

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 7/31/2016

Auditor Information			
Auditor name: Sonya Love			
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Email: Sonya.Love@waldenu.edu			
Telephone number: 678-200-3446			
Date of facility visit: 6/6/16			
Facility Information			
Facility name: Putnamville Correctional Facility			
Facility physical address: 1946 West U.S. Hwy 40, Greencastle, Indiana, 46135			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 765-653-8441			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Brian Smith			
Number of staff assigned to the facility in the last 12 months: 186			
Designed facility capacity: 2489			
Current population of facility: 2135			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 19+			
Name of PREA Compliance Manager: Darrin Chaney		Title: PREA Compliance Manager	
Email address: Dchaney@idoc.gov		Telephone number: 765-653-8441	
Agency Information			
Name of agency: Indiana Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Indiana Department of Corrections			
Physical address: : 302 W. Washington St., Indianapolis, IN 46204□			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 317-233-6894			
Agency Chief Executive Officer			
Name: Bruce Lemmon		Title: Commissioner	
Email address: : BLemmon@idoc.in.gov		Telephone number: 317-233-6894	
Agency-Wide PREA Coordinator			
Name: Bryan Pearson		Title: Executive Director of PREA	
Email address: : BPearson@idoc.in.gov		Telephone number: 317-233-6894	

AUDIT FINDINGS

NARRATIVE

The Putnamville Correctional Facility, originally known as the Indiana State Farm, was authorized by the Indiana General Assembly on March 13, 1913, as a minimum security, misdemeanor offender work camp. Construction began in 1914, and on April 12, 1915, the facility began receiving offenders convicted of misdemeanors charges.

In 1977, the facility was reclassified from minimum to medium security and began receiving convicted felons. Since the inception of Putnamville Correctional Facility, the offender population increased from 1,650 to 2,504. Putnamville has a land mass footprint of 3,500 acres.

The Putnamville Correctional Facility is the first of the older Indiana Department of Corrections (IDOC) facilities accredited by the American Correctional Association (ACA), in April 2013. The facility has been the recipient of several environmental awards such as 2010 Organization of the Year by the Hoosier Environmental Council for Green Initiatives; 2011 Secretary of Defense Freedom Award and Above and Beyond Award in support of the National Guard and Reserves; and, the 2011 Trees Inc. Recycling and Sustainability Award.

DESCRIPTION OF FACILITY CHARACTERISTICS

Putnamville Correctional Facility is located at 1946 West U.S. Hwy 40, Greencastle, IN 46135.

The Putnamville Correctional Facility compound sits on approximately 470 acres within double perimeter fence with razor wire at the top. There are 92 buildings located inside the secure perimeter fence. The interior landscape of this secure facility includes seven offender housing units. Each housing unit has an occupancy rate of 148 – 155 offenders.

Health Care Services

Putnamville Correctional Facility is provided contractually medical services by Corizon Healthcare Services. The types of services rendered to Putnamville by Corizon Healthcare include nursing, mental health, medical and dental service. Nurses are on duty at the facility 24/7. A family nurse practitioner is on site 40 hours a week, Monday through Friday. The medical department is in a stand-alone building that has adequate space to meet the confidentiality and healthcare needs of the male offender population.

Facility Programs

Putnamville offers offenders access to a broad spectrum of rehabilitative programming to facilitate prosocial behavior and positive community re-entry. Programmatic offerings include but are not limited to:

- Equine Program/Groomlite
- Culinary Arts
- Business Technology
- Auto Technology
- Horticulture
- Animal Trainer/Greyhound Program
- Recycle
- Sanitation
- Barber
- Offender to Workmate
- PEN Products
- Therapeutic Community CLIFF
- Thinking For A Change
- Purposeful Life Units Served PLUS
- Career Development Training
- 10 To Freedom
- Honor Dorm
- Re-Entry/Pre-Release/Transition

Pre-Audit Briefing

The audit team entered Putnamville at 8:06 am, met with the Facility Superintendent, members of management to include the PREA Compliance Manager and discussed the audit process. The lead auditor explained the systematic team approach and philosophy of Diversified Correctional Services and described each team member's area of responsibility. The Lead Auditor explained that she would conduct offender interviews. One associate team member would conduct staff interviews. The third team member was assigned the responsibility for conducting the facility tour and the review of facility documentation to validate PREA compliance standard-by-standard with the assistance of the Facility PREA Compliance Manager. Standard-by-standard the three (3) audit member team met at the end of each day to discuss Putnamville's level of compliance, the need for any corrective actions and make an overall determination of compliance. For example, randomly sampled offender interviews were compared to random staff interviews to determine if IDOC and Putnamville's enforced the facilities rules against sexual abuse and harassment and rule out a disparity in the application of policy.

During the pre-audit briefing, the PREA Compliance Manager was asked whether any staff or offenders had requested, either orally or in writing, to speak to the audit team. The lead auditor advised Putnamville management that Diversified

Correctional Services received a letter from an offender and that offender would be added to the list of offenders scheduled for interviews.

The PREA Compliance Manager was asked whether there was anything the audit team needed to be aware of that had occurred or was occurring that could jeopardize the PREA audit. He (PREA Compliance Manager) denied knowledge of anything that would hinder or compromise the PREA audit. The auditors noticed construction work occurring on the prison grounds. The Facility Superintendent related that the construction work would not adversely impact the audit process.

The lead auditor expressed the appreciation of Diversified Correctional Services for the opportunity to work with the Putnamville Correctional Facility. The audit schedule and the logistics of conducting the tour and doing interviews were discussed.

Diversified Correctional Services identified specific facility documents to validate Putnamville's compliance with the PREA Standards. Documents provided by Putnamville at the pre-audit briefing included: a list of staff, including specialized staff; a list of volunteers and contractors; records of offenders by living units and a list of offenders who identified as being gay, bisexual and transgender, a list of offenders reporting sexual assault at the facility and those reporting prior victimization; copies of pages from the logbooks documenting unannounced rounds; any local operating procedures related to unannounced rounds; a memo signed and dated by the Superintendent stating the facility does not have any youthful offenders; documentation of Civil Immigration Contact Information and copies of all PREA investigations conducted during the past 12 months.

SUMMARY OF AUDIT FINDINGS

Notices of the PREA audit were forwarded to the facility on May 2, 2016, six weeks before the audit. Photos documenting that PREA Notices were posted on the same day and pictures were forwarded to Diversified Correctional Services.

The Pre-Audit Questionnaire, Indiana Department of Corrections Policies (IDOC) and another supporting documentation was uploaded and accessible to the auditor for review.

A total of 54 offenders were interviewed for the initial random sample. The selection process included offenders from each living unit including, segregation. Also, offenders who reported prior victimization and offenders who self-identified as being gay, bi-sexual or transgender were involved in the interview process.

Interviews with the offenders verified they had received the required PREA training and information. The offenders were aware of the Zero Tolerance Policy and were able to articulate multiple ways to report sexual abuse and sexual harassment. The offender responses to the Random Inmate Questionnaire also confirmed that offenders are screened during the admission process for vulnerability to victimization and sexual aggressiveness.

Offenders consistently had difficulty identifying outside agencies they could contact for assistance with support services. Offenders confirm that they knew where to find information on the availability of support services if needed because Putnamville has information prominently posted throughout the facility.

Sixteen (16) staff, represented staff randomly selected from both am and pm brackets, as well as the specialized staff was interviewed. An interview with the Superintendent and PREA Compliance Manager confirmed that Putnamville takes sexual safety seriously. Randomly selected staff described their orientation training for newly hired employees/ They indicated that they received hand-outs and the facility's "zero tolerance policy" and annual training after that. All staff (security and non-security) were knowledgeable of PREA, and every interviewed staff indicated that they would take every report, allegation or suspicion seriously and report it. Staff (security and non-security) stated they would report everything they were aware of regardless of how the information came to them. Staff described a reporting process consistent with Indiana Department of Corrections (IDOC) policies and stated they would make a verbal report immediately followed by a written report before the end of the shift. Staff were knowledgeable of multiple ways to report sexual abuse and sexual harassment and were able to explain how they could report privately.

One of the Diversified Correctional Services Auditor, the PREA Compliance Manager, Major of Security, Agency Executive PREA Director and Assistant Superintendent of Operations toured the entire Putnamville facility. Facility staff members responded to the auditor's questions concerning facility operations and practices. During the tour, the auditor evaluated the PREA processes and systems at the facility. The following narrative of the relevant PREA services and functional areas summarizes the findings regarding the processes and systems.

The tour revealed that all buildings had the required PREA information posted as well as additional information related to reporting allegations of sexual abuse and sexual harassment for offenders as well as information on how to access the Indiana Coalition Against Domestic Violence. Putnamville Correctional Facility employs JPay, a digital communication system of software. Through this, is a platform of communication offenders have access to video visitation, financial services, constant unimpeded access to services such as email, ombudsman, and community sexual abuse advocates. JPay system is located near phones on all living units. The JPay system is used by offenders to report sexual abuse or harassment. Auditors also found additional phones and a J-Pay system in the recreational area for the offender to report during leisure time. At the conclusion of the facility tour, the auditor shared with the Superintendent, the Facility Compliance Manager, Major of Security, Agency Executive PREA Director, and the Assistant Superintendent of Operations the following concerns:

1. Dormitory 11 North latrine mirrors were removed to limit the reflection into the offender shower area (Completed 6/16/2016).
2. Porters Room offender latrine privacy curtain (Completed 6/17/2016).
3. Power House areas marked "Off Limits to Offenders" (On 6/29/16 Painted lines in red and yellow).
4. Laundry offender latrine privacy curtain installed (7/7/16)

At the conclusion of the on-site audit, the audit team conducted an exit debriefing. The following staff was present: Superintendent, the Facility Compliance Manager, Major of Security, Agency Executive PREA Director and Assistant Superintendent of Operations and all auditors.

The audit team discussed the preliminary findings and discussed questions or concerns the administration and staff might have. The lead auditor also expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the work they have done and encouraged them to continue the work they are doing to ensure sexual safety for their offenders.

Following the on-site audit, additional information and clarification were requested and provided promptly by Putnamville officials.

Number of standards exceeded: 0

Number of standards met: 52

Number of standards not met: 0

Number of standards not applicable: 0

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.

Summary:

The State of Indiana Department of Corrections (IDOC) Policy, 02-01-115, Sexual Abuse Prevention, requires a Zero Tolerance for all forms of sexual abuse and sexual harassment. The policy also describes the agency's response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. PREA definitions were provided in the reviewed documentation. Zero Tolerance is communicated to offenders during orientation, through continued education and in documents listed in Standard 115.33. IDOC policy requires Putnamville to include a provision in the Sexual Abuse Prevention Policy describing the agency maintains a zero tolerance for sexual abuse and sexual harassment. A review of the policy confirmed the inclusion of language regarding IDOC/Putnamville's zero tolerance of sexual abuse or harassment in that facility. IDOC also mandates that all contracts prepared with agencies and organizations that house offenders for the Department also adopt a zero tolerance of sexual abuse and harassment. A reviewed of two (2) contracts and an interview with the agency contract director confirmed the presence of that language in agency contracts for housing offenders for the IDOC.

IDOC Policy 02-01-115, Sexual Abuse Prevention, V., Staff Orientation and Training, requires that staff is trained on the Zero Tolerance Policy during new employee orientation and in their annual training.

The agency has demonstrated its commitment to PREA by designating an upper-level, agency-wide Executive PREA Director, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Standards in all facilities. The position is documented on the Indiana Department of Corrections Central Office Organizational Chart.

The Superintendent, in a memo dated May 2, 2016, designated the Facility PREA Compliance Manager, replacing the previous manager. The Putnamville Correctional Facility organizational chart identifies the PREA Compliance Manager and indicates that the Facility PREA Compliance Manager reports directly to the Superintendent.

