

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: February 18, 2017

Auditor Information			
Auditor name: Melinda Allen			
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Email: preaaudit@gmail.com			
Telephone number: 706-449-0003			
Date of facility visit: July 18-20, 2016			
Facility Information			
Facility name: Pennington County Jail			
Facility physical address: 307 Saint Joseph Street; Rapid City, SD 57701			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 605-394-6116			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Sheriff Kevin Thom			
Number of staff assigned to the facility in the last 12 months: 192			
Designed facility capacity: 622			
Current population of facility: 524			
Facility security levels/inmate custody levels: Minimum, Medium, Maximum			
Age range of the population: 18-82			
Name of PREA Compliance Manager: Melissa Reckling		Title: Staff Assistant IV	
Email address: Reckling@pennco.org		Telephone number: 605-394-6116	
Agency Information			
Name of agency: Pennington County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Pennington County			
Physical address: 300 Kansas City St; Rapid City, SD 57701			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 605-394-6113			
Agency Chief Executive Officer			
Name: Kevin Thom		Title: Sheriff	
Email address: kevin.thom@pennco.org		Telephone number: 605-394-6113	
Agency-Wide PREA Coordinator			
Name: Melissa Reckling		Title: Staff Assistant IV	
Email address: Reckling@pennco.org		Telephone number: 605-394-6116	

AUDIT FINDINGS

NARRATIVE

The site visit for the PREA audit of the Pennington County Jail, Rapid City SD, was conducted on July 18-20, 2016 to determine compliance with the 2003 Prison Rape Elimination Act standards. The audit opened with an orientation meeting with Jail Commander (Chief Deputy) Brian Mueller, PREA Coordinator Melissa Reckling, Commander Yantis, Lt. Anderson, Lieutenant Severson, and Office Manager Christa Smith. This was followed by a tour of the facility that included inspection of all buildings and areas where inmates have access. Resident and staff interviews followed. The auditor interviewed 18 inmates and had informal discussions with three additional inmates. The inmates were selected from an inmate-housing roster. I selected inmates from each housing unit and included a mix of inmates that newly arrived and longer-term inmates, both male and female. I interviewed four random staff members and sixteen specialized staff members, which included the PREA Coordinator, the facility HR staff, Supervisors, the jail commander, Agency Head (designee), Chaplain, and two health care staff. I had informal discussions with contractors and others. Finally, I completed a review of all pertinent policies, records, and documents. A debrief was held at the closing of the on site audit with the staff from the in brief.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Pennington County Jail in South Dakota is administered by the Pennington County Sheriff's Office. The mission statement of the department is: "It is the mission of the Pennington County Jail to protect society by confining inmates in controlled environments that are safe, humane, cost-efficient, appropriately secure, and the provide appropriate and effective supervision of inmates utilizing the principles of direct supervision and governing national standards. The staff and management of the Pennington County Jail are committed to the preservation of the human rights and dignity of the inmate population as prescribed by the Constitution of the United States and the laws of the state of South Dakota. At a minimum, no inmate shall leave the jail in worse physical or mental condition than he or she was admitted."

The Pennington County Jail (PCJ) is a secure jail designed to house 622 inmates located in downtown Rapid City, SD. At the time of the audit there were 620 inmates on the roster. This number included the individuals in the Electronic Monitoring program. There were 524 inmates residing at the facility. Inmates were placed in the housing units. Inmate ages ranged from 18 to 82 years of age. During the reporting period (previous 12 months) there were 13538 inmates admitted to the facility. The average length of stay of was 16 days. The facility follows the Direct Supervision model of management, with an officer being placed inside the housing areas. The facility has 153 volunteers and operates 90 programs on site at the jail. The facility has a video monitoring system that is manned at all times for active supervision, and is looped for review and recording of incidents for investigation. The PCJ uses 102 security cameras throughout inmate housing areas as well as 99 additional cameras in other areas of the facility. Due to difference in the layout and use of each cellblock, the number of cameras per cellblock varies. In the housing units and sleeping areas inmates use a common area for showering, toilet, and changing clothes. The Showers and toilets have door that prevent inmates from being seen by staff while performing these activities. Grievance boxes are located in all living areas. Grievance boxes can be used, as one option, for reporting allegations. Inmates also have kiosks where they can submit requests or email staff with questions or concerns. The building was well maintained, clean and quiet.

The PCJ has 194 staff members to include line staff, supervisors, Medical, Mental Health and clerical staff.

SUMMARY OF AUDIT FINDINGS

Each of the inmates interviewed indicated that they felt safe, and each described the facility as a safe place to be where they did not fear that they would be sexually victimized. All stated that they had received information on the zero tolerance policy, and all knew of at least two options for reporting sexual abuse. All knew about the monitor and their ability to report to that person if they did not want to report to someone inside the facility.

Staffs interviewed were well versed in their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was familiar with red flags, and had received comprehensive and timely PREA training. Designated staffs were diligent in their duties to protect against retaliation for reporting. Specialized staffs, including supervision, administration, and health-care staff were also well versed in PREA requirements and provided ample evidence that facility practices followed policy. The auditor was able to observe the intake process, as several inmates were brought into the facility during the auditor' on-site visit.

Finally, documentation was complete. Documentation reviewed included, but was not limited to, background and criminal history checks, staff training records, youth PREA orientation records, documentation of unannounced supervisory rounds, policy articles, and incident and allegation reports. There were no substantiated PREA incidents that occurred during the reporting period.

In summary, the PCJ was found to be materially compliant with each of the PREA Standards for Jails and Prisons.

Number of standards exceeded:	02
Number of standards met:	40
Number of standards not met:	00
Number of standards not applicable:	03

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

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

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

In order to make a determination of compliance with this standard, the PREA Auditor interviewed the PREA Coordinator, Jail Commander and Agency Head. The auditor reviewed policy 350.01, the agency organizational charts, training files and observed PREA posters and signage throughout the facility during the review of the facility.

The facility has a zero-tolerance policy, 350.01, which outlines the agencies approach to implementing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behavior and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The agency employs a PREA Coordinator and three PREA Managers. The PREA Coordinator reports to an Administrative Assistant III, who reports to a vacant position of Commander, who then to the Chief Deputy. The PREA Coordinator is responsible for over sight of three PREA Managers in two other facilities. The Pennington County Jail does not have a PREA Manager assigned. It does not appear as though the PREA Coordinator have sufficient authority over the other facilities.

The facility has not appointed a PREA Manager for the Pennington County Jail. The PREA Coordinator is currently serving in both roles.

Corrective Action Recommendation:

The PREA Coordinator should have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. There should also be a PREA Manager appointed within the Jail facility to assist with implementation and over sight.

