medical care for minor health conditions. There is one exam room used for triage and to provide basic services. Staff interviewed during the onsite review reported anything serious would go to the walk-in clinic or to the emergency room. Medical and mental health services are provided 24/7 with staff on site Monday through Friday and as needed on weekends.

During the onsite audit, the current population stood at 34 residents, which included 30 male residents and four female residents. The agency reported 534 residents had been admitted to the facility in the past 12 months, with 264 residents whose length of stay at the facility was for 10 or more days, and 327 residents admitted to the facility whose length of stay was for 72 or more hours. The agency reported 56 employed staff at the facility during the past 12 months and one staff hired during the past 12 months. The agency reported three contracts with four individual contractors and 72 volunteers, who might have contact with the residents.

Video monitoring is used to enhance the monitoring of resident activity. Staff reported new monitoring technology was installed and two cameras were added. The new electronic security system enhances upon an older security system. The new system provides for better pixels and the cameras are also sync'd so the video can be viewed in all three housing units.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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.

Number of standards exceeded:	3
Number of standards met:	40
Number of standards not met:	0

Standards Exceeded: 3

115.373, 115.381, 115.386

Standards Met: 40

115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.376, 115.377, 115.378, 115.382, 115.383, 115.387, 115.388, 115.389, 115.401, 115.403

Standards Not Met: 0

Standards
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <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>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) c. JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights (<i>revised 1/4/17</i>) d. JSC 8.80 Reporting – Chapter: Juvenile Rights (<i>revised 3/14/16</i>) e. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (<i>revised 1/16/17</i>) f. JSC 8.100 Investigations – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) g. Appendix I Prison Rape Elimination Act Policies Definitions h. GP 2-23 Background Investigation Pre-Employment and Pre-Volunteer – Chapter: Staffing Management (<i>revised 11/25/14</i>) i. GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards j. GP 5-20 Triple I Inquiry and Dissemination k. JSC 6.90: Personal Care (<i>revised 1/17/17</i>) l. PCSO Law Enforcement Policies April 2019 (<i>revised 4/30/19</i>) m. JSC Organizational Chart (<i>dated 4/19</i>) n. JSC Organizational Chart (<i>dated 6/19</i>) o. PREA Coordinator Job Description

- p. Correctional Officer-Home Detention/Community Monitoring Job Description (approved 2/28/12)

2. Interviews:

- a. PREA coordinator
- b. PREA compliance manager

Findings (By Provision):



115.311 (a). The agency reported in the PAQ that it has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and that the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency also reported the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, plus sanctions for those found to have participated in prohibited behaviors. The agency reported its policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment.

Agency Policy JCS 8.60, Section III(A), (p. 1), states, "The Western South Dakota Juvenile Services Center maintains a zero tolerance toward all forms of sexual abuse/harassment/misconduct." Section III(B) (p. 1) addresses staff, volunteers, and contractors having contact with detainees will be trained on PREA; Section III(D) (p. 1) addresses resident education; Section III(K-L) (p. 2) addresses sanctions; Appendix I Prison Rape Elimination Act Policies Definitions addresses the PREA definitions, which match the PREA Standard's definitions.

Policies outlining the agency's approach to preventing sexual abuse and sexual harassment:

- 1. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights
- 2. JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights
- 3. JSC 8.80 Reporting – Chapter: Juvenile Rights
- 4. Appendix I Prison Rape Elimination Act Policies Definitions
 - a. GP 2-23 Background Investigation Pre-Employment and Pre-Volunteer – Chapter: Staffing Management (*revised 11/25/14*)
- 5. GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards
- 6. GP 5-20 Triple I Inquiry and Dissemination
- 7. JSC 6.90: Personal Care

Policies outlining the agency's approach to detecting sexual abuse and sexual harassment:

- 1. JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights
- 2. JSC 8.80 Reporting – Chapter: Juvenile Rights

Policies outlining the agency's approach to responding to sexual abuse and sexual harassment:

1. JSC 8.80 Reporting – Chapter: Juvenile Rights
2. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights
3. JSC 8.100 Investigations – Chapter: Juvenile Rights
4. PCSO Law Enforcement Policies April 2019 (*revised 4/30/19*)

115.311 (b). The agency reported in the PAQ that it has employed or designated an agency-wide PREA Coordinator the PREA Coordinator's position is in the upper-level of the agency hierarchy. The agency also reported the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency's efforts to comply with the PREA standards in all of its facilities.

A review of the PREA coordinator's job description reflects the PREA coordinator is assigned to the Pennington County Jail. This staff member supervises two PREA Compliance Managers, which are assigned to the jail and the Western South Dakota Juvenile Services Center. The PREA coordinator is also responsible for assisting with PREA compliance for residential clients housed at the Restoration Center. A review of the organizational chart reflects the PREA coordinator reports to the WSDJSC Commander.

Staff interviewed reported being very organized and knowing the priorities and what needs to be done right away. Staff added PREA is one of the more important things the agency does and has been at the top of the list for the past few months. Staff reported having two PREA compliance managers reporting to her. Staff also reported if an issue is identified with complying with PREA, she will contact the commander and PREA compliance manager to bring it to their attention to make sure the agency is in compliance. Staff reported not encountering an issue as of yet.

115.311 (c). The agency reported in the PAQ that it operates more than one facility, and has designated a PREA compliance manager in each facility. The facility reported the PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The agency also reported the PCM reports to Commander Joe Gutierrez and Compliance Manager Heather Pressley. The organizational chart reflects the PCM reports to the programs sergeant, which is inconsistent with what was reported in the agency's response on the PAQ. A review of the Correctional Officer-Home Detention/Community Monitoring Job Description document states, "This position will assist in other specialized or ancillary duties as required for successful operations." The job description also lists the following requirement: Serving as the PREA manager for WSDJSC to include compliance, training, investigations and due process hearings.

Staff interviewed reported when it comes to preparing for the audit, not having enough time to manage all PREA-related responsibilities, but when it comes to his day-to-day job, having enough time to manage the PREA-related responsibilities. Staff added that more help during the audit phase would be helpful. Staff reported efforts to comply with the PREA standards include the following: training, which is the biggest thing; compliance and doing checks with medical and mental health; making sure staff get what they need; and education for residents. Staff also reported, when identifying an issue with complying with the PREA Standards, he will professionally confront that individual and explain or provide extra training for staff or supervisors and make sure they are in compliance.

Corrective Action:

The auditor recommends no corrective action.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. WSDJSC PREA Memo 115.312 (*dated 5/22/19*)
2. Interviews:
 - a. Agency Head's Designee

Findings (By Provision):



115.312 (a). The agency reported in the PAQ that it is a public agency and it does not contract for the confinement of its residents with private agencies or other entities including other government agencies and also reported this standard is not applicable to the agency. The WSDJSC PREA Memo states, "WSDJSC did not contract for confinement of any detainee for this audit period May 1, 2018 through April 30, 2019.

The auditor interviewed the agency head's designee to verify the agency does not contract for the confinement of its residents with any private agencies or other entities including other government agencies. Staff interviewed reported the agency does not contract with any other agency or entity for the confinement of its residents. The auditor finds this provision and standard is not applicable.

115.312 (b). The agency reported in 115.312(a) in the PAQ that it is a public agency and it does not contract for the confinement of its residents with private agencies or other entities including other government agencies and also reported this standard is not applicable to the agency. The WSDJSC PREA Memo states, "WSDJSC did not contract for confinement of any detainee for this audit period May 1, 2018 through April 30, 2019.

The auditor interviewed the agency head's designee to verify the agency does not contract for the confinement of its residents with any private agencies or other entities including other government agencies. Staff interviewed reported the agency does not contract with any other agency or entity for the confinement of its residents. The auditor finds this provision and standard is not applicable.

Corrective Action:

1. The auditor recommends no corrective action.

115.313	Supervision and monitoring
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. 2019 Staffing Plan (<i>dated 5/21/19</i>) c. Post Orders for Shift Supervisors d. JSC Shift Supervisor Post Order e. Post Checks PowerPoint Slide (<i>p. 104</i>) f. Unannounced Post Checks <ol style="list-style-type: none"> a. September 15-21, 2018 b. December 1-7, 2018 c. March 19-24, 2019 g. U.S. Department of Justice Federal BOP correspondence (<i>dated 5/20/19</i>) h. Revised Staffing Plan (submitted 9/19/19) i. JSC 16.80: Juvenile Supervision (<i>revised 2/17/17</i>) j. PREA – Post Checks (<i>dated 7/29/19 to 7/30/19</i>) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent or designee b. PREA coordinator c. PREA compliance manager d. Intermediate or higher-level facility staff 	
Findings (By Provision): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ◆ ◆ ◆ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ◆ ◆ </div>	
<p>115.313 (a). The agency reported in the PAQ that it ensures each facility has developed, implemented and documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The agency reported it ensures that each facility’s staffing plan takes into consideration the 11 criteria required under this provision in calculating adequate staffing levels and determining the need for video monitoring. The agency reported the average daily number of residents is 38, and the staffing plan is predicated on the average daily number of 38 residents.</p>	

On 6/12/19, the agency provided information regarding an external audit report. The auditor reviewed correspondence dated 5/20/19, from the U.S. Department of Justice Federal Bureau of Prisons (BOP) and addressed to Commander Gutierrez regarding the results of the full monitoring conducted at the facility on 5/6/19. The monitoring was conducted by the BOP's contract oversight specialist and residential reentry manager. The correspondence stated, "During the inspection, no deficiencies and no advised item were noted. Therefore, there is no need for a response and you can consider this monitoring closed."

The WSDJSC Staffing Plan is dated 5/21/19 and is signed by the commander, PREA coordinator, and the PCSO chief deputy. A review of the staffing plan noted a need to enhance the following: Item #5 – physical plant (blind spots, areas where staff or residents may be isolated – verify if there are any blind spots); Items #6 – composition (need more than "always changing" – need specifics such as age, sex, special needs, etc.) of resident population; Item #8 – add program schedule and number of staff that support program; and #10 – prevalence of substantiated and unsubstantiated incidents (need more than "ongoing review" – need numbers, any patterns, etc.). During the corrective action phase, the agency submitted a revised staffing plan on 9/19/19 that incorporated the elements needing to be addressed and/or enhanced upon.

Staff interviewed reported the agency regularly develops a staffing plan. Staff reported they look at the staffing levels and if the staffing levels are met, which the ratio is 1:8. Staff added they want eyes on the residents and want the residents to be safe and have protocols in place for the safety of the juveniles and staff. Staff reported video monitoring assists in the overview of the safety and security but not manage the population. Staff reported there is no audio in the housing units and would like to get it in the housing units, but have not found a vender that can help the facility. Staff added that residents can activate the audio by pushing buttons in their cells. Staff also reported the staffing plan is documented and signed by the PCSO chief deputy and the PREA coordinator. Staff outlined how the agency addressed each of the 11 elements required under this provision, and that the numbers they need for the staffing are based on what the BOP and PREA requires. Staff reported the staffing plan is reviewed to make sure staffing levels are acceptable, they check for compliance by making sure policies and procedures are followed, and also the policies and procedures and operation memorandums are reviewed and updated annually by all staff.

115.313 (b). The agency reported in the PAQ that it complies with the staffing plan except during limited and discrete exigent circumstances and reported there have been no deviations from the staffing plan; therefore, no written justifications for deviations were needed or recorded. The agency responded this provision was not applicable. Staff interviewed reported they have always met the requirements of the staffing plan and are in compliance with the plan.

115.313 (c). The facility also reported in the PAQ it is not obligated by law, regulation, or judicial consent decree to maintain the staffing ratios and that it maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours except during limited and discrete exigent circumstances. The agency reported there were no instances in which the facility deviated from the 1:8 and 1:16 staffing ratios during resident waking or sleeping hours in the past 12 months.

Staff interviewed reported not being aware of a State statute obligating the agency to maintain staffing ratios. Staff reported, through the Statement of Work with the BOP, they have to maintain a 1:8 during the day and 1:16 staffing ratios during the night. Staff added, to meet that need, they schedule to staff their needs based on housing units and where residents are being housed at. Staff reported they use a systematic approach: a post-analysis review. The auditor noted the PREA Standards require the 1:8 during the day and 1:16 staffing ratios during the night.

115.313 (d). The agency reported in the PAQ that it, without consultation with the agency PREA Coordinator, has assessed, determined, and documented whether adjustments are needed to the staffing plan, prevailing staffing patterns, the deployment of its video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

The WSDJSC Staffing Plan is dated 5/21/19 and is signed by the commander, PREA coordinator, and the PCSO chief deputy. Staff interviewed reported they are consulted regarding the assessments or adjustments to the staffing plan. Staff stated they did the second plan in May. Staff reported they reviewed the camera and staff coverage and that this is also a requirement of ACA and is done yearly.

115.313 (e). The agency reported in the PAQ that it has 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. The agency reported this policy and practice is implemented for night shifts as well as day shifts and its policy also prohibits 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.

Agency Policy JSC 16.80, Section III, F, (p. 2) states, "The Shift Supervisor will conduct post checks during each shift to maintain facility security, ensure proper supervision of staff/detainees; to include identifying and deterring staff sexual abuse/harassment/misconduct, and to ensure proper operation of the facility." Agency Policy JSC 16.80, Section IV, A.1.c, (p. 3) states, "Staff is prohibited from alerting other staff members that these checks are occurring, unless such announcement is related to the legitimate operational function of the facility." The facility's JSC Shift Supervisor Post Order, Item 10, states, "Conduct a minimum of two (2) random on-post checks of all posted staff members each shift to: verify adherence to policy and procedure." PowerPoint Slide #104, titled "Supervision" states, "NOTE: Staff are prohibited from alerting other staff about rounds, unless related to legitimate operational functions of the facility."

The auditor requested a sampling of unannounced rounds during the pre-onsite audit phase. A review of the checks indicated no documented checks for Pod A. Upon inquiry, the agency reported the button was not working, therefore the checks for Pod A were not reflected on the post checks. The auditor requested an additional sampling for 7/29/19. A review of the rounds reflected the checks were conducted on all shifts and included all the pods and the booking area.





Staff interviewed reported they conduct unannounced rounds every day and go to the housing units, gym, booking, where ever residents are at. Staff advised they engage with the staff and residents, check that officers are doing what they are supposed to be doing and make sure there is nothing inappropriate. Staff check to make sure everything is safe and secure. Staff approach residents to make themselves available for the residents so they have access to supervisors, which helps build rapport and helps with behavior issues. Staff reported they document the unannounced rounds two times a day using the pipe system. Staff added they do one check in the morning and one in the afternoon, typically after lunch. Staff reported they try not to be sneaky and just do the announcements. Staff added that they have a small facility and have not heard anyone say, "Oh no, she's coming." Staff reported they also view the cameras and keep an eye on things and go in and assist as needed.

Corrective Action:

1. Regarding staffing plan, need to enhance Items #6 – composition (need more than “always changing” – need specifics such as age, sex, special needs, etc.) of resident population; Item #8 – add program schedule and number of staff that support program; and #10 – prevalence of substantiated and unsubstantiated incidents (need more than “ongoing review” – need numbers, any patterns, etc.).

Agency Response to Corrective Action:

1. The agency submitted a revised staffing plan on 9/19/19 that incorporated the elements needing to be addressed and/or enhanced upon.

115.315 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none">1. Documents: (Policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. JSC 16.100 Search of Locations and Juveniles – Chapter: Security and Control (<i>revised 12/19/16</i>)c. WSDJSC Operational Memorandum (OM) 6.80-1 – How To: Conduct Showers, Room Clean-up and Pod Chores in Medium Secure (<i>revised 2/22/17</i>)d. JSC 16.80: Juvenile Supervision (<i>revised 2/17/17</i>)e. JSC 6.90: Personal Care (<i>revised 1/17/17</i>)f. PREA Training Guide for Slide Showg. Staff Training Records2. Interviews:<ol style="list-style-type: none">a. Non-medical staff (involved in cross-gender strip or visual searches)b. Random sample of staffc. Transgender/intersex residentsd. Random sample of residents3. Site Review Observations:<ol style="list-style-type: none">a. Housing Units
	Findings (By Provision): 
	 
	
	115.315 (a). The agency reported in the PAQ that it does not conduct any cross-gender strip or cross-gender visual body cavity searches of resident. The agency reported there

were no cross-gender strip or cross-gender visual body cavity searches of resident conducted in the past 12 months.

Agency Policy JSC 16.110, Section II(C), (p. 1), states, "Strip Search: A search requiring complete removal of all clothing which includes a visual inspection of the body conducted by same gender staff member." Section II(B), (p. 1), states, "Pat Search: A thorough search of a clothed person using the hands to detect the presence of an object on a person in their clothing. All Pat Searches are conducted by same gender staff member." Section III(A), (p. 1), states, "Manual or instrument inspection of the body cavity will be completed only by health care personnel and when authorized by the Commander." Section III(D), (p. 1), states, "Strip searches will be performed by a trained staff member of the same gender and will be conducted in an area that ensures privacy."

Agency policy prohibits cross-gender pat-down, strip, and body cavity searches of any resident. Policy also requires body cavity searches will be completed only by health care personnel with the authorization by the commander. All random selected staff and residents interviewed regarding searches reported only same-gender searches are conducted by staff; therefore, no staff were interviewed specific to this provision.

115.315 (b). The agency reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. The agency reported there were no cross-gender pat-down searches of residents conducted in the past 12 months.

Agency Policy JSC 16.110, Section II(B), (p. 1), states, "Pat Search: A thorough search of a clothed person using the hands to detect the presence of an object on a person in their clothing. All Pat Searches are conducted by same gender staff member."

The auditor interviewed 12 randomly selected staff. One staff member interviewed was not security staff and reported not being trained nor would conduct any searches. Eight staff reported they are restricted from conducting cross-gender searches, and one staff member reported they didn't think they were prohibited from conducting cross-gender searches. Two staff confused the term cross-gender with transgender. One reported they would search the resident based on what they would request; the second staff member reported they would still search the transgender resident, "because it is our job." The auditor interviewed five randomly selected residents and five targeted population residents. All residents reported they have always been pat-down searched by same gender staff.

115.315 (c). The agency reported in the PAQ that it does not have a written policy requiring the facility document and justify all cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat-down searches. Upon seeking clarification, the agency reported cross-gender searches are not allowed, unless an exigent circumstance exists. Agency Policy JSC 16.110, Section IV(C)(9)(a), (p. 4) addresses cross gender pat searches and the policy requires cross-gender pat searches be documented.

115.315 (d). The agency reported in the PAQ that it has implement policies and procedures that enable residents 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. The agency reported juvenile showers are conducted individually and secured from viewing, and its procedure is to announce staff's presence when entering opposite gender housing units.

Agency policy OM 6.80-1 Section 3(d)(i) (p. 1) states, "Detainees are afforded privacy when showering, without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances." Agency Policy JSC 6.90 Section II(A) states, "Detainees are able to 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 viewing is incidental to routine cell checks." Agency Policy JSC 16.80 Section III(D)(1) states, "Staff will announce their presence when entering a housing unit of the opposite sex."

During the onsite review, the auditor observed staff announce themselves when entering a housing unit occupied by residents of the opposite gender. The auditor also noted each housing unit has two showers, one on each level, that are designed for single-showering. One of the showers in one of the housing units includes a bathtub. Each cell includes a toilet and there are no cameras that allow for direct viewing into the cells and allows residents privacy. Residents and staff interviewed indicated residents take showers one at a time. The doors to each shower do not have a window and allow for total privacy. Residents are allowed up to five minutes to take a shower.

The auditor interviewed 12 randomly selected staff. All but one staff interviewed reported they announce their presence when entering a housing unit that houses residents of the opposite gender. One staff member reported they do not ever go into the housing unit as they are assigned to the control room. The auditor asked the control room staff if any camera angles allow for staff in the control room to see residents using a toilet or taking a shower. Staff reported no cameras can view into any toilet or shower. The auditor also verified this during the onsite review. All staff reported residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

The auditor interviewed five randomly selected residents and five targeted population residents. Nine residents reported staff of the opposite gender announce their presence when entering their housing area. One resident reported staff “sometimes” announce themselves. All the residents reported they are provided their clothing and close the door to the shower, allowing them to shower and change clothes after showering. All the residents reported they have total privacy during showers. Residents reported they can cover the windows to their individual cells when using the toilet so staff know not to look in, and reported staff do not get mad when they cover the window, but staff will knock on the door and check to make sure they are okay after 10-15 minutes. All residents reported they are never naked in front of staff of the opposite gender.

115.315 (e). The agency reported in the PAQ that it does not have a policy that prohibits staff from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status. The facility reported there were no such searches conducted in the past 12 months.

The auditor interviewed 12 randomly selected staff. Staff interviewed reported the agency prohibits staff from searching or physically examining a transgender or intersex residents for the sole purpose of determining the resident’s genital status. While onsite, the agency reported there were no transgender or intersex residents at the facility; therefore, the auditor did not interview any residents specific to this provision.

115.315 (f). The agency reported in the PAQ 100% of the security staff are trained in how to conduct cross-gender pat down searches and how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Agency Policy JSC 16.110, addresses searches; Section IV(9), (p. 4), addresses cross gender and transgender pat searches. The PREA Training Guide for Slide Show addresses searches and prohibits cross-gender searches except in exigent circumstances and that cross-gender searches be documented. Staff training records reflect all staff have completed this training.