Interviews:

The Agency's Executive PREA Director, a certified PREA Auditor, is an articulate individual who has exceptional knowledge of the PREA Standards but also has a vision for implementing it in the state's adult and juvenile facilities. He is responsible for all of the adult facilities and juvenile facilities in the State of Indiana. His goal is continuous improvement. An interview with the Putnamville Correctional Facility PREA Compliance Coordinator indicated that he has other assigned duties and is pressed for time, but he made the time to ensure the facility is implementing the Zero Tolerance Program and the agency's approach to preventing, detecting, responding and reporting sexual abuse and sexual harassment. The compliance coordinator reports directly to the Superintendent and has the support of the administration in implementing and improving the PREA Standards.

Documentation reviewed to determine compliance:

- PreAudit Questionnaire-Adult Prisons & Jails (PAQ)
- Policy #: 0403-105 Response to Staff Emergencies

- Superintendent MEMO Appointing PREA Compliance Manager for Putnamville Correctional Facility – May 2, 2016
- Putnamville Correctional Facility Organizational Chart – March 7, 2016
- Policy #: 0201-115 Sexual Abuse Prevention
- Policy #: 0204-101 The Disciplinary Policy 22211 for Adult Offenders
- Indiana Department of Correction Organizational Chart
- Superintendent MEMO Administrative Procedure #02-01-115 – May 2, 2016

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Summary:

The Indiana Department of Corrections (IDOC) Policy, 02-01-115, Sexual Abuse Prevention, IV. Zero Tolerance for Sexual Abuse and Sexual Harassment, requires that when contracts are prepared with agencies and organizations to house offenders for the Department, a provision must be included to ensure that the agency/organization maintains zero tolerance for sexual abuse and sexual harassment and has a mechanism in place to address allegations of sexual abuse and sexual harassment. The Pre-Audit Questionnaire (PAQ) indicated that the agency has two (2) contracts for the confinement of offenders that the agency entered into with private entities or other government agencies on or after August 20, 2012. The PAQ stated that all of the agency contracts for the confinement of offenders contained requirements that the contractor adopt and comply with all of the DOJ PREA Standards and also that they will allow the Indiana Department of Corrections to monitor compliance. Two (2) contracts were provided for review. The contracts contained requirements that the contractor adopt and comply with all Adult Prison and Jails PREA Standards established by the United States Department of Justice.

Interview:

In addition, an interview with the Agency Contract Director confirmed that the PREA verbiage and requirements are included in all contracted programs housing Indiana offenders. The Agency Contract Director also said that contracts require an “on-site” agency contract monitor who monitors compliance with the contract.

Documentation reviewed to determine compliance:

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)
- ✓ Vender Contract ID#: 0000117904 – The GEO Group, Inc.
- ✓ Contract Amendment #9: EDS#D120-6-008
- ✓ Vender Contract ID#: 0000066318 – Community Education Centers
- ✓ Contract Amendment #2: EDS#D12-1-046A

✓ Policy #: 02-01-115 – Sexual Abuse Prevention

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.

Summary:

Staffing at the Putnamville Correctional Facility is predicated upon the designed capacity of 2405 beds. The facility direct care staffing is based on the Facility Rated Capacity. The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing with the use of video monitoring to protect Putnamville Correctional Facility offenders against abuse. Policy requires each time the staffing pattern is not complied with, the facility documents and justifies it in the log books or Shift Roster.

The 2016 Staffing Plan Review indicated a thoughtful and serious process for evaluating staffing needs to ensure offenders and staff is safe from sexual abuse and sexual harassment. Putnamville currently has 350 total position control numbers.

Custody posts are determined by the IDOC Master Roster Post Analysis. The staffing review report stated that the Superintendent, custody supervisor, a lieutenant and shift supervisors all monitor the posts to ensure safety and security issues are being adequately addresses.

A memo dated, January 4, 2016 entitled "Staffing Determinations" stated that weekly meetings with department heads are conducted to discuss staffing adjustments to ensure offenders have proper supervision and access to programs and services.

Once per year the facility, in collaboration with the PREA coordinator, reviews the staffing plan to see whether adjustments are needed. A memo dated, July 20, 2015 indicated that the Executive PREA Director had reviewed the 2015 Annual Staffing Plan Review.

IDOC/ Putnamville Correctional Facility, Sexual Abuse Prevention Policy, Number 02-01-115, page 20 supports 115.13 and describes in detail a mandate to conduct unannounced rounds on all brackets and rotations. The policy prohibits staff from alerting other staff when unannounced rounds are conducted. The policy also requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. A review of logbooks confirm that Putnamville intermediate and high-level managers made rounds unannounced rounds. A sample of seven (7) logbooks were reviewed at Putnamville Correctional Facility to confirm unannounced rounds were occurring in accordance with PREA Standard 115. 13. The records revealed documented unannounced rounds for each bracket both AM and PM rotations and that the rounds were conducted by intermediate level (e.g. Custody Shift Supervisor) and high level (e.g. Assistant Superintendent and Major of Security) staff daily. The log notes included position titles and signatures. Copies of logbooks were compared against Putnamville's organizational chart to confirm that intermediate-level or higher-level staff conduct unannounced rounds and complied with Standard 115.13 and IDOC/Putnamville Correctional Facility, Sexual Abuse Prevention Policy, Number 02-01-115. Unannounced rounds were highlighted in red in logbooks. During the tour of facility, the auditor verified with custody staff that rounds are conducted unannounced and that staff cannot alert

other than a supervisor is making unannounced rounds. The timeframes for unannounced rounds reviewed in the logbooks demonstrate a variability of unannounced rounds during this review period.

Reviewed documentation to determine compliance:

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)
- ✓ Superintendent MEMO – Average Daily Population (June 1, 2016)
- ✓ Master Roster and Post Analysis – January 2016
- ✓ Putnamville 2016 Staffing Plan Review – January 5, 2016
- ✓ Putnamville Custody 24 Hours Schedule H-J Bracket
- ✓ Putnamville Custody 24 Hours Schedule I-K Bracket
- ✓ Putnamville Correctional Facility Roster
- ✓ Superintendent MEMO – Reasons for Deviations – May 2, 2016
- ✓ Superintendent MEMO – Program Access – May 2, 2016
- ✓ Log Book Page
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Unannounced Rounds
- ✓ Vacancy Rates for 18 Month Period July 1, 2014 through December 31, 2015

Standard 115.14 Youthful inmates

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

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

Summary:

The Indiana Department of Corrections (IDOC) Policy 01-08-101, Youth Incarcerated as Adults, VI. Classification, identifies the facilities where youthful offenders are to be assigned. Putnamville Correctional Facility is not listed as one of the facilities that will house youthful offenders.

Interviews:

The Putnamville Superintendent described the staffing process and indicated that custody posts are determined by the Indiana Department of Corrections Master Roster Post Analysis. The Superintendent related that custody staffing has remained at virtually the same numbers at Putnamville since the Department's 2006 or 2007 staffing analysis. IDOC recently provided training through the National Institute of Corrections (NIC) on conducting staffing analyses. IDOC is in the process of conducting staffing analyses of all correctional facilities. Based on staffing analysis the superintendent indicated that Putnamville currently has 196 custody staff. The Superintendent also related that the staffing plans for Putnamville is reviewed annually and that his team considered each of the elements required in the DOJ PREA Standards. Further, in addition to his daily rounds, he and his staff make unannounced rounds. All rounds both announced and unannounced rounds were well documented in logbooks. Putnamville's Lieutenants also are required to make unannounced rounds and document the rounds in the log books. Interviews with security supervisory staff confirmed that they are making unannounced rounds as well.

Reviewed documentation to determine compliance:

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails (PAQ) – Not Completed
- ✓ Policy 01-08-101 – Youth Incarcerated as Adults (page 3)
- ✓ Superintendent Memo: Youthful Offenders – May 2, 2016

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.

Summary:

Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual Abuse Prevention, XIV., Limits to Cross-Gender Viewing and Searches, prohibits the Putnamville Correctional Facility from conducting cross-gender strip or cross-gender visual body cavity searches of residents except in emergency situations or when performed by medical personnel. According to Pre-Audit Questionnaire (PAQ), during the audit period there were no cross-gender strip or cross-gender visual body cavity searches. The facility provided samples of training documents to confirm training that staff receives in conducting cross gender pat searches and searching transgender and intersex offenders in a professional manner. If such a search is conducted it must be documented by completing and submitting an Incident Report to the Custody Supervisor or designee.

Reviewed documentation indicated that the facility does permit cross-gender pat-down searches of inmates and they have been trained in how to professionally conduct these searches.

Policy requires the facility to implement procedures that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

The facility prohibits staff from searching or physically examining a transgender or intersex offenders for the sole purpose of determine the offender's genital status. The PAQ indicated that no searches occurred during the audit period.

Reviewed IDOC Policy and provided post orders require officers of the opposite gender to announce their presence on the housing unit.

Interviews:

A total of sixteen (16) custody staff representing each bracket affirmed that cross gender pat down searches are routinely conducted at Putnamville. Every one of the interviewed staff related they had received training in conducting those searches and most were able to articulate the month in which they had it. Staff related the facility does not allow staff to search a transgender or intersex offender for the purpose of determining their genital status. The auditor interviewed twenty-one (21) out of 56 offenders at the Putnamville facility that affirmed they are never naked in full view of staff of the opposite gender. Some offender's related being in the shower when custody staff made rounds and inadvertently viewed them in the showers. Twenty-five (25) of fifty-six (56) offenders related that staff of the opposite gender will announce their presence when entering the living unit and shower areas. Every security custody staff member interviewed asserted that they announce their presence prior to entering the shower/bathroom area. Offenders related that some offenders opt to undress in plain view of security staff but Putnamville custody staff has been good about re-directing this type behavior. Offenders affirm that in the last nine months they were never naked in full view of any staff except during strip searches which are conducted by same gender staff.

Reviewed documentation to determine compliance:

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)
- ✓ Policy #: 02-03-101 – Searches and Shakedown
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention
- ✓ Security Skills Evaluation – Staff Development & Training
- ✓ Superintendent Memo: No Cross Gender Strip Searches or Cross Gender Body Cavity Searchers – May 2, 2016
- ✓ Superintendent Memo: Pat Searchers – May 2, 2016
- ✓ Log Book Pages
- ✓ Superintendent Memo: 100% Security Staff Trained – May 2, 2016

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.

Summary:

Indiana Department of Corrections (IDOC) Policy requires that the Putnamville Correctional Facility establish procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of facility efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Facility PREA Coordinator provided a copy of a contract between the Indiana Department of Corrections and Language Training Center, Inc. to provide Interpreter/Translator Services. This contract provides the following: in person Spanish, in person non-Spanish, in person American Sign Language, over the phone interpretive services Spanish and non-Spanish as well as remote interpreting for all languages Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual Abuse Prevention, VII. Offender Education Program requires that information be provided to offenders who are Limited English Proficient and who may have other disabilities (including hearing or visual impairment, psychiatric or learning disabilities) be provided assistance to ensure effective communication of the department's PREA policy and procedures for reporting assaultive sexual behavior. This policy prohibits the use of interpreters or readers unless there would be a delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders or the investigation of the offender's allegations.

The Sexual Assault Prevention and Reporting Information Brochure is written in Spanish and in English and PREA Posters are written in Spanish and in English.

Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual Abuse Prevention, X., Sexual Assault Response Team (SART), also requires that arrangements are made to ensure that SART members who must interact with the sexual assault victim are able to communicate directly through interpretive technology or through non-offender interpreters, with offenders who have Limited English proficiency (LEP), are "deaf" or speech impaired. Policy also requires that "accommodations shall convey all written information verbally to offenders with limited reading skills or who are sight impaired.

The Facility PAQ indicated that the use of offender interpreters, offender readers, or other types of offender assistants is limited to exigent circumstances where an extended delay would jeopardize an offender's safety and well-being. There have been no instances during the past twelve (12) months requiring interpretive services.