Update: The PREA Coordinator for the Pennington County Sheriff's office also served as the PREA Compliance Manager for the Jail. While this is not ideal, there is no requirement that there be two separate individuals as long as he/she has time to complete the duties of the position(s). Pennington County Sheriff's Officer operates three facilities to include the county jail, a juvenile facility and a community confinement center. The Juvenile and community confinement center both have strong PREA Compliance Managers that are able to meet the needs of the facility with some guidance and assistance from the PREA Coordinator.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

In order to make a determination of compliance with this standard, the PREA Auditor interviewed the PREA Coordinator, Jail Commander and Agency Head.

This standard is non-applicable.

Standard 115.13 Supervision and monitoring

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

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

The auditor interviewed the PREA Coordinator, Jail Commander and Intermediate and higher-level supervisors for consideration of compliance of this standard. The auditor also review policy 300.05, shift log recordings of unannounced rounds and

The facility has not provided a staffing plan for the Pennington County Jail.

The facility does require that intermediate or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Policy 300.05, B, 1, b states, "b) Check for any security, safety, issues related to the Prison Rape Elimination Act of 2003, and sanitation issues that need to be corrected;" These unannounced rounds are documented, cover all shifts and staff are prohibited from alerting other staff of the conduct of the rounds.

Recommended Corrective Action:

The facility should provide a copy of the Staffing plan for review. The staffing plan must include its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse based on the average daily number of inmates housed in the facility. The facility must document each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. At least once every year the facility/agency, in collaboration with the PREA Coordinator, must review the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. This review should be documented annually.

There is a resource available on the PREA Resource Center for developing a Staffing plan compliant with this standard.
<http://www.prearesourcecenter.org/sites/default/files/library/staffingplanfinalwbjalogosubmt.pdf>

Update: The facility has developed a staffing plan. The staffing plan includes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse based on the average daily number of inmates housed in the facility. The facility must document each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The staffing plan is reviewed once every a year, in collaboration with the PREA Coordinator, must review the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. This review is documented annually.

Standard 115.14 Youthful inmates

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

relevant review period)

- Does Not Meet Standard (requires corrective action)
- Non-Applicable

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.

In order to make a determination of compliance with this standard, the PREA Auditor interviewed the PREA Coordinator and Jail Commander. The auditor reviewed policy 350.01, the agency organizational charts, and daily population reports for the facility.

Youthful inmates and juveniles are not housed in the Pennington County Jail. Juveniles are housed at the Western South Dakota Juvenile Services Center. This standard is non-applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

In order to evaluate this standard, the auditor conducted an on site review of the facility, reviewed policy 300.12, and interviewed the PREA Coordinator, a random sample of inmates and a random sample of staff.

The Pennington County Jail policy 300.12, Page 2 B states, "Cross-gender strip searches are prohibited unless exigent circumstances exist which would not allow the delay of the search until an officer/employee of the same gender arrives."

The agency does not permit cross-gender pat searches of female inmates absent exigent circumstances. The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. There were no cross-gender pat searches of females conducted in the prior year. Policy 300.12 requires that all exigent circumstances be documented. Facility policy 300.12 requires that all cross-gender strip searches, cross-gender visual body cavity searches and all cross-gender pat searches of females be documented.

Facility policy 300.02, Page 2, C, 1 enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). However, the facility has not initiated a knock and announce process at the jail to alert inmates when staff of the opposite gender are entering a housing unit.

The facility has a policy, 300.12, prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. However, the facility has a policy that they strip search all inmates that will be housed in the jail.

The facility has not provided training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

The lesson plan presented for transgender pat searches indicates that transgender inmates are pat searched based on genital status alone.

Recommended Corrective action:

The facility must implement a method of notifying inmates when staff of the opposite gender is entering the housing unit. The facility is in the process of creating a tone alert to notify inmates of the crossing of egress. The auditor would recommend that in addition to a tone alert, a flashing light or other visual notification be implemented in housing units that may house deaf inmates.

The facility should also train security staff in conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

Revise training and policy to allow transgender inmates the option of being pat searched based on gender identity, which they feel comfortable with, medical staff or a female officer.

Update: The facility has implemented a tone alert system that alerts in the common areas as well as the inmate rooms that tones when a staff member of the opposite gender enters the unit. Inmates are advised of this process in the inmate handbook. Staff are trained in cross gender pat searches during the PREA Training. Copies of the training curriculum for searches were secured. The curriculum is taught during the basic officer training and reinforced through the FTO training program.

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

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

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

In order to determine compliance with this standard, the auditor conducted a review or tour of the facility, reviewed the Inmate handbook, Inmate orientation materials (Video and PowerPoint Presentation), Policy 400.02, and interviewed the intake staff, staff that performs the screening for risk of victimization and a random sample of staff and inmates.

Policy 400.02, Page 1, III A. states that all inmates are provided a handbook, an orientation video is played on all cellblocks, reasonable accommodation is provided for all inmates with disabilities and/or communication barriers. Inmates that are unable to read have the Handbook read to them. A Spanish Handbook is made available for Spanish speaking inmates. Interpreters are available for other non-English speaking inmate. Interpreters are arranged through the Shift Supervisor. The auditor interviewed staff and inmates that all indicated that materials were available to help communicate with LEP or inmates with disabilities. The facility uses a language line for translations as well supplementing with Google translate and a Spanish-speaking officer.

Policy 400.02, Page 1, III A also states that other inmates will not be utilized for interpretive services except in exigent circumstances. Interviews with a random selection of staff and inmates as well as inmates identified as being limited English proficient or having disabilities indicated that the inmate handbook and PREA orientation materials were appropriately explained to them when they were processed into the facility.

Standard 115.17 Hiring and promotion decisions

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

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

In order to determine compliance with this standard, I reviewed the agency Global Policies, a sampling of staff files which included applications and hiring information, interviewed Administrative HR staff, PREA Coordinator, the Agency Head and Investigators.

Global Policies, Page 30, 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. When candidates previously worked for or contracted with another law enforcement agency, the agencies are contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The agency inquires if the applicant has ever had an improper relationship with an inmate, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during the course of an investigation about your behavior/actions while employed as a law enforcement officer correctional officer? What was the investigation about and what is the status of that investigation, and if the applicant has ever been a party to a lawsuit as a result of their actions in the performance of your job.

The agency does not 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 unless the former employee has signed a waiver permitting the release of the information.

Corrective Action Recommendations:

The hiring and promotion practices should include an inquiry into the consideration of 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 inmates.

Background checks should be completed every five years for contractors, volunteers and employees.

The agency should impose upon employees a continuing affirmative duty to disclose any such misconduct.

The agency shall 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, unless providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.