The auditor interviewed 12 randomly selected staff, of which all but one were security staff. All security staff reported being trained on how to conduct cross-gender pat-down searches. Six staff confused the term cross-gender with transgender, and one staff confused the term cross-gender with gender nonconforming.

Corrective Action:

1. The auditor recommends no corrective action.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) c. Text Telephone (TTY) Documentation d. Language Line Documentation e. Booking Handout – Guide to Preventing and Reporting Sexual Misconduct f. WSDJSC PREA Reconocimiento de Orientacion (Spanish PREA Orientation) Form g. Training Slide No. 61 h. Resident File 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Random sample of staff c. Residents (with disabilities or who are limited English proficient) 3. Site Review Observations: <ol style="list-style-type: none"> a. Intake b. Housing Units c. Common Areas <ul style="list-style-type: none"> ◆ ◆ i. Classrooms

Findings (By Provision):



115.316 (a). The agency reported in the PAQ that it has established procedures to provide disabled residents 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. This includes: residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and residents who have speech disabilities. The agency reported such steps include, when necessary, the following: ensuring effective communication with residents who are deaf or hard of hearing; providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency reported it ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who have intellectual disabilities, limited reading skills, or are blind or have low vision.

Agency Policy 8.60 Section III(D)(1) (*p. 2*) addresses this provision. The agency provided a copy of staff training slide number 61, which addresses providing accommodations for those with disabilities and limited English proficiency. The information noted included interpreters, language line, Spanish handbook, written materials the offender can understand and not using inmate interpreters "except when extended delay can compromise offender safety or investigation of an allegation."

During the onsite review, the auditor noted the PREA Audit Notices prominently posted throughout the facility. The notices were printed on bright orange paper. The auditor noted some areas of the facility had the PREA informational posters, but recommended more were needed to ensure they were prominently posted in each housing unit and in commonly shared areas throughout the facility. Staff took immediate actions in response to this request while onsite. Staff emailed on 7/22/19, informing the auditor the updated zero-tolerance and PREA hotline numbers informational posters had been posted and large PREA posters had been ordered and were scheduled to be delivered the following week. Informational posters were prominently posted that offered communication resources for people who are deaf or hard of hearing. The Text Telephone (TTY) equipment was located in booking. The auditor requested and was provided a status update on the updated posters ordered on 8/15/19. Staff reported the posters had been received and maintenance would be working on posting them. On 8/16/19, staff provided a picture of the first poster that was posted by maintenance in one of the classrooms. On 8/18/19, staff provided additional supporting documentation of the posting of the updated Zero-Tolerance posters in English and Spanish.

The auditor reviewed the file of a resident who was identified as hard of hearing. The records reflect the disability of loss of hearing in both ears was identified during intake while conducting the risk screening. The resident was interviewed specific to this provision.

Staff interviewed reported they have established procedures to provide residents with disabilities and residents 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. The auditor interviewed one resident with a hearing disability. The resident reported, once staff were aware of his hearing disability, they told the nurse. The resident stated, "The nurse said I needed them (hearing aids) and did everything." The resident reported they looked at his history and he met with the nurse, who assisted him in getting hearing aids. When asked how he was informed of his rights regarding PREA, the resident reported he was provided the PREA handbook and allowed to keep it so he could read it. He added he would ask the corrections officers (COs), "What does this mean?" and they would tell him or explain it. The resident reported the COs were very helpful. The resident stated, "They did everything good." The resident advised he was very excited to have his hearing aids and could actually hear. The auditor noted the resident smiled with excitement as he shared his experience in getting assistance with the hearing aids. The resident reported up to that point, he relied mostly on reading lips and staff talking into his left ear. The resident reported getting the hearing aids about one week ago and really likes them because he can hear new words and hear everything.

115.316 (b). The agency reported in the PAQ that it has established procedures to provide residents 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.

Agency Policy 8.60 Section III(D)(1) (*p. 2*) addresses this provision. The auditor noted the resident handbook and the PREA Orientation Acknowledgement Form are provided in Spanish. During the onsite review, the auditor noted some areas of the facility had the PREA informational posters, but recommended more were needed to ensure they were prominently posted in each housing unit and in commonly shared areas throughout the facility. Staff took immediate actions in response to this request while onsite. Staff emailed on 7/22/19, informing the auditor the updated zero-tolerance and PREA hotline numbers informational posters had been posted. The auditor requested and was provided a status update on the updated posters ordered on 8/15/19. Staff reported the posters had been received and maintenance would be working on posting them. On 8/16/19, staff provided a picture of the first poster that was posted by maintenance in one of the classrooms. On 8/18/19, staff provided additional supporting documentation of the posting of the updated Zero-Tolerance posters in English and Spanish.

The auditor reviewed the file of a resident who was identified as LEP. The records reflected the resident was identified as speaking only Spanish during intake while conducting the risk screening. The record also reflects translation services were provided by a teacher during the risk screening process. The resident was interviewed specific to this provision.

The auditor interviewed one resident with limited English proficiency. The resident reported the PREA information is in the Spanish handbook, but that the information on the posters are only in English. The resident reported, when he arrived, he was provided the handbook in English and Spanish and that he read the one in Spanish. The auditor asked the resident if he could read in Spanish, and the resident reported he could. The auditor also asked the resident if he had any questions about the information provided in the handbook and the resident stated he did not. The resident also reported the Sunday PREA classes are in English and that at first, he didn't understand, so another resident would translate it. The resident reported, since he has been at the facility, he has been motivated to learn English.

115.316 (c). The agency reported in the PAQ agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency reported it does document the limited circumstances in individual cases where resident interpreters, resident readers, or other types of resident assistants are used. The agency reported there were no instances in the past 12 months where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency also reported staff receives training that explains detainees will not be used as interpreters.

The auditor interviewed 12 randomly selected staff. All staff interviewed reported they would not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff reported there are staff available that can interpret, or they would use the language line. Staff reported they were not aware of any circumstances of any resident interpreters being used in relations to allegations of sexual abuse or sexual harassment. The auditor interviewed one resident with limited English proficiency. The resident reported the PREA information is in the Spanish handbook, but that the information on the posters are only in English. The resident reported, when he arrived, he was provided the handbook in English and Spanish and that he read the one in Spanish. The auditor asked the resident if he could read in Spanish, and the resident reported he could. The auditor also asked the resident if he had any questions about the information provided in the handbook and the resident stated he did not. The resident also reported the Sunday PREA classes are in English and that at first, he didn't understand, so another resident would translate it. The resident reported, since he has been at the facility, he has been motivated to learn English.

Recommendation:

1. Secure a Spanish language version of the PREA video.
2. Secure a close-captioned version of the PREA video, English and Spanish.

Agency Response to Recommendation:

1. The agency reported a Spanish language video is a future education tool being worked on.

Corrective Action:

1. The auditor recommends no corrective action.

115.317 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. GP 2-23 Background Investigation Pre-Employment and Pre-Volunteer – Chapter: Staffing Management (*revised 11/25/14*)
 - c. GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards
 - d. GP 5-20 Triple I Inquiry and Dissemination
 - e. Pennington County Sheriff’s Office (PCSO) Background Questionnaire (*revised 1/17*)
 - ◆
 - ◆ i. PCSO Background Questionnaire (*p. 8*) (*revised 6/17*)
 - f. PCSO Waiver to Permit Background Investigation Form (*revised 4-5-12*)
 - g. 3 PREA Questions in Relias Training xlsx
 - h. Department of Social Services (DSS) Memo
 - i. Employee Rosters – New Hires/Promotions
 - j. Employee Records
2. Interviews:
 - a. Administrative (human resources) staff

Findings (By Provision):

115.317 (a). The agency reported in the PAQ that it prohibit the hiring or promotion of anyone or the enlistment of services of any contractor who may have contact with residents who: (1) 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); (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in the activity described in 115.317(a)(2).

Agency Global Policy GP 2-23 Background Investigation Pre-Employment and Pre-Volunteer, Section I(A-B) (*p. 1*) states, “The Pennington County Sheriff’s Office conducts a

reasonable investigation into the background of prospective employees, contractors, and volunteers, who, by the nature of the position to be filled, will have access to sensitive information, facilities, computer systems, clients, detainees, inmates, procedures, and/or reports. In order to minimize the Sheriff's Office risk exposure, this policy has been established to ensure fair and consistent evaluation. All candidates for full- and part-time employment with the Sheriff's Office undergo a comprehensive background investigation prior to being made a final offer. Candidates for Seasonal / Temporary employment, contractors, or volunteers are subjected to a limited background investigation." Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section A(1-3) (p. 1) addresses all three required elements outlined under this provision and applies to employees and contract staff.

The Pennington County Sheriff's Office Background Questionnaire inquires on the applicant's arrest, legal and criminal history, but does not inquire on the three elements outlined under this provision. While onsite, this discrepancy was noted while reviewing the electronic employee and contractor records. Staff initiated immediate corrective action steps in response to this provision. During the corrective action phase, the agency revised the PCSO Background Questionnaire (p. 8), to include the three questions required under this provision.

The auditor reviewed 20 employee and two contract staff files. During the corrective action phase, the agency implemented an electronic process requiring all current employees complete the "3 PREA Questions to Relias Training," titled "Item Analysis," and respond to each individual question. Current employees will be required to complete the electronic form during written self-evaluations conducted as part of their reviews. A status report dated 12/5/19, reflected 29 employees and one contractor had completed this process.

115.317 (b). The agency reported in the PAQ that agency policy requires the consideration any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section B (p. 1) states, "The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents." During the corrective action phase, the agency revised the PCSO Background Questionnaire (p. 8), to include that the agency will consider any incidents of sexual harassment as required under this provision.

The auditor interviewed two staff specific to this standard: the agency's employment manager, who oversees employee records; and the facility's administrative assistant, who oversees contractor and volunteer records. Staff interviewed reported they consider prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.317 (c). The agency reported in the PAQ that agency policy requires that before hiring new employees, who may have contact with residents, the agency: (a) performs a criminal background records check; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) 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. The agency reported one of one (100%) persons hired in the past 12 months who may have contact with residents who have had criminal background records checks. The agency also reported the Department of Social Services (DSS) will not run central registry checks to screen for abuse and neglect unless you are a licensed DSS facility.

Agency Global Policy GP 2-23 Background Investigation Pre-Employment and Pre-Volunteer, Section IV (*pp. 1-4*) addresses the criminal background records check, which includes local, interstate, and national criminal records checks. The policy outlines the protocols staff conducting the employee background investigation are to follow. Agency Policy GP 5-20 Section I (*p. 1*) states, "This policy establishes procedures and guidelines to ensure consistency in the inquiry and dissemination of information in the Interstate Identification Index (Triple I). The agency outlines strict agency procedures required to be followed when authorized staff conduct background checks and the disposition of a Triple I Record. Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section C (*p. 1*) requires a criminal background check and that the agency make its best effort 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.

In regards to child abuse registry checks, the agency reported DSS would not run central registry checks to screen for abuse and neglect unless the facility for which the individual works is a DSS facility. The agency provided a copy of a letter from DSS regarding the DSS practice, which states “Per agency policy the Department of Social Services would no longer screen WSDJSC employees against the Central Registry for Abuse and Neglect in South Dakota.” Based on the supporting documentation provided, it was determined the facility does not have any other recourse at this time specific to this provision.

The Pennington County Sheriff’s Office Background Questionnaire inquires if the applicant has ever committed, contributed to or participated in any of the following offenses, even though the applicant may not have been arrested, convicted, caught or apprehended: child abuse; and sexual exploitation of children.

The auditor reviewed 20 electronic employee files that track the completed criminal and background checks. Authorized staff are the only staff with access to this information. The file review reflected four employees had been hired since 2017. All the files reflected the criminal background checks were conducted prior to their date of hire.

The auditor interviewed two staff specific to this standard: the agency’s employment manager, who oversees employee records; and the facility’s administrative assistant, who oversees contractor and volunteer records. Staff interviewed reported the agency/facility perform a criminal background records check, which includes a local, Triple I’s (National Criminal Information Center – NCIC; Mid-States Organized Crime Information Center – MOCIC; and Driving History). Staff at the facility reported they conduct criminal background checks on contractors and volunteers and provided a demonstration on how a criminal background check is conducted and documented. Staff also reported they do not have access to the State’s Child Abuse Registry records. Staff added they can see if an employee or applicant was involved or accused but cannot access the records to see what the result was.

115.317 (d). The agency reported in the PAQ that agency policy requires a criminal background records check be completed and applicable child abuse registries be consulted before enlisting the services of any contractor who may have contact with residents. The agency reported there were three contracts for services where criminal background checks were conducted on staff covered in the contract who might have contact with residents.

Agency Global Policy GP 2-23 Background Investigation Pre-Employment and Pre-Volunteer, Section IV (pp. 1-4) addresses the criminal background records check, which includes local, interstate, and national criminal records checks. The policy outlines the protocols staff conducting the employee background investigation are to follow. Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section D (p. 1) requires the agency perform a criminal background check before enlisting the services of any contractor who may have contact with residents.

In regards to child abuse registry checks, the agency reported DSS would not run central registry checks to screen for abuse and neglect unless the facility for which the individual works is a DSS facility. The agency provided a copy of a letter from DSS regarding the DSS practice, which states “Per agency policy the Department of Social Services would no longer screen WSDJSC employees against the Central Registry for Abuse and Neglect in South Dakota.” Based on the supporting documentation provided, it was determined the facility does not have any other recourse at this time specific to this provision.

The Pennington County Sheriff’s Office Background Questionnaire inquires if the applicant has ever committed, contributed to or participated in any of the following offenses, even though the applicant may not have been arrested, convicted, caught or apprehended: child abuse; and sexual exploitation of children.

The auditor reviewed two contractor files. The file review reflected the most recently hired contractor had been hired in 2017 and the criminal background check was conducted prior to their date of hire.

The auditor interviewed two staff specific to this standard: the agency’s employment manager, who oversees employee records; and the facility’s administrative assistant, who oversees contractor and volunteer records. Staff interviewed reported the agency/facility perform a criminal background records check, which includes a local, Triple I’s (National Criminal Information Center – NCIC; Mid-States Organized Crime Information Center – MOCIC; and Driving History). Staff at the facility reported they conduct criminal background checks on contractors and volunteers and provided a demonstration on how a criminal background check is conducted and documented. Staff also reported they do not have access to the State’s Child Abuse Registry records. Staff added they can see if an employee or applicant was involved or accused but cannot access the records to see what the result was.

115.317 (e). The agency reported in the PAQ that agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section E (p. 2) requires a criminal background records check at least every five years of current employees and contractor or that the agency have in place a system for otherwise capturing such information for current employees.

The auditor reviewed 20 employee files. The file review reflected 15 employees had been employed over five years and all the files reflected their most recent background check was within the past five years.

The auditor interviewed two staff specific to this standard: the agency's employment manager, who oversees employee records; and the facility's administrative assistant, who oversees contractor and volunteer records. Agency staff interviewed reported she pulls the information and runs it through the agency's own records management system: criminal history and fingerprinting. Staff added investigators follow up on everything. Staff reported for corrections officers, there is a three-tier system: (1) they run all reports and the chief deputy reviews the reports; (2) investigator reviews again; (3) chief deputy reviews again; (4) staff psychologist also does an evaluation; and (5) chief deputy does a final review. Staff reported a full criminal records check is done every five years and an abbreviated one is done every year. Staff responsible for the contractor records reported no current contractor has been with the facility for over five years.

115.317 (f). Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section F (p. 2) addresses this provision and states, "The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct."

During the corrective action phase, the agency implemented an electronic process requiring all current employees complete the “3 PREA Questions to Relias Training,” titled “Item Analysis,” and respond to each individual question. Current employees will be required to complete the electronic form during written self-evaluations conducted as part of their reviews. Human resource staff maintain the electronic spreadsheet, which allows them to track the completion of this required form. A status report dated 12/5/19, reflected 29 employees and one contractor had completed this process.

Staff interviewed reported applicants are asked about previous misconduct in the initial application, the background packet, and are asked multiple times. Staff added these questions are asked of the applicant during the background interview. Once hired, if moving positions in the office staff ask those questions again. If moving into a different type position, they repeat those steps. Staff also reported the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct by doing refreshers, ethics training and through the code of conduct. Staff stated, “This is more culturally than any check box thing.”

115.317 (g). The agency reported in the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section G (*p. 2*) states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”

115.317 (h). Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section H (*p. 2*) addresses the agency providing information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, upon receiving a request from an institutional employer, unless prohibited by law.

Staff interviewed reported when a former employee applies for work at another institution, upon request from that institution the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee as long as the agency has the release form. Staff reported they have not encountered such situation.

Corrective Action:

1. Ensure all three elements outlined under 115.317(a) are included in the background records checks for new applicants, staff seeking promotion, and contractors.
2. Ensure the agency demonstrates 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.
3. Ensure the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.
4. Ensure the agency asks all applicants and employees directly about previous misconduct described under 115.117(a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees, as required under 115.117(f).
5. Ensure the agency imposes upon employees a continuing affirmative duty to disclose any such conduct described under 115.117(a) , as required under 115.117(f).

Agency Response to Corrective Action:

1. The agency enhanced upon policy language and developed and implemented Agency Global Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, which addresses each provision outlined in this standard and in response to items 1-5 listed under the corrective action.
2. The agency revised the PCSO Background Questionnaire to ensure all three elements outlined under 115.317(a) are included in the background records checks for new applicants, staff seeking promotion, and contractors, as well as included the provision that the agency will consider any incidents of sexual harassment.
3. The agency imposed, per GP 2-23 Appendix A, upon employees a continuing affirmative duty to disclose any such conduct described under 115.117(a) , as required under 115.117(f) and provided supporting documentation this policy had been implemented.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Black Creek Contract with Updates (<i>dated 12/4/17</i>) 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Superintendent or designee 3. Site Review Observations: <ol style="list-style-type: none"> a. Intake b. Housing Units

c. Common Areas

- ◆
 - ◆ i. Classrooms
 - ◆ ii. Visitation/Conference Rooms
 - ◆ iii. Gymnasium

Findings (By Provision):



115.318 (a). The agency reported in the PAQ that it has not acquired any new facility or made a substantial expansion or modification of existing facilities, since August 20, 2012.

While onsite, staff indicated to the monitor where the modifications were made to the pod officer's stations, the new conference room, and the tinted windows; all the changes were made with enhancing resident monitoring and safety in mind, as well as enhance program services for the residents.

Staff interviewed reported, when designing, acquiring, or planning substantial modifications to facilities, they make sure they get the PREA coordinator involved. Staff reported command staff are well versed on the PREA requirements, from the accreditation and PREA standpoint. Staff added that security and electronic enhancements had that in mind. Staff reported they have made slight modifications by adding a new conference room, which was done by taking out the non-contact visitation area and turning it into a conference room to allow for contractors and volunteers to meet with the residents. Staff also reported they reconstructed all the pod officer's stations, which increases the visibility on all areas of the housing unit and gives officers the ability to observe the area by removing the barrier. Staff added that they tinted the windows in the housing unit, preventing residents from viewing other residents in other units.

115.318 (b). The agency reported in the PAQ that it has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, since the last PREA Audit.

During the onsite review, the auditor was able to note the locations of the two newly installed cameras and staff reviewed, with the auditor, the enhancements provided as a result of the upgraded security system.

Staff interviewed reported they use new monitoring technology to enhance the protection of residents from incidents of sexual abuse by looking at the facility as a whole to make sure they have the best coverage. Staff reported meeting with staff, including the PREA coordinator and ACA coordinator. Staff also reported they have added two cameras. Staff reported installing a new electronic security system, which enhanced an older security system. Staff added the pixels are better, thereby helping staff monitor better. The cameras are also sync'd so the video can be viewed in all three housing units.

Corrective Action:

1. The auditor recommends no corrective action.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Appendix A: PREA AUDIT – Agency Investigative Matrix c. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) d. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (<i>revised 1/16/17</i>) e. JSC 8.100 Investigations – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) f. PCSO Law Enforcement Policies April 2019 (<i>revised 4/30/19</i>) <ul style="list-style-type: none"> ◆ <ul style="list-style-type: none"> ◆ i. 611-01 Criminal Investigations Function <ol style="list-style-type: none"> 1. LE 12-01 (<i>revised 3/12/12</i>) ◆ ii. 611-03: General Criminal Investigations Procedures ◆ iii. 621-01 Crime Scene Responsibilities <ol style="list-style-type: none"> 1. LE 12-08 (<i>revised 12/19/12</i>) ◆ iv. 621-02 Crime Scene Processing Procedures <ol style="list-style-type: none"> 1. 12-08 (<i>revised 12/19/12</i>) g. Pennington County Sexual Assault Task Force Memorandum of Understanding for Law Enforcement, W.A.V.I., Sexual Assault Nurse Examiners, and the Pennington County State’s Attorneys Office (<i>signed 6/9/19</i>)

- h. Children’s Home Child Advocacy Center Interagency Agreement for Law Enforcement, Child Protective Services in South Dakota, Forensic Interviewer, Physician, and Other Partner Agencies (*dated 11/18*)
- i. Email Communication with Regional Health (*dated 6/12/19*)
- j. A Survivor’s Handbook: Domestic Violence, Sexual Assault, Stalking, Working Against Violence, Inc. (WAVI)
- k. WAVI Brochure
- l. WSDJSC PREA Handbook (*revised 9/19-19*)
- m. Employee Mental Health Licensing Credentials

2. Interviews:

- a. Agency head or designee
- b. PREA compliance manager
- c. Random sample of staff
- d. SAFEs/SANEs staff
- e. Mental health staff
- f. Residents who reported a sexual abuse

Findings (By Provision):



115.321 (a). The agency reported in the PAQ that it is responsible for conducting administrative or criminal sexual abuse investigations. The agency reported the Western South Dakota Juvenile Service Center is responsible for conducting administrative investigations. The criminal investigations are conducted by the Agency – Pennington County Sheriff’s Office (PCSO). The agency reported the PCSO follows a uniform evidence protocol.