Interviews:

Auditors interviewed sixteen (16) randomly selected Putnamville staff members. Fifteen (15) of sixteen (16) staff members indicated they would not allow the use of an offender interpreter or an offender reader to translate or interpret for any disabled or Limited English offender. Fifteen (15) of sixteen (16) staff were aware that the facility has a contract with an outside agency that provides interpretive services. Sixteen (16) of sixteen (16) staff also mentioned that they were aware that the facility had several staff who have been identified to serve as interpreters. The Superintendent related that the interpretive services contract has been renewed and the contractual agreement is current. The auditor was provided with a copy of the signature page of that contract.

Documentation reviewed to determine compliance:

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)
- ✓ Purchase Agreement with the State of Indiana QPA #13314 – In-Person Interpretive Services
- ✓ Policy #: 02-01-115 – Sexual Abuse Prevention

- ✓ Policy #: 00-02-202 – Offenders with Physical Disabilities
- ✓ Adult Male and Female Disability Codes and Definitions
- ✓ Superintendent– Offenders with disabilities/limited reading skills – May 2, 2016
- ✓ Sexual Assault Prevention and Reporting Brochure
- ✓ Posters (English and Spanish)
- ✓ Memo: Welcome to Propio Language Services Putnamville Correctional Facility 3477 / Date May 2, 2016
- ✓ Language Point Poster for Offender Language
- ✓ Offender Education Program Sheet
- ✓ Superintendent Memo: Interpreters – May 2, 2016

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.

Summary:

The Indiana Department of Corrections (IDOC) prohibits the Putnamville Correctional Facility from hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who have contact with inmates, who engaged in sexual abuse, has been convicted of engaging or attempting to engage in sexual activity or has been civilly or administratively adjudicated to have engaged in the sexual abuse activities. The facility provided documentation that applicants are required to complete as well as the PREA Employment Questionnaire as a part of the hiring packet.

The Human Resource Generalist explained the process of how the facility considers prior incidents of sexual harassment when determining whether to hire or promote. This information is recorded on the facility “Mandatory Pre-Interview Questions” form.

State policy requires the facility, before it hires any new employees who may have contact with offenders, to complete a criminal background record check, consistent with Federal, State, and local laws, and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse before hiring. Policy also requires that criminal background records checks be completed on current employees every 5 years. However, the facility’s procedures are to run IDACs every year on all employees and contractors. IDACS that have been processed on all employees and contractors are kept on a spreadsheet,

which is maintained by the Human Resources Department. Driver's license information is obtained through the IDACS, which are screened for misconduct.

If an employee omits material information regarding sexual misconduct or provides materially false information the agency will consider that as grounds for termination.

When a former employee applies for work at another institution, upon request from that institution, the Agency Executive Director of PREA explained the process as follows:

- The requesting institution sends a request to the facility. The facility sends the request to the Agency's HR or PREA Verification Department. A Prison Rape Elimination Act Release of Information is completed. A review of Indiana Department of Corrections records provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employer. Documentation was provided by the Agency PREA Executive Director.

A sample of PREA Questionnaires were reviewed and the questions asked there are actually asked in two different places. Additionally, background clearances were reviewed. Documentation was also provided to indicate that annually, driver's licenses are checked.

Interviews:

Two (2) Putnamville human resource (e.g. HR Manager and staffer) personnel were interviewed. Both HR employees indicated that initial background checks are completed on all potential employees. They also conducted background checks when staff is promoted. They stated that the Indiana Department of Corrections (IDOC) is a part of NIC and designated trained staff are authorized to utilize the system for background checks. Both personnel employees indicated that all staff has an affirmative duty to report any arrest.

Reviewed documentation to determine compliance:

- ✓ Policy # 04-03-103 – Information and Standards of Conduct for Departmental Staff
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Indiana Department of Correction –Reason for Background Check
- ✓ Policy # 04-03-102 – Human Resources
- ✓ Review NCI and IDACS Checks
- ✓ Mandatory Pre-Service PREA Questions
- ✓ State of Indiana HRM Detail Staffing Report Position and Employee Totals
- ✓ Superintendent Memo: Staff Promotions – May 2, 2016
- ✓ Superintendent Memo: Cross Gender Pat Down Searches – May, 2016
- ✓ Superintendent Memo: Criminal Background Checks – May 2, 2016
- ✓ Mandatory PRE-Interview Questions
- ✓ Superintendent Memo: Staff Hired – June 24, 2015
- ✓ Assistant Superintendent Memo: Notice of Disciplinary Action – November 20, 2014

- ✓ Executive Director of PREA Compliance
- ✓ Fact Request from ACCURATE Background, Inc.
- ✓ Prison Rape Elimination Act Release of Information
- ✓ Prison Rape Elimination Act Questionnaire for Prior Institutional Employers
- ✓ Background Release Form Disclosure and Consent

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.

Summary:

The Indiana Department of Corrections (IDOC) requires that the facility, when making a substantial expansion or modification to an existing facility, these modifications or expansions include installed or updated video monitoring systems, electronic surveillance system, or other monitoring technology to be PREA compliant. Putnamville Correctional Facility provided documentation of expansions and modification within the last 12 months. The following modifications and upgrades are:

1. Water Softener for Dorms 11, 12, 13, 14 and PD.
2. Pallet Shop Floor
3. PEN Products/KAMPS Loading Dock
4. Residence Fuel Oil to Natural Gas
5. Exterior Walk Lighting
6. Residence #7 Furnace Replacement
7. Powerhouse Streamline Projects
8. DRHU Automated Controls Upgrade
9. Rehab Dorm Showers/ Restroom
10. Recreation and DRHU Exterior Lighting
11. Residences Windows

12. Water Tower Demolition
13. Dorm Flat Roof Replacement
14. Dorms 15, 16, 17 and 18 Roof Replacements
15. Residence 5, 6, 11 and Annex HCAC
16. WWTP Clarifier Repair
17. Exterior Windows

The facility has 347 IP Cameras with 65 days archived footage in the Computer Room. The facility has a plan to upgrade and add additional cameras. The Security Automation Systems (SAS) proposal will provide additional CCTV Camera as follows:

1. 10 ArecontVision OMNI IP Cameras (4 – 13 and 14 Building, 6 – 11 and 12 Building; 2 ArecontVision MicroDome IP Camerases in 13 and 14 Building; 2 Axis EDGE IP Caremas in Transtion Building; 2 PoE network switches (1 – 13 and 14 Building, 1 – 11 and 12 Building).
2. Install 7 IP cameras in the Medical Building (2 cameras in the lobby, 3 cameras in the Pharmacy, 1 camera at the medical door, and 1 OMNI camera in the Infirmary).
3. Install 8 exterior IP cameras (cover the main exterior North-South and East-West walkway area

Interviews:

The Superintendent of the Putnamville Correctional Facility related that he and his staff would always consider sexual safety in planning any modifications or enhancements in technology at the facility.

Reviewed Documentation to determine compliance:

- ✓ Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)
- ✓ Policy # 02-01-115 – Sexual Abuse Prevention
- ✓ Superintendent: Substantial Expansions – May 2, 2016

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.

Summary:

The Putnamville Correctional Facility is responsible for conducting administrative sexual abuse investigations including offender-on-offender sexual abuse or staff sexual misconduct. Indiana Department of Corrections Policy 02-01-115 X., Sexual Assault Response Team (SART), C.2, Internal Affairs Investigators, requires internal affairs investigators to investigate and report the facts of each case. In conducting the investigation, investigators arrange and conduct victim, suspect and witness interviews and perform all other duties commonly associated with their respective functions. Where applicable, they notify the State Police Liaison. Investigators are trained as SART members before completing investigations of sexual abuse/assaults. The facility's Internal Affairs staff conducts the investigation of the incident. The facilities use a consistent evidence protocol when conducting sexual abuse investigations. The protocol adopted is similarly comprehensive and authoritative. The protocols used are national best practices in training sexual abuse investigators. The facility also has access to investigators who are also certified peace officers. These investigators have completed the IDOC Investigator Training Curriculum lasting three weeks, the NIC Specialized Training for Investigations in Confinement Settings, SART Training, and they attend the Police Academy to secure their "peace officer" status giving them "arrest" powers. Indiana Department of Corrections (IDOC) Policy and the facility offers offender victims of sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Forensic medical examinations are offered without financial cost to the victim or victim's family.

The Terre Haute Regional Hospital has been identified as the hospital providing forensic nurse examiners who would conduct forensic exams for the Putnamville Correctional Facility offender. The Corizon Health Services Administrator provided a letter of agreement for Terre Haute Regional Hospital to provide SAFE/SANE services. The letter agreed that Corizon would be responsible for any charges related to the services the hospital would provide to offenders from Putnamville facility.

During this audit period, in the Putnamville PAQ, one (1) forensic medical exam was conducted.

A forensic nurse examiner is available at the Terre Haute Regional Hospital. If requested by the victim, a victim advocate, or qualified facility staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. SART Team members receive advocacy training. Additionally, the Indiana Department of Corrections (IDOC) has a contract with the Indiana Coalition Against Domestic Violence. A review of the contract confirmed specific duties for the contractor: 1) Employ or contract with a victim advocate meeting training and qualifications necessary to serve incarcerated victims of sexual violence by providing crisis intervention and case management services. The individual will have knowledge of victim-centered trauma, informed service delivery, and experience working with victims who have experienced trauma. 2) Provide emotional support services to IDOC offenders by PREA Standard 115.53, regardless of the timing of the disclosure, either through facility referral or by direct request from the offender. 3) Provide follow-up services, crisis intervention contacts, resources and referrals to victims of sexual abuse in IDOC facilities, as resources allow. Arrangements for phone calls with an offender will be made the facility PREA Compliance Manager with the approval of the Superintendent. 5) Maintain confidentiality statutes upon receiving a request for victim advocacy support services.

Interviews:

An interview with a facility nurse confirmed that her role would be to protect evidence and get the offender transferred to the Terre Haute Regional Hospital for follow-up treatment as needed and a forensic exam. She related that the SANE Nurse at the hospital would test the offender for sexually transmitted infections and provide prophylaxis as indicated. Interviews with an Internal Affairs Investigator confirmed that all allegations, including any knowledge or reports of sexual misconduct, sexual abuse or sexual assaults and sexual harassment are referred for investigation. Because the Internal Affairs Investigators are assigned to the facility they are readily available when needed. An interview with an investigator indicated that he and the other investigators had received the specialized training as investigators provided by the Department as well

as the NIC specialized training for conducting sexual abuse investigations in confinement settings. The employee described the investigation process and stated he would consult with the prosecutor regarding filing potential charges against the alleged perpetrator. He related that he would proceed with an investigation even if the alleged perpetrator resigned before the conclusion of the investigation. The standard that would be used in administrative investigations would be 51% or the preponderance of the evidence.

Reviewed documentation to determine compliance:

- PreAudit Questionnaire-Adult Prisons & Jails (PAQ)
- Policy #: 00-01-103 The Operation of the Office of Internal Affairs
- Policy #: ~~0201-115~~ Sexual Abuse Prevention
- Memo: Terre Haute Regional Hospital provides SAFE/SANE Services (Corizon)
- Certification: Certified Sexual Assault Nurse Examiner (Adult-Adolescent)
- MOU Sexual Assault Investigations (Indiana State Police) – March 4, 2014
- IDOC Staff Presents Sexual Assault Evidence Protocols
- Facility Security Levels and Approved Abbreviations (4/1/2014)
- OffSite Medical, Hospital, And Specialty Care Referrals
- HCSD Sexual Assault
- Health Insurance Claim Form- January 28, 2016
- Payment Summary
- Superintendent Memo: Terre Haute Regional Hospital- June 22, 2015
- Superintendent Memo: Indiana State University – May 2, 2016
- Superintendent: Victim Request for Advocate- May 2, 2016
- Vendor #: 0000065008 Indiana Coalition Against Domestic Violence
- Community Partnership Agreement for Support and Resources
- Superintendent: No Request for Victim Advocates

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.

Summary:

Indiana Department of Corrections (IDOC) Policy requires all facilities to ensure that allegations of sexual abuse or sexual harassment are referred for investigation. The facilities provide that an administrative or criminal investigation is completed for all complaints of sexual abuse and sexual harassment.