Update: The agency has incorporated questions in the hiring process to explore if a candidate has previously been involved in a sexual harassment incident, for conducting background checks every five years for staff, volunteers and contractors. Global Policy 2-23 Section F was added to include language requiring the continuing affirmative duty to disclose any misconduct. Global Policy 2-23, Section H was added to allow providing information on substantiated allegations of sexual abuse or sexual harassment involving former employees to other institutions that may inquire regarding the applicant. I reviewed staff, contractor and volunteer background checks for compliance with this corrective action.

Standard 115.18 Upgrades to facilities and technologies

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

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

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

In order to determine compliance with this standard, I interviewed the Agency Head, Jail Commander, and the PREA Coordinator. A thorough review or tour of the facility was completed during the audit.

The facility has not acquired a new facility or made modification to the current facility since August 20, 2012. Nor have they made modifications to the video monitoring system; however, the facility is currently considering an upgrade to the video monitoring system.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The auditor interviewed the PREA Coordinator, an Investigator with the Sheriff's Office Law Enforcement Division, and the Agency Head for consideration of compliance with this standard. The auditor also reviewed several policies to include 350.04, 350.05, Law Enforcement Policies revised 5/13/2016 and an MOU with WAVI, Sexual Assault Nurse Examiners and the Pennington County State Attorney's Office.

The agency is responsible for investigating allegations of sexual abuse, and they follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Jail staff investigates administrative cases and criminal cases would be referred to the Law Enforcement Division within the Sheriff's Office. The Law enforcement Division follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This protocol is detailed in the Law Enforcement Policies document. The protocol is developmentally appropriate for youth and 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 offers victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiarily or medically appropriate. Examinations are performed by Sexual Assault Nurse Examiners (SANEs) where possible. If a SANE cannot be made available, other qualified medical practitioners perform the examination. The agency shall document its efforts to provide a SANE. The agency has entered into an MOU with WAVI, Sexual Assault Nurse Examiners and the Pennington County State Attorney's Office to promote the compassionate and just treatment of victims and survivors. Victim Advocate services are part of the MOU. If requested by the victim, the victim advocate, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews providing emotional support, crisis intervention, information, and referrals.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In order to determine compliance with this standard, I reviewed policies 350.04, 350.05, and the Pennington County website. I interviewed investigators, the PREA Coordinator, Agency Head, Jail Commander and reviewed an administrative investigation. Administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment.

The agency has a policy (350.01 and 350.04) 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. The agency publishes the policy on its website. (<http://docs.pennco.org/docs/SO/policies/jail/350.01%20Zero%20Tolerance.pdf>) The agency documents all such referrals. The jail conducts administrative investigations and the Law Enforcement Division of the Pennington County Sheriff's Office conducts the criminal investigations. If a case is egregious and involving staff, the Chief would call in another agency to conduct the investigation in order remain transparent and non-biased in the outcome of the investigation.

Standard 115.31 Employee training

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

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

In order to determine compliance with this standard I reviewed the training curriculum for Pre-Service, bi-annual PREA Training Curriculum, policy 350.01, acknowledgement of completion and understanding of training and the training records of a sampling of staff. I also interviewed training staff, the PREA Coordinator, and a random sample of staff.

The training curriculum included (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Much of the training provided to staff is electronic or web based. The facility houses both male and female inmates and the curriculum was appropriately geared toward supervision of both genders. The agency provides PREA training biannually. In the years that PREA is not taught, the agency provides refresher information on current sexual abuse and sexual harassment policies. PREA training is documented by employee signature or electronic verification that employees understand the training they have received.

Standard 115.32 Volunteer and contractor training

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

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

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

In order to determine compliance with this standard, I reviewed the training curriculum and records of completion and understanding of contractors and volunteers. I also interviewed a sample of contractors and volunteers to ensure understanding of the zero-tolerance policy and how to report an incident.

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 inmates. All contractors and volunteers sign a document each day that they enter the facility that indicated that understand the zero-tolerance policies and methods of reporting. The facility maintains documentation confirming that volunteers and contractors understand the training they have received.

Standard 115.33 Inmate education

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

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.

In order to determine compliance with this standard, I reviewed the training provided to inmates, the inmate handbook and the Inmate Property Accountability/Orientation Sheet that inmates sign upon entry into the housing area of the facility. I also interviewed a random sample of inmates as well as the PREA Coordinator.

Inmate interviewed indicated that they did not receive information in admissions regarding the facility's zero-tolerance policy or how to report a PREA related incident. Inmate did acknowledge that there is a video that is played daily that covers the zero-tolerance policy and how to report an incident. Inmates sign an Accountability/Orientation Sheet during the dress-in process but this acknowledgement does not mention PREA or any PREA education. Inmates interviewed indicated that they received information regarding the zero-tolerance policy and how to report an incident right before being moved "upstairs" or being dressed in. Inmates stated that the video is played daily. I was unable to locate any inmate training materials for inmates with limited English proficiency, deaf, visual impairments, limited reading skills or other disabilities. Inmate PREA related education sessions are not currently being documented. Inmates are provided a handbook with PREA information. There are also posters throughout the facility that advise inmates of the zero-tolerance policy and how to report a PREA related incident.

Corrective Action Recommendations:

Provide basic PREA information regarding the zero-tolerance policy and how to report a PREA incident immediately upon entry into the facility. This could be done verbally, with a brochure/handout, and/or visually by posting information on the walls in admissions. Keep in mind that adult Adults have preferences for the way in which they learn. Some prefer learning by doing (kinesthetic), others prefer learning by observing (visual), while still others prefer learning by listening (auditory). Recognized that not all learners will respond to a given teaching method or technique.

Training materials should be provided for inmates with limited English proficiency, deaf, visual impairments, limited reading skills or other disabilities.

All inmate PREA related education should be documented and preserved.

Update: The facility has added a confirmation of receipt of this information to the Officer Intake Screening process.

Standard 115.34 Specialized training: Investigations

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

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.

In order to determine compliance with this standard, I reviewed the investigator's training records, training curriculum, Policy 350.05, Response to Sexual Abuse/Harassment/Misconduct, and an Administrative investigation that was completed on July 15, 2016. I also interviewed the PREA Coordinator, Jail Commander and staff members that conduct both Administrative and Criminal Investigations.

While the investigators that I interviewed were extremely knowledgeable in conducting sex abuse investigations, one of two investigators interviewed had not had any training in conducting a sexual abuse case in confinement, a requirement of this standard. Both investigators interviewed were knowledgeable in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Corrective Action: All investigators that conduct sexual abuse investigations must complete the required training on conducting a sexual abuse case in confinement.

Update: The investigators responsible for conducting PREA sexual abuse investigations have completed training on conducting a sexual abuse case in confinement. Staff are familiar with the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

In order to determine compliance with this standard, I reviewed Medical staff training records, training curriculum, and Policy 350.05, Response to Sexual Abuse/Harassment/Misconduct. I also interviewed the PREA Coordinator, Jail Commander, a random selection of inmates and Medical and Mental Health staff.