Agency Policy JSC 8.100 addresses the administrative investigation protocols and the referral of allegations determined to be criminal in nature to law enforcement. Agency Law Enforcement Policies Section 600 (*pp. 327-407*) addresses criminal investigations. The policy includes subsections that outline in detail the procedural guidelines for investigator or evidence personnel when responding to the scene. The Pennington County Sexual Assault Task Force Memorandum of Understanding for Law Enforcement, W.A.V.I., Sexual Assault Nurse Examiners, and the Pennington County State’s Attorneys Office addresses the team responses to the investigative process.

The auditor interviewed 12 randomly selected staff. Nine staff reported the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse requires staff to secure the scene and ask the victim not to take any actions that could destroy evidence. Two staff reported they would collect the evidence and give it to law enforcement. One staff member reported they would have to refer to policy to be 100% sure. All staff reported the PREA compliance manager is responsible for conducting sexual abuse allegations. Six staff reported the commander and one other facility staff were also investigators.

115.321 (b). The agency reported in the PAQ that the protocol is developmentally appropriate for youth and was 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. The agency reported the Law Enforcement division of the Agency conducts this.

The Children's Home Child Advocacy Center Interagency Agreement requires that the appropriate medical exam arrangements will be made by Child Protection Services or Law Enforcement personnel if the sexual assault involved a pre-pubescent or pubescent/post-pubescent victim based on the timeline of the incident. The agreement also states, "A coordinated medical exam will be arranged through the Children's Home Child Advocacy Center (CHCAC) and Child Protection Services or Law Enforcement personnel will be notified of the appointment."

115.321 (c). The agency reported in the PAQ that it offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost, to the victim. The agency reported such examinations are conducted by SAFEs and/or SANEs at Rapid City Regional Hospital when Law Enforcement transfers victims there. The facility reported it does not document its efforts to provide SAFEs or SANEs. The agency reported there were no forensic exams conducted during the past 12 months.

Agency Policy JSC 8.90, Section IV(E), (p. 3), reflects that arrangements are to be made by the deputy or investigator to have the detainee transferred to the emergency room at Rapid City Regional Hospital, for a forensic physical examination, collection of evidence, and/or prophylactic treatment. Agency Policy JCS 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(I)(1), (p. 3), states, "Medical and mental health care will be provided to the victim, without financial cost to the victim."

The WSDJSC PREA Handbook (p. 5) that is provided to the residents during intake states, “You will receive medical and mental health care at no cost even if you choose not to name the perpetrator.” While onsite, the auditor was able to confirm the agency was in negotiations with the hospital in an effort to provide SANE/SAFEs, if needed. The facility staff provided email communication demonstrating both agencies were negotiating a memorandum of understanding. The agency also provided contact information for several hotline agencies.

The auditor interviewed the agency head, who confirmed the agency was in negotiations with the hospital in an effort to enter into an MOU with the hospital to provide SANE/SAFEs. The auditor interviewed staff from WAVI. Staff interviewed reported forensic exams are conducted at the hospital and that the hospital has a Sexual Assault Response Team (SERT) for rape exams. Staff reported a forensic exam would be conducted at the request of law enforcement and their (WAVI) role would be to help facilitate, advocate and accompany the client.

115.321 (d). The agency reported in the PAQ that it attempts to make available to the victim a victim advocate from a rape crisis center and that these efforts to secure services from rape crisis centers are documented. The agency reported if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization, or a qualified agency staff member to provide these services. The agency also reported that the PCSO LE Division will typically provide this to the detainee.

The Children’s Home Child Advocacy Center Interagency Agreement states that the “CHCAC will provide a Child and Family Advocate on site to provide the above services and to contact the parent, guardian, or legal custodian after the forensic interview.”

Staff interviewed reported they would make a victim advocate available to provide care and added the agency is currently making a new attempt to enter into an MOU with the rape crisis center. Staff reported WAVI has the licensing required to deal with juveniles. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.321 (e). The agency reported in the PAQ that, if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member would accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

Staff interviewed reported, if requested by the victim, victim advocate services would be provided at the hospital. Staff added the SAFE/SANE agency would provide the advocate. Staff added, when the resident returns to the facility, the agency's mental health staff or WAVI would continue to provide victim advocate services. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.321 (f). The agency reported in the PAQ that it is responsible for administrative and criminal investigations; therefore, this provision is not applicable. The auditor confirmed the Western South Dakota Juvenile Service Center is responsible for conducting administrative investigations. The criminal investigations are conducted by the Agency – Pennington County Sheriff's Office (PCSO).

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

115.321 (h). Does the agency use a qualified agency staff member or a qualified community-based staff member if and when a rape crisis center is not available to provide victim advocate services.

The agency has selected a staff member that has been screened for the appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general. The agency provided documentation supporting the mental health licensing credentials of the staff member.

The auditor interviewed mental health staff regarding the victim advocate services she provides to victims of sexual abuse and provided a brief overview of the work she does with the residents. Staff provided the auditor a copy of the A Survivor's Handbook: Domestic Violence, Sexual Assault, Stalking, Working Against Violence, Inc. (WAVI), which included a section that addresses sexual assault. The agency provided a copy of the WAVI brochure, which provides a brief overview of the organization and contact information.

Corrective Action:

1. The auditor recommends no corrective action.

115.322 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. PREA Audit Request for Information
 - c. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - d. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (*revised 1/16/17*)
 - e. JSC 8.100 Investigations – Chapter: Juvenile Rights (*revised 1/17/17*)
 - f. Children’s Home Child Advocacy Center Interagency Agreement for Law Enforcement, Child Protective Services in South Dakota, Forensic Interviewer, Physician, and Other Partner Agencies (*dated 11/18*)
 - g. Investigative Files
2. Interviews:
 - a. Agency Head
 - b. Investigative Staff

Findings (By Provision):



115.322 (a). The agency reported in the PAQ that it ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency reported, in the past 12 months, 15 allegations of sexual abuse and sexual harassment that were received and all resulted in an administrative investigation. The agency reported no allegations were referred for criminal investigation in the past 12 months and that all 15 administrative investigations (one staff on inmate sexual abuse; 14 resident-on-resident sexual harassment) had been completed in the past 12 months

Agency Policy 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(H) (p. 2), states, “All reports or allegations of sexual abuse/harassment/misconduct are documented and investigated. Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section III(B)(2)(4) (p. 2), requires the shift supervisor notify law enforcement of the alleged sexual assault; and Section III(C) (p. 2) addresses law enforcement’s response. Section III(M) (p. 3) states, “Upon completion of the law enforcement investigation, the administrative investigation will begin per Policy JSC 8.90.” Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section III(A) (p. 1) addresses the response (administrative investigation) to any allegation of sexual abuse/harassment/misconduct and the immediate referral of any allegation determined to be criminal in nature to law enforcement for a criminal investigation. Section III(C) (p. 1) states, “All administrative investigations are completed in a prompt, thorough, and objective manner.”

The auditor selected for review the staff-on-resident sexual abuse administrative investigative file and randomly selected six of the 14 resident-on-resident sexual harassment administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The investigations were for the following: (1) Staff on Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated.

Staff interviewed reported the agency ensures that an investigation is completed for all allegations of sexual abuse or sexual harassment if it is criminal in nature. Staff added, when a call is received, they immediately get staff connected with a captain or sergeant who will assign a trained investigator. They will also contact Department of Criminal Investigation (DCI) and get a third party to investigate and is well versed on how to handle those situations with the facility and that there is good cooperation with them.

115.322 (b) The agency reported in the PAQ that it has a written policy that requires allegations of sexual abuse or sexual harassment to 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 agency reported the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on its website and provided the following link: <http://docs.pennco.org/docs/SO/policies/WSDJSC/pdf>>

The agency reported it documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. A review of the seven administrative investigative files reflected they did not rise to the level of potentially criminal behavior.

Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section III(B)(2)(4) (p. 2), requires the shift supervisor notify law enforcement of the alleged sexual assault; and Section III(C) (p. 2) addresses law enforcement's response. Section III(M) (p. 3) states, "Upon completion of the law enforcement investigation, the administrative investigation will begin per Policy JSC 8.90." JSC 8.100 Investigations – Chapter: Juvenile Rights, Section III(A) (p. 1) addresses the response (administrative investigation) to any allegation of sexual abuse/harassment/misconduct and the immediate referral of any allegation determined to be criminal in nature to law enforcement for a criminal investigation. Section III(C) (p. 1) states, "All administrative investigations are completed in a prompt, thorough, and objective manner."

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Agency staff reported they will conduct the criminal investigations, whether a simple or sexual assault. Staff reported the corrections officers do not investigate and that they would bring the case to them to determine whether it was criminal or not. Staff reported they will take the initial report, get their reports and investigate. Staff also reported they would complete the investigation and let the facility know when it has been completed. Staff reported they do the same for the JSC and the jail. The facility staff interviewed reported if they determine the act that actually occurred is a sexual assault, it will be turned over to law enforcement. Staff also reported, if it is an administrative investigation or more in-house, they will review it as a team. Staff reported the investigative staff will review it with the commander and then review them with the administrative team, typically during the programs meeting, which are held every Tuesday. These meetings are attended by the commander, administrative lieutenant, administrative sergeant, both case managers, shift supervisor, mental health counselor, and drug and alcohol Moral Reconciliation Therapy (MRT) evaluator or counselor

115.322 (c). The agency (Pennington County Sheriff’s Office Law Enforcement Division) is responsible for conducting criminal investigations for criminal behavior alleged at the WSDJSC. The agency completed the Appendix A: PREA AUDIT – Agency Investigative Matrix Form, which reflects the police department would also investigate, if criminal investigations involved staff and it was determined an outside agency would need to conduct the investigation. Otherwise, the PCSO Law Enforcement Division conducts all criminal investigations. The agency reported the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on its website and provided the following links: <http://docs.pennco.org/docs/SO/policies/WSDJSC.pdf>

The Children’s Home Child Advocacy Center Interagency Agreement for Law Enforcement, Child Protective Services in South Dakota, Forensic Interviewer, Physician, and Other Partner Agencies, includes the PCSO and Rapid City Police Department. The agreement states, “In cases of reported parent, guardian, and custodian physical abuse, sexual abuse, neglect, or emotional maltreatment, it will be cross reported to the Child Protection Services and they will proceed to conduct a joint interview/investigation when deemed appropriate after discussion between agencies.”

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

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

Corrective Action:

1. The auditor recommends no corrective action.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) c. PREA Training Guide for Slide Show d. Acknowledgement of Prison Rape Elimination Act (PREA) Training Form e. Employee Training Records 2. Interviews:

a. Random sample of staff

Findings (By Provision):



115.331 (a). The agency reported in the PAQ that it trains all employees who may have contact with residents on: (a) its zero-tolerance policy for sexual abuse and sexual harassment; (b) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (c) residents' right to be free from sexual abuse and sexual harassment; (d) the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (e) the dynamics of sexual abuse and sexual harassment in juvenile facilities; (f) the common reactions of juvenile victims of sexual abuse and sexual harassment; (g) how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (h) how to avoid inappropriate relationships with residents; (i) how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (j) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (k) Relevant laws regarding the applicable age of consent.

The agency also reported in the PAQ that for elements 1-11, they use the PREA Resource Center's New Mexico Module. The agency provided the PREA Training Guide for Slide Show, indicating where each topic is addressed:

- (1) its zero-tolerance policy for sexual abuse and sexual harassment – Slide 3
- (2) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures – Slides 45-76
- (3) residents' right to be free from sexual abuse and sexual harassment – Slide 3 Core Content Section
- (4) the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment – Slide 74
- (5) the dynamics of sexual abuse and sexual harassment in juvenile facilities – Slides 5, 25-30, 32
- (6) the common reactions of juvenile victims of sexual abuse and sexual harassment – Slides 26, 28, 32
- (7) how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents – Slides 26-30
- (8) how to avoid inappropriate relationships with residents – Slides 16-22, 48-50
- (9) how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents – Slides 34-43

(10) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities – Slide 65-66

(11) Relevant laws regarding the applicable age of consent – Slide 16

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(C) (*p. 1*) states, “All staff, volunteers and contractors having contact with detainees will be trained on the Prison Rape Elimination Act’s standards.”

The auditor reviewed 19 employee files for staff that had been employed with the agency over two years and one file for an employee that had been with the agency for less than a year. The files reflected all staff had received the required annual PREA training.

The auditor interviewed 12 randomly selected staff. All staff reported being trained on the required topics within the past year. All reported they participated in classroom training or online training through Relias within the past year.

115.331 (b). The agency reported in the PAQ that such training is tailored to the unique needs, attributes and the gender of residents at the juvenile facility. The agency also reported employees do received additional training and the agency uses the PREA Resource Center’s New Mexico Module. The facility provides the same type of training for all staff as the facility houses both male and female residents and staff are assigned to work at all three housing units based on staffing needs.

115.331 (c). The agency reported in the PAQ that between trainings, the agency provides employees who may have contact with residents with refresher information about current sexual abuse and sexual harassment policies and procedures. The agency reported its frequency with which employees who may have contact with residents receive refresher training on the PREA requirements every two years. The agency also reported all policies and procedures are reviewed by staff annually.

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(C)(1) (*p. 1*) states, “Each employee will receive refresher training every two years.” The auditor reviewed 19 employee files for staff that had been employed with the agency over two years and one file for an employee that had been with the agency for less than a year. The files reflected all staff had received the required annual PREA training.

115.331 (d). The agency reported in the PAQ that it documents, through employee signature or electronic verification, that employees understand the training they have received. The agency reported all training is documented and maintained by the agency's training coordinator.

While reviewing employee records, which are maintained electronically, there was an indication employees do not acknowledge they understand the training they have received. This provision requires the employee acknowledge they understand the training they have received.

The auditor reviewed 19 employee files for staff that had been employed with the agency over two years and one file for an employee that had been with the agency for less than a year. The files reflected all staff had received the required annual PREA training. The auditor was provided the signed acknowledgement paper forms signed the trainees. The Acknowledgement of Prison Rape Elimination Act (PREA) Training Form states, "This receipt acknowledges that on this date I, _____ received training on the Prison Rape Elimination Act. I acknowledge I understand said training, and agree to comply with the provisions included."

Corrective Action:

1. The auditor recommends no corrective action.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. WSDJSC Volunteer Orientation Lesson Plan c. WSDJSC Volunteer/Contractor PREA Training and Acknowledgement Form d. Acknowledgement of Prison Rape Elimination Act (PREA) Training Form e. Volunteer List f. Contractor List g. Volunteer and Contractor Training Records 2. Interviews: <ol style="list-style-type: none"> a. Volunteers and contractors who have contact with residents

Findings (By Provision):



115.332 (a). The agency reported in the PAQ that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The agency reported there are 64 volunteers and contractors who have contact with residents, that have been trained in the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(C) (*p. 1*) states, “All staff, volunteers and contractors having contact with detainees will be trained on the Prison Rape Elimination Act’s standards.” While onsite, the auditor reviewed the training curriculum with the programs sergeant, who is responsible for training volunteers and contractors. Some areas of improvement were discussed and recommended, by reviewing the required topics noted on the standard. During the corrective action phase, the agency provided a revised WSDJSC Volunteer Orientation Lesson Plan, which enhanced upon the topics required under this provision.

The auditor reviewed two contractor and seven volunteer training records. The file review reflected all contractors and volunteers received the required PREA training. The auditor interviewed three volunteers and one contractor. All reported they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response per agency policy and procedure. The volunteers/contractor reported the training was “more about what I should or should do” and that they were provided a brief outline of what was expected of them.

115.332 (b). The agency reported in the PAQ 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 residents. The agency also reported that all volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor reviewed two contractor and seven volunteer training records. The file review reflected all contractors and volunteers received the required PREA training. While onsite, the auditor reviewed the training curriculum with the programs sergeant, who is responsible for training volunteers and contractors. Some areas of improvement were discussed and recommended. During the corrective action phase, the agency responded to the recommended feedback and provided a revised WSDJSC Volunteer Orientation Lesson Plan, which enhanced upon the topics required under this provision.

The auditor interviewed three volunteers and one contractor. All reported the topics they were trained on included the following: changes in the residents' behavior or demeanor, reporting requirements, overview of the facility, chain of command, rights and responsibilities of young people, and expectations of what they should do. One of the volunteers/contractors reported they thought they were notified of the agency's zero tolerance but was not sure because they did not take notes. The remaining three reported they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment. All four volunteers and contractors reported they were informed about how to report such incidents and would report incidents to their supervisor and/or staff.

115.332 (c). The agency reported in the PAQ that it maintains documentation confirming that volunteers and contractors understand the training they have received.

WSDJSC Volunteer/Contractor PREA Training and Acknowledgement Form does not include a statement that the contractor/volunteers understand the training they have received, when they sign the form. A separate WSDJSC Volunteer/Contractor PREA Training and Acknowledgement Form does reflect that the volunteer/contractor acknowledge the completion and understanding of the training. A review of the volunteer and contractor training files include a signed Orientation Training Memo acknowledging they understand the training. The auditor noted the agency was using both forms, one which focuses on the covered topics and standards and the second that noted the trainees understanding of the training received.

Corrective Action:

1. The auditor recommends no corrective action.

115.333	Resident education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - c. WSDJSC Detainee Handbook (*revised 4/13/14*)
 - d. WSDJSC PREA Orientation Acknowledgement Form
 - e. WSDJSC PREA Reconocimiento de Orientacion (Spanish PREA Orientation) Form
 - f. WSDJSC PREA Detainee Handbook (*revised 10/6/16*)
 - g. Juvenile PREA Orientation
 - h. WSDJSC Resident PREA Handbook – English and Spanish (*revised 7/11/19*)
 - i. Text Telephone (TTY) Documentation
 - j. Language Line Documentation
 - k. Communication Resources for People who are Deaf or Hard of Hearing
 - l. WSDJSC PREA Handbook (*revised 9/19/19*)
 - m. Pod Meeting Logs
 - ◆
 - ◆ i. 2018 August Pod Meetings
 - ◆ ii. 2018 November Pod Meetings
 - ◆ iii. 2019 February Pod Meetings
 - n. Resident Files
2. Interviews:
 - a. Intake staff
 - b. Random sample of residents
3. Site Review Observations:
 - a. Intake
 - b. Housing Units
 - c. Common Areas
 - ◆
 - ◆ i. Classrooms

Findings (By Provision):



115.333 (a). The agency reported in the PAQ that, during intake, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The agency reported 534 residents were admitted in in the past 12 months were given the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, and the information is provided in an age-appropriate fashion. The agency also reported that if a juvenile is unable to read the information, staff will read it to them.

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(D) (*p. 1*) states, "All inmates will receive information explaining the facility's zero tolerance of sexual abuse/harassment/misconduct and ways of reporting upon intake and then a more comprehensive education within PREA standards time frame." The WSDJSC Detainee Handbook and WSDJSC PREA Handbook address the elements under this provision.

The auditor reviewed 14 resident files. The file review reflected 13 of the residents were provided the PREA educational information on the same day they were admitted into the facility; and one file reflected the resident received the information the day after admission.

Staff interviewed reported they provide residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Staff added they do the PREA questionnaire and give the residents the pamphlet and information on how to report. Staff also reported that once a week, they do PREA education during Pod Meetings. They use a booklet and highlight different portions of the pamphlet. Staff also reported they document the Pod that received the education on PREA Week #3, which indicates what is covered on that week. Updates are added to the rotation and staff reported they keep up with that. Staff reported they also document what detainees were present. The auditor interviewed five randomly selected residents and five targeted population residents. All residents reported they got the information about the facility's rules against sexual abuse and sexual harassment. The residents reported the information is in the PREA handbook and that every Sunday, staff read it to them during lunch time and explain the rules and how to report. The residents reported staff have topics for each week and they read it off. One resident stated, "On Sunday, they go over the handbook with us in case we don't read it, they read it to us."

115.333 (b). The agency reported in the PAQ that, within 10 days of intake, 534 residents admitted in in the past 12 months were provided age-appropriate comprehensive education to residents either in person or through video regarding: (a) their rights to be free from sexual abuse and sexual harassment; (b) their rights to be free from retaliation for reporting such incidents; and (c) the agency’s policies and procedures for responding to such incidents. The agency also reported that each Sunday the schedule includes 30 minutes of PREA education for all detainees. The agency reported 534 residents were admitted in in the past 12 months who receive age-appropriate education on their rights to be free from sexual abuse or sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. The agency also reported in the PAQ that each Sunday has scheduled in the 30 minutes of PREA training for all detainees.