Indiana Department of Corrections (IDOC) Policy 00-01-103, The Operation of the Office of Internal Affairs, IX., Investigating Sexual Abuse and Sexual Harassment, B.1., requires “a prompt, thorough and objective investigation of sexual abuse and sexual harassment.” The policy also identifies when an investigation begins, the roles of the investigators and evidence and case reporting procedures. Indiana Department of Corrections Policy 02-01-115 X., Sexual Assault Response Team (SART),

C.2, Internal Affairs Investigators, requires internal affairs investigators to investigate and report the facts of each case. In conducting the investigation investigators arrange and conduct victim, suspect and witness interviews and perform all other duties commonly associated with their respective duties. Where applicable, they notify the State Police Liaison. The facility's Internal Affairs staff conducts the investigation of the incident.

Interviews:

An interview with a Putnamville Internal Affairs Investigator indicated that he had been trained to conduct investigations by the Indiana Department of Corrections (IDOC) at their training academy. He related that he had completed the NIC Specialized Training for Investigating Sexual Abuse in Confinement Settings. He was very articulate in describing the investigation process. He stated that all investigations would begin immediately upon receiving a credible report. Interviews with the Superintendent and randomly selected staff from Putnamville indicated that staff would take all allegations, knowledge, and reports seriously regardless of the source and have then investigated by the Department's Internal Affairs investigators.

Reviewed documentation to determine compliance:

- PreAudit Questionnaire-Adult Prisons & Jails (PAQ)
- Policy #: ~~0201~~-115 Sexual Assault Prevention, Investigation, Victim Support and Reporting
- Indiana Department of Corrections Online Services (Website)
- Policy #: ~~0601~~-103 The Operation of the Office of Internal Affairs
- Superintendent Memo: Allegations of Sexual Abuse or Sexual Harassment – May 2, 2016
- Superintendent Memo: 2015 Sexual Assault Prevention Program Report– January 5, 2016
- MOU– Terre Haute Regional Hospital
- Report of Investigations (ROI)
- MOU– Indiana State Police Sexual Assault Investigations – March 4, 2014
- Sexual Incident Reports

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.

Summary:

Indiana Department of Corrections (IDOC) Policy 02-01-115, Sexual Abuse Prevention, V., Staff Orientation and Training, requires that employees receive training through new employee orientation and annual in-service training. Department of Corrections (IDOC) Policies require the Putnamville Correctional Facility to train all employees who may have contact with the resident on 11 different topics. The facility uploaded the training Power Points and identified the slides, page, and a section on the PAQ. In addition to the Training Curriculum, the facility has staff posters in Spanish and English along with staff pamphlets.

Between training, the facility provides employees with refresher information in their yearly in-service. This training includes a review of current policies regarding sexual abuse and harassment.

The PAQ indicated that 489 staff are currently employed and were trained or re-trained on the PREA requirements. The facility provided a sample of Staff Acknowledgment of Receipt of Training "Sexual Assault Prevention" Forms indicating staff were trained in the Department Policy 02-01-115, Sexual Abuse Prevention and that they understood the PREA Training that they received. Staff also acknowledged that they had received Department of Corrections Brochure, "Sexual Assault Prevention" and a copy of any facility brochures/documents relating to sexual abuse prevention and reporting if they had not already received them. They are also acknowledging the Department's Zero Tolerance for sexual misconduct, abuse, and assault involving staff and offenders. All staff is advised that any person who commits any sex act while on duty and while in a Department facility or office with or the presence of an offender shall be terminated and that the Department will pursue prosecution. The Putnamville Correctional Facility provided additional acknowledgment statements for review during the on-site audit.

The Training Coordinator verified that all staff, to include state, contract workers, and volunteers, have completed their initial PREA training and their annual training.

Interviews:

Every randomly selected staff who was interviewed confirmed that they receive PREA education when they begin employment during OJT Training and new employee training. Further, during annual in-service training they received PREA education. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and offender rights, signs and symptoms of sexual abuse, reporting, and responding. Specifically, staff was able to describe the steps they would take in responding to an allegation, a suspicion, report or knowledge of sexual abuse. Unanimously, Putnamville staff stated that regardless of how they received the report, regardless of who made the report, they would take it seriously and immediately report sexual abuse and harassment to their supervisor. Staff indicates that while simultaneously reporting sexual abuse or harassment the staff would take steps to separate the alleged victim from the alleged perpetrator. The staff interviewed were very knowledgeable of what measures should be taken to protect the alleged crime scene as well as actions they should take to prevent the victim and perpetrator from degrading or eliminating evidence. Staff interviewed consistently identified who is responsible for conducting investigations in the facility.

Reviewed documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy #: ~~0201-115~~ 0201-115 Sexual Abuse Prevention
- IDOC Staff Development & Training Power Points
- Superintendent Memo: Staff Training- May 2, 2016

- Superintendent Memo: Staff Refresher Training – May 2, 2016
- New Employee Training Process- Agenda – Adult Facility Staff
- On-The-Job Training Program (OJT Performance Evaluation Log Phase)
- OJT Module Performance Checklist
- Staff Acknowledgment of Receipt of Training and Brochures

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.

Summary:

The facility has a policy and procedures that require volunteers and contractors who have contact with offenders to be trained on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response. The PAQ indicated that Putnamville has 139 volunteers and contractors who have been trained and notified of the facility’s zero-tolerance policy. The facility provided documentation confirming that the volunteers and contractors understand the training they received by signing the Volunteer and Contractor Receipt of PREA form.

The auditor randomly reviewed 29 (twenty-nine) acknowledgements documenting PREA related training and brochures to educate approved volunteers and contractors of measures to detect, prevent and report sexual abuse and harassment using pamphlets and training tools such as the “Sexual Assault Prevention” brochure.

The facility contracts services from Interagency Crew, Education, Medical and Food Services. The auditor randomly reviewed the Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention on staff in different programmatic or service delivery areas to validate PREA training.

Interviews:

An interview with a facility volunteer indicated that she was trained in the Zero Tolerance Policy. The volunteer received training through a slide presentation as well as in the form of a brochure and other information the facility provided. When asked about her responsibility upon receiving any knowledge, report, or even a suspicion of sexual activity or sexual harassment she stated she has been instructed to report it immediately to Putnamville security leadership.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)

- Policy #: 02-01-115 Sexual Abuse Prevention
- Policy #: 01-03-103 The Development and Delivery of Community Involvement Program
- IDOC Staff Development & Training Power Points
- Volunteer Annual In-Service Training Schedule 2013-2014
- Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”
- Mandatory Pre-Service PREA Questions
- Superintendent Memo: Volunteers and Contractors – May 2, 2016
- Facility Standardized In-Service 2013-2014
- List of Volunteers
- List of Food Contractors
- List of Education Contractors
- List of Medical Staff Contractors
- List of Interagency Crew

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.

Summary:

Indiana Department of Corrections (IDOC) Policy, 02-01-115, Sexual Abuse Prevention VII. Offender Education Program, requires that offenders are provided oral and written information regarding the following: the Zero Tolerance Policy of any sexual conduct, prevention and intervention, self-protection, reporting sexual conduct including abuse and/or assault and treatment and counseling available to offenders who are victims of sexual assault. Policy requires that this information is provided in a manner easily understandable for offenders. Offenders are required to receive the brochure created by the Department advising the offender of the potential dangers of sexual conduct and the Department’s Zero Tolerance for such behavior. The brochure, entitled, Sexual Assault Prevention and Reporting provides information on the Zero Tolerance Policy, Treatment and Counseling, Tips for Prevention, what should be reported, staff/volunteer/contractor sexual

misconduct, how to protect the evidence and how to report. Staff is required to supplement this information by giving the offender facility specific information.

The offenders at Putnamville Correctional Facility receive information at the time of intake about the Zero-Tolerance Policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. Documentation provided to the auditor prior to the on-site visit indicated that the information is given in an age appropriate fashion. Multiple examples of signed acknowledgement forms entitled: "Verification of Receipt of Sexual Assault Prevention Information" were provided.

The facility requires offenders who are transferred from one facility to another to receive PREA education regarding their rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and information regarding the facility's procedures for responding to incidents.

The facility maintains documentation of offender participation in PREA education by having the offenders complete the sessions and the counselor documents the training by entering it into the PeopleSoft System. The Peoplesoft System is a human resource management system and financial management software application. The facility also ensures that relevant information about PREA is continuously and readily available or visible through posters, offender handbook, and PREA Pamphlets.

The auditor randomly reviewed 25 Offender Orientation Checklists, 25 PREA Video Acknowledgements, and 25 Offender Education Program Acknowledgments as documentation of receiving offender information.

Interviews:

Fifty-six (56) of fifty-six (56) interviewed offenders at Putnamville Correctional Facility or 100 percent of the interviewed offenders stated they received information related to PREA, including the Zero Tolerance Policy and the facility's rules against sexual abuse and harassment. Forty-nine (49) of the fifty-six (56) offenders at Putnamville related that during the intake process they were advised of their rights to report without fear of retaliation and their rights to be free from sexual abuse. Seven (7) offenders interviewed by the auditor related that their intake took place five (5) to (12) years ago. The same seven (7) offenders confirmed that Putnamville provided PREA training several times in the last two years on more than one occasion in the form of offender educational brochures, posters and safety interviews conducted by case managers. Consistently, 100 percent of the offenders interviewed at Putnamville could articulate various methods to report, sexual abuse and harassment both internally and externally.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)
- Policy #02-01-115 Sexual Abuse Prevention
- Superintendent Memo: Offenders Education Received
- Offender Posters (English and Spanish)
- Sexual Abuse Report on JPay Kiosk
- Sexual Assault Prevention, Investigation, Victim Support and Reporting Information Brochure Receipt
- Offender Education Program Acknowledgement
- Additional Services for Victims of Sexual Abuse (Indiana Coalition Against Domestic Violence)

- PREA Education information (25 files Reviewed)
- Posters in all Building
- OCMS Progress Notes (25 Reviewed Reviewed)
- Student Brochure Information
- Offenders Acknowledge Statement of PREA Video (25 Reviewed)
- Emergency Notification (25 Reviewed)
- Offender Orientation Checklist with PREA Intake Information (25 Reviewed)

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.

Summary:

Indiana Department of Corrections (IDOC) Policy 00-01-103, The Operation of the Office of Investigations and Intelligence, IX, Investigating Sexual Abuse and Sexual Harassment, requires that the Putnamville Correctional Facility’s Investigators (also referred to as Internal Affairs Investigators) are trained in conducting sexual abuse investigations in confinement settings. Documentation was provided to confirm that the investigator has completed specialized training through the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in A Confinement Setting. Topics required in the specialized training for investigators includes, Techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, criteria and evidence required to substantiate a case for administrative actions and criteria and evidence to refer a case for prosecution. In addition to the specialized training provided through the NIC, the Indiana Department of Corrections (IDOC) provides a one-week training course for investigators. Those investigators with arrest powers have also completed the Indiana Law Enforcement Academy. Investigators also are required to receive Special Assault Response Team training.

The investigator’s training included general training provided to all employees pursuant to 115.31. Training documentation was provided.

Interviews:

Interviews with an investigator indicated that he received the same training that all staff receive related to PREA. The investigator is a member of the Sexual Assault Response Team (SART). He has completed the specialized IDOC training.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)
- Policy #: 00-01-103 The Operation of the Office of Investigations and Intelligence
- National Institute of Corrections (NIC): PREA Investigating Sexual Abuse in a Confinement Setting
- Certification: Sexual Assault Response Team (SART)
- Certification: Internal Affairs and Facility Investigator Certification Training Academy
- Policy #: 02-01-115 Sexual Abuse Prevention
- IDOC Staff Development & Training Power Points
- John E. Reid and Associates: Advanced Course on The Reid Technique Interviewing and Interrogation – October 30, 2009
- Superintendent Memo: Cross Gender Pat Down Searches – May, 2016

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.

Summary:

The facility has a policy related to the training of medical and mental health practitioners who work regularly with the offenders. The medical staff at the facility do not conduct forensic medical exams. The facility provided documentation showing that medical practitioners have completed the required training.