Medical staff interviewed have received several PREA training classes. Medical and mental health staff complete the same PREA training that security staff complete, as well as the PREA Medical and Mental Care Standards training developed by the National Commission on Correctional Health Care (NCCHC) as part of contract deliverables for the National PREA Resource Center (PRC), a cooperative agreement between the National Council on Crime and Delinquency (NCCD) and the Bureau of Justice Assistance (BJA). The facility maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Medical staff do not conduct forensic examinations at the Pennington County Jail. All inmate victims would be transported to an area hospital for forensic examinations.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

In order to determine compliance with this standard, I reviewed Policy 350.03, Disciplinary files, Admission Assessment, and a sampling of completed inmate assessments. I interviewed staff that completes the Risk Assessments, a random sample of inmates and the PREA coordinator. During the onsite review, I observed staff conducting assessments.

Facility 350.03, Page 1, Section I states that the Pennington County Jail complies with the standards set forth in the Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115 through screening inmates for risk of either sexual abusiveness or sexual vulnerability upon admission. All inmates will be screened upon admission for risk of sexual victimization or sexual abusiveness within 24 hours of arrival to the facility.

A review of a sampling of inmate assessments reveals that assessments are conducted within 24 hours of arrival to the facility. While the current assessment instrument is objective, it does not include all of the criteria required by this standard.

Policy 350.03 also requires a reassessment within thirty days or sooner if further relevant information becomes available. However, I was unable to locate any 30 reassessments. Staff interviewed indicated that they do not currently reassess inmates.

Policy 350.03 states that Inmates may not be disciplined for refusing to answer any question on the screening. Staff that conduct the Risk Screening Assessment confirmed in interviews that inmates are not disciplined for refusing to answer any questions on the screening instrument. There were no disciplinary files present for inmates refusing to answer screening instrument questions. The current assessment instrument is available for all staff to review on the Jail Management System. (JMS)

Corrective Action Recommendation:

The Risk Screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The screening should also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse (already present), as known to the agency, in assessing inmates for risk of being sexually abusive.

Institute the practice of completing reassessments of inmates when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. This can be done through the use of tiered access in the JMS or by otherwise securing the assessment instruments only allowing access for staff that needs the information.

Update: The Screening Instrument is a two-part process. Some questions are asked in the lobby, while others are posed during intake. All of the 10 required criteria are reviewed when evaluating the risk assessment of the inmate. A policy revision includes that a reassessment

will be conducted during the fourteen-day physical, but can be done at any time as relevant information becomes available.

The JMS system being utilized at the facility has tiered access, which only allows those, permitted to access inmate risk assessment screenings. The system is robust and includes a tracking system to trace access as well. This information is only available to security staff, medical staff, and administrative staff who have a legitimate government interest in using this information to conduct their assignments. Contract employees do not have access to the JMS. Jail staff's computer usage can be audited if there is suspicion of exploitation of sensitive information.

Standard 115.42 Use of screening information

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

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

In order to determine compliance with this standard, I reviewed Policy 350.03. I interviewed staff that complete Risk Assessments, Classifications staff, a random sample of inmates and the PREA coordinator. During the onsite review, I observed staff conducting assessments as well as classification staff determining housing assignments.

Policy 350.03, Page 1, III, A, 1. states, "The screening information will be used to inform 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." Inmate assessments are currently being used to determine 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 facility makes individualized determinations about how to ensure the safety of each inmate.

South Dakota state law, 24-11-19 115.42 (b) - (e) whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems as the state law requires, " All jails shall confine persons of different sexes apart from each other." The facility bases housing solely on genital status of the inmate. The facility does not make a case-by-case determination as to where to house transgender or intersex inmates. While this is South Dakota law, it does not exempt the Pennington County Jail from the standards, even where state law prohibits an agency from complying.

All inmates are afforded the opportunity to shower separately.

The facility is not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates. Gays, lesbians, bisexual, transgender and intersex inmates are not placed in dedicated facilities, units, or wings solely on the basis of such identification or status.

Corrective Action Recommendation:

In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

Update: The assessment instrument allows the classification officer to discuss the inmate's perception of vulnerability and to evaluate on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Placement and program assignments for transgender inmates are reassessed twice a year. The

classification officer considers the transgender inmate's own view with respect to his or her own safety in the facility. It should be noted that South Dakota law prohibits placement of an inmate except my genital status, this auditor was assured by the PREA Coordinator that this standard is being followed and that transgender inmates would be given consideration of their own views. The auditor advised the facility that they should be prepared to provide documentation of each decision that involves a transgender inmate housing assignment for review at a later date as needed.

Standard 115.43 Protective custody

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

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

In order to determine compliance with this standard, I reviewed Policy 330.04. I interviewed a random sample of staff and inmates, staff that complete Risk Assessments, Classifications staff, and the PREA coordinator. During the onsite review, I observed staff conducting assessments as well as classification staff determining housing assignments.

Inmates at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The inmate would only be placed in involuntary segregated housing for less than 24 hours while completing an assessment. Inmate placed in involuntary segregation would have access to programs, privileges, education, and work opportunities to the extent possible and if access was denied to programs, privileges, education, and work opportunities this denial would be documented. Facility staff would document their basis for the facility's concern for the inmate's safety and he reason why no alternative means of separation can be arranged. Facility policy 330.04 requires that these cases be reviewed weekly, rather than monthly, which exceeds the standard required.

Standard 115.51 Inmate reporting

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

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

In order to determine compliance with this standard, I reviewed the inmate handbook, Policy 350.02, Global Policies, the Pennington County Employee Handbook, the PREA training curriculum for staff and a sample documented verbal report. I interviewed a random sample of inmates, a random sample of staff, an inmate that reported a PREA incident (not at this location) and the PREA coordinator. During the onsite review, I observed the placement of grievance forms and the box where grievances should be placed.

The Inmate Handbook Inmate Handbook, Page 5, states, "Inmates may report sexual abuse/harassment/misconduct or retaliation by other inmates or staff using any of the following methods: · Completion of Inmate Grievance or Request Form via the inmate kiosk, · Write a letter to the Lieutenant, Captain, Jail Commander, Sheriff or any law enforcement agency, · Verbally report the allegation to the cellblock officer, shift supervisor, medical staff, mental health worker, contractor, or volunteer. · Third-party reporting · Write to the rape crisis center at: Working Against Violence, Inc. 527 Quincy St Rapid City, SD 57701"

The agency has provided inmates with information for inmates detained solely for civil immigration purposes on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The facility has placed posters throughout the facility providing telephone numbers for ICE and DHS. Additional information is provided to inmate regarding contacting relevant consular officials.