The WSDJSC Detainee Handbook and WSDJSC PREA Handbook address the elements under this provision. The auditor reviewed 14 resident files. The file review reflected all of the residents were provided the PREA comprehensive educational information within 10 days after they were admitted into the facility.

Staff interviewed reported, at the time of intake, they ensure residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents by giving them a pamphlet with all this information. Staff reported the residents can keep the information; if they don’t read it at intake, they can read it later in their cell. Staff also reported they have signs posted in the pod and materials posted throughout the building. Staff reported, unless the resident is intoxicated, they are provided this information almost immediately. Staff added that the residents don’t even get into the facility or get to the phase of taking a shower without getting this information. Normally residents get it within 20 minutes. Staff reported residents cannot go into the general population until this has been done so they can know what their rights are. Staff reported, if the resident is intoxicated, they will wait until the resident is sober and cannot go to general population unless they go through the intake process. The auditor interviewed five randomly selected residents and five targeted population residents. All residents reported being told of their right not to be sexually abused or sexually harassed; how to report sexual abuse or sexual harassment; and their right not to be punished for reporting sexual abuse or sexual harassment. All the residents reported they received the information right away, within hours or the same day of arrival at the facility.

115.333 (c). The agency reported in the PAQ that of those residents who were not educated within 10 days of intake, all residents have received such education. The agency also reported that each Sunday the schedule includes 30 minutes of PREA education for all detainees. The agency reported it is one facility (stand-alone) that houses a coed population and that residents

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(D) (p. 1) states, “All inmates will receive information explaining the facility’s zero tolerance of sexual abuse/harassment/misconduct and ways of reporting upon intake and then a more comprehensive education within PREA standards time frame.”

The auditor reviewed 14 resident files. The file review reflected all of the residents were provided the PREA comprehensive educational information within 10 days after they were admitted into the facility. The auditor reviewed pod meeting logs, which reflected weekly meetings are conducted to review the PREA information with the residents.

Staff interviewed reported that once a week, they do PREA education during Pod Meetings. They use a booklet and highlight different portions of the pamphlet. Staff also reported they document the Pod that received the education on PREA Week #3, which indicates what is covered on that week. Updates are added to the rotation and staff reported they keep up with that. Staff reported they also document what detainees were present.

115.333 (d). The agency reported in the PAQ that it provides resident education in formats accessible to all residents including those who: (a) are limited English proficient; (b) are deaf; (c) are visually impaired; (d) are otherwise disabled; and (e) have limited reading skills. The agency also reported, for residents who are visually impaired, deaf, or have limited reading skills, the staff will read the PREA information to them.

During the onsite review, the auditor noted some areas of the facility had the PREA informational posters, but recommended more were needed to ensure they were prominently posted in each housing unit and in commonly shared areas throughout the facility. Staff took immediate actions in response to this request while onsite. Staff emailed on 7/22/19, informing the auditor the updated zero-tolerance and PREA hotline numbers informational posters had been posted. The auditor requested and was provided a status update on the updated posters ordered on 8/15/19. Staff reported the posters had been received and maintenance would be working on posting them. On 8/16/19, staff provided a picture of the first poster that was posted by maintenance in one of the classrooms. On 8/18/19, staff provided additional supporting documentation of the posting of the updated Zero-Tolerance posters in English and Spanish.

The auditor reviewed 14 resident files, which included one resident that was LEP and one resident that was deaf. The auditor reviewed the file of a resident who was identified as LEP, which reflected the resident had signed the English version of the WSDJSC PREA Orientation Acknowledgement Form. The auditor interviewed the resident with limited English proficiency. The resident reported the PREA information is in the Spanish handbook, but that the information on the posters are only in English. The resident reported, when he arrived, he was provided the handbook in English and Spanish and that he read the one in Spanish. The auditor asked the resident if he could read in Spanish, and the resident reported he could. The auditor also asked the resident if he had any questions about the information provided in the handbook and the resident stated he did not. The resident also reported the Sunday PREA classes are in English and that at first, he didn't understand, so another resident would translate it. The resident reported, since he has been at the facility, he has been motivated to learn English.

The auditor also interviewed one resident with a hearing disability. When asked how he was informed of his rights regarding PREA, the resident reported he was provided the PREA handbook and allowed to keep it so he could read it. He added he would ask the corrections officers (COs), "What does this mean?" and they would tell him or explain it. The resident reported the COs were very helpful. The resident stated, "They did everything good."

115.333 (e). The agency reported in the PAQ that it maintains documentation of resident participation in these education sessions. Staff also reported they keep a log on the housing unit and in the computer system (28 Pod Meeting in Shift log)

The auditor reviewed 14 resident files. The file review reflected the signed WSDJSC PREA Orientation Acknowledgement Forms are maintained in all of the resident's files. The pod meeting logs include documentation of the date and time of the PREA education sessions and which pod the PREA education session was conducted in.

115.333 (f). The agency reported in the PAQ that it ensures key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The agency also reported there are posters in the pod and each detainee is given a handbook on PREA.

During the onsite review, the auditor noted some areas of the facility had the PREA informational posters, but recommended more were needed to ensure they were prominently posted in each housing unit and in commonly shared areas throughout the facility. Staff took immediate actions in response to this request while onsite. Staff emailed on 7/22/19, informing the auditor the updated zero-tolerance and PREA hotline numbers informational posters had been posted. The auditor requested and was provided a status update on the updated posters ordered on 8/15/19. Staff reported the posters had been received and maintenance would be working on posting them. On 8/16/19, staff provided a picture of the first poster that was posted by maintenance in one of the classrooms. On 8/18/19, staff provided additional supporting documentation of the posting of the updated Zero-Tolerance posters in English and Spanish.

Corrective Action:

1. The auditor recommends no corrective action.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. South Dakota Department of Corrections Juvenile Corrections System (SDDOCJCS), PREA Training for Responding to Juvenile Sexual Abuse and Sexual Harassment (1/16/19) c. Investigative Staff Training Records 2. Interviews: <ol style="list-style-type: none"> a. Investigative staff

Findings (By Provision):



115.334 (a). The agency reported in the PAQ that, in addition to the general training provided to all employees pursuant to §115.331, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The agency reported the PCM only conducts administrative investigations. The auditor reviewed three investigative staff training files. A review of the files reflected all staff had received the required training under 115.331 and 115.334.

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. One investigator responded, "Yes and No" regarding receiving training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The investigator reported their previous experience was as a child sexual assault investigation and training on investigating in confinement settings through an adult detention center. The second investigator reported completing the training years ago and also recently completing the PREA specialized training.

115.334 (b). The provided training records that reflected the four training topics are included in the training. The topics listed included: (a) techniques for interviewing juvenile sexual abuse victims; (b) proper use of Miranda and Garrity warnings; (c) sexual abuse evidence collection in confinement settings; and (d) the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor reviewed three investigative staff training files. A review of the files reflected all staff had received the required training under 115.334, which included all four training topics outlined under this provision. The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Staff reported receiving training on all four topics required under this provision.





115.334 (c). The agency reported in the PAQ that it maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The agency reported it currently employs seven investigators who have completed the required training. The agency reported four investigators work at the facility and three criminal investigators work for the agency.

The auditor reviewed three investigative staff training files. A review of the files reflected training documentation is maintained for all staff that have received the training required under 115.331 and 115.334.

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

Corrective Action:

1. The auditor recommends no corrective action.

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) c. Medical and Mental Health Staff Training Records d. Medical and Mental Health Contractor Training Record 2. Interviews: <ol style="list-style-type: none"> a. Medical and mental health staff <p>Findings (By Provision): </p> <p>  </p> <p>115.335 (a). The agency reported in the PAQ that it has a written policy related to the training of medical and mental health practitioners who work regularly in its facilities. The agency reported three of the three (100%) medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.</p> <p>Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(C) (<i>p. 1</i>) states, “All staff, volunteers and contractors having contact with detainees will be trained on the Prison Rape Elimination Act’s standards.” The language does not specifically address the four elements listed in this provision, but this provision does not require policy.</p>

The auditor reviewed three medical and mental health staff training records. The file review reflected all staff had completed the required PREA training. The auditor interviewed one medical staff and one mental health staff. Staff reported having received training through the County online training. Staff reported receiving training on all four topics outlined under this provision. Staff also reported participating in the Basic PREA training all staff have to attend.

115.335 (b). The agency reported in the PAQ that medical staff employed by the agency do not conduct forensic medical examinations. The auditor interviewed one medical staff and one mental health staff. Staff reported they do not conduct forensic examinations at the facility. Staff reported they would go to Rapid City Regional Hospital where they would have the SAFE/SANE response there.

115.335 (c). The agency reported in the PAQ that it maintains documentation that medical and mental health practitioners have completed the required training. The agency also reported the agency training coordinator maintains all training records and documentation. The auditor reviewed three medical and mental health staff training records. The file review reflected training documentation is maintained for all staff that completed the required PREA training.

115.335 (d). The auditor reviewed one mental health contractor’s training records. The file review reflected the contractor had completed the required contractor PREA training.

Corrective Action:

1. The auditor recommends no corrective action.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights (<i>revised 1/4/17</i>) c. WSDJSC PREA Intake Assessment Form d. Resident Files

2. Interviews:

- a. PREA coordinator
- b. PREA compliance manager
- c. Staff responsible for risk screening
- d. Random sample of residents

Findings (By Provision):



115.341 (a). The agency reported in the PAQ that it has a policy that requires screening upon admission to the facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires residents be screened within 72 hours. The agency reported 327/327; 100% of the residents who entered the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The agency reported agency policy requires that the resident's risk level be reassessed periodically throughout the resident's confinement.

Agency Policy JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights, Section III(A), (p. 1), states, “All detainees will be screened for risk of sexual victimization or sexual abusiveness within 24 hours of admission to the facility.” Section III(A)(3), (p. 1), states, “Detainees will be reassessed every thirty days.” Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(C), Section III(E), (p. 2), states, “All detainees will be screened upon intake for risk of sexual victimization or sexual abusiveness within 24 hours of arrival at the facility.”

The auditor reviewed 14 resident files. The file review reflected all residents received the initial risk screening on the same date they were admitted into the facility. The file review reflected that 11 of the 14 residents had been at the facility for more than 30 days. The 11 resident's files whose stay was over 30 days reflected monthly reassessments during their stay at the facility. The implemented protocols exceed the 72-hour initial risk screening timeline, and the 30-day reassessments exceed the 'periodically' timeline outlined by this provision.

Staff interviewed reported they have conducted intake screenings in the past and reported residents are screened within 72 hours of their intake. Staff reported they let the residents know they have to ask them questions regarding PREA, especially if they have never been in a facility. Staff added that no one is around so they can have privacy and also make sure the residents understand the questions. Staff also reported the resident's risk levels are reassessed every 30 days. The auditor interviewed five randomly selected residents and five targeted population residents. All but one resident reported being asked the screening questions during intake. Six of the residents, that had been at the facility for at least two months reported not being asked these questions again.

115.341 (b). The agency reported, subsequently to completing the PAQ, that all PREA screening assessments are conducted using an objective screening instrument.

115.341 (c). Agency Policy JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights, Section III(B), (*pp.* 1-2), addresses some of the required elements outlined under this provision. A review of the WSDJSC PREA Intake Assessment Form reflected all 11 items outlined under this provision are addressed.

Staff interviewed reported the resident must be sober and the risk screening considers if the resident was ever a victim; if the abuse has ever been reported; if LGBTI, who do they prefer do the pat searches; any risk factor that would make them vulnerable; history; age; development; size; stature; mental illness; intellectual disability; and physical disabilities or handicaps.





115.341 (d). Staff interviewed reported the information is ascertained by contacting the parent and ask the parent if the information is correct.

115.341 (e). Agency Policy 8.70 Admissions Assessment – Chapter: Juvenile Rights Section III(D), (*p.* 1) requires WSDJSC to “implement appropriate controls on the dissemination within the facility in order to ensure any sensitive information is not exploited to the client's detriment by staff or other detainees.”

Staff interviewed reported medical and mental health staff and the supervisors that make the decision on housing and education programs have access to the resident's risk assessment information. Staff reported they believe any employee that would need to know information that have access to Zuercher has access. Staff reported all staff have access to the information. Follow-up discussions with facility leadership reflected, due to the small size of the facility and small number of staff, all staff needing the information to make a decision on a resident's housing or program change needs access to the information to ensure the residents safety is not compromised. Staff reported not being aware of any situation in which there was any exploitation of any information.

Corrective Action:

1. The auditor recommends no corrective action.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights (<i>revised 1/4/17</i>) c. JSC 9.40 Special Management Program – Chapter: Rules and Discipline (<i>revised 2/17/17</i>) d. Resident Files 2. Interviews: <ol style="list-style-type: none"> a. Superintendent or designee b. PREA coordinator c. PREA compliance manager d. Staff who supervise residents in isolation e. Staff responsible for risk screening f. Medical and mental health staff g. Residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) h. Transgender/intersex/gay/lesbian/bisexual residents 3. Site Review Observations: <ol style="list-style-type: none"> a. Housing Units b. Intake (Booking)
	Findings (By Provision):
	  
	

115.342 (a). The agency reported in the PAQ that it uses all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make the housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Agency Policy 8.70 Admissions Assessment – Chapter: Juvenile Rights Section III(A)(1), (p. 1) states, “The screening information will be used to assist in determining housing, bed, work, education and program assignments with the goal of keeping separate those deemed high risk of being victimized from those at high risk of being sexually abusive.”

The auditor reviewed 14 resident files. The file review reflected all residents received the initial risk screening on the same date they were admitted into the facility and that housing assignments were made based on the information gathered during the risk screening process.

Staff interviewed reported the supervisor uses the screening tool to keep residents safe and free from sexual abuse. Staff added that the information is used for housing purposes and to make sure they keep the detainees safe. Staff reported they do not lock down the residents and if they come in with information (intake) that they were an abuser, they will be housed alone. Staff also reported they consider the resident’s view of how they feel about their safety and make sure they don’t put kids in a situation where they can perpetrate others or others perpetrate them, and they make sure they are safe.

115.342 (b). The agency reported in the PAQ that it has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The policy requires residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The agency reported no residents were at risk of sexual victimization who were placed in isolation in the past 12 months.

Agency Policy JSC 9.40 Special Management Program – Chapter: Rules and Discipline, Section III(C) (pp. 2-3) addresses protective custody. Section III(C) (pp. 2-3) addresses the protocols required when placing a resident in protective custody, including the documentation of the reason for placing the resident in protective custody and why no alternative means can be arranged.

During the onsite review, the auditor noted residents separated from the general population for behavioral issues are placed in the booking area. The auditor noted there is no area designated for isolation within the facility.

Staff interviewed reported residents are moved immediately when allegations are made. Staff reported they would not call the removal of the resident as isolated. Staff added that residents are separated from whatever the threat was until an investigation is completed. Staff reported residents are not placed in isolation; they are housed in another general population area. Staff who would supervise residents in isolation reported residents would not be put in isolation if they are the victims and that residents would be isolated because of their behavior. Staff reported residents have access to educational programs and will be allowed to come out on recreation for an hour and would still have access to the gym. Staff added that residents would have access to religious services and that medical and mental health staff, including administration, check on the residents daily. Staff stated they “don’t like to put kids in isolation at all.” Medical staff reported they have to assess residents within two hours if they are isolated for behavioral reasons; mental health staff interviewed reported they are required to check in with the resident if they are in a special management program (moved to booking) and are required to check in with the resident every single day. Mental health staff reported they are on call 24/7. While onsite, the agency reported there were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse, at the facility; therefore, the auditor did not interview any residents specific to this provision.

115.342 (c). The agency reported in the PAQ that it prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status and also prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive.

Staff interviewed reported the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents. While onsite, the agency reported there were no transgender or intersex residents at the facility; therefore, the auditor did not interview any residents specific to this provision.

115.342 (d). The agency reported in the PAQ that it makes housing and program assignments for transgender or intersex resident on a case-by-case basis. Staff interviewed reported they use the PREA assessment tool information in regards to a transgender or intersex resident's own views with respect to his or her own safety issues, otherwise they are treated the same as other residents. Staff reported they have not seen this happen and have not had any issues. While onsite, the agency reported there were no transgender or intersex residents at the facility; therefore, the auditor did not interview any residents specific to this provision.

115.342 (e). Staff interviewed reported residents are reassessed to review any threats to safety experienced by the resident every 30 days. Staff also reported they have not had any transgender or intersex residents in the past.

115.342 (f). Staff interviewed reported a transgender or intersex resident's own views with respect to his or her own safety are given serious consideration. While onsite, the agency reported there were no transgender or intersex residents at the facility; therefore, the auditor did not interview any residents specific to this provision.

115.342 (g). During the onsite review, the auditor observed each housing unit has two showers, one on each level, that are designed for single-showering. One of the showers in one of the housing units includes a bathtub. Residents and staff interviewed indicated residents take showers one at a time. The doors to each shower do not have a window and allow for total privacy. Residents are allowed up to five minutes to take a shower.

Staff interviewed reported all residents shower by themselves and all are treated equal. While onsite, the agency reported there were no transgender or intersex residents at the facility; therefore, the auditor did not interview any residents specific to this provision.

115.342 (h). The agency reported there were no residents at risk of sexual victimization who were held in isolation in the past 12 months.

115.342 (i). The agency reported in the PAQ that if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Agency Policy JSC 9.40 Special Management Program – Chapter: Rules and Discipline, Section III(C)(4)(a) (p. 3) states, “The Interdisciplinary Treatment Team will review the detainee’s status at a minimum of every twenty-four hours.” This protocol exceeds the requirement outlined under this provision.

Staff who would supervise residents in isolation reported residents would not be put in isolation if they are the victims and that residents would be isolated because of their behavior. Staff reported residents have access to educational programs and will be allowed to come out on recreation for an hour and would still have access to the gym. Staff added that residents would have access to religious services and that medical and mental health staff, including administration, check on the residents daily. Staff stated they “don’t like to put kids in isolation at all.” While onsite, the agency reported there were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse, at the facility; therefore, the auditor did not interview any residents specific to this provision.

Corrective Action:

1. The auditor recommends no corrective action.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) c. JSC 8.80 Reporting – Chapter: Juvenile Rights (<i>revised 3/14/16</i>) d. WSDJSC Detainee Handbook (<i>revised 4/13/14</i>) e. WSDJSC Detainee Handbook (<i>revised 1/16/17</i>) f. WSDJSC PREA Handbook – English and Spanish (<i>revised 7/11/19</i>) g. 211 Helpline Center Hotline Information h. National Domestic Violence Hotline i. Department of Homeland Security (DHS) Office of Inspector General (OIG) Hotline j. WSDJSC Detainee Grievance Form

k. 211 Poster

2. Interviews:

- a. PREA compliance manager
- b. Random sample of staff
- c. Resident who reported a sexual abuse
- d. Random sample of residents

3. Site Review Observations:

- a. Housing Units

Findings (By Provision):



115.351 (a). The agency reported in the PAQ that it has established procedures for multiple internal ways for residents to privately report to agency officials sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Agency Policy JSC 8.80, Section III(A)(1-6) (p. 1) outlines the various ways residents can make a report: letter, grievance, request, verbal report, anonymous reports, contacting a rape crisis center, third-party reports, and/or the Tip Line. The agency policy does not include the third element: staff neglect or violation of responsibilities that may have contributed to such incidents. The WSDJSC PREA Handbook (p. 4) contains information on the reporting procedures. During the corrective action phase, the agency revised the handbook to state, "This includes knowledge of staff neglect or violation of responsibilities that may have contributed to such incidents."

During the onsite review, the auditor noted the residents have access to the phone and can call the hotline numbers from the list posted by the phones. The auditor also noted the facility provides the residents unimpeded access to the grievance forms, which can be given directly to staff or put into a locked box that is checked by designated staff. The auditor tested the grievance process and submitted a PREA test grievance during the onsite review, which was conducted on the first day of the onsite audit. Staff responsible for checking the grievance boxes reported to the auditor that they were in receipt of the test grievance early the next day. The auditor also tested the hotline phone system and alerted the individual answering the phone that the auditor was testing the hotline response process and provided instructions on how to proceed with the call. The auditor noted that the facility staff reported they never received any communication in response to the hotline testing process.

The auditor interviewed 12 randomly selected staff. All staff reported on the ways residents can make a report of sexual abuse or sexual harassment, retaliation by other residents or staff, or staff neglect or violation of their responsibilities that may have contributed to an incident of sexual abuse or sexual harassment: tell staff; fill out the PREA sheets; fill out the grievance form and put it in the brown box; tell staff; call a hotline number from the list posted by the phones; tell a third party (parent, friend, teacher), or write it on a piece of paper. The auditor interviewed five randomly selected residents and five targeted population residents. All the residents reported on the following options they have to make a report: file a grievance; tell staff or a supervisor; call the hotline; write in on a piece of paper and put it on the box; tell parents, teacher, or friend; or write a letter to the address on the poster.