Interviews:

A facility nurse and a mental health professional, both contract providers, in interviews, related that they received specialized training through Corizon Health and by the Putnamville Correctional Facility. They both related that the training covered topics such as, how to detect and assess signs of sexual abuse and sexual harassment, how to preserve evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire Adult Prisons & Jails (PAQ)

- Policy #: 02-01-115 Sexual Abuse Prevention
- IDOC Staff Development & Training Power Points
- Adult Medical/Behavioral Staff In-Service Training Schedule 2015-2016
- PeopleSoft – Learning Activity Transcripts (DOC Contract In-service)
- Acknowledgement of Receipt of Training and Brochures “Sexual Assault Prevention”
- Statement of Acknowledgement – Staff Development and Training
- Prison Rape Elimination Act 2012 & Corrections Training Manual (Corizon)
- Indiana Online Licensing
- MOU – Terre Haute Regional Hospital
- Superintendent Memo: Annual In-Service PREA Training – May 2, 2016

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.

Summary:

Putnamville Correctional Facility uses the Adult Sexual Violence Assessment Questionnaire, Potential Aggressor Factors, and Sexual Violence Assessment Tool to screen offenders upon admission for risk of sexual abuse victimization or sexual abusiveness toward other offenders. The policy, (02-01-115, Sexual Abuse Prevention, XI. Offender Intake) requires that offenders are screened for risk of sexual victimization or risk of sexually abusing other offenders within 24 hours of intake. The assessment also includes interviews and reviews of the offender’s record.

The objective screening instruments meet all criteria required by the Screening for Victimization and Abuse standard that requires assessment of offenders for risk of sexual victimization. Policy also requires that the offender’s risk level be reassessed periodically throughout the offender’s confinement. Risk reassessments were well documented. The facility implemented appropriate controls on the dissemination of sensitive or confidential information.

Executive Directive # 16-21, dated April 11, 2016, requires that within twenty-four (24) hours of an offender transfer to another facility, staff making housing decisions at the receiving facility shall review the offender’s PREA flag status to determine whether an offender may be a potential aggressor or a potential victim in determining before determining an initial housing assignment in accordance with the appropriate Policy and Administrative Procedure 01-04-101, Adult PREA Audit Report

Offender Classification.” Within 72 hours of arrival at a facility, admissions and orientation staff shall ensure a new SVAT is completed based on information from the interview with the offender and review of the offender’s record. The SVAT Questionnaire is to be used to conduct the offender interview. Within 30 days of the offender’s transfer to a Department facility, staff shall review the offender’s SVAT, considering any additional information received by the facility since the transfer assessment and update the SVAT, if necessary. Risk levels are required to be reassessed at any time when warranted due to a referral, request, and incident of sexual abuse or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness.

The auditor randomly reviewed 25 Sexual Violence Assessment for Adults , Potential Victim Factors, Potential Aggressor Factors, Adult SVAT Questionnaire and Offender Prison Intake Case Plan. In addition to the randomly reviewed assessments, the auditor also reviewed 48 reassessments. All of these were conducted in compliance with IDOC Policies.

Interviews:

IDOC Number 02-01-115, Sexual Abuse Prevention Policy, page 15-17. Policy Number: 01-04-101 – Adult Offender Classification Policy states Putnamville shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

A case manager at Putnamville Correctional Facility was interviewed to determine compliance with 115.41(a) (b). The case manager verified that he used ASVAT as a screening device to assess offender’s during the intake process for risk of victimization and abuse. The case manager explained the intake process and how the initial screening occurred within the first 24 hours of an offender’s arrival. Potential victimization and abuse indicators considered by the case manager during intake include; offender’s history of sexual abuse, prior victimization, previous incarcerations, sexual orientation, vulnerability, height and weight. The case manager indicated that offenders come from a diagnostic facility therefore they have medical, mental health, psychological reports, and social information on the offender. The case manager also stated that he verifies information the offender provides by checking the offender database termed the Offender Information System (OIS). The case manager confirmed that offenders may be reassessed at any time during the review period but at least on an annual basis if there are no issues. Anytime a “flag” or incident occurs the offender may be reassessed immediately. For example, one (1) offender that entered the facility 63 days prior to the audit participated in the random inmate sample and he disclosed problems he recently had with sexual advances while in the shower. The offender indicated that as a result of the sexual advances in his living unit his case manager completed a reassessment that resulted in his being relocated to another housing unit 115.41 (g) -1.

Fifty-six (56) offenders participated in the random inmate sampling of offenders. Four (4) of the fifty-six (56) offenders indicated that their first day at Putnamville Correctional Facility pre-dates the twelve-month review period and they did not remember details of the intake screening process. Fifty-two (52) offenders recalled the intake screening process, four (4) of the fifty-two (52) offenders remembered that they arrived either late on a Friday or the day before a holiday and as a result their intake screening occurred within seventy-two (72) hours of their arrival. Forty-nine of the Fifty-two offenders recalled the questions asked during the screening process such as an offender’s right to report abuse and how to report sexual abuse and harassment. Three (3) of the fifty-six (56) offenders recently transferred from an IDOC facility that was closing and they recalled participating in orientation, assessments and reassessments at another facility but questioned the necessity for a reiteration of the same information during the intake process at Putnamville Correctional Facility. The auditor took time to explain to each of the three (3) offenders the reasons for verifying compliance across the nation. These three (3) offenders confirmed that PREA related training was taking place at Putnamville for offenders transferring from other facilities.

The auditor randomly reviewed (25) twenty-five, Sexual Violence Assessment for Adults, Potential Victim Factors, Potential Aggressor Factors, Adult SVAT Questionnaire and Offender Prison Intake Case Plan at the Putnamville Correctional Facility. The random audit of initial screening supports a practice by Putnamville of screens the majority of offenders within 24 hours of their arrival but several sample assessment and offender statements indicate some offender were screened within seventy-two (72) hours as a result of a state holiday. In addition, randomly reviewed assessments of offenders entering Putnamville in the last twelve months were reviewed (e.g. twenty-five (25) Adult SVAT Questionnaire and twenty-five (25) Sexual Violence Assessment Tools (SVAT) for this PREA audit. Putnamville was compliant in this provision.

In additional, to the fifty-six (56) randomly selected offender's that participated in the random inmate sample other offenders were selected for interview to determine Putnamville Correctional Facility's compliance with 115.42 (c). To gauge compliance the auditor interviewed another six (6) offenders who resided in segregated housing. Of the offenders interviewed from segregated housing unit, none of the (6) offenders indicated that their placement was related to whether they identified themselves with being gay, bi-sexual, transgender or bisexual.

Five (5) other offenders not included in previously interviewed samples self-identified as gay, bi-sexual. Each of the these five (5) offenders were selected from a different housing unit at Putnamville Correctional Facility based on the facility housing assignment roster to determine if Putnamville met compliance with 115.15 and 115.42. Five (5) of five (5) offenders denied being placed in restricted housing because they identified as transgender, gay, or bi-sexual. Five (5) of these same five (5) offenders confirmed that they were questioned about their safety by case managers and intake staff during the intake assessment process and during reassessments. IDOC Policy Number: Policy 01-04-101, "Adult Offender Classification" and Putnamville's Classification Policy for offenders met standard 115.42. Offender interviews with the Associate Auditor found programmatic participation varied from offender-to-offender, job assignment and classification was in step with the offender's education level, work history, skills, security level and needs of the facility.

Reviewed documentation to determine compliance:

- Policy #: 02-01-115 Sexual Abuse Prevention
- Adult SVAT Questionnaire (25 Files Reviewed)
- Potential Aggressor Factors
- Sexual Violence Assessment Tool (25 Files Reviewed)
- Executive Directive #16-21 – Transfer Assessments
- Offender Information System: Offenders Incarcerated Who Are Likely PREA Victims
- Policy #: 01-04-101 – Adult Offender Classification
- Offender Information System: Offender Flags/PREA Aggressor Likely
- Identifying GBTI Offenders
- Case Notes (25 Notes Reviewed)
- Superintendent Memo: Completed SVAT reviews
- Assess-Assignment- Movement – Release 7-13-15
- Adult Offender Classification form
- Sexual Assault Assessment Tool

Potential Aggressor Factors

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.

Summary:

After conducting the screening, the facility uses this information to inform housing, bed, work, education, and program assignments with the goal of keeping all offenders safe and free from sexual abuse. The policy requires offenders at risk of sexual victimization be placed in isolation only as a last resort if less restrictive measures are inadequate to keep them and other offenders safe, and only until an alternative means of keeping all offenders safe can be arranged.

Indiana Department of Corrections (IDOC) Policy prohibits placing gay, bisexual, transgender, or intersex offenders in particular housing, bed, or other assignments solely on the basis of such identification or status. The policy prohibits considering gay, bisexual, transgender or intersex identification or status as an indicator of the likelihood of being sexually abusive. Housing and program assignments for transgender or intersex residents on an individual basis. Transgender and intersex offenders are given the opportunity to shower separately from other offenders. The facility does not place gay, bisexual, transgender, or intersex offenders in a dedicated housing unit, facility or wing solely by identification or status. An offender determined to be either a potential sexual aggressor or an offender at risk for sexual victimization is required to be identified, monitored and counseled.

Putnamville policy and procedures require offenders at risk of sexual victimization to be held in isolation. The offender is afforded a placement review every 30 days to determine whether there is a continued need for separation from the general population.

Interviews:

Interviews confirmed that the information provided as a result of the initial screening and any reassessments would be used, along with other information, to determine the most appropriate housing for the offender and to keep the offender safe. The Auditor found several offenders originally screened as required by Standard 115.41 assigned jobs and housing in general population. Conversely, the sampling of six (6) offenders housed in segregation revealed 6 of the 6 were previously assigned in general population with skilled and semi-skilled job assignments at Putnamville. Each offender revealed the circumstances that led to voluntary placement in segregation. One (1) of the six (6) offenders interviewed, John Doe #1 stated his institutional placement at Putnamville began in November 22, 2015. He was initially placed in general population and worked in a semi-skilled labor position at Putnamville. Recently, an offender (John Doe #2) was assigned to the Putnamville Correctional Facility. John Doe #1 provided evidence against John Doe #2. Doe #1 acknowledged that Doe #2 was housed in different living units. Doe #1 states he did not feel safe. Doe #1 indicated that he voiced his concerns and was reassessed and voluntarily placed in segregation. At the time of the audit the offender indicated he was optimistic that the facility would transfer him to another prison. The auditor reviewed the initial screening assessment for Doe#1 and confirmed the initial screening took place in accordance with Standard 115.41. During the audit none of the offenders

interviewed self-identified as transgender or intersex therefore placement, health and safety issues for risk of being sexually victimized could not be determined.

Reviewed documentation to determine compliance:

- PreAudit Questionnaire-Adult Prisons & Jails (PAQ)
- Policy #: 0201-115 Sexual Abuse Prevention
- Adult SVAT Questionnaire
- Potential Aggressor Factors
- Sexual Violence Assessment Tool
- Offender Information System
- Offender Information System: Offenders Incarcerated Who Are Likely PREA Victims
- Review reassessment screening reports
- Executive Directive #16-21 – Transfer Assessments
- Policy #: 0104-101 – Adult Offender Classification
- Screening Tool for Victims of Human Trafficking
- Superintendent Memo: Initially Screen
- Current Offenders Likely PREA Victims/Predators

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.

Summary:

Indiana Department of Corrections (IDOC) Policy requires that offenders at high risk for sexual victimization are not to be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. If the facility assigned an offender to involuntary segregated housing, the placement would be only as an alternative means of separating likely abusers can be arranged and the assignment will ordinarily not exceed a period of 30 days. If placement were to exceed 30 days, the facility affords the offender a review to determine whether there is a continuing need for separation from the general population.

The PAQ indicated that three offenders at risk of sexual victimization were held in involuntary segregated housing during the audit period.

Interviews:

Putnamville staff, in their interviews, consistently related that offenders are not placed in involuntary segregation unless there are no other options currently available. The Superintendent and Facility PREA Coordinator confirmed the process.