Staff members accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. I reviewed a report where an inmate made a verbal report to a staff member, who promptly documented the report. The incident was documented on the same day it was reported.

The agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff members may file an anonymous report, write a letter, call front desk, send an email or speak privately with a supervisor to report an incident. Staff is informed of how to report through policy 350.02, Iv, A, 1 and through the PREA training curriculum.

Standard 115.52 Exhaustion of administrative remedies

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

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

In order to determine compliance with this standard, I reviewed the inmate handbook, Policy 350.02, Policy 350.05, and the PREA training curriculum for staff and inmates. I interviewed a random sample of inmates, a random sample of staff, the Grievance officer and the PREA coordinator. During the onsite review, I observed a log of grievances.

While the facility has a grievance policy in place, the inmate handbook states that a grievance must be filed within five days of receiving a response to a specific request.

Policy 350.02, Page 3, C, 2 states that Third parties, including fellow inmates, 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 inmates." However, inmates do not have any information regarding this right. This should be added to the Inmate Handbook.

Corrective Action Recommendation:

The facility shall revise their grievance practices to incorporate the provisions of this standard. Once the practices have been revised, it should be published to all inmates. I would recommend revising the inmate handbook in order to help educate inmates in filing sexual abuse grievances.

Revise inmate handbook to allow for the acceptance of a sexual abuse related grievance without a time limitation. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse and nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

The agency shall ensure that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and that the grievance is not referred to a staff member who is the subject of the complaint.

The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to

make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Finally, the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

The revised practices should be documented, placed in the inmate handbook, and staff and inmates should be appropriately trained in the new practice. The training should be documented for the purposes of compliance complete with curriculum and documentation of attendance. Once revised and the training completed, the auditor will draw a sampling of staff and inmates for review.

Update: The inmate handbook was updated to include that the facility will accept a grievance related to sexual abuse without any time limitations. The handbook does not include anything stating an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and that the grievance is not referred to a staff member who is the subject of the complaint; However, inmates may submit the grievance through the Kiosk system. The grievances go directly to a grievance officer that addresses the grievance. Staff training was updated to include not disciplining an inmate unless the PREA allegation was made in bad faith. All grievances are responded to within 72 hours unless additional time is needed. This time limitation is shorter than the time limits imposed by PREA. Third parties may also assist offenders with filing a grievance.

Standard 115.53 Inmate access to outside confidential support services

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

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

In order to determine compliance with this standard, I reviewed the inmate handbook, and Policy 350.05. I interviewed a random sample of inmates, a random sample of staff, the Jail Commander and the PREA coordinator. During the onsite review, I observed information regarding how to access WAVI.

The Pennington County Jail has an MOU that includes the Rape Crisis Center, Working Against Violence, Inc. (WAVI) to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. This information is provided to inmates in the Inmate Handbook. The facility provides inmates with access to such services by giving inmates the mailing address. The facility should also provide a telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The telephone number could be a hotline or an unmonitored telephone. WAVI may not disclose the information provided. The standard is not for forwarding information, but simply for support services. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant

services agencies for persons detained solely for civil immigration purposes. The numbers provided are in conjunction with the ICE/DHS hotlines. The facility provides inmates with access to these services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

All inmate telephone calls made from the facility are recorded, with the exception of attorney telephone calls. Inmates are provided with notice of this in the Inmate Handbook on page 19. The facility does not currently inform inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

The agency does not have an MOU or other agreements with community service providers to provide inmates with emotional support services related to sexual abuse, nor have they documented efforts to secure a provider for emotional support services related to sexual abuse.

Corrective Action Recommendation:

The facility should also provide a telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility must inform inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. This disclosure could be provided in the Inmate Handbook.

The agency or facility should attempt to secure a memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. If the facility is unable to secure an MOU, they must document their attempt(s) to secure a provider for emotional support services related to sexual abuse.

Update: The facility has published information in the inmate handbook on how to contact outside victim advocates. Inmates are advised that all telephone calls may be monitored. Inmates may write to the advocates. The MOU does not specify that WAVI will provide emotional support services related to sexual abuse. If the facility is unable to secure an MOU, they must document their attempt(s) to secure a provider for emotional support services related to sexual abuse. However, the agency has employed two victim specialists that can provide assistance to the inmates.

Standard 115.54 Third-party reporting

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

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

In order to determine compliance with this standard, I reviewed the inmate handbook, the Pennington County Jail website and a notice of zero-tolerance that is posted in the lobby. I interviewed a random sample of inmates, a random sample of staff, and the PREA coordinator. During the onsite review, I observed the zero-tolerance posting in the lobby, which includes information on how a third-party can report a PREA Incident to Pennington County Jail staff.

The facility has provides multiple mechanisms for the public, or a third party, to report a PREA Incident. A third party may report the incident to any staff member at the Pennington County Jail. They can also write a letter, or report via telephone. This information is posted in the lobby of the jail and on the Pennington County Jail website, http://www.pennco.org/index.asp?SEC=E9E9A726-0560-4C75-AF53-A15CADDFBEEB&Type=B_BASIC.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

In order to determine compliance with this standard, I reviewed Policy 350.02, Reporting. I interviewed a random sample of staff, Medical and Mental Health Staff Investigators and the PREA coordinator. During the onsite review, I observed PREA files and how files are secured.

This standard requires a written policy to address staff reporting a PREA related incident. Policy 350.02, Page 2, Section B, 1-3 requires staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed indicated that they have a mandatory reporting policy and reiterated that they must report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment immediately.

Policy 350.02, Page 2, C. states that 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. Staff members interviewed indicated that information is only provided to individuals that need to know in order to assist with the investigation or provide assistance to the victim.

Medical and Mental Health staff interviewed indicated that they are required to report all incidents sexual abuse and they disclose the limitations of confidentiality and their duty to report upon initiating any services with inmates.

South Dakota law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities, to report knowledge or reasonable suspicion of abuse, neglect or exploitation of elders and adults with disabilities.

All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to the facility’s designated investigators.

Standard 115.62 Agency protection duties

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

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

In order to determine compliance with this standard, I reviewed Policy 350.05, Response to Sexual Abuse/Harassment/Misconduct. I interviewed a random sample of staff, Security and non-security First Responders, and the PREA coordinator. I did not make any pertinent observations during the on site review.

All staff members interviewed indicated that they would take immediate action to protect an inmate that subject to a substantial risk of sexual abuse. Staff members were quick to response and state that they would take immediate action to protect the inmate. The agency reported one incident in the past twelve months where an inmate claimed he was at risk of sexual abuse. I interviewed the officer that was notified as well as the inmate who claimed he was at risk. The officer separated the inmates and ensured that the inmate was safe. The

inmate stated that this was done immediately.