115.351 (b). The agency reported in the PAQ that it provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. That public agency is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, and allows the resident to remain anonymous upon request. The agency also reported it does not detain residents solely for civil immigration purposes. The agency provided contact information for the 777 Tip Line, 211 Helpline, National Domestic Violence Hotline, and the Department of Homeland Security Office of Inspector General Hotline. The 777 Tip Line allows residents to report any allegations directly to the commander. The 211 Helpline allows residents to anonymously make a report to an outside independent entity.

Staff interviewed reported residents can make a report of sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency by calling a number listed on the purple document, during visitation or by mail. Staff also reported these procedures enable receipt and immediate transmission of resident reports to agency officials, which allow the resident to remain anonymous upon request. The auditor interviewed five randomly selected residents and five targeted population residents. All residents reported someone they could report to that does not work at the facility would include family and the sexual abuse hotline. One resident reported they could take a phone into their room and call those numbers, which are right by the phone. The resident added that in the past they only had the numbers on the handbook, but now it is nice to have them by the phone. Six residents reported they could make a report anonymously; two reported they were not sure; and two reported they did not think you could make a report anonymously. One reported they would have to enter their pin number and state their name after the beep. Upon inquiry on a resident's ability to make an anonymous report, the agency reported the current phone system does not allow the use of the phone without pins and that staff do not have access to pull this information.

115.351 (c). The agency reported in the PAQ that it has a policy mandating that staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and that staff members are required to promptly document any verbal reports of sexual abuse and sexual harassment. Agency Policy JSC 8.80, Section III(A)(1-6) (*p. 1*) addresses this provision.

The auditor interviewed 12 randomly selected staff. All staff reported residents can report an allegation of sexual abuse or sexual harassment verbally, in writing, anonymously, or through third parties. Staff reported they are required to document verbal reports. Nine staff reported they would have to document the report right away or as soon as the situation allowed; two reported they would document the report by end-of-shift; and one reported, it was better to document it right away, they believed they had 72 hours to document the report. The auditor interviewed five randomly selected residents and five targeted population residents. Eight residents reported someone else can make a report for them without giving out their name; one reported they didn't think anyone else could make a report for them; and one reported they didn't think someone else could make a report without giving out their name.

115.351 (d). The agency reported in the PAQ that it provides residents with access to tools necessary to make a written report of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Staff interviewed reported residents are provided with access to the phones and phone numbers, visitation, letters, grievances, and contact requests. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.351 (e). The agency reported in the PAQ that it provides a method for staff to privately report sexual abuse and sexual harassment of residents. The agency reported staff are informed of these procedures the following way: emails, and Relias Computer Training

Agency Policy JSC 8.60, JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(G) (*p. 2*) addresses this provision. The auditor interviewed 12 randomly selected staff. All staff reported they could privately make a report by telling a supervisor.

Corrective Action:

1. Ensure residents can also report staff neglect or violation of responsibilities that may have contributed to such incidents.

Agency Response to Corrective Action:

1. The agency revised the WSDJSC PREA Handbook to ensure residents are informed they can also report staff neglect or violation of responsibilities that may have contributed to such incidents.

115.352 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.50 Grievance Procedure – Chapter Juvenile Rights (*revised 1/4/17*)
 - c. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - d. JSC 8.80 Reporting – Chapter: Juvenile Rights (*revised 3/14/16*)
 - e. WSDJSC 2017 Detainee Handbook (*revised 1/16/17*)
 - f. WSDJSC Detainee Grievance Form
2. Interviews:
 - a. Residents who reported a sexual abuse

Findings (By Provision):



115.352 (a). The agency reported in the PAQ that it has established administrative procedures to address resident grievances regarding sexual abuse, therefore this standard and provision is applicable.

Agency Policy JSC 8.50 Grievance Procedure – Chapter Juvenile Rights Section I (*p. 1*) states, “A formal grievance process is available to all juveniles who believe their rights have been violated. All grievance will be handled without threats of reprisals to the juvenile who filed the grievance.” The agency also reported any sexual abuse/sexual harassment allegation that comes in as a grievance will not follow the grievance course and will follow the investigation process. All PREA related grievances are investigated in accordance with agency policy.

115.352 (b). The agency reported in the PAQ that its policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred and requires resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Agency Policy JSC 8.50 Grievance Procedure – Chapter Juvenile Rights Section IV(A)(1) (a) (p. 1) states, “PREA related grievances are not to be resolved informally.” Section IV(C) (p. 1) states, “Completed grievances must be submitted within 5 days of the onset of condition(s) being grieved with the exception of the Prison Rape Elimination Act (PREA) related grievances that have no time limits for submission.” The 2017 Detainee Handbook (p. 5) states, “Grievances regarding sexual abuse, harassment, and/or misconduct do not have a time limit for submission and should never be informally addressed. These grievances should be given directly to a supervisor for immediate action, but may also be placed in the locked confidential communication box located in each housing unit.”

115.352 (c). The agency reported in the PAQ that its policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to a staff member who is the subject of the complaint and requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Agency Policy JSC 8.50 Grievance Procedure – Chapter Juvenile Rights Section IV(C)(1-2)(a) (p. 1) states, “Grievances will be placed in the locked confidential communication box.”

115.352 (d). The agency reported in the PAQ that its policy and procedure require 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 agency reported there were no grievances that were filed that alleged sexual abuse in the past 12 months. The agency reported in the PAQ, there were no grievances that required an extension, and it always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Agency Policy JSC 8.50 Grievance Procedure – Chapter Juvenile Rights Section IV(D)(1) (p. 2) states, “Immediate action will be taken to ensure the safety and well-being of the juvenile.” This policy exceeds the requirement of this provision. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.352 (e). The agency reported in the PAQ that its policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. The agency reported policy and procedure do not require the agency document the resident's decision to decline, if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse. Agency also reported policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such residents, regardless of whether or not the resident agrees to having the grievance files on their behalf. The agency reported no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance and containing documentation of the resident's decision to decline.

Agency Policy JSC 8.50 Grievance Procedure – Chapter Juvenile Rights Section IV(B)(2) (p. 1) states, “Staff will assist the juvenile in completing grievance as needed.” The policy does not fully address this provision. The auditor noted this provision does not require policy. The Agency Policy JSC 8.80 Reporting – Chapter: Juvenile Rights Section IV(B)(2) (p. 3) states, “Third parties, including fellow detainees, family members, attorneys, outside advocates and others, are permitted to assist filing reports, allegations, grievances and requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of detainees.”

115.352 (f). The agency reported in the PAQ that does not have a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse, nor does policy and procedure require an initial response within 48 hours. The agency reported no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

The auditor noted Agency Policy JSC 8.50 Grievance Procedure – Chapter Juvenile Rights Section IV(D) (p. 2) states, “Detainees who believe they are in imminent danger of sexual abuse may submit an emergency grievance directly to the Shift Supervisor or another staff member.”

115.352 (g). The agency reported in the PAQ that it has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The agency reported no grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed a grievance in bad faith in the past 12 months

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights Section III (J) (p. 3) states, “Detainees who make false reports will be subject to disciplinary action and possible criminal prosecution.” The 2017 Detainee Handbook (p. 13) Major Rule 1.15 addresses this provision.

Corrective Action:

1. The auditor recommends no corrective action.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.20 Rights of Juveniles in Detention – Chapter: Juvenile Rights (<i>revised 10/1/12</i>) c. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (<i>revised 1/16/17</i>) d. Booking Handout – Guide to Preventing and Reporting Sexual Misconduct e. WSDJSC Detainee Handbook (<i>revised 1/16/17</i>) f. WSDJSC PREA Handbook (<i>revised 9/19/19</i>) g. Pennington County Sexual Assault Task Force Memorandum of Understanding for Law Enforcement, W.A.V.I., Sexual Assault Nurse Examiners, and the Pennington County State’s Attorneys Office (<i>signed 6/9/19</i>) h. Children’s Home Child Advocacy Center Interagency Agreement for Law Enforcement, Child Protective Services in South Dakota, Forensic Interviewer, Physician, and Other Partner Agencies (<i>dated 11/18</i>) i. A Survivor’s Handbook: Domestic Violence, Sexual Assault, Stalking, Working Against Violence, Inc. (WAVI) j. WAVI Brochure 2. Interviews: <ol style="list-style-type: none"> a. Superintendent or designee

- b. PREA compliance manager
- c. Residents who reported a sexual abuse
- d. Random selection of residents

Findings (By Provision):



115.353 (a). The agency reported in the PAQ that it provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The agency also reported it does not detain residents for immigration purposes. The agency also reported it provides residents with access to such services by enabling reasonable communication between residents and those organizations in as confidential a manner as possible.

Agency Policy 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section III(I) (p. 3) states, “Medical and Mental Health offers timely and comprehensive services as appropriate; to include, but not limited to: follow up medical care, treatment plans, and referrals, if necessary.” The Detainee Handbook, (p.6) is referenced, but there is nothing on this page in the handbook that addresses this provision. During the corrective action phase, the resident’s PREA handbook was revised to include outside victim advocates for emotional support related to sexual abuse will be provided. The WAVI contact information (purple form) is posted in the housing units.

The auditor interviewed five randomly selected residents and five targeted population residents. Nine residents reported not knowing about outside services. One resident reported they have heard other detainees use it. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.353 (b). The agency reported in the PAQ that it informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The agency also reported it does not inform residents, 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 laws.

The detainee handbook is included as documentation for this provision, but the handbook does not address outside resources. During the corrective action phase, the resident's PREA handbook was revised to include outside victim advocates for emotional support related to sexual abuse will be provided.

Agency staff, volunteers, and professional staff are mandatory reporters. The agency informs residents all allegations of sexual abuse and sexual harassment will be investigated. Allegations involving children are reported to the South Dakota Department of Social Services, Division of Child Protection Services. The agency enhanced this informational process by adding the mandatory reporting statutory requirement with the list of phone numbers residents can call to make a report.

The auditor interviewed five randomly selected residents and five targeted population residents. Nine residents reported not knowing about outside services. One resident reported they have heard other detainees use it. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.353 (c). The agency reported in the PAQ that it does not maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency also reported it does not maintain copies of agreements or documentation showing attempts to enter into such agreements.

Upon further review, it was noted that the agency has an MOU that includes WAVI, which will provide emotional support services upon request. Additionally, the agency has an Interagency Agreement with the Children's Home Child Advocacy Center. Staff reported WAVI works with the Children's Advocacy Center. The agency's mental health staff uses WAVI as a resource when working with the residents.

115.353 (d). The agency reported in the PAQ that it provides residents with reasonable and confidential access to their attorneys or other legal representation and to their parents or legal guardians. Agency Policy Rights of Juveniles in Detention – Chapter: Juvenile Rights, Section III(A)(8-9) (*pp. 1-2*) address the resident’s rights to have access to their attorneys and family. The detainee handbook (*p. 5*) addresses access to legal counsel and visitation with family.

Staff interviewed reported, when a resident comes into the facility, they are given a detainee handbook and asked what numbers they want on their account. Residents can call their attorney for free and can come and meet confidentially anytime with the juvenile. Staff reported the facility has visitation three days a week for parents: Wednesday, Saturday, and Sunday. Parents can also set up special visits through the case manager’s office and accommodations can be made for special cases. Staff also reported residents can also write letters and take the phone into their room to talk with their parents privately. The auditor interviewed five randomly selected residents and five targeted population residents. All residents reported having access to legal counsel and able to visit with parents and family. The residents reported they can visit with their attorneys or meet with family privately in the conference rooms. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

Corrective Action:

1. Ensure residents are aware of outside victim advocates for emotional support services related to sexual abuse.

Agency Response to Corrective Action:

1. The resident’s PREA handbook was revised to include information regarding outside victim advocates.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) <p>Findings (By Provision): ❖</p> <p>❖ ❖</p> <p>❖</p> <p>115.354 (a). The agency reported in the PAQ that it provides a method to receive third-party reports of resident sexual abuse and sexual harassment through mail, email, and anonymous calls and publicly distributes information on how to report resident sexual abuse and sexual harassment on behalf of a resident.</p> <p>Agency Policy Zero Tolerance – Chapter: Juvenile Rights, Section II(F)(5) lists third party reports as one of the methods detainees have for reporting. The agency’s link notifying the public of third-party reporting is https://www.pennco.org/index.asp?SEC=F9AB1C15-54CD-475F-8899-B2D911B4AAA1</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The auditor recommends no corrective action.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.30 Addressing and Reporting Abuse and Neglect – Chapter: Juvenile Rights (<i>revised 10/1/12</i>) c. JSC 8.80 Reporting – Chapter: Juvenile Rights (<i>revised 3/14/16</i>) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent or designee b. PREA compliance manager c. Medical and mental health staff d. Random sample of staff

Findings (By Provision):



115.361 (a). The agency reported in the PAQ that it 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, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

Agency Policy Reporting – Chapter: Juvenile Rights, Section III(B), (*pp. 1-2*), requires staff to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to such an incident.

The auditor interviewed 12 randomly selected staff. All staff reported the agency requires they report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to such an incident. Staff also stated they would report such information to their supervisor, but that if their direct supervisor was the one needing to be reported on, they would go over that supervisor and follow the chain of command.

115.361 (b). The agency reported in the PAQ that it requires all staff to comply with any applicable mandatory child abuse reporting laws. Agency Policy JSC 8.30, Section I, (*p. 1*), addresses mandatory reporting requirements according to State statute. Section IV(A) (*p. 1*) states “All staff and volunteers will receive training on the indications of suspected child abuse or neglect and mandatory reporting laws.” The auditor interviewed 12 randomly selected staff. All staff reported they have been trained on the mandatory child abuse reporting laws.

115.361 (c). The agency reported in the PAQ 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. Agency Policy Reporting – Chapter: Juvenile Rights, Section III(C), (p. 2), addresses this provision.

The auditor interviewed 12 randomly selected staff. All staff reported the agency requires they report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to such an incident. Staff also stated they would report such information to their supervisor, but that if their direct supervisor was the one needing to be reported on, they would go over that supervisor and follow the chain of command.

115.361 (d). The auditor interviewed one medical staff and one mental health staff. Staff reported, at the initiation of services, they disclose the limitations of confidentiality and their duty to report to the resident. Staff also reported they are required to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment to the commander and direct supervisor. One staff reported they were not aware of any such incidents occurring at the facility; the second staff member reported they did not think there was any allegation involving sexual contact had occurred in the past year, but there were some allegations involving lewd comments in the past year.

115.361 (e). Agency Policy JSC 8.30 Addressing and Reporting Abuse and Neglect – Chapter: Juvenile Rights Section IV (E) (p. 2) addresses notifications when a staff member or volunteer is suspected of the abuse or neglect, which partially addresses this provision. Policy requires the commander immediately notify the juvenile's parents/legal guardian, and court of jurisdiction.

The file review of the staff on resident sexual abuse administrative investigative file reflected no notifications were conducted as required by this provision. During the corrective action phase, the facility enhanced their investigation file template to include the documentation of the notifications, to include all of the listed parties, as required by this provision.

Staff interviewed reported, when the facility receives an allegation of sexual abuse, the allegation is immediately reported to the commander and law enforcement. If the allegation involves staff, it would go to the Department of Criminal Investigation (DCI), who are the investigators for the State, and the Rapid City Police Department. Staff interviewed reported the facility has four investigators. Staff reported the appropriate parties are contacted as soon as possible. If the court retains jurisdiction of the juvenile, they report the incident to the juvenile's holding authority: Department of Corrections, Department of Social Services; Court System; and the parents are notified. Staff reported the attorney notification is up to the holding authority; a second staff member reported the juvenile's attorney would be contacted and that they have 14 days to do that. Staff also reported there had been no incidents of sexual abuse in the past 12 months.





115.361 (f). The auditor reviewed seven administrative investigative files and all allegations were reported to two of the four facility's investigators. Staff interviewed reported all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are always reported directly to the designated facility investigators.

Corrective Action:

1. Upon receiving any allegation of sexual abuse, ensure the required notifications as outlined under 115.361(e) are conducted.

Agency Response to Corrective Action:

1. The facility enhanced their investigation file template to include the documentation of the required notifications as outlined under 115.361(e) to ensure they are conducted.

115.362	Agency protection duties
	<p data-bbox="248 165 1487 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 232 1487 297">Auditor Discussion</p> <ol style="list-style-type: none"> <li data-bbox="300 322 1455 483">1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="399 360 871 398">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="399 403 1455 483">b. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (<i>revised 1/16/17</i>) <li data-bbox="300 528 823 689">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="399 566 635 604">a. Agency head <li data-bbox="399 609 823 647">b. Superintendent or designee <li data-bbox="399 651 778 689">c. Random sample of staff <p data-bbox="248 734 874 772">Findings (By Provision): </p> <p data-bbox="248 786 288 824"></p> <p data-bbox="568 786 608 824"></p> <p data-bbox="248 837 288 875"></p> <p data-bbox="248 931 1487 1160">115.362 (a). The agency reported in the PAQ that when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The agency reported there were no instances the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months.</p> <p data-bbox="248 1272 1487 1406">Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section III(A), (<i>p. 2</i>), addresses the protocols staff are to follow upon learning a detainee is subject to substantial risk of imminent sexual abuse.</p> <p data-bbox="248 1518 1487 1854">Staff interviewed reported, when they learn that a resident is subject to a substantial risk of imminent sexual abuse, they make sure they are fully aware of potential issues and staffing at the command level; they make appropriate housing assignments and have protective measures in place and continue to follow-up to make sure things are not occurring that they are not aware of. Staff reported they would respond by alerting their supervisor and separating the residents or removing the resident at risk. Staff reported it is the expectation that staff will respond immediately.</p> <p data-bbox="248 1910 517 1948">Corrective Action:</p> <ol style="list-style-type: none"> <li data-bbox="300 2004 976 2042">1. The auditor recommends no corrective action.

115.363 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

- 1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.80 Reporting – Chapter: Juvenile Rights (*revised 3/14/16*)

- 2. Interviews:
 - a. Agency head
 - b. Superintendent or designee

Findings (By Provision): 

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115.363 (a). The agency reported in the PAQ that agency policy requires, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the alleged abuse is alleged to have occurred. The agency reported, policy also requires the head of the facility notify the appropriate investigative agency. The agency also reported there were no allegations the facility received in the past 12 months that a resident was abused while confined at another facility.

Although agency policy is not required specific to this provision, Agency Policy JSC 8.80 Reporting – Chapter: Juvenile Rights, Section IV(A)(1), (p. 2) requires the commander or designee notify the head of the facility or appropriate investigative agency where the alleged abuse occurred. .

115.363 (b). The agency reported in the PAQ that policy requires the facility head provide such notifications as soon as possible, but no later than 72 hours after receiving the allegation. Although agency policy is not required specific to this provision, Agency Policy JSC 8.80 Reporting – Chapter: Juvenile Rights, Section IV(A)(1)(a), (p. 2), addresses 72-hour notification requirement.

115.363 (c). The agency reported in the PAQ that it documents that it has provided such notification within 72 hours after receiving the allegation. Although agency policy is not required specific to this provision, Agency Policy JSC 8.80 Reporting – Chapter: Juvenile Rights, Section IV(A)(1)(a)(1-3), (p. 2), addresses the documentation of the notification.


115.363 (d). The agency reported in the PAQ that policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. The agency reported there were no allegations of sexual abuse the facility received from other facilities in the past 12 months.

Agency Policy JSC 8.80 Reporting – Chapter: Juvenile Rights, Section IV(B) (p. 2) states, “Upon receipt of any allegation a detainee has been sexually abused while in the facility’s care, law enforcement is notified as soon as possible.”

Staff interviewed reported that if another agency or facility referred allegations of sexual abuse or sexual harassment that occurred in our facility, they would use the same investigative process. Staff reported the case would be brought to them, and the captain would be contacted, and they would decide on the purview for incidents involving resident-on-resident allegations. If the allegation was against staff, they would contact DCI or the Rapid City Police Department. Staff reported they did receive an allegation, but upon investigating the allegation, it was determined there was confusion by the resident making the allegation on which facility the incident occurred. Based on law enforcement’s investigation, the facility was ruled out. Staff reported the final outcome was that the incident occurred at another facility.

Corrective Action:

1. The auditor recommends no corrective action.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (<i>revised 1/16/17</i>) c. PREA Help Guide First Responder Steps 2. Interviews: <ol style="list-style-type: none"> a. Security staff first responders b. Residents who reported a sexual abuse
	Findings (By Provision): 



115.364 (a). The agency reported in the PAQ that it has a first responder policy for allegations of sexual abuse. The agency reported the policy requires, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to: (a) separate the alleged victim and abuser; (b) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (c) if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond, request 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; and (d) 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.

The agency reported there was no allegation that a resident was sexually abused in the past 12 months in which the first security staff member to respond to the report separated the alleged victim and abuser. The agency reported there were no allegations where staff were notified within a time period that still allowed for the collection of physical evidence in the past 12 months.

Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section IV(B), (p. 2) states, “Immediately upon receiving a report of sexual assault of a detainee, the person (security or non-security staff) receiving the report will immediately contact the Shift Supervisor.” The policy outlines the protocols staff are to follow when responding to a sexual abuse allegation.