Reviewed documentation to determine compliance:

- Policy 0201-115 Sexual Abuse Prevention

- New Segregated Form
- PreAudit Questionnaire-Adult Prisons & Jails (PAQ)

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.

Summary:

Indiana Department of Corrections (IDOC) Policy requires Putnamville Correctional Facility to encourage offenders who have been the victims of sexual abuse, non-consensual sexual acts, staff sexual misconduct or staff/offender sexual harassment to report the incidents and to establish procedures allowing for multiple internal ways for offenders to report privately to officials regarding sexual abuse and sexual harassment; retaliation by other offenders and/or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to incident. The facility and the Indiana Department of Corrections (IDOC) have provided the following ways for offenders to report sexual abuse and sexual harassment or retaliation:

1. Verbally
2. To friend, a staff member or someone the offender trusts
3. Utilizing the grievance process
4. JPay – Kiosk System (Indiana Ombudsman Bureau)
5. Calling toll free to the ICADV hotline (dialing #66) Sexual Assault Hotline
6. Indiana Coalition Against Domestic Violence (Write to)
7. Anonymously
8. Third Parties
9. Executive Director of PREA Compliance: Email Civil Immigration Detainer (Date: May 17, 2016)
10. Superintendent Memo: Additional Access to Report Abuse Externally

Offenders are provided information encouraging them to report any incidents of sexual abuse or sexual harassment as well as how they can report it. During intake/orientation, they are provided a brochure entitled “Sexual Assault, Prevention, and Planning”. This brochure clearly states what should be reported and how they can report it. This information is also provided to the offenders through posters and notices posted throughout the facility. These include the “Sexual Abuse Report on J Pay” notice posted on the walls next to the phones and Kiosk. The Department of Corrections Ombudsman has been added to each offender’s contact list. Offenders just click on that contact and email the Ombudsman. The notice also advises the offender that the report will then be forwarded to the facility who will contact the offender to begin an investigation. The notice also advises that an anonymous report may be made to the Ombudsman by writing the Ombudsman at the address provided on the notice. Offenders are encouraged to make their report to the PREA Compliance Manager, an Internal Affairs Investigator (IA), Unit Team Staff, Shift Supervisor or an officer at the facility. The notices advise the offender that making a report to them enables the facility to provide immediate assistance when an offender is in imminent risk of harm. Offenders are also able to report allegations of sexual abuse or sexual harassment utilizing the grievance system. Staff receiving verbal reports are required to document them immediately and not later than the end of the shift.

Offenders have access to the Timely Information Promotes Safety (TIPS) Line to report crimes inside the facilities and in the communities directly to an investigator. To access the TIPS Line, the offender simply has to dial #80 from a telephone within the living unit. The calls are directed to the Office of Investigations and intelligence staff who will determine the most appropriate manner to process the call for an investigation.

Putnamville offenders may report sexual abuse and sexual harassment privately outside the facility. They have calling toll free to the Indiana Coalition Against Domestic Violence (ICADV) hotline from the offender phone system by dialing #66; or by writing to the Indiana Coalition Against Domestic Violence, ATTN: IDOC Victim Advocate, 1915 W. 18th Street, Indianapolis, IN 46202.

Indiana requires offenders detained solely for civil immigration purposes to be provided information on how to contact appropriate Consular officials and officials from the Department of Homeland Security.

Interviews:

Intake staff at Putnamville explained the intake process and how offenders are informed of methods to report sexual abuse and sexual harassment if it occurred at the facility. Staff related that after the offender receives the information they sign an acknowledgment indicating that they understood the information provided. Fifty-six (56) offenders were interviewed at Putnamville. Every offender was able to articulate multiple methods to report sexual abuse and sexual harassment. All of the interviewed staff was also able to identify multiple methods offenders could report sexual abuse, including verbally, in writing and anonymously. Most staff and offenders identified the Kiosk as a readily available means to report sexual abuse or sexual harassment and by using the "hot line."

Reviewed documentation to determine compliance:

- PreAudit Questionnaire-Adult Prisons & Jails (PAQ)
- Policy # 0201-115 – Sexual Abuse Prevention
- Additional Services for Victims of Sexual Abuse
- Email: PREA Coordinator External Hotline Call
- Indiana Coalition Against Domestic Violence Contract
- Sexual Assault Prevention and Reporting Offender/Student Information
- Sexual Abuse Report on JPay (English and Spanish)
- PREA information Posted
- Offenders Handbook

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.

Summary:

Indiana Department of Corrections (IDOC) Policy has an administrative procedure for dealing with offender grievances regarding sexual abuse. Offenders are allowed to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. IDOC policy does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Offenders can file a grievance without sending it to a staff member who is the subject of the complaint through the JPay-Kiosk system.

Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing a request for administrative remedies relating to allegations of sexual abuse and are permitted to file a request on behalf of offenders.

IDOC Executive Directive #16-20, April 8, 2016, describes the process when Putnamville staff receives an emergency grievance alleging an offender is the subject of sexual abuse or harassment or at risk of imminent sexual abuse. The staff person in receipt of the grievance is required to forward the grievance immediately to the Facility Superintendent who will take immediate action. The Facility Superintendent is required to forward the emergency grievance to the Executive Assistant, who provides an initial response within 48 hours of the offender filing the grievance. The Facility Superintendent also forwards the grievance to the Department's Offender Grievance Manager. The Offender Grievance Manager will issue IDOC's final decision within five (5) calendar days to the offender who filed the grievance. The response and findings will document the agency's determination and outline any actions taken as a result of the emergency grievance.

Retaliation or the threat of retaliation from any staff or contract employee toward any offender for using the grievance process is strictly prohibited. Appropriate disciplinary actions are taken against any employee found to be in violation of the policy.

The Pre-Audit Questionnaire indicated that 14 grievances were alleging sexual abuse filed during the audit period. The PAQ reported that one emergency grievance reported the substantial risk of imminent sexual abuse was filed during this audit review period.

Interviews:

Interviewed staff from Putnamville mentioned the grievance process as a way offenders could report sexual abuse and harassment. The Grievance Officer related the following processes: 1) Informal – the offender is encouraged to attempt to resolve the issue informally with the case manager (not required for reporting sexual abuse or sexual harassment) 2) Offender Grievance – The formal process is initiated when the informal process has failed (however PREA Grievances do not go through an informal process). The offender can place his grievance in the grievance box in the recreation area, or the offender may return the grievance to any unit team member. 3) The grievance officer has 20 work days to investigate and report back to the offender. 4) If the offender is not satisfied with the results it is sent back to the grievance officer for appeal 5) the grievance officer sends the grievance to the central office, who has 15 days to respond. The central office response to the appeal is forwarded via email. The facility grievance officer related that PREA Grievances are considered emergency grievances and are sent immediately to the Superintendent.

Documentation reviewed to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Executive Directive # 1382 from the Agency Commissioner
- Executive Directive # 1620 from the Agency Commissioner
- Policy # 0602-301 – Offender Grievance Process
- Policy # 0201-115 – Sexual Abuse Prevention
- Indiana Ombudsman Bureau Pamphlet
- External Sexual Abuse Reporting Flyer
- Pay System
- Offenders Boxes
- Offenders Grievances

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.

Summary:

The Putnamville Correctional Facility provides offenders with access to outside victim advocacy for emotional support services related to sexual abuse by posting relevant contact information to inform offenders to report sexual abuse including. Community advocacy contact information included:

- o Indiana Coalition Against Domestic Violence (ICADV) hotline number
- o Indiana Coalition Against Domestic Violence (ICADV) mailing address

Offender interviews indicate they have not sought ICADV support services. It is recommended that refresher information is given to all offenders.

Interviews:

IDOC Policy, Sexual Abuse, Victim Support, Number 02-01-115, page 28-29 states that Putnamville Correctional Facility will provide offenders with reasonable and confidential access to their attorneys and legal representation. Indiana Department of Corrections (IDOC) policy requires facilities to maintain or attempt to enter into a memorandum of understanding or other agreements with community service providers that can provide offenders with confidential emotional support services related to sexual abuse. Putnamville Correctional Facility provided evidence of their contractual agreement with Indiana Coalition Against Domestic Violence (ICADV). Fifty-six (56) interviewed for the random inmate sample at Putnamville were unable to articulate what support organizations were available outside the facility that deals with sexual abuse. Some offenders stated they never needed the information. Other offenders stated, “I know where to find the information” or “I would just tell staff.” Most offenders (85 %) were unable to detail the name of the victim support advocacy service available to offenders at Putnamville. None could detail what services they might provide. Well over 92% of the offenders acknowledged that there are notices posted in the living units identifying the Indiana Coalition Against Violence as an agency available to provide victim advocacy. During the facility tour, the auditor noted posters and notices located on the living units with the contact information for the Indiana Coalition Against Violence. Indiana Coalition Against Violence provides support services for offenders of sexual abuse, contact information on the posters also included the hotline number to call and mailing address. The Associate Auditor also identified posters on each living unit describing how foreign offenders or immigrants can make contact with Consular officials. During the random inmate sampling of offenders, none of the fifty-six (56) offenders acknowledge difficulty accessing immigration, but they were aware were the posters and notice were located on the living unit but they found no use for the information.

Documentation reviewed to determine compliance:

- Policy # 0201-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- PREA Audit Report

- Additional Services for Victims of Sexual Abuse
- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Vendor ID#: 0000065008 Indiana Coalition Against Domestic Violence Agreement
- Community Partnership Agreement
- Consular Notification and Access (Civil Immigration Information) Two Consular Notification Books (Order on June 15, 2016)

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.

Summary:

The Indiana Department of Corrections (IDOC) has an excellent website publication for Third-Party Reporting. Anyone who suspects or has knowledge sexual abuse that has occurred at Putnamville Correctional Facility can report through the agency website, which gives clear reporting instructions. For a third-party to report sexual abuse or sexual harassment on behalf of an offender they may call 877-385-5877 or email IDOCPREA@idoc.in.gov

Interviews:

Interviewed staff consistently indicated in their interviews that third parties, including parents, relatives, friends and attorneys can make reports of sexual abuse or sexual harassment on behalf of an offender and that they (the staff) would take those reports seriously and report them just like any other allegations or report. Interviewed offenders were aware of third party reporting if needed.

Reviewed documentation to determine compliance:

- IDOC Policy, Sexual Abuse Prevention
- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Indiana Department of Corrections Website
- Sexual Assault Prevention and reporting /Visitor information Brochure
- Posters with Information
- Staff Hotline/ Executive Director of PREA Compliance Phone Number
- Staff Email / Executive Director of PREA Compliance

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.

Summary:

Indiana Department of Corrections Policy, 02-01-115, Sexual Abuse Prevention, XV. Reporting of Sexual Abuse requires all staff to report immediately any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment and retaliation against residents or staff that occurred in the facility. Immediate reporting to the shift supervisor on duty, PREA Compliance Manager, Executive facility staff or the Executive Director of PREA is required. Staff may privately report information to the Shift Supervisor, Internal Affairs investigator, PREA Compliance Manager or the Executive Director of PREA via the IDOC Sexual Assault Hotline. Third Party reports by family, friends and other members of the public can be made electronically by submitting an email to IDOCPREA@idoc.in.gov or telephoning toll-free the IDOC Sexual Assault Hotline at (877) 385-5877. The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's Internal Investigators. The policy also requires that staff report all verbal statements and document them by the end of the shift.

Interviews:

100 percent of the randomly selected staff at Putnamville stated they would take every allegation and report of sexual abuse or sexual harassment seriously regardless of how they received the information. Every staff described the reporting process beginning with an immediate report to their immediate supervisor followed by a written report before the end of the shift. The staff was aware of multiple ways for offenders to report. They were also aware of their reporting process as well as ways they could report privately.

Reviewed Documentation to Determine Compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- Contract with the GEO Group Inc.
- Contract Amendment #3 EDS #D121083
- PREA Duty to Report- Medical and Mental Health Staff

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.