Standard 115.63 Reporting to other confinement facilities

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

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

In order to determine compliance with this standard, I reviewed Policy 350.02, Reporting. I interviewed a random sample of staff, the Jail Commander and the PREA coordinator. I did not make any pertinent observations during the on site review.

Policy 350.02 Page 2, IV A. states, "Report of Abuse occurring at another facility I. In the event an allegation is received that an inmate was sexually abused while confined at another facility, the Commander or designee notifies the head of the facility or appropriate investigative agency where the alleged abuse occurred. a) Notification is provided as soon as possible, but no later than 72 hours after receiving the allegation. The following information is documented: (1) Date and time of calls to the agency and/or investigative agency; (2) Name of person(s) spoken to regarding the allegation; and, (3) The type of details related to the agency and investigative agency." Interviews with the PREA Coordinator and Jail Commander reveal that there were no cases received in the past three years where an inmate was sexually abused while confined at another facility and reported at their facility. Facility policy, as reiterated by the PREA Coordinator and Jail Commander, does require notice is provided within 72 hours of notification or sooner and the notice be documented. Likewise, allegations received from other facilities and agencies are investigated in accordance with the PREA standards. There were no reports of such claims in the past three years. If the facility receives a claim, it will be investigated according to these standards.

Standard 115.64 Staff first responder duties

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

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

In order to determine compliance with this standard, I reviewed Policy 350.05, Responding to sexual abuse and Harassment, an investigative report, and Policy 350.02, Reporting. I interviewed a random sample of staff, and Inmate that reported an incident of harassment and the PREA coordinator. During the on site review, I observed cards that staff members carry on their person that details the facility response plans.

Policy 350.05, IV, A-D covers the facilities response plan to reports of sexual abuse and sexual harassment. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, that all evidence is preserved, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and perpetrator not take any actions that could destroy physical evidence, including, showering.

The facility policy does not require that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. The facility has not have a claim of sexual abuse in the past thirty-six months.

Corrective Action Recommendation:

I would revise Policy 350.05 to further detail the requirements imposed in 115.64(a) to include the following:

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Detailing this is essential to ensuring that staff takes all precautions to protect and preserve any evidence that may be present.

The policy should also be revised to require that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

Update: PREA Information Cards have been given to all non-security staff that requires them to report all incidents or suspicions and to notify inmates not take any action that could destroy any physical evidence. Non-security staff has received training on this procedure.

Standard 115.65 Coordinated response

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

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

In order to determine compliance with this standard, I reviewed Policy 350.05, Responding to sexual abuse and Harassment. I interviewed the Jail Commander, Medical and Mental Health Staff, Security Staff and the PREA coordinator. During the on site review, I observed cards that staff members carry on their person that details the facility response policy.

I was unable to locate 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. While Policy 350.05 could serve as the foundation of the institutional plan, a more thorough plan that includes the responsibilities of pertinent staff is required to meet compliance with this standard.

Corrective Action Recommended:

Develop 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.

Update: Policy 350.05 was revised January 26, 2017 to include the formalized institutional plan to coordinate actions in the event of a PREA allegation. The facility was already practicing this procedure it simply needed to be documented formally for compliance with the PREA standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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.

In order to determine compliance with this standard, I interviewed the Jail Commander, and the Agency Head (designee) as well as the PREA coordinator.

The facility, or any other governmental entity, does not participate in any form of collective bargaining or other agreements.

This standard is non-applicable.

Standard 115.67 Agency protection against retaliation

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

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

In order to determine compliance with this standard, I reviewed Policy 350.01, Zero Tolerance and Policy 350.02, Reporting; I interviewed a random sample of staff, and Inmate that once reported an incident of harassment, the Jail Commander and the PREA coordinator.

Policy 350.02 2 states, "Any act of retaliation against inmates or other staff who have reported such an incident; and/or,"

Policy 350.01, Page 2, H, 2 states, "All reasonable efforts will be made to protect inmates and staff who report sexual abuse/harassment/misconduct from retaliation by other inmates or staff."

The facility has not designated who will monitor retaliation.

The interview with the Jail Commander revealed that there is a policy that prohibits retaliation and the facility provides ways for third parties to report retaliation if it occurs. Additionally, training with staff, staff expectations, and good communications, helps curtail retaliation. The facility employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility does not have a process or protocol in place for monitoring retaliation.

Corrective Action Recommendation:

The agency shall designate which staff members or departments are charged with monitoring retaliation. The facility shall develop a protocol or practice that details the requirements for monitoring retaliation according to this standard. This should address the following provision:

115.67(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.67 (d) In the case of inmates, such monitoring shall also include periodic status checks.

115.67 (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Update: The facility has designated who will monitor for retaliation in policy PCJ 350.02. 1. Command Staff (Lieutenants and Captains) will monitor all reports, complaints, and/or grievances for possible retaliation. Policy 350.02 was revised on February 3, 2017 to include language pertinent to monitoring, periodic checks and time limitations. These were a part of the procedural process for the retaliation monitors but were not previously documented in writing.

Standard 115.68 Post-allegation protective custody

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

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

In order to determine compliance with this standard, I reviewed Policy 350.01, Zero Tolerance, and documents/logs pertinent to segregation housing. I interviewed the Jail Commander, Staff that supervise segregation housing, and the PREA coordinator. I was unable to locate any inmates that had been placed in segregated housing for their protection following an allegation of abuse. During the on site review, I observed Segregation Housing and log entries of inmates placed in segregation.

The facility would only use segregation housing on a temporary basis to house inmates who have alleged abuse, until alternative housing could be established and only following an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. While there were no cases of inmate victims being placed in involuntary segregation for their protection from abusers, staff assigned to segregation stated that their policy requires a weekly review of inmates placed in segregation housing, far exceeding the requirements of this standard.

Standard 115.71 Criminal and administrative agency investigations

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

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

In order to determine compliance with this standard, I reviewed Policy 350.05, Investigations. I interviewed an Administrative Investigator and a Criminal Investigator, the Jail Commander the PREA coordinator. During the onsite review, I reviewed one PREA investigative file.

Pennington County Jail staff are charged with completing all administrative investigations and the Law Enforcement Division of the Pennington County Sheriff's Office is responsible for conducting criminal investigations, unless the case is egregious enough and involves a staff member. In this case, an outside entity would be contacted to conduct the investigation in order to maintain transparency.

The facility has a policy, 350.04, Investigations, that the jail 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. This policy mandates that they use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. During interviews with investigators, I learned that one of the investigators had not received any specialized training on conducting sex abuse investigations in a confinement setting.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

One of the investigators interviewed indicated that he does not consult with prosecutors prior to conducting compelled interviews.

Investigators do not require inmate victims to submit to a polygraph or other truth-telling device during the investigative process.