While onsite, the agency reported there were no security or non-security staff that had acted as first responders to an allegation of sexual abuse in the past 12 months; therefore, there were no staff interviewed specific to this provision. The auditor interview one staff member who was presented with a hypothetical scenario on how they are expected to respond to an incident. Staff reported they would take the following steps: make sure the victim and perpetrator are separated; preserve the evidence of the victim and perpetrator; preserve the scene and not let anybody shower; seal the area for law enforcement; contact mental health and medical; and let law enforcement take over once they got there. Staff added they would also write reports. The auditor also interviewed 12 randomly selected staff regarding what their responsibilities are if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Three staff reported they would immediately alert their supervisor; and nine staff reported they would secure victim and separate/remove them from the perpetrator/situation. There was no mention from any staff indicating what measures they would take to secure/preserve the scene or preserve any evidence from the victim/perpetrator or immediately notifying medical or mental health practitioners. A few staff wanted to refer to their pocket cards, but were asked to respond based on what they could recall. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision. During the corrective action phase, the agency reported they added more training scenarios to ensure staff are familiar with their first responder duties.

115.364 (b). The agency reported in the PAQ that policy requires that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, if applicable, and then notify security staff. The agency reported there were no allegations that a resident was sexually abused made in the past 12 months in which a non-security staff member was the first responder.

Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section IV(B), (p. 2) states, “Immediately upon receiving a report of sexual assault of a detainee, the person (security or non-security staff) receiving the report will immediately contact the Shift Supervisor.” The policy outlines the protocols staff are to follow when responding to a sexual abuse allegation.

While onsite, the agency reported there were no security or non-security staff that had acted as first responders to an allegation of sexual abuse in the past 12 months; therefore, there were no staff interviewed specific to this provision. The auditor interviewed 12 randomly selected staff regarding what their responsibilities are if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Three staff reported they would immediately alert their supervisor; and nine staff reported they would secure victim and separate/remove them from the perpetrator/situation. There was no mention from any staff indicating what measures they would take to secure/preserve the scene or preserve any evidence from the victim/perpetrator or immediately notifying medical or mental health practitioners. A few staff wanted to refer to their pocket cards, but were asked to respond based on what they could recall. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

Corrective Action:

1. Ensure staff are familiar with all their first responder duties.

Agency Response to Corrective Action:

1. The agency enhanced their training lesson plan by adding more training scenarios to ensure staff are familiar with their first responder duties.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (*revised 1/16/17*)
 - c. WSDJSC Operational Memorandum (OM) 8.90 HOW TO: Response to Sexual Assault/Sexual Abuse/Sexual Harassment (*dated 8/30/19*)
2. Interviews:
 - a. Superintendent or designee

Findings (By Provision):



115.365 (a). The agency reported in the PAQ that it 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.

Although agency policy is not required specific to this provision, Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section I(A) (*p. 1*) outlines the policy as the institutional plan. Section IV(B) (*pp. 2-3*) is referenced as the steps the facility would take in their coordinated response. During the corrective action phase, the agency developed OM 8.90 as the institutional plan.

Staff interviewed reported, that according to the policy and procedures, if a PREA incident or allegation happens, the juveniles are separated and the investigation is started by the PREA investigator. The supervisor is notified, the supervisor notifies the PREA manager and the commander. The commander will notify the chief deputy. The supervisor will notify medical and mental health, if needed, and upon review, the PREA manager will also make sure medical and mental health are looked into. Staff reported they offer medical and mental health services. If there is a medical issue (penetration), medical would be involved. Staff reported they have not had issues with staff, but that would go straight to law enforcement.

Corrective Action:

1. Ensure there is an institution plan that is separate from policy.

Agency Response to Corrective Action:

1. The agency developed OM 8.90 as the institutional plan.

115.366 Preservation of ability to protect residents from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

- 1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. WSDJSC PREA Memo 115.366 (*dated 5/7/19*)

- 2. Interviews:
 - a. Agency head

Findings (By Provision): 

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115.366 (a). The agency reported in the PAQ that it is a non-union state and has not entered into any collective bargaining agreement since the last PREA audit. The memo to the auditor states, “In regards to PREA standard 115.366- Collective Bargaining- South Dakota is a Non-Union State.” The agency reported, via memo, that the State is a non-union State. The auditor finds this standard to be not applicable.

Staff interviewed reported this is not applicable and that the agency has not entered into or renewed any collective bargaining agreements or other agreements. Staff reported there are no agreements even with people that try to claim unemployment for related allegations.

115.366 (b). The agency reported in the PAQ 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 the last PREA audit, that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Corrective Action:

- 1. The auditor recommends no corrective action.

115.367 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

- 1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - c. JSC 8.80 Reporting – Chapter: Juvenile Rights (*revised 3/14/16*)
 - d. Resident files

- 2. Interviews:
 - a. Agency head
 - b. Superintendent or designee
 - c. Designated staff member charged with monitoring retaliation
 - d. Residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
 - e. Residents who reported a sexual abuse

Findings (By Provision):



115.367 (a). The agency reported in the PAQ that it has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency also reported it has designated the PREA compliance manager with monitoring for possible retaliation.

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(H)(2)(a), (*p.* 2) states, “All reasonable efforts will be made to protect detainees and staff who report sexual abuse/harassment/misconduct from retaliation by other detainees or staff. a. Detainees and staff will be monitored for retaliation.” Agency Policy JSC 8.80 Reporting – Chapter: Juvenile Rights, Section III(D), (*p.* 2), states, “All reasonable efforts will be made to protect detainees and staff from retaliation for reporting sexual abuse/harassment/misconduct.” The policy does not include “protect all residents and staff who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.” The facility revised the policy to include: Ensure the agency also protects all residents and staff who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

115.367 (b). Staff interviewed reported they protect residents and staff from retaliation through good communication. Staff reported they have hotline numbers if they (residents

and staff) feel that is happening. Staff added that when the initial allegation is made, they make sure they have good separation. If the allegation involves staff, staff will not come into contact with the resident. Staff reported monitoring and good communication between staff and detainees and allowing multiple means of reporting is used to protect residents and staff from retaliation. Staff interviewed also reported, if the retaliation is against residents, they will separate the juveniles to separate housing units and the investigation is started. They will also observe for retaliation from other juveniles. If the retaliation is against staff, the officer is moved to another housing unit until the investigation is completed. If the initial allegation is voyeurism, and until they know what they have, the officer is moved to another housing unit or could be subject to administrative leave pending the outcome of the investigation. Staff interviewed reported, when monitoring for retaliation for substantiated cases, they will go to talk to the detainees face-to-face on a weekly basis. Staff reported this is documented in a log. Staff reported they check for safety, how they feel, if anything is going on and their perception, staff provide feedback, and check for movement. Staff reported the same applies when monitoring for staff retaliation. Staff reported measures taken to protect residents include separating the victim from the perpetrator by assigning them to different housing units, and re-educating the residents on sexual abuse and sexual harassment. Staff reported there have been no reported allegations of retaliation against staff, but measures that would be taken to protect staff would include weekly face-to-face check-ins. Staff reported this would take place even if the case was unsubstantiated. Staff added that more than likely the commander would do this monitoring

While onsite, the agency reported there were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse, at the facility; therefore, the auditor did not interview any residents specific to this provision. While onsite, staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.367 (c). The agency reported in the PAQ that it monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. The agency reported it monitors the conduct or treatment every 30 days. The agency reported it acts promptly to remedy any such retaliation and continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The agency reported there were no times an incident of retaliation occurred in the past 12 months.

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(H)(2)(a), (p. 2) states, “All reasonable efforts will be made to protect detainees and staff who report sexual abuse/harassment/misconduct from retaliation by other detainees or staff. a. Detainees and staff will be monitored for retaliation.”

Staff interviewed reported the measures taken when retaliation of a juvenile by another juveniles is suspected include would be an in-house violation and juveniles are subject to sanctions or the juvenile can be moved to a different housing unit. If the retaliation involves staff, staff are subject to sanctions to include termination. Staff added things they look for, when monitoring for retaliation, include looking for residents getting picked on or any harassment of any kind. The same would be monitored for staff and that staff maintain professionalism and good rapport. Staff reported monitoring would continue until the offender or victim are released.

115.367 (d). Staff interviewed reported things they look for, when monitoring for retaliation, include looking for residents getting picked on or any harassment of any kind. The same would be monitored for staff and that staff maintain professionalism and good rapport.

115.367 (e). Staff interviewed reported, if an individual who cooperates with an investigation expresses fear of retaliation, administration would interview and identify a good clear picture regarding their fear and take steps to mitigate. Staff interviewed reported, if the retaliation is against residents, they will separate the juveniles to separate housing units and the investigation is started. They will also observe for retaliation from other juveniles. If the retaliation is against staff, the officer is moved to another housing unit until the investigation is completed. If the initial allegation is voyeurism, and until they know what they have, the officer is moved to another housing unit or could be subject to administrative leave pending the outcome of the investigation. Staff also reported the measures taken when retaliation of a juvenile by another juveniles is suspected include would be an in-house violation and juveniles are subject to sanctions or the juvenile can be moved to a different housing unit. If the retaliation involves staff, staff are subject to sanctions to include termination.

115.367 (f). The auditor is not required to audit this provision.

Corrective Action:

1. Although current policy partially address this provision, please revise policy to include: Ensure the agency also protects all residents and staff who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

Corrective Action:

1. The facility revised the policy to include: Ensure the agency also protects all residents and staff who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

115.368 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (*revised 1/16/17*)
 - c. JSC 9.40 Special Management Program – Chapter: Rules and Discipline (*revised 2/17/17*)
2. Interviews:
 - a. Superintendent or designee
 - b. Staff who supervise residents in isolation
 - c. Medical and mental health staff
 - d. Residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
3. Site Review Observations:
 - a. Housing Units
 - b. Intake (Booking)

Findings (By Provision):



115.368 (a). The agency reported in the PAQ that any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse is subject to the requirements of § 115.342. The agency reported that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The policy requires residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The agency reported no residents who alleged to have suffered sexual abuse who were placed in isolation in the past 12 months. The agency reported in the PAQ that if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Agency Policy JSC 9.40 Special Management Program – Chapter: Rules and Discipline, Section III(C) (pp. 2-3) addresses the protocols required when placing a resident in protective custody, including the documentation of the reason for placing the resident in protective custody and why no alternative means can be arranged. The policy addresses recreation, exercise, access to educational services, as well as other services available to the general population. The policy states juveniles on an individualized special management plan will be provided these services, “subject only to limitations necessary for safety and security.”

During the onsite review, the auditor noted residents separated from the general population for behavioral issues are placed in the booking area. The auditor noted there is no area designated for isolation within the facility.

Staff interviewed reported the supervisor uses the screening tool to keep residents safe and free from sexual abuse. Staff added that the information is used for housing purposes and to make sure they keep the detainees safe. Staff reported they do not lock down the residents and if they come in with information (intake) that they were an abuser, they will be housed alone. Staff also reported they consider the resident’s view of how they feel about their safety and make sure they don’t put kids in a situation where they can perpetrate others or others perpetrate them, and they make sure they are safe. While onsite, the agency reported there were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse, at the facility; therefore, the auditor did not interview any residents specific to this provision.

Corrective Action:

1. The auditor recommends no corrective action.

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.100 Investigations – Chapter: Juvenile Rights (*revised 1/17/17*)
 - c. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - d. Investigative Files
 - e. Investigative Staff Training Records

2. Interviews:
 - a. Superintendent or designee
 - b. PREA coordinator
 - c. PREA compliance manager
 - d. Investigative staff
 - e. Residents who reported a sexual abuse

Findings (By Provision):



115.371 (a). The agency reported in the PAQ that it has a policy related to criminal and administrative agency investigations. The agency reported WSDJSC only conducts Administrative Investigations. The jail and WSDJSC refer allegations determined to be criminal in nature to the Pennington County Sheriff’s Office Law Enforcement Division.

Although policy is not required specific to this provision, Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section I, (*p. 1*) states, “The Western South Dakota Juvenile Services Center will investigate any allegation of sexual abuse/harassment/misconduct in support of Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115.” Section III(A), (*p. 1*), states, “The Western South Dakota Juvenile Services Center will conduct administrative investigations of any allegation of sexual abuse/harassment/misconduct. 1. Any allegation determined criminal in nature will be immediately referred to law enforcement.” Section III(C), (*p. 1*), states, “All administrative investigations are completed in a prompt, thorough, and objective manner.”

The auditor selected for review the staff-on-resident sexual abuse administrative

investigative file and randomly selected six of the 14 resident-on-resident sexual harassment administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The investigations were for the following: (1) Staff on Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated.

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Staff reported as soon as the shift supervisors notify them of an allegation of sexual abuse or sexual harassment, they will start the investigation within minutes; if at night, they will verify the victim and perpetrator are separated, and the investigation would start the next morning. Staff reported if the case was assigned to them, they would take it. Staff added that if the allegation is against staff, the PREA coordinator, who is also an investigator, comes in right away. Staff reported if evidence collection is required, which would be started by patrol with a phone call, they will do it right away. Otherwise, there will be an initial assessment, reports would be reviewed, and an investigator will be assigned. Staff reported, if the allegation involves a belated incident, they will review the report the next day and determine if they need to do forensic interviews. Staff also reported, anonymous and third-party reports will be investigated like as if they came from a detainee or staff member.

115.371 (b). Although policy is not required specific to this provision, Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section III(B), (p. 1) states, “Staff conducting administrative investigations receives specialized training.” The auditor reviewed the investigative staff training records, which reflected staff had received the specialized training as required by 115.334.

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. One investigator responded, "Yes and No" regarding receiving training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The investigator reported their previous experience was as a child sexual assault investigator and training on investigating in confinement settings through an adult detention center. The second investigator reported completing the training years ago and also recently completing the PREA specialized training. Staff reported receiving training on all four topics required under this provision.

115.371 (c). The auditor selected for review the staff-on-resident sexual abuse administrative investigative file and randomly selected six of the 14 resident-on-resident sexual harassment administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The investigations were for the following: (1) Staff on Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated. The file review reflected no investigation rose to the level of gathering DNA evidence but did include electronic evidence in some of the investigations, which is maintained with the investigative record. Staff also record interviews (alleged victim, suspected perpetrator, and witnesses) and prior PREA allegations.

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Staff reported as soon as the shift supervisors notify them of an allegation of sexual abuse or sexual harassment, they will start the investigation within minutes; if at night, they will verify the victim and perpetrator are separated, and the investigation would start the next morning. Staff reported if the case was assigned to them, they would take it. Staff added that if the allegation is against staff, the PREA coordinator, who is also an investigator, comes in right away. Staff reported if evidence collection is required, which would be started by patrol with a phone call, they will do it right away. Otherwise, there will be an initial assessment, reports would be reviewed, and an investigator will be assigned. Staff reported, if the allegation involves a belated incident, they will review the report the next day and determine if they need to do forensic interviews.

Staff reported the investigative process includes staff involved writing an Incident Report (IR), which is reviewed and they (investigative staff) talk with the officer. Interviews are initiated, beginning with the individual making the allegation or the victim, followed by witnesses and then the perpetrator. The information will be compiled and a report submitted for review. Once questions or concerns are addressed the report is submitted to the commander for final approval. Direct evidence staff would be responsible for would include videos, recorded phone calls, prior incidents, notes, pictures, sexual assault evidence, bedding, and clothing. Circumstantial evidence would include interview notes with witnesses, other residents or staff.

115.371 (d). The agency reported in the PAQ that it does not terminate an investigation solely because the source of the allegation recants the allegation. Although policy is not required specific to this provision, the agency submitted the following: Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(H) (p. 1) states, “All reports or allegations of sexual abuse/harassment/misconduct are documented and investigated.” Although policy is not required specific to this provision, Agency Policy Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section III(C)(1) (p. 1) states, “Investigations will continue even if alleged victim and/or alleged perpetrator have left the facility.” The policies referenced do not address this provision.

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Staff reported they would not terminate the investigation if the source of the allegation recants his/her allegation. They would fully investigate as good as they can.

115.371 (e). The staff on resident sexual abuse administrative investigative file review reflected no compelled interview was conducted. The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Staff reported, if they discover evidence that a prosecutable crime may have taken place, consulting with the prosecutor's office would be a function that law enforcement would do. Staff reported it depends on the case and that they have a good open line with prosecutors and have monthly meetings with the State Attorney's Office to make sure they are on the same page and doing what they need to do.

115.371 (f). The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Staff reported they judge a person's credibility by taking everything seriously, see if stories match, and collecting the evidence. Staff reported they won't polygraph a victim. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.371 (g). Although policy is not required specific to this provision, Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section III(E), (p. 2), the four elements outlined under this provision that must be, at a minimum, included in the final report.

The auditor selected for review the staff-on-resident sexual abuse administrative investigative file and randomly selected six of the 14 resident-on-resident sexual harassment administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The investigations were for the following: (1) Staff on Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated.

The file review reflected there was no indication as to whether staff actions or failures to act contributed to the abuse was included as part of the investigative process. During the corrective action phase, the facility enhanced their investigation file template to include this element. The file review reflected the facility's administrative investigations include the remaining elements required by this provision.

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. One investigative staff reported they do not conduct administrative investigations involving staff. One staff reported, if there is possible staff misconduct, they will conduct the administrative investigation, but that it depends if their command staff feel comfortable doing the interview. Staff reported, if the investigation is criminal or complex, they will ask for assistance. Both investigative staff reported everything would be in the report, whether the case is founded or unfounded and that they document their work.

115.371 (h). The agency reported there were no criminal investigations conducted in the past 12 months. The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Staff reported everything is documented: case information, status, information on offense, names and address and contact information, evidence or property, victim forms, photos, scanned documents, narrative, DVD or attach video to case report so the prosecutors can review. Staff reported the original cop would be put into evidence.

115.371 (i). The agency reported in the PAQ that all substantiated allegations of conduct that appears to be criminal are referred for prosecution. The agency reported there were no unsubstantiated allegations of conduct that appeared to be criminal that were referred for prosecution since last PREA audit. Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section III(A)(1) (*p. 1*) states, “Any allegation determined criminal in nature will be immediately referred to law enforcement.”

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. One investigative staff reported law enforcement would refer cases for prosecution. One investigative staff reported, if they discover evidence that a prosecutable crime may have taken place, consulting with the prosecutor's office would be a function that law enforcement would do. Staff reported it depends on the case and that they have a good open line with prosecutors and have monthly meetings with the State Attorney's Office to make sure they are on the same page and doing what they need to do.

115.371 (j). The agency reported in the PAQ that it 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 unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section III(F) (p. 2) states, “All written reports are retained as long as alleged abuse is incarcerated or employed by the agency, plus five years.”

The auditor selected for review the staff-on-resident sexual abuse administrative investigative file and randomly selected six of the 14 resident-on-resident sexual harassment administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The investigations were for the following: (1) Staff on Resident Sexual Abuse; (2) Resident on Resident Sexual Harassment; (3) Resident on Resident Sexual Harassment; (4) Resident on Resident Sexual Harassment; (5) Resident on Resident Sexual Harassment; (6) Resident on Resident Sexual Harassment; and (7) Resident on Resident Sexual Harassment. The auditor noted all records are securely maintained electronically within the required timeframes.

115.371 (k). The auditor interviewed the facility’s administrative investigator and the agency’s criminal investigator. Staff reported the case would be turned over to law enforcement and law enforcement would fully investigate it. Staff reported, if the case involved one of their staff, they would have the Rapid City Police Department investigate or get another outside agency, such as DCI, to investigate their staff member if a staff member was the suspect.

115.371 (l). The auditor is not required to audit this provision.





115.371 (m). Staff interviewed reported that the JSC does administrative investigations and the Department of Criminal Investigations (DCI) with the South Dakota Office of the Attorney General would investigate allegations against staff. Some staff reported they have never had to work with an outside agency and any role with an outside investigative agency would go through the commander, chief deputy, or sheriff. The auditor interviewed the facility’s administrative investigator and the agency’s criminal investigator. Staff reported they would serve as a support role to an outside agency that would be investigating an incident of sexual abuse or sexual harassment in the facility. Staff reported they would provide assistance if the outside agency needed to interview other staff members, provide interview rooms, and get staff to their location at DCI.

Corrective Action:

1. Ensure the investigative process includes whether staff actions or failures to act contributed to the abuse was included as part of the investigative process.

Agency Response to Corrective Action:

1. The facility enhanced their investigation file template to include whether staff actions or failures to act contributed to the abuse as part of the investigative process.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none">1. Documents: (Policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. JSC 8.100 Investigations – Chapter: Juvenile Rights (<i>revised 1/17/17</i>)2. Interviews:<ol style="list-style-type: none">a. Investigative Staff
	Findings (By Provision): 
	  
	<p>115.372 (a). The agency reported in the PAQ that it imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section III(D), (p. 1) states, “An investigator will use the “preponderance of evidence” in determining whether allegations of sexual abuse/harassment/misconduct are substantiated.”</p>

The auditor selected for review the staff-on-resident sexual abuse investigative file and randomly selected six of the 14 resident-on-resident administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The investigations were for the following: (1) Staff on Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated. The file reviews reflected 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.