Summary:

Indiana Department of Corrections Policy and Procedures requires that as soon as staff learns that an offender is subject to substantial risk of imminent sexual abuse, they take immediate action to protect the offender by housing unit reassignment or using a critical incident report for sexual assault.

During the past 12 months, there were no occasions in the facility in which an offender reported being subject to a substantial risk of imminent sexual abuse or in which the facility has determined that an offender was subject to substantial risk of imminent sexual abuse.

Interviews:

100 percent of staff from Putnamville related they would take an allegation or a report that an offender was subject to a substantial risk of imminent sexual abuse seriously. They also consistently identified steps they would immediately take to protect the offender including immediately separating the offender and reporting the incident to their supervisor. Custody staff (92 %) stated they would keep the offender close to the officer and in plain view of a camera and keep the potential perpetrator under observation. They all said they would call their supervisor for instructions, but options to protect the offender would be to put him in a bed close to the Officer in Charge, moving the potential abuser to another dorm or placing him in segregation. Some reported that they would keep the offender safe but would not put him in segregation. The Superintendent indicated the potential abuser could be transferred to another facility.

Documentation reviewed to determine compliance:

- Policy # 0201-115 – Sexual Abuse Prevention
- Superintendent: No Substantial Risk of Imminent Sexual Abuse

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.

Summary:

The facility has a procedure that requires, upon receiving an allegation that an offender was sexually abused while confined at another facility, the Superintendent of the facility notifies the Superintendent of the sending facility that sexual abuse is alleged to have occurred at their facility. The receiving Superintendent notifies the appropriate investigative body.

The PAQ indicated that there were no allegations that the facility received stating that a resident was abused while confined at another facility.

Interviews:

An interview with the Superintendent reported that there had been no reports of sexual assault that occurred at another facility during the past twelve (12) months. He did state that if he did receive an allegation of abuse at another facility he

would treat that case like any other report of sexual abuse. He would notify the Superintendent of the facility where the alleged sexual abuse took place. She stated she would also ensure the allegation was reported and investigated.

Reviewed Documentation to Determine Compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Assault Prevention
- Superintendent Memo: Another Facility Confinement

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.

Summary:

Indiana Department of Corrections (IDOC) Policy and Procedures require facilities to have a first responder procedure. The procedure includes actions that should be taken upon learning of an allegation that an offender was sexually abused. The first security staff member to respond is required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect crime scene;
3. Putnamville will collect physical evidence from the crime scene;
4. Ensure that the alleged abuser does not take any actions that could destroy physical evidence.

If the abuse occurred within a time period that still allows for the collection of physical evidence, first responders should ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The policy also requires that each facility establishes a Sexual Assault Response Team (SART) to provide a coordinated, efficient and supportive response to victims of sexual assaults (see 115.65 – Coordinated Responses).

The PAQ indicated offenders did not report sexual abuse to non-security staff during the past 12 months. Non-security staff did not serve as the first responder during the previous 12 months.

The facility also utilizes the Sexual Assault Response Team (SART) consisting of staff who are trained to respond to incidents of sexual assault. Each staff is trained in their individual responsibilities. (Also see coordinated response).

Interviews:

Interviewed staff, randomly selected, were able to articulate the steps they would take as first responders in responding to a sexual assault. They also described the role of the SART Team in responding as well.

Reviewed documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- Superintendent: Sexual Abuse– May 2, 2016
- Superintendent Memo: Non Security Staff First Responder– May 2, 2016
- Sexual Incident Reporting System
- Incident Reports
- Facility Sexual Assault Response Team (SART)
- First Responders Power Point #17 Training
- SART Training Team

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.

Summary:

Each facility, as required by Indiana Department of Corrections Policies, has established a Sexual Assault Response Team to provide a coordinated, efficient and supportive response to victims of sexual assault. This comprehensive response plan (coordinated response plan) delineates the duties of first responders, internal affairs investigators, sexual assault nurse examiners, victim advocates and local prosecutors. The goals of the Facility SART are the following: 1) Meet the needs of the victim with crisis with crisis intervention and support services 2) Arrange a comprehensive forensic examination for sexual abuse victims, without financial cost, where appropriate 3) Provide a joint, effective, sensitive approach to victims of sexual assault 4) Document and preserve forensic evidence for potential prosecution and 5) Conduct investigations of the crime from notification through prosecution. The responsibilities for each team member are detailed. SART Team members are provided specialized training for the treatment and investigation of sexual assault victims. SART Team members are available on each shift.

Interviews:

Interviews with members of the SART Team indicated they are trained in their respective roles and that they understood and could articulate their responsibilities in response to the sexual assault of an offender.

Reviewed Documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse
- Facility Directive 14-56 Sexual Abuse Prevention – 02-01-115
- Sexual Abuse Incident Review Form
- Facility Sexual Assault Response Team (SART)– February 4, 2016
- First Responders Power Point #17 Training

SART Training Team

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

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

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

Summary:

Employees at the Putnamville Correctional Facility are state employees. They are not members of a union and can be removed from the facility, placed on administrative leave or sanctioned in accordance with IDOC personnel policies, procedures, and rules. This facility is not involved in collective bargaining.

Reviewed Documentation to determine compliance:

Superintendent Memo: Collective Bargaining

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.

Summary:

Indiana Department of Corrections Policy and Procedures requires the Putnamville Correctional Facility to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff.

The facility employs multiple protective measures against retaliation including the following:

1. Housing changes or transfers for victims or abusers
2. Removal of alleged staff or offender abusers from contact with victims

3. Emotional support services for offender and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

To document retaliation monitoring the facility uses the Indiana Department of Corrections PREA Retaliation Monitoring form. The Pre-Audit Questionnaire indicated that there were no incidents of retaliation that have occurred in either facility during the audit period. Random sample of offenders confirmed there were no incidences of retaliation at Putnamville. There is a process that requires monitoring for retaliation at least 90 days following a report of sexual abuse. The facility monitors the conduct and treatment of offenders and staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff.

The Facility PREA Compliance Coordinator serves as retaliation monitor in each facility.

Interviews:

The PREA Compliance Coordinator at Putnamville serves as the retaliation monitor in this facility. An interview confirmed that the PREA Compliance Coordinator would make contact with the offender following a report and begin to monitor potential retaliation using the Department's Monitoring Form. He also informed the auditor that the offender would minimally have been moved to another living unit and possibly transferred to another facility.

Review documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- PREA Retaliation Monitoring Sheet
- Sexual Abuse/Harassment Investigation Outcome Offender Notification
- Superintendent Memo: Reporting Retaliation Issues– May 2, 2016
- Offender Information System– Current Locations
- PREA Retaliation Monitoring Form
- Report of Investigations

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.

Summary:

The agency has a policy that offenders alleged to have suffered sexual abuse may only be placed in isolation or segregation as a last resort if less restrictive measures are inadequate to keep them and other offenders safe, and only until an alternative means of keeping all offenders safe can be arranged.

During the past twelve (12) months, there were no offenders who alleged being in a substantial risk of being sexually abused.

Interviews:

The Superintendent, in an interview, related that an alleged victim of sexual abuse would not be placed in segregation for protection except as a last resort and only if lesser options were unavailable. Placement in segregation would be a placement only as an alternative means of keeping the offender safe could be arranged. He stated the perpetrator would be transferred to another facility. Further, he related that he had not had any offenders placed in involuntary segregation for their protection from sexual abuse.

Reviewed Documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- Superintendent Memo: Involuntary Segregation Unit

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.

Summary:

The Indiana Department of Corrections (IDOC) conducts its investigations into allegations of sexual abuse and sexual harassment. IDOC Policy 00-01-103, the division of the Office of Investigations and Intelligence (OII) provides extensive detail regarding the investigation process in section IX. Internal Affairs Investigators are to investigate and report the facts of the case.

115.71 (a) A review of IDOC, page 2, section IX of the statewide policy and Putnamville’s policy, page 2 explains the agency and facility policies regarding the internal investigation of allegations of sexual abuse and harassment. The narrative in both policies explains in detail the standard of proof (e.g. preponderance) imposed by IDOC and Putnamville to determine if a report of sexual abuse or harassment is substantiated. IDOC has a written agreement with the Indiana State Police to investigate criminal actions that result from a report of sexual abuse at all state correctional facilities. Also, to verifying the application of section (a) of 115.71, the auditor reviewed nine (9) internal investigations. Putnamville averaged response time was within 72 hours (Robert/Adam). Interviews with two (2) investigative staff confirmed that each investigator understood how to conduct a sexual assault investigation. Investigator # 1 described in detail how to protect the victim, collect and preserve evidence for the investigation like not allowing the victim to shower or brush their teeth, and how to maintain the chain-of-custody. Investigator #2 lived on the Putnamville property and explained that his response time to an allegation of sexual assault is minimal. Investigator #2 also described the process for protecting the victim, evidence collection and other duties typically associated with his respective role as a member of Sexual Assault Response Team (SART). Investigator #1 and # 2 described the process for notifying and requesting assistance from the Indiana State Police liaison if a sexual assault was reported at Putnamville Correctional Facility. The description of the process also included

when and how to consult with local prosecutors if there was a potential criminal violation. The explanation of the process provided by investigator #1 and # 2 reflect IDOC and Putnamville's policies.

115.71 (b) Specialized training for Investigators of sexual abuse and sexual harassment is described in detail in IDOC page 24, IDOC Number 02-01-115. A review of training records indicates that IDOC Sexual Abuse and Harassment Training was conducted by the IDOC Training Department. The week-long training, Sexual Abuse and Harassment Training was mandated by IDOC for Investigators that conduct sexual abuse and harassment investigations. The Investigator #2 members of SART at Putnamville has served as an investigator for over 25 years. Specialized training for Investigators includes Internal Affairs classes such as collecting forensic evidence, evidence management and specialized sexual abuse and harassment training classes. Certificates of participation validate attendance in specialized training in accordance with 115.71 (b). Documentation of specialized training was found in the investigators individual training file at Putnamville Correctional Facility. Also, other training certificates confirm the completion of training facilitated by National Institute of Correction (NIC) titled "Specialized Training for Conducting Investigations in Confinement Settings." Investigators #2 has "arrest powers" in Indiana and also complete the Indiana Law Enforcement Academy as well. Both investigators deny the use of a truth-telling device to proceed with an investigation at Putnamville Correctional Facility.

115.71 (c) A review of administrative findings of nine (9) internal investigations alleged in the past twelve (12) months indicated an exhaustive collection of evidence gathered for the nine (9) reports of sexual abuse. Each investigative report included documents such as a written narrative of the Report of Incident, witness statements, a statement from the victim, the perpetrator and applicable video footage, investigative summaries, and evidence the investigator reviewed to make his determination in all nine (9) investigations. In accordance with 115.71 (c), the PREA Compliance Manager reported informing offenders (9) verbally and in writing the disposition of the reported allegation of sexual abuse. The verbal and written notification were documented in (9) files examined during the audit period. To verify the practice of verbal notification, two (2) offenders with unfounded complaints of abuse during the twelve (12) month period were included in the sample of offenders at Putnamville. Both offenders (2) reported sexual abuse during the last twelve (12) months. Two (2) of two (2) offenders confirmed they received notification verbally and in writing of their investigative findings (e.g. unfounded) by Putnamville Correctional Facility, PREA Compliance Manager after the investigation was unfounded and closed. A form titled, Sexual Abuse/Harassment Investigation Outcome Offender Notification confirmed written notification to offenders alleging sexual abuse or harassment and included information such as the name of the victim, date of the incident, the outcome of the investigation was found in (9) investigative reports.

115.71 (d) IDOC Policy, Operation of the Office of Internal Affairs, Number 00-01-103, page 24. A review of nine (9) of the nine (9) reports sampled were unsubstantiated complaints and closed. The auditor review of each report supports IDOC and Putnamville's decision to close each unsubstantiated complaint.

115.71 (e) Both investigators deny the use of a truth-telling device to proceed with an investigation at Putnamville Correctional Facility to gauge the truthfulness of an offender reporting an allegation of sexual abuse or harassment. Also, outlines IDOC/Putnamville Correctional Facility process for notifying offenders of the disposition of substantiated/unsubstantiated complaints of sexual abuse committed at Putnamville in the last twelve (12) months (115.73, (c)-1.