Policy 350.04, Page 2, E, 1-4 details that the administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse and administrative investigators will document in their written reports a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations document in their written reports a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Policy 350.04, Page 1, III, A I requires that any allegation determined criminal in nature would be immediately referred to law enforcement, rather than the prosecutor.

Policy 350.04, Page 2, III, G refers to the retention of written reports. All written reports are retained as long as alleged abuser is incarcerated or employed by the agency, plus five years.

Investigators interviewed confirmed that investigations would continue even if the alleged abuser or victim departed from the employment or control of the facility or agency.

Corrective Action Recommendation:

All investigators that investigate PREA related incidents shall received special training in sexual abuse investigations pursuant to § 115.34.

The agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Revise Policy 350.04, Page 1, III, A I to require that any allegation determined criminal in nature will be immediately referred for prosecution.

Update: All investigators received specialized training in sexual abuse in confinement. Staff were trained that they should only conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

In order to determine compliance with this standard, I reviewed Policy 350.04, Investigation. I interviewed two Investigative staff, the jail commander and the PREA coordinator.

Policy 350.04, Page 2, D, I. requires that an investigator will use the "preponderance of evidence" in determining whether allegations of sexual abuse/harassment/misconduct are substantiated. Both investigators interviewed indicated that they would use the "preponderance of the evidence" standard when conducting investigations.

Standard 115.73 Reporting to inmates

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

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

In order to determine compliance with this standard, I reviewed Policy 350.01, Zero Tolerance. I interviewed two Investigative staff and the PREA coordinator. During the onsite review, I observed PREA files and how files are secured.

Both investigators interviewed indicated that inmates would be notified of the status of their cases, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. There were no sexual abuse investigations to review for compliance.

The Pennington County Jail staff conducts administrative cases and the Pennington County Sheriff's Office conducts criminal investigations. The Chief Deputy/ Jail Commander and PREA Coordinator would remain informed of the status of the investigation.

I could not find any evidence that Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Nor was there any evidence or information to support the requirement following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Corrective Action Recommendation:

Establish a protocol or practice that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The facility shall also establish a protocol or practice of following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications (detailed in 115.73 (c) and (d) or attempted notifications shall be documented.

Update: The facility has established a procedure to document (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The facility shall also establish a protocol or practice of following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The notifications (detailed in 115.73 (c) and (d) or attempted notifications are documented in the JMS System. Samples were collected to support proof of documentation.

Standard 115.76 Disciplinary sanctions for staff

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

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

In order to determine compliance with this standard, I reviewed the Global Policies of the agency. I interviewed the Jail Commander the PREA coordinator. During the onsite review, I reviewed one PREA investigative file.

Global Policies, Page 97, A, 8 states that where evidence is established to sustain a violation of this policy, immediate disciplinary action shall be taken against the offending employee, up to and including termination from employment with this agency. However, Global Policies, Page 98, 3, A state All Sheriff's Office employees are empowered with authority by their government to protect the public from criminal activity. When an employee abuses this authority for sexual purposes, and violates another person, the employee not only commits a crime against the victim, but also damages the credibility and trust of the entire law enforcement community with the public. The purpose of this policy is to caution all employees that any violation of the public trust involving sexual misconduct will result in severe consequences including prosecution to the fullest extent possible. Termination should be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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.

The agency does not have a requirement 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Corrective Action Recommendations:

Termination must be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Update: The PREA Policy PCJ 350.01 was revised to include termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The policy was also revised to include Section L, 2: 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

In order to determine compliance with this standard, I reviewed Policy 350.01, Zero Tolerance. I interviewed the Jail Commander the PREA coordinator. During the onsite review, I reviewed the Pennington County Sheriffs Office- Jail Division PREA Acknowledgment that all volunteers and contractors are required to sign.

The document, Pennington County Sheriffs Office- Jail Division PREA Acknowledgment, that all volunteers and contractors are required to sign does not specify that volunteers and contractors who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies; however, interviews with the Jail Commander and the PREA Coordinator indicate that contractors and volunteers who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. The facility would take appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews indicate that contractors and volunteers accused of abusing an inmate would be fully investigated, and if criminal in nature, the agency would aggressively prosecute and ban the contractor/volunteer from the facility.

There were no reports of contractors or volunteers engaging in sexual abuse or sexual harassment. Interviews with administrative staff were consistent with the policy language.

Standard 115.78 Disciplinary sanctions for inmates

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

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

In order to determine compliance with this standard, I reviewed Policy 350.01, the Inmate Handbook. I interviewed the Jail Commander, Medical and Mental Health Staff and the PREA coordinator. During the onsite review, I reviewed disciplinary records.

Policy 350.01, Page 3, K. Inmates and/or staff who are found guilty of violating this policy will be subject to disciplinary sanctions and criminal prosecution if determined criminal in nature. There were four cases to review in the previous 12 months. Sanctions imposed on inmates are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The facility sanctions for disciplinary are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Mental Health staff indicated that would offer coping skills for inmate abusers or perpetrators but do not offer any focused therapy for perpetrators for their sexual abuse issues in an effort to address and correct underlying reasons or motivations for the abuse, does the facility

consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Interviews indicate that inmates are only disciplined for sexual conduct with staff when the staff member did not consent to the contact.

Policy 350.01, Page 3, J 1 indicates that reports made in good faith will not be subject to disciplinary or criminal action.

The Inmate Handbook, page 5, states that the Pennington County Jail prohibits conduct that would create a hostile or sexualized work environment. All sexual activity between inmates is prohibited and subject to disciplinary action. The agency refrains from considering non-coercive sexual activity between inmates to be sexual abuse.

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

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

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

In order to determine compliance with this standard, I reviewed Policy 350.03, Admission Assessment. I interviewed a random sample of inmates, Inmates who disclosed sexual victimization during the assessment, Medical and Mental Health Staff, and the PREA coordinator. During the onsite review, I observed Medical and Mental Health areas as well as observing that the facility uses electronic record keeping to secure medical records.

Policy 350.03, Page 1, III A 2 states that inmates identified as risk for victimization or abusiveness will be assessed by mental health or other qualified professional. Interviews with medical and mental health staff confirm that Mental Health professionals on site will assess inmates at risk of victimization. The meeting would take place within fourteen days. There have been several inmates that stated they were prior victims of sexual abuse, whether it occurred in an institutional setting or in the community. Each inmate was offered mental health follow up, typically within a week. The information secured regarding an inmate's prior abuse if accessible by staff but is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Medical and Mental Health staff interviewed stated that they do get a verbal consent from inmates and that they document the date the consent was received. Best practices would be to have the inmate sign an informed consent form for verification and validation.

Best practices Recommendation:

Create an Informed Consent Form for inmates to sign as verification of their consent.