The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Facility staff interviewed reported the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is a preponderance of the evidence. Criminal investigative staff interviewed reported their burden of proof scale is Probable Cause, which would lead to a warrant request. Staff reported the prosecutor would determine whether to issue a warrant or case declination to see if more information is needed.

Corrective Action:

1. The auditor recommends no corrective action.

115.373	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	1. Documents: (Policies, directives, forms, files, records, etc.)

- a. Pre-Audit Questionnaire (PAQ)
- b. JSC 8.100 Investigations – Chapter: Juvenile Rights (*revised 1/17/17*)
- c. Marsy’s Law Card 11.15.2016
- d. Investigative Files

2. Interviews:

- a. Superintendent or designee
- b. Investigative staff
- c. Resident who reported a sexual abuse

Findings (By Provision):



115.373 (a). The agency reported in the PAQ that it has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility, the agency informs the resident, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The agency reported no criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months; therefore, no resident was notified, verbally or in writing, of the results of the alleged sexual abuse investigation completed in the past 12 months. During the pre-audit phase, the auditor noted there was one administrative investigation alleging sexual abuse and 14 administrative investigations alleging sexual harassment.

Although policy is not required specific to this provision, Agency Policy Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section IV(A)(6)(a) (*p. 2*) addresses informing the victim of the outcome of the investigation and “whether the staff member has been fired and/or conviction status.”

During the pre-audit phase, the auditor noted there was a report of one sexual abuse allegation in the data sheet. The auditor selected for review the staff-on-resident sexual abuse investigative file and randomly selected six of the 14 resident-on-resident administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The following reflect the notification status for each of the administrative investigative files reviewed: (1) Staff on Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. The alleged victim and alleged abuser (staff) were notified of the outcome of the investigation on the same date the investigation was completed. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated. The alleged victim and alleged abuser agreed there was a misunderstanding of the alleged event and both parties agreed to participate in conflict resolution, which was completed successfully between both parties.

The auditor noted the provision requires only victims alleging sexual abuse be notified of the outcome of the investigation. The facility provides a notification to both parties regardless of the type of allegation made; therefore, the agency exceeds the requirement of this provision.

Staff interviewed reported they notify the resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The auditor interviewed the facility's administrative investigator and the agency's criminal investigator. Facility investigative staff reported they would inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The agency's investigative staff reported they would notify other agencies and route the report, if needed, and also notify WAVI (victim services) specialist so they can send on notices for the family. Staff added, once the information is sent to the State Attorney, the State Attorney's Office victim specialist will take care of the victim and will walk them through the process. Staff also reported they will always let the victim know, even if not at the facility.

115.373 (b). The agency reported in the PAQ this provision is not applicable as the agency is responsible for conducting administrative and criminal investigations. The agency reported WSDJSC only conducts Administrative Investigations. The jail and WSDJSC refer allegations determined to be criminal in nature to the Pennington County Sheriff's Office Law Enforcement Division. The agency reported there was no investigation of alleged sexual abuse in the facility that was completed by an outside agency in the past 12 months; therefore, no resident was notified, verbally or in writing, of the results of the alleged sexual abuse investigation completed by an outside agency in the past 12 months. This provision is not applicable as the agency is responsible for conducting administrative and criminal investigations.

115.373 (c). The agency reported in the PAQ that, following a resident'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, the agency subsequently informs the resident whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency reported there has been no substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

Although policy is not required specific to this provision, Agency Policy Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section IV(A)(6)(a) (p. 2) addresses informing the victim of the outcome of the investigation and “whether the staff member has been fired and/or conviction status.”

During the pre-audit phase, the auditor noted there was a report of one sexual abuse allegation in the data sheet. The auditor selected for review the staff-on-resident sexual abuse investigative file. The following reflects the outcome of the file reviewed: The allegation was made through a letter from the victim. Staff was removed from the pod pending the investigation. The investigation was completed in one day and determined to be unsubstantiated. The alleged victim and alleged abuser (staff) were notified of the outcome of the investigation on the same date the investigation was completed. The facility provides a notification to the victim regardless of the status of the employee (alleged abuser); therefore, the agency exceeds the requirement of this provision. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.373 (d). The agency reported in the PAQ that, following a resident's allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency also reported that South Dakota has Marsy's Law, which outlines the rights victims have beginning at the time of victimization. The agency reported the States Attorney's Office contact victims regarding the status of the case and the offender's status.

Although policy is not required specific to this provision, Agency Policy Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section IV(A)(6)(a) (p. 2) addresses informing the victim of the outcome of the investigation and “whether the staff member has been fired and/or conviction status.”

The auditor selected for review six of the 14 resident-on-resident administrative investigative files. The following reflect the notification status for each of the administrative investigative files reviewed: (1) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (3) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (4) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (5) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated. The alleged victim and alleged abuser agreed there was a misunderstanding of the alleged event and both parties agreed to participate in conflict resolution, which was completed successfully between both parties.

The auditor noted the provision requires only victims alleging sexual abuse be notified of the outcome of the investigation. The facility provides a notification to both parties regardless of the type of allegation or the status of the resident (alleged abuser)); therefore, the agency exceeds the requirement of this provision. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.373 (e). The agency reported in the PAQ that it has policy that all such notifications or attempted notifications are documented. The agency reported there were no notifications to residents that were provided in the past 12 months. Although policy is not required specific to this provision, Agency Policy Agency Policy JSC 8.100 Investigations – Chapter: Juvenile Rights, Section IV(A)(6)(b) (p. 2) states, “The notification is documented.”

During the pre-audit phase, the auditor noted notifications are done for all allegations once the investigation is completed. The auditor selected for review the staff-on-resident sexual abuse investigative file and randomly selected six of the 14 resident-on-resident administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The following reflects the documentation status for each of the administrative investigative files reviewed: (1) Staff on Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. The alleged victim and alleged abuser (staff) were notified of the outcome of the investigation on the same date the investigation was completed. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. The alleged victim and alleged abuser were notified of the outcome of the investigation on the same date the investigation was completed. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated. The alleged victim and alleged abuser agreed there was a misunderstanding of the alleged event and both parties agreed to participate in conflict resolution, which was completed successfully between both parties. The auditor noted the provision requires the documentation of notifications alleging sexual abuse. The facility documents all notification to both parties regardless of the type of allegation made; therefore, the agency exceeds the requirement of this provision.

115.373 (f). The auditor is not required to audit this provision.

Corrective Action:

1. The auditor recommends no corrective action.

115.376 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - c. GP 3-40 Sexual Misconduct – Chapter: Employee Conduct and Professionalism (*effective 5/12/15*)

Findings (By Provision):



115.376 (a). The agency reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(L), (*p. 3*), states, “Staff who are found guilty of violating this policy will be subject to disciplinary sanctions, up to and including termination of employment, and criminal prosecution if determined criminal in nature.” Agency Policy GP 3-40 Sexual Misconduct – Chapter: Employee Conduct and Professionalism, Section IV(B) (*p. 1*) states, “Sexual misconduct is prohibited and shall be disciplined up to and including termination.” Section IV(D) (*p. 2*) states, “An employee shall not engage in sexual contact with any individual who is in custody and over whom such employee has supervisory or disciplinary authority.”

115.376 (b). Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The agency reported there were no staff from the facility who have violated agency sexual abuse or sexual harassment policies, nor any staff terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies, in the past 12 months.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(L), (p. 3), states, “Staff who are found guilty of violating this policy will be subject to disciplinary sanctions, up to and including termination of employment, and criminal prosecution if determined criminal in nature.”

115.376 (c). The agency reported in the PAQ that 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 agency reported there were no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

Agency Policy GP 3-40 Sexual Misconduct – Chapter: Employee Conduct and Professionalism, Section IV(G)(1) (p. 2) states, “Any employee found to be in violation of the provisions of this policy shall be disciplined up to and including termination and criminal charges where appropriate.”

115.376 (d). The agency reported in the PAQ 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: (a) law enforcement agencies (unless the activity was clearly not criminal), and (b) relevant licensing bodies. The agency reported there were no staff from the facility that have been reported to law enforcement or licensing boards following their termination(or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(L), (p. 3), states, “Staff who are found guilty of violating this policy will be subject to disciplinary sanctions, up to and including termination of employment, and criminal prosecution if determined criminal in nature.”

Corrective Action:

1. The auditor recommends no corrective action.

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - c. GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards

2. Interviews:
 - a. Superintendent or designee

Findings (By Provision):



115.377 (a). The agency reported in the PAQ that policy requires any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and is reported to: (a) law enforcement agencies (unless the activity was clearly not criminal), and (b) relevant licensing bodies. The agency reported there were no contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(L)(1), (p. 3), states, “Contractors and/or volunteers will be prohibited contact with detainees and be reported to relevant licensing bodies in addition to referral to law enforcement if deemed criminal in nature.” Agency Policy GP 2-23 Appendix A: Prison Rape Elimination Act Prisons and Jail Standards, Section A(1-3) (p. 1) addresses the criteria that prohibits the agency from enlisting the services of certain contractors.

115.377 (b). The agency reported in the PAQ that it, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility takes appropriate remedial measures, and consider whether to prohibit further contact with residents.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(L)(1), (p. 3), states, “Contractors and/or volunteers will be prohibited contact with detainees and be reported to relevant licensing bodies in addition to referral to law enforcement if deemed criminal in nature.”

Staff interviewed reported that if they have allegations that a professional visitor was in the facility, they would deny access until the investigation is complete. If substantiated, law enforcement would be called. Staff reported they would get law enforcement to investigate, because this would involve an adult. Staff added they would remove the volunteer, and they would be denied access until the investigation is completed.

Corrective Action:

1. The auditor recommends no corrective action.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) c. JSC 9.40 Special Management Program – Chapter: Rules and Discipline (<i>revised 2/17/17</i>) d. WSDJSC 2017 Detainee Handbook (<i>revised 1/16/17</i>) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent or designee b. Medical and mental health staff <p>Findings (By Provision): ◆</p> <p>◆ ◆</p> <p>◆</p>

115.378 (a). The agency reported in the PAQ that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse that the resident engaged in resident-on-resident sexual abuse. The agency also reported that residents are subject to disciplinary sanctions following a criminal finding of guilt for resident-on-resident sexual abuse. The agency reported there were no administrative findings of resident-on-resident sexual abuse or criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility in the past 12 months. Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(K), (p. 3) states, “Detainees who are found guilty of violating this policy will be subject to disciplinary sanctions and criminal prosecution, if determined criminal in nature.”

115.378 (b). The agency reported in the PAQ that, in the event a disciplinary sanction results in the isolation of a resident, the agency ensures the resident has access to daily large-muscle exercise, has access to any legally required educational programming or special education services, receives daily visits from a medical or mental health care clinician; and has access to other programs and work opportunities to the extent possible. The agency reported there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse in the past 12 months.

Agency Policy JSC 9.40 Special Management Program – Chapter: Rules and Discipline, Section IV(D)(1) (p. 3) addresses recreation/exercise. Section IV(D)(9) addresses medication and continued medical services, (10) addresses access to educational services, (12) addresses access to mental health services. This provision calls for access to any legally required educational programming and special education services and access to other programs. Other programs listed in the same subsection include: (5) visitation, (7) reading materials (legal and recreational), and (11) religious counseling and materials. Section III(C) (p. 1) states, “Juveniles on an individualized special management program are visited at least once each day by administrative, mental health, or medical staff.” The detainee handbook (pp. 12-13) addresses the major rules violations and range of sanctions for major rule violations.

Staff interviewed reported residents can be charged for engaging on resident-on-resident sexual abuse. Staff added that if the grievance process is used to report an allegation of sexual abuse or sexual harassment, the residents will be told what the outcome will be on the grievance form. A review of the investigative files reflected the grievance forms note the outcomes.

115.378 (c). The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Staff interviewed reported residents can be charged for engaging on resident-on-resident sexual abuse. Staff added that if the grievance process is used to report an allegation of sexual abuse or sexual harassment, the residents will be told what the outcome will be on the grievance form.

115.378 (d). The agency reported in the PAQ that it does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. This provision is not applicable

The auditor interviewed one medical staff and one mental health staff. Mental health staff reported they do not offer therapy, but do have access to a therapist to talk with the victims. Staff reported they have never had an offender request assistance, but if they did they would provide it through the facility's counseling services to do the therapy. Staff added that services are set up where they could, if requested, offer the services through Catholic Social Services. Staff added that currently they have a counselor working with the residents at the facility. Staff reported services are provided and not based on the resident's exchange system.

115.378 (e). The agency reported in the PAQ that it disciplines residents for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(K), (p. 3), states, "Detainees who are found guilty of violating this policy will be subject to disciplinary sanctions and criminal prosecution, if determined criminal in nature." The policy does not address this provision, but this provision does not require policy.

115.378 (f). The agency reported in the PAQ that it 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.

Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(J)(1), (p. 3), states, “Reports made in good faith will not be subject to disciplinary or criminal action.” The Detainee Handbook (p. 4), addresses this provision.

115.378 (g). The agency reported in the PAQ that it prohibits all sexual activity between residents and disciplines residents for such activity, and deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(A) (p. 1) states, “The Western South Dakota Juvenile Services Center maintains zero tolerance toward all forms of sexual abuse/harassment/misconduct.” Section III(K) (p. 3) states, “Detainees who are found guilty of violating this policy will be subject to disciplinary sanctions and criminal prosecution, if determined criminal in nature.” The Detainee Handbook (p. 12), 6.3 Major Rule, Violations Nos. 1.3 and 1.4, addresses major rule violations specific to sexual abuse and sexual harassment.

Corrective Action:

1. The auditor recommends no corrective action.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.30 Addressing and Reporting Abuse and Neglect – Chapter: Juvenile Rights (<i>revised 10/1/12</i>) c. JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights (<i>revised 1/4/17</i>) d. JSC 8.80 Reporting – Chapter: Juvenile Rights (<i>revised 3/14/16</i>) e. Resident Files 2. Interviews: <ol style="list-style-type: none"> a. Medical and mental health staff b. Staff responsible for risk screening c. Residents who disclose sexual victimization at risk screening 3. Site Review Observations:

a. Medical Clinic

Findings (By Provision):



115.381 (a). The agency reported in the PAQ that all residents at the facility who have disclosed any prior sexual victimization, during a screening pursuant to 115.341, are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The agency reported 100 percent of residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner in the past 12 months. The agency reported medical and mental health staff maintain secondary materials documenting the required follow-up meeting is provided. The agency reported medical and mental health staff document their contact with detainees in CorEMR, which is the agency's medical records system.

Agency Policy JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights, Section III(A) (2), (p. 1), states, “Detainees identified as risk for victimization or abusiveness will be assessed by mental health or other qualified professional.”

The auditor reviewed 14 resident files. The file review reflected six resident files reflected the residents had disclosed prior sexual victimization, during the risk screening, and all the files reflected a medical and a mental health practitioner had a follow-up meeting with the residents.

The auditor also noted all residents receive a follow-up meeting with medical and mental health staff, regardless. Additionally, the PREA compliance manager reviews all screenings. This practice exceeds the requirements of this provision.

Staff interviewed reported if a screening indicates that a resident has experienced prior sexual victimization, they offer a follow-up meeting with a medical and/or mental health practitioner. Staff reported once they determine if the incident has been reported to law enforcement, they arrange for the residents to meet with medical/mental health staff, usually within 24 hours. Staff added that if a resident refuses the offer of the services, they will document the refusal and continue to offer the services. If still refused, they will continue to document the refusals. The auditor interviewed two residents who disclosed sexual victimization during the risk screening process. One resident reported being offered medical and mental health services but refusing those services. A second resident reported not being seen by medical or mental health staff.

115.381 (b). The agency reported in the PAQ that all residents who have ever previously perpetrated sexual abuse, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The agency reported mental health staff screens all detainees unless they are released right away and will typically get this done on the same day as intake, excluding weekends and/or holidays. The agency reported 100 percent of the residents who previously perpetuated sexual abuse, as indicated during screening, were offered a follow-up meeting with a mental health practitioner in the past 12 months. The agency reported mental health staff maintain secondary materials documenting the required follow-up meeting is provided. The agency added that mental health staff documents all contacts with detainees in CorEMR, which is the agency's electronic medical records system.

Agency Policy JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights, Section III(A) (2), (p. 1), states, “Detainees identified as risk for victimization or abusiveness will be assessed by mental health or other qualified professional.”

The auditor reviewed 14 resident files. The file review reflected four resident files reflected the residents had previously perpetrated sexual abuse, during the risk screening, and all the files reflected a medical and a mental health practitioner had a follow-up meeting with the residents.

The auditor also noted all residents receive a follow-up meeting with medical and mental health staff, regardless. This practice exceeds the requirements of this provision.

Staff interviewed reported if a screening indicates that a resident has previously perpetrated sexual abuse, they immediately offer the resident a follow-up meeting with a mental health practitioner.

115.381 (c). The agency reported in the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and the information shared with other staff is strictly limited to informing security and management decision, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Agency Policy JSC 8.80 Reporting – Chapter: Juvenile Rights, Section III(C), (p. 2), states, “Staff is prohibited 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.”

During the onsite review, the auditor noted medical records are maintained electronically and only medical staff have access to the information. Access to the electronic records is password protected. Correctional officers do not have access to medical or mental health records.

115.381 (d). The agency reported in the PAQ that medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Agency Policy JSC 8.30 Addressing and Reporting Abuse and Neglect – Chapter: Juvenile Rights addresses the State of South Dakota’s child abuse and neglect reporting requirements. Agency Policy JSC 8.30, Section I, (p. 1), addresses mandatory reporting requirements according to State statute. Section IV(A) (p. 1) states “All staff and volunteers will receive training on the indications of suspected child abuse or neglect and mandatory reporting laws.”

The agency policy does not specifically address the informed consent process for residents over the age of 18. The resident’s age of range is up to 20. Staff reported there is not a written consent form. Subsequently, staff reported detainees held at WSDJSC fall under the ‘mandatory reporting’ per SDCL definition 26-7-1(3), which states, “Adult,” a person eighteen years of age or over, except any person under twenty-one years of age who is under the continuing jurisdiction of the court or who is before the court for an alleged delinquent act committed before the person’s eighteenth birthday”

The auditor interviewed one medical staff and one mental health staff. One staff member reported they do use the informed consent form; a second staff member reported they do not use the informed consent form. Both staff reported they still have to report these incidents as they are required to report and in accordance with State law.

Corrective Action:

1. The auditor recommends no corrective action.

115.382 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - c. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (*revised 1/16/17*)
 - d. WSDJSC PREA Handbook (*revised 9/19/19*)

2. Interviews:
 - a. Medical and mental health staff
 - b. Security staff and non-security staff first responders
 - c. Residents who reported a sexual abuse

Findings (By Provision):



115.382 (a). The agency reported in the PAQ that resident 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. The agency reported medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that are 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.

Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights addresses access to medical treatment and counseling, including medical treatment prior to the detainee being transferred to the hospital. Section III(F), (p. 1) states, “Detainees who are victims of sexual assault are provided appropriate medical treatment and counseling.” Section IV(E) (p. 3), reflects that arrangements are to be made by the deputy or investigator to have the detainee transferred to the emergency room at Rapid City Regional Hospital, for a forensic physical examination, collection of evidence, and/or prophylactic treatment. Section IV(F and I) (p. 3), address medical care that will be provided prior to the resident’s transfer to the hospital, as well as the medical and mental health care, treatment, and referral services that will be provided.

The auditor interviewed one medical staff and one mental health staff. Staff interviewed reported victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Staff reported the facility provides 24-hour nursing coverage for all the County facilities and they would get the victim transported to Rapid City Regional Hospital. Staff also reported these services would be provided immediately upon being notified by the resident or staff. Staff reported the nature and scope of these services are determined according to their professional judgement. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.382 (b). While onsite, the agency reported there were no security or non-security staff that had acted as first responders to an allegation of sexual abuse in the past 12 months; therefore, there were no staff interviewed specific to this provision. The auditor interview one staff member who was presented with a hypothetical scenario on how they are expected to respond to an incident. Staff reported they would take the following steps: make sure the victim and perpetrator are separated; preserve the evidence of the victim and perpetrator; preserve the scene and not let anybody shower; seal the area for law enforcement; contact mental health and medical; and let law enforcement take over once they got there. Staff added they would also write reports. The auditor also interviewed 12 randomly selected staff regarding what their responsibilities are if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. Three staff reported they would immediately alert their supervisor; and nine staff reported they would secure victim and separate/remove them from the perpetrator/situation. There was no mention from any staff indicating what measures they would take to secure/preserve the scene or preserve any evidence from the victim/perpetrator or immediately notifying medical or mental health practitioners. A few staff wanted to refer to their pocket cards, but were asked to respond based on what they could recall.

115.382 (c). The auditor interviewed one medical staff and one mental health staff. Staff interviewed reported victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Staff reported these services would be provided these services when transported to the hospital. Staff added that they have made themselves available and provided emotional support services when a resident disclosed a prior sexual victimization. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.382 (d). The agency reported in the PAQ 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. Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(I)(1), (p. 3) states, “Medical and mental health care will be provided to victim, without financial cost to the victim.” The WSDJSC PREA Handbook (p. 5) that is provided to the residents during intake states, “You will receive medical and mental health care at no cost even if you choose not to name the perpetrator.”