115.71 (c) The investigative process, as described in IDOC and Putnamville's policy confirmed that the agency and the facility has a practice in place that requires Investigators to gather and preserve all circumstantial evidence to include electronic monitoring footage. During this audit Putnamville allowed auditors to review electronic video footage preserved on CD relevant to all reported sexual abuse and harassment cases (9) during the last twelve (12) months. The auditor was also provided access to forensic medical examination findings, statements from the victim(s), and aggressors(s) from all investigation there were reported during the last twelve (12) months. Administrative investigations during the past 12 months' period provided evidence that the investigator demonstrated a determination to ascertain if staff actions or failures to act contributed to the abuse. The investigator documents the investigation in written reports that includes a description of the physical and testimonial evidence, the reasoning behind the assessment and investigative facts and findings.

115.71 (d) Based on compelling evidence IDOC and Putnamville officials determine that one (1) allegation of sexual abuse had sufficient evidence (e.g. forensic examination, victim statement, witness statement, and electronic footage) to was referred for criminal prosecution. This case is still pending in the courts.

115.71 (e) One (1) of the nine (9) offenders that reported abuse during the review period remained housed at Putnamville. The auditor interviewed an offender (1) at Putnamville that reported sexual abuse during this reporting period. The interview was conducted to determine if Putnamville required the offender to submit to a polygraph examination as a prerequisite for proceeding with the investigation. The offender denied being subjected to a polygraph or truth-telling device for IDOC or Putnamville to investigate the report of sexual abuse.

115.71 (f) (1) A review of nine (9) investigative reports found evidence that IDOC and Putnamville include a written narrative evaluation the actions of review to determine if a corrective action was necessary when security processes may have contributed to Investigators use the preponderance of the evidence to make a determination in administrative investigations.

Interviews:

An interview with an Internal Affairs Investigator confirmed the training of the Indiana Department of Corrections (IDOC), Internal Affairs Investigator completed specialized training in sexual abuse investigations in accordance with standard 115.71 (b). Additionally, the investigator described a detailed systematic process for conducting investigations of sexual abuse and harassment. An interview with the victim confirmed he was not required to take a polygraph.

Documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- Policy # 0601-013 – The Operation of the Office of Internal Affairs
- Incident Report
- Sexual Incident Report– System
- Superintendent Memo: Criminal Prosecution
- Superintendent: No Terminated Investigations – May 2, 2016
- Reviewed details of nine (9) investigations (added)
- Reviewed reporting timelines of each allegation of abuse.
- Documentation of specialized training completed by the investigator
- Interview with victim who confirmed he was not required to take a polygraph

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.

Summary:

Indiana Department of Corrections (IDOC) Policies state that the facility's standard of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of evidence or lower.

Interviews:

Interviews with one (1) Internal Affairs Investigators confirmed that the standard of proof in administrative investigations is, as they state, 51% which constitutes a preponderance of the evidence.

Reviewed Documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- Reports of Investigations
- Mental Health Services Referral

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.

Summary:

Indiana Department of Corrections policy requires that the Putnamville Correctional Facility, following an investigation into an offender allegation of sexual abuse suffered in the facility, informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded using the Sexual Abuse/Harassment Investigation Outcome Offender Notification.

If the facility did not conduct the investigation, the facility requests relevant information from the investigative agency to inform the offender. All notifications or attempted notifications are documented.

Interviews:

Interviews with staff at Putnamville indicated that the offender would be notified of the outcome of all investigations related to an allegation of sexual abuse or sexual harassment. The Department (IDOC) has a form entitled, "Sexual Abuse/Harassment Investigation Outcome Offender Notification" for documenting notification. The investigator stated that he is responsible for notifying the offender of the outcome of any PREA allegation investigation.

Reviewed documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- Sexual Abuse/Harassment Investigation Outcome Offender Notification Form

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.

Summary:

Indiana Department of Correction's Policy and Procedure requires that staff are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engaged in sexual abuse. All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Pre-Audit Questionnaire reported that there was no staff from the facility that has been terminated for violating agency sexual abuse or sexual harassment policies during the audit period.

Interviews:

Interviews with the Superintendent indicated that staff would be placed on administrative leave until the conclusion of an investigation and that, if substantiated, termination would most likely be the sanction.

Reviewed documentation to determine compliance:

- Policy # 0201-115 – Sexual Abuse Prevention
- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0403-103 – Information and Standards of Conduct for Departmental Staff
- Report of Investigations
- Superintendent Memo: Staff Termination – May 2, 2016

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.

Summary:

Indiana Department of Corrections (IDOC) policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and relevant licensing bodies. The PAQ indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents.

Interviews:

The Superintendent indicated that upon receiving knowledge that a volunteer or contractor violated any DOC sexual abuse, sexual misconduct or sexual harassment policy, the volunteer or contractor would be “gated”/removed from the facility and not allowed to return until an investigation was completed.

Reviewed documentation to determine compliance:

- Policy # 0201-115 – Sexual Abuse Prevention
- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Superintendent Memo – No Incidents with Contractors and Volunteers – May 2, 2016
- List of Volunteers
- List of Medical Staff Contractors
- List of Education Contractors
- List of Food Contractors

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.

Summary:

Indiana Department of Corrections Policy states that offenders are subject to disciplinary sanctions only under a formal disciplinary process following an administrative finding that the offender engaged in offender on offender sexual abuse. Sanctions commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The disciplinary process considers whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining the type of sanction.

The PAQ indicated that there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

The facility prohibits a disciplinary action for a report of sexual made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Interviews:

Interviews with the Superintendent and the facility PREA Compliance Coordinator confirmed that there had been no cases involving offender on offender sexual abuse requiring a disciplinary hearing. They did indicate that the offender would likely be criminally charged. They also articulated a disciplinary process that was consistent with the agency's policy.

Reviewed documentation to determine compliance:

- Policy # 0201-115 – Sexual Abuse Prevention
- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Major Offenses (s) Codes– Adult Disciplinary Process
- Indiana Department of Correction Disciplinary Process for Adult Offender Brochure
- Policy # 0204-101 – The Disciplinary Code for Adult Offenders
- Report of Conduct State Form 39590
- Mental Health Services Referrals

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.

Summary:

Indiana Department of Corrections (IDOC) Policy Number 02-01-115, Sexual Abuse Prevention, XI., Offender Intake requires if an offender discloses any prior sexual victimization during a screening at Putnamville pursuant to Standard 115.34 or during the initial vulnerability assessment, that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Offenders who reported prior perpetrated sexual abuse would also be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Medical and mental health staff obtains informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.

Multiple reviewed Assessments revealed that none of the offenders, in the reviewed sample, disclosed prior sexual victimization.

The PAQ indicated that 100 % of offenders reporting prior victimization were offered a follow-up with medical or mental health. The PAQ also documented that 100% of all perpetrators who disclosed during screening or afterward were offered a follow-up with medical or mental health.

Interviews:

Interviews with offenders at Putnamville indicated that none of them had disclosed prior victimization.

Reviewed Documentation to determine compliance:

PREA Audit Report

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- Adult SVAT Questionnaire
- Intake Form
- Sexual Violence Assessment Tool Adult
- Potential Aggressor Factors
- Transfer Documentation
- Superintendent Memo: Another Institution – May 2, 2016
- Superintendent Memo: FollowUp Meetings – MAY 2, 2016
- Superintendent Memo: Prior Sexual Victimization – May 2, 2016

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.

Summary:

Indiana Department of Corrections policy requires that the Putnamville Correctional Facility medical and mental health staff ensure that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which is determined by medical and mental staff.

IDOC Policy 02-01-115, Sexual Abuse Prevention, X. Sexual Assault Response Team (SART), paragraph C.3, Medical Staff, requires medical first responders to provide care and treatment as outlined in the Sexual Assault Manual. Medical staff will provide immediate care and evaluate the victim for life-threatening injuries. The policy also requires that medical staff can aid in the preservation of evidence by instructing the offender not to take any actions that could destroy physical evidence and assist with the arrangement of a forensic exam by a SANE at a local hospital at no cost to the offender. The SANE is to provide the forensic exam component of the SART.

Offenders are offered timely information regarding access to sexually transmitted infection prophylaxis. All treatment services are offered without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews:

Interviews with medical and mental health staff indicated that they would provide emergency medical and mental health services upon receiving knowledge that an offender had been sexually abused.

Reviewed Documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention

- IDOC Sexual Assault Manual
- List of Medical Staff (Contractors)
- Memo: Threatening Extortion and Possible PREA – June 2, 2015

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.

Summary:

Indiana Department of Corrections requires medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse, to include the past. Victims of sexual abuse while at the facility are offered tests for sexually transmitted infection as medically appropriate.

If an allegation is of actual sexual abuse, the victim is referred to the facility’s Health Care Staff for examination under Health Care Services Directive (HCSD) and JHCSD 2.30) and the Health Care Sexual Assault Manual.

Interviews:

Interviews with the medical and mental health staff indicated that they would be responsible for on-going services following a sexual assault.

Reviewed Documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- Sexual Assault Manual (Indiana Department of Correction Health Services Division)

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.

Summary:

The PREA Committee conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. The review ordinarily occurs within 30 days of the conclusion of the investigation. The Team reviews consider all the requirements listed in standard 115.386. The Team discusses the required requirements; however, all requirements were not documented.

The sexual abuse incident review team includes upper-level management official and allows for input from line supervisor, investigators, and medical and mental health staff.

Interviews:

Interviews with the PREA Compliance Manager at Putnamville confirmed that the facility PREA Committee is charged with the responsibility for reviewing incidents of sexual abuse following an investigation. Any incident of sexual abuse or sexual harassment, unless unfounded, will be reviewed within 30 days following an investigation. They also described the issues the committee would address, and these were consistent with the requirements of the standard. Interviews with upper-level management staff confirmed that they are members of the PREA Committee.

Reviewed documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- PREA SART Meeting
- Sex Abuse/Harassment Investigation Outcome Offender Notification
- Sexual Abuse Incident Review
- SART

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.

Summary:

The Indiana Department of Corrections (IDOC) requires Putnamville Correctional Facility to collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument is the Indiana Department of Corrections Sexual Incident Report System (SIRS). A set of definitions is included in the policy. Also, the facility using the DOJ Form SSV-Survey of Sexual Violence Incident Report as their standardized instrument and definitions.

Upon request, the facility provides all data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department Survey of Sexual Violence Form SSV-5.

Reviewed documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- Sexual Incident Report– Indiana Department of Corrections
- Putnamville Correctional Facility PREA/SART Meeting
- Survey of Sexual Violence, 2012
- Survey of Sexual Violence, 2014

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.

Summary:

The PREA Committee reviews data collected and aggregated according to Standard 115.38 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. The annual reports are approved by the agency. The facility redacts material from an annual report for publication; the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Interviews:

The Superintendent related that data is reviewed at every PREA Committee meeting. Data related to “aggressor flags”, “victim flags” and incidents are reviewed to determine the need for additional corrective actions. He also submits an annual report related to the sexual prevention program.

Reviewed documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Abuse Prevention
- 2014 Sexual Assault Prevention Program Annual Report from the Department of Corrections
- Indiana Department of Corrections Website

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.

Summary:

Indiana Department of Corrections (IDOC) policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. The facility maintains sexual abuse data collected according to 115.38 for at least ten years after the date of initial collection, unless Federal, State, or local law requires otherwise.

Reviewed Documentation to determine compliance:

- PREA Audit: PreAudit Questionnaire (PAQ) Adult Prisons & Jails
- Policy # 0201-115 – Sexual Assault Prevention, Investigation, Victim Support and Reporting
- Indiana Department of Corrections Website
- Records Retention and Disposition Schedule
- General Records Retention and Disposition Schedule for all State of Indiana Administrative Agencies

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.

Sonya Love

8/2/2016

Auditor Signature

Date