Standard 115.82 Access to emergency medical and mental health services

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

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

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

In order to determine compliance with this standard, I reviewed Policy 350.05, Response to Sexual Abuse, Harassment and Misconduct. I interviewed Medical and Mental Health Staff, Investigators and the PREA coordinator. I was unable to locate any inmates that had reported sexual abuse. During the onsite review, I observed Medical and Mental Health areas, and Investigative files.

Interviews with Medical and Mental Health staff revealed that inmate victims of sexual abuse will 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 facility provides 24-hour medical coverage at the jail. Medical staff confirmed that inmate victims of sexual abuse while incarcerated would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis while being treated at the hospital, in accordance with professionally accepted standards of care, where medically appropriate. There is an MOU that includes SANE/WAVI/Hospital/Law Enforcement and their response to sexual abuse.

Medical staff and the PREA Coordinator confirmed 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. There were no inmate files/accounts to review for confirmation.

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

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

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

In order to determine compliance with this standard, I reviewed Policy 350.05, Response to Sexual Abuse, Harassment and Misconduct. I interviewed Medical and Mental Health Staff, Investigators and the PREA coordinator. I was unable to locate any inmates that had reported sexual abuse. During the onsite review, I observed Medical and Mental Health areas, and Investigative files.

Medical and Mental Health staff confirmed that they evaluate and provide treatment, as appropriate, to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Mental Health staff indicated that inmates would be offered treatment regardless of where/when the abuse occurred. The jail offers weekly treatment in conjunction with WAVI.

The evaluation and treatment of inmate victims include, 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. All treatment is consistent with the community level of care. All inmate victims of sexually abusive vaginal penetration while incarcerated would be offered a pregnancy test. This treatment would be provided by the Rapid City Indian Hospital. If pregnancy results from the abuse, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

All Inmate victims of sexual abuse would be offered tests for sexually transmitted infections as medically appropriate, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

In order to determine compliance with this standard, I reviewed Policy 350.01, Zero Tolerance. I interviewed the Jail Commander, Medical staff and the PREA coordinator.

The facility does not currently conduct sexual abuse incident reviews.

Corrective Action Recommendation:

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 within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Update: The facility has instituted a policy of conducting an Incident review of each PREA allegation within 30 days of the completion of the investigation. The team is comprised of upper-level management, supervisors, investigators, and medical and mental health staff. The team reviews a multitude of items in determining if the incident could have been avoided or prevented to include if there a need to change policy or practice to better prevent, detect, or respond to sexual abuse, if incident or allegation motivated by race; ethnicity; gender; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility, if there were any physical barriers in the area that need to be addressed, staffing levels, monitoring technology, If there are any changes that need to be addressed, they are addressed or documented as to why this was not a feasible option. I have reviewed two Incident Review reports for considering compliance with this standard.

Standard 115.87 Data collection

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

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

In order to determine compliance with this standard, I reviewed Policy 350.01, Zero Tolerance. I interviewed the Jail Commander, and the PREA coordinator.

The Pennington County jail does track the number of PREA incidents, but has not yet created an annual report.

Corrective Action Recommendation:

The agency shall aggregate the incident-based sexual abuse data at least annually. 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. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Update: The facilities has instituted the practice of completing the SSV report annually and use this information for completing their annual reports.

Standard 115.88 Data review for corrective action

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

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

The facility has not yet created an annual report of PREA Incidents. An annual report should be generated each year, even if there are no incidents to report.

Corrective Action Recommendation:

The agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse and be approved by the agency head and made readily available to the public through its website. The agency should indicate the nature-redacted material 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.

Update: The facility has generated an annual report using data collected from July 2016 to December 2016. The facility started tracking this data in July 2016 at the time of the audit. They now have a mechanism in place to track and aggregate the data on an annual basis. The facility did generate a report with the aggregated data that details the PREA cases in the facility for the time period stated. The facility made great strides in 2016 toward becoming PREA compliant to include critical educational components as well as other preventative measures to reduce the number of cases in their facility. The report was signed by Sheriff Thom and posted on the Pennington County Sheriff’s Office website at http://www.pennco.org/index.asp?SEC=4C2239EA-B530-4407-A9D1-04C16DA312EB&Type=B_BASIC.

Standard 115.89 Data storage, publication, and destruction

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

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

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

The facility has not generated any annual PREA reports to date. They do have a policy for securely maintaining reports and information generated by the Pennington County Jail.

Corrective Action Recommendations:

The agency shall ensure that data collected pursuant to § 115.87 are securely retained. The agency shall 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. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Update: The facility has instituted a policy of securely retaining annual PREA reports. All personal identifiers are removed from the formal report and reports will be securely retained for a period of ten years. The agency has generated an annual report and published it on the Internet. The report can be found at http://www.pennco.org/index.asp?SEC=4C2239EA-B530-4407-A9D1-04C16DA312EB&Type=B_BASIC. The agency controls three facilities and all facility reports have been posted on the agency website.

Standard 115.401 Frequency and scope of audits.

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

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

This was the first audit for this agency. The agency operates three facilities, the Pennington County Jail, the City County Alcohol and Drug Program and the Western South Dakota Juvenile Services Center. All three facilities were being audited in August 2016. The agency did not meet this standard for this audit cycle. In the future, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. While conducting this audit, the auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) and to conduct private interviews with inmates, residents, and detainees. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Corrective Action Recommended:

The agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited during each one-year cycle that commenced on August 20, 2013. The next audit cycle will start on August 19, 2016. The agency shall ensure that at least one third (one) facility is audited between August 20, 2016 and August 19, 2017.

Update:

Guidance from the PREA Resource Center website indicates the following, "The standards require generally that an agency must have "at least one-third" of its facilities audited during each one-year period, which began on August 20, 2013; and that all facilities must be audited by the conclusion of each three-year period, which began on the same date. See 28 C.F.R. § 115.401(a)&(b). Compliance with the audit timeline is evaluated both on a year-to-year basis and at the conclusion of the three-year audit cycle. Failure to comply with the audit timeline during the initial year of an audit cycle does not preclude compliance during years two and three of an audit cycle. Similarly, failure to comply with the audit timeline during the first two years of an audit cycle does not preclude compliance during the final year of each audit cycle. It is important to note that, for purposes of complying with standard 115.401(a) (requiring audits of each facility during the three-year audit cycle), agencies must ensure that each facility is audited at least once by August 19, 2016, and during every three-year PREA Audit Report

anniversary thereafter."

Standard 115.403 Audit Content and Findings.

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

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.

I certify that no conflict of interest exists with respect to my ability to conduct an audit of the agency under review and that the contents of this report are accurate to the best of my ability. I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template. I have found that the agency wide policies are compliant with the PREA Standards.

AUDITOR CERTIFICATION

I certify that:

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



February 15, 2017

Auditor Signature

Date