Corrective Action:

1. The auditor recommends no corrective action.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) c. JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights (<i>revised 1/4/17</i>) d. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (<i>revised 1/16/17</i>) e. WSDJSC PREA Handbook (<i>revised 9/19-19</i>) f. A Survivor’s Handbook: Domestic Violence, Sexual Assault, Stalking, Working Against Violence, Inc. (WAVI) 2. Interviews: <ol style="list-style-type: none"> a. Medical and mental health staff b. Residents who reported a sexual abuse 3. Site Review Observations:

a. Medical Station

Findings (By Provision):



115.383 (a). The agency reported in the PAQ that it offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Agency Policy JSC 8.70 Admissions Assessment – Chapter: Juvenile Rights, Section III(A) (2) (p. 1) states, “Detainees identified as risk for victimization or abusiveness will be assessed by mental health or qualified professional.” Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights addresses access to medical treatment and counseling, including medical treatment prior to the detainee being transferred to the hospital. Section III(F), (p. 1) states, “Detainees who are victims of sexual assault are provided appropriate medical treatment and counseling.” Section IV(I) (p. 3), addresses medical and mental health care, treatment, and referral services that will be provided. During the onsite review, the auditor noted the medical services area provides for office space for medical staff and one exam room allowing for medical evaluations and treatment being provided onsite.

115.383 (b). The auditor interviewed one medical staff and one mental health staff. Staff interviewed reported evaluation and treatment of residents who have been victimized would include the following: stay with the victim until they are transported to Regional (hospital); provide follow-up services as the emergency room doctor instructed; and once resident is seen by a primary care physician, follow the directives given by the primary care physician. Staff also reported no such incident has occurred, but if the resident required further mental health treatment and evaluation, they would contract with Lutheran/Catholic Services for this type of care. Staff also reported, for residents being released from the facility, there are rape trauma counselors that would counsel residents in the community. Additionally, the victim advocate that would see the resident in the emergency room would be cleared as a professional visitor and allowed to see the resident at the facility. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.383 (c). The auditor interviewed one medical staff and one mental health staff. Staff interviewed reported the services provided are consistent with the community level of care, if not better. Staff noted that the residents have access to mental health services daily and that is not true in the community.

115.383 (d). The agency reported in the PAQ that resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section IV(E) (p. 3), reflects that arrangements are to be made by the deputy or investigator to have the detainee transferred to the emergency room at Rapid City Regional Hospital, for a forensic physical examination, collection of evidence, and/or prophylactic treatment and pregnancy testing and/or testing for sexually transmitted diseases. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.383 (e). The agency reported in the PAQ that, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

The auditor interviewed one medical staff and one mental health staff. Staff interviewed reported if pregnancy results from sexual abuse while incarcerated, the victims are given timely information and access to all lawful pregnancy-related services. Staff reported they would be provided this information and services as soon as they would find out. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.383 (f). The agency reported in the PAQ that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Agency Policy JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights, Section IV(E) (p. 3), reflects that arrangements are to be made by the deputy or investigator to have the detainee transferred to the emergency room at Rapid City Regional Hospital, for a forensic physical examination, collection of evidence, and/or prophylactic treatment and pregnancy testing and/or testing for sexually transmitted diseases. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.383 (g). The agency reported in the PAQ that treatment services are 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.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(I)(1), (p. 3) states, “Medical and mental health care will be provided to victim, without financial cost to the victim.” The WSDJSC PREA Handbook (p. 5) that is provided to the residents states, “You will receive medical and mental health care at no cost even if you choose not to name the perpetrator.” While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.383 (h). The agency reported in the PAQ that it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The auditor interviewed one medical staff and one mental health staff. Staff interviewed reported they talk with every substantiated PREA victim and perpetrator and talk with them about treatment available and provide it if requested. Staff reported, if the resident is reluctant, they offer information about trauma. Staff also reported they do not provide treatment services, but can get the resident treatment services. Staff reported they have W.A.V.I. handouts and information and provide residents the information.

Corrective Action:

1. The auditor recommends no corrective action.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - c. JSC 8.90 Response to Sexual Assault – Chapter: Juvenile Rights (*revised 1/16/17*)
 - d. Sexual Abuse Incident Review Screenshot

2. Interviews:
 - a. Superintendent or designee
 - b. PREA compliance manager
 - c. Incident review team

Findings (By Provision):



115.386 (a). The agency reported in the PAQ that it conducts 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. The agency reported there were no criminal and 15 administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents, in the past 12 months. During the pre-audit phase, the auditor noted there was one administrative investigation alleging sexual abuse and 14 administrative investigations alleging sexual harassment.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section II(A), (p. 1) establishes the membership of the JSC Interdisciplinary Treatment Team and its role: “The team develops a special behavior management program plan which encourages self-discipline through behavior modification system of rewarding positive behavior.” Section III(M)(2), (p. 3) states, “The PREA Investigator and the JSC Interdisciplinary Team will participate in the incident review.” Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(M), (p. 3) states, “An incident review will be conducted at the conclusion of every sexual abuse investigation unless the incident is determined to be unfounded.”

The auditor selected for review the staff-on-resident sexual abuse administrative investigative file and randomly selected six of the 14 resident-on-resident sexual harassment administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The investigations were for the following: (1) Staff on

Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. The incident review was completed 12 days after the investigation was completed. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. The incident review was completed 18 days after the investigation was completed. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The incident review was completed 16 days after the investigation was completed. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. The incident review was completed six days after the investigation was completed. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The incident review was completed 16 days after the investigation was completed. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. The incident review was completed six days after the investigation was completed. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated. The incident review reflected an error on the date it was completed. The file review reflects an incident review is conducted on all allegations of sexual abuse and sexual harassment investigated regardless of the outcome of the investigation, which exceeds the requirement of this provision.

115.386 (b). The agency reported in the PAQ that such reviews ordinarily occur within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The agency reported there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents, in the past 12 months.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(M)(1), (p. 3) states, “The review will occur within 30 days of the conclusion of the administrative investigation.”

The auditor selected for review the staff-on-resident sexual abuse administrative investigative file and randomly selected six of the 14 resident-on-resident sexual harassment administrative investigative files; therefore, reviewed a total of seven administrative investigative files. The investigations were for the following: (1) Staff on Resident Sexual Abuse. The allegation was made through a letter from the victim. The investigation was completed in one day and determined to be unsubstantiated. The incident review was completed 12 days after the investigation was completed. (2) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in one day and determined to be unsubstantiated. The incident review was completed 18 days after the investigation was completed. (3) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The incident review was completed 16 days after the investigation was completed. (4) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in five days and determined to be substantiated. The incident review was completed six days after the investigation was completed. (5) Resident on Resident Sexual Harassment: The allegation was made through the grievance process. The investigation was completed in three days and was determined to be unsubstantiated. The incident review was completed 16 days after the investigation was completed. (6) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in three days and determined to be substantiated. The incident review was completed six days after the investigation was completed. (7) Resident on Resident Sexual Harassment. The allegation was made through the grievance process. The investigation was completed in one day and determine to be unsubstantiated. The incident review reflected an error on the date it was completed. The file review reflects an incident review is conducted on all allegations of sexual abuse and sexual harassment investigated regardless of the outcome of the investigation which exceeds the requirement of this provision.

115.386 (c). The agency reported in the PAQ that the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Although policy is not required specific to this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(M)(2), (p. 3) states, “The PREA Investigator and the JSC Interdisciplinary Team will participate in the incident review.”

Staff interviewed reported the facility has an incident review team that includes administration, medical and mental health, and the PREA manager. Staff reported the administration staff include the Juvenile Service Interdisciplinary Team, which also acts in the capacity of the incident review team and included the following staff: commander, security lieutenant, administrative sergeant, medical and mental health, shift supervisor and the PREA manager. Staff reported the PREA manager sets up the meetings and that the incident review is included in the weekly staffing meetings.

115.386 (d). The agency reported in the PAQ that it prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to the following: (a) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) 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; (c) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (d) assess the adequacy of staffing levels in that area during different shifts; (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (f) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The Sexual Abuse Incident Review Screenshot reflects as outlined under this provision are addressed and are enumerated as Items 1 – 6 on the report.

Staff interviewed reported the information from the sexual abuse incident review team is used to see how the incident was handled and if they need to do anything different. The information is also used to update policies and look at option to try to prevent incidents in the future, if possible. Staff reported a report is prepared of the team's findings and includes the determinations for the elements outlined under this provision. The PREA compliance manager prepares the report. Staff reported no major trends have been observed. Staff interviewed reported on the elements they would consider as a team, which would include contributing factors, policy or rule changes that could have prevented the incident or how to keep it from happening again, review the security cameras, if more staff is needed, and if residents needed to be moved.

115.386 (e). The agency reported in the PAQ that it implements the recommendations for improvement, or documents its reasons for not doing so. The Sexual Abuse Incident Review Screenshot reflects Question 7, which states, "Were the above recommendations for improvement adopted? If no explain."

Corrective Action:

1. The auditor recommends no corrective action.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none">1. Documents: (Policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>)c. Survey of Sexual Victimization 2017 <p>Findings (By Provision):</p> <p>115.387 (a). The agency reported in the PAQ that it collects accurate, uniform data for every allegation of sexual abuse at the facility under its direct control using a standardized instrument and set of definitions.</p> <p>Although policy is not required for this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(N), (p. 3) requires the agency to keep, review and securely retain sexual abuse data. The WSDJSC has built a module in the records management system that collects data based on the DOJ Survey of Sexual violence. The agency provided a copy of the 2017 Survey of Sexual Victimization Summary Form.</p> <p>115.387 (b). The agency reported in the PAQ that it aggregates the incident-based sexual abuse data at least annually. The agency also reported the SSV is completed yearly.</p> <p>115.387 (c). The agency reported in the PAQ 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. The agency also reported this is done yearly.</p>

Although policy is not required for this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(N), (p. 3) states, “Sexual abuse data will be kept, reviewed, and securely retained.” The WSDJSC has built a module in the records management system that collects data based on the DOJ Survey of Sexual violence. The agency provided a copy of the 2017 Survey of Sexual Victimization Summary Form.

115.387 (d). The agency reported in the PAQ that it maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Although policy is not required for this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(N), (p. 3) states, “Sexual abuse data will be kept, reviewed, and securely retained.”

115.387 (e). The agency reported in the PAQ that it does not contracts for the confinement of its residents with private facilities; therefore, this provision is not applicable.

115.387 (f). The agency reported in the PAQ that, upon request, it provided all such data from the previous calendar year to the Department of Justice no later than June 30. The agency reported it received a request for the data from the DOJ.

Staff interviewed reported the DOJ has requested the data every year but could not provide documentation of the request from DOJ. Staff reported they submitted the report to DOJ on 9/25/18. Staff provided a copy of the Survey of Sexual Victimization, 2017, which instructs the facility to submit the report by 1/11/19.

Corrective Action:

1. The auditor recommends no corrective action.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (*revised 1/17/17*)
 - c. Sexual Violence Data 2018
 - d. <https://www.pennco.org/index.asp?SEC=F9AB1C15-54CD-475F-8899-B2D911B4AAA1>
 - e. Sexual Abuse Incident Review Screenshot

2. Interviews:
 - a. Agency head
 - b. PREA coordinator
 - c. PREA compliance manager

Findings (By Provision):

115.388 (a). The agency reported in the PAQ that it reviews data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Although policy is not required for this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(N)(1), (p. 3) states, “Sexual abuse data will be made publicly available at least annually through the website of the Pennington County Sheriff’s Office.”

Staff interviewed reported the information from the incident-based sexual abuse data and after-action initial reports are reviewed regularly and at the conclusion of investigations with command staff to determine change in training as a result of the reviews. Staff reported the sheriff signs off on all data collected for the annual review report. Staff added that only certain people have access based on their position. Staff also reported the PREA compliance manager has access to all of the information and if anything needs to be fixed, that individual would be the one that could do it since they are the manager and investigator. Staff reported the agency prepares an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Staff reported, when the agency reviews the data collected and aggregated, they assess and improve their effectiveness of their policies and training. Staff reported 90% of the incidents are resident-on-resident sexual harassment and a lot of it has to do with behavior. The agency has been working on educating the residents. Staff also reported, at the conclusion of each incident, they work with the resident on reinforcing the zero-tolerance policies and procedures.

115.388 (b). The agency reported in the PAQ that the agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

115.388 (c). The agency reported in the PAQ that the agency's annual report is approved by the agency head prior to publishing and made readily available to the public through its website: <https://www.pennco.org/index.asp?SEC=F9AB1C15-54CD-475F-8899-B2D911B4AAA1>

Although policy is not required for this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(N)(1), (p. 3) states, “Sexual abuse data will be made publicly available at least annually through the website of the Pennington County Sheriff's Office.” The agency provided a copy of the Sexual Violence Data 2018 Report, which is signed by the sheriff. Staff interviewed reported they approve annual reports as required under 115.388.

115.388 (d). The agency reported in the PAQ that when it redacts material from the annual report, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of a facility. The agency reported it indicates the nature of the material redacted.

Although policy is not required for this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(N)(1)(a), (p. 3) states, “All personal identifiers will be removed.” Staff interviewed reported personal identifiers are removed from the annual report.

Corrective Action:

1. The auditor recommends no corrective action.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights (<i>revised 1/17/17</i>) c. JSC 4.10 Juvenile Files – Chapter: Juvenile Records (<i>revised 1/17/17</i>) 2. Interviews: <ol style="list-style-type: none"> a. PREA coordinator <p>Findings (By Provision):</p> <p>115.389 (a). The agency reported in the PAQ that it ensures that incident-based and aggregate data collected are securely retained. Agency Policy JSC 4.10 Juvenile Files – Chapter: Juvenile Records addresses confidentiality, security and access to juvenile records, files, and electronic data. Section III(A-B), (p. 1) addresses the secure storage and secure access of paper files and electronic data. Electronic access requires a secure login and password access information requirements. Section III(E), (p. 1) states, “Retention, storage and destruction of records will be done in accordance with Chapter 1-27 of SDCL, SDCL 7-7-29, and the South Dakota Records Retention and Destruction Schedule.” The agency policy addresses the security and access to juvenile information in general.</p> <p>Staff reported the sheriff signs off on all data collected for the annual review report. Staff added that only certain people have access based on their position. Staff also reported the PREA compliance manager has access to all of the information and if anything needs to be fixed, that individual would be the one that could do it since they are the manager and investigator.</p>

115.389 (b). The agency reported in the PAQ that policy requires aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, be made readily available to the public, at least annually through, its website.

Although policy is not required for this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(N)(1), (p. 3) states, “Sexual abuse data will be made publicly available at least annually through the website of the Pennington County Sheriff’s Office.” The agency staff reported the agency does not contract with any private facilities for the confinement of its residents.

115.389 (c). The agency reported in the PAQ that it removes all personal identifiers before making the aggregated sexual abuse data publicly available. Although policy is not required for this provision, Agency Policy JSC 8.60 Zero Tolerance – Chapter: Juvenile Rights, Section III(N)(1)(a), (p. 3) states, “All personal identifiers will be removed.”

115.389 (d). The agency reported in the PAQ that it maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.

Corrective Action:

1. The auditor recommends no corrective action.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. PREA Audit Report Juvenile Facilities (<i>dated 3/27/17</i>) b. PREA Audit Report Adult Prisons & Jails (<i>dated 2/18/17</i>) <p>Findings (By Provision): ❖</p> <p>❖ ❖</p> <p>❖</p>

115.401 (a). The agency underwent a prior onsite PREA Audit for both facilities. The Pennington County Jail PREA Audit Report is dated on 2/18/17 and the onsite audit was conducted on July 18-20, 2016. The Western South Dakota Juvenile Justice Center facility PREA Audit Report is dated on 3/27/17 and the onsite audit was conducted on July 21-22, 2016. The 2016 audit reports remain posted on the agency's website. The agency reported the PCSO Jail was audited June 3-5, 2019, and provided a copy of the final PREA report to the auditor, which is dated 9/15/19. The auditor noted the report is marked as "Final" and has a "DRAFT" watermark on the report and that the report is not yet posted to the agency's website. The agency is currently conducting a follow-up regarding the PCSO Jail PREA audit report.

115.401 (b). This is not the first year of the current audit cycle. This is the third year of the current audit cycle. The agency underwent a prior onsite PREA Audit for both facilities. The Pennington County Jail PREA Audit Report is dated on 2/18/17 and the onsite audit was conducted on July 18-20, 2016. The Western South Dakota Juvenile Justice Center facility PREA Audit Report is dated on 3/27/17 and the onsite audit was conducted on July 21-22, 2016. The audit reports remain posted on the agency's website. The agency reported the PCSO Jail was audited June 3-5, 2019, and provided a copy of the final PREA report to the auditor, which is dated 9/15/19. The auditor noted the report is marked as "Final" and has a "DRAFT" watermark on the report and that the report is not yet posted to the agency's website. The agency is currently conducting a follow-up regarding the PCSO Jail PREA audit report.

115.401 (h). The auditor was provided unimpeded access to all areas of the facility as requested. The auditor was onsite and observed facility operations during all three shifts.





115.401 (i). The auditor was permitted to request and received all requested copies of any relevant documents.

115.401 (m). The auditor requested and the facility made the appropriate accommodations, which permitted the auditor to conduct private confidential interviews with residents.

115.401 (n). The auditor provided instructions to the facility regarding the handling of confidential correspondence from the residents to the auditor. This information was included in the PREA Audit Notices (English and Spanish), which were posted on 6/4/19. The auditor did not receive any correspondence during any of the audit phases.

Corrective Action:

1. The auditor recommends no corrective action.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none">1. Documents: (Policies, directives, forms, files, records, etc.)<ol style="list-style-type: none">a. PREA Audit Report Juvenile Facilities (<i>dated 3/27/17</i>)b. PREA Audit Report Adult Prisons & Jails (<i>dated 2/18/17</i>)
	Findings (By Provision): 
	 
	
	<p>115.403 (f). The agency underwent a prior onsite PREA Audit for both facilities. The Pennington County Jail PREA Audit Report is dated on 2/18/17 and the onsite audit was conducted on July 18-20, 2016. The Western South Dakota Juvenile Justice Center facility PREA Audit Report is dated on 3/27/17 and the onsite audit was conducted on July 21-22, 2016. The 2016 audit reports remain posted on the agency’s website. The agency reported the PCSO Jail was audited June 3-5, 2019, and provided a copy of the final PREA report to the auditor, which is dated 9/15/19. The auditor noted the report is marked as “Final” and has a “DRAFT” watermark on the report and that the report is not yet posted to the agency’s website. The agency is currently conducting a follow-up regarding the PCSO Jail PREA audit report.</p>
	Corrective Action:
	<ol style="list-style-type: none">1. The auditor recommends no corrective action.

Appendix: Provision Findings

115.311 (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

115.311 (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

115.311 (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

115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	na

115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	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: Prevailing staffing patterns?	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

115.313 (e)	Supervision and monitoring	
	Has the facility 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? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility 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? (N/A for non-secure facilities)	yes

115.315 (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

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents 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 a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.315 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
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	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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 residents 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 with residents with disabilities including residents who: Have intellectual disabilities?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision?	yes

115.316 (b)	Residents with disabilities and residents 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 residents 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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, 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

115.317 (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 residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.317 (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

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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

115.318 (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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.318 (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 residents 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

115.321 (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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (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

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience 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

115.321 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (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

115.321 (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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na

115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes

115.322 (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

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	na

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents 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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	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 115.321(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 115.321(a).)	yes

115.334 (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 115.321(a).)	yes

115.335 (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?	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?	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 juvenile victims of sexual abuse and sexual harassment?	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 suspicions of sexual abuse and sexual harassment?	yes

115.335 (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.)	yes

115.335 (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?	yes

115.335 (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 §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident'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

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents 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 resident 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

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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

115.352 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible 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, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, 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

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents 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

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (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 a resident?	yes

115.361 (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 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?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents 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 they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	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

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident 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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (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

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.364 (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

115.365 (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 response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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: Act promptly to remedy any such retaliation?	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: Any resident 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: Resident 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: Resident 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

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (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

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (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 involving juvenile victims as required by 115.334?	yes

115.371 (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

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	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

115.371 (f)	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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.371 (g)	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

115.371 (h)	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

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	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 facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	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 115.321(a).)	yes

115.372 (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

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.373 (c)	Reporting to residents	
	Following a resident'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 posted within the resident's unit?	yes
	Following a resident'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 a resident'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 a resident'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

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (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

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (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

115.376 (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

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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

115.377 (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 residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	Interventions and disciplinary sanctions for residents	
	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 offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	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

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident 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

115.382 (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 staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	Are resident 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

115.382 (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

115.383 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.383 (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

115.383 (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

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(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.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (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

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.386 (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

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (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

115.386 (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 §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (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

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (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

115.387 (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

115.387 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.387 (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

115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (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

115.388 (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

115.388 (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

115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

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, residents, and detainees 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 (f)	Audit contents and findings	
	<p>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.)</p>	yes