

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report October 25, 2017

Auditor Information

Name: Nancy Hardy	Email: Nancy.Hardy@cdcr.ca.gov
Company Name: California Department of Corrections and Rehabilitation	
Mailing Address: P. O. Box 942883	City, State, Zip: Sacramento, CA 94283-0001
Telephone: (916) 324-0791	Date of Facility Visit: May 22 – 25, 2017

Agency Information

Name of Agency: Indiana Department of Corrections		Governing Authority or Parent Agency (If Applicable): Indiana Department of Corrections	
Physical Address: 302 W. Washington Street		City, State, Zip: Indianapolis, IN 46204	
Mailing Address: Same as above		City, State, Zip: Same as above	
Telephone: (317) 232-5705		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: IDOC promotes public safety by providing meaningful, effective opportunities for successful re-entry.			
Agency Website with PREA Information: http://www.in.gov/idoc			

Agency Chief Executive Officer

Name: Robert Carter	Title: Commissioner
Email: RCarter@idoc.IN.gov	Telephone: (317) 232-5711

Agency-Wide PREA Coordinator

Name: Bryan Pearson	Title: Executive Director of PREA
Email: BPearson@idoc.IN.gov	Telephone: (812) 526-8434 x 208

PREA Coordinator Reports to: Commissioner of Corrections	Number of Compliance Managers who report to the PREA Coordinator 35
---	--

Facility Information

Name of Facility: Putnamville Correctional Facility

Physical Address: 1946 W. U.S. Hwy 40, East Greencastle, IN 46135

Mailing Address (if different than above): [Click or tap here to enter text.](#)

Telephone Number: (765) 653-8441

The Facility Is: Military Private for profit Private not for profit

Municipal County State Federal

Facility Type: Jail Prison

Facility Mission: As the model of best correctional practices, we strive to return productive citizens to our communities and inspire a culture of accountability, integrity and professionalism.

Facility Website with PREA Information: Same as above

Warden/Superintendent

Name: Brian Smith Title: Warden

Email: BSmith@idoc.IN.gov Telephone: (765) 653-8441

Facility PREA Compliance Manager

Name: Angela L. Taylor Title: PREA Compliance Manager/Investigator

Email: ALTaylor@idoc.IN.gov Telephone: (765) 653-8441 ext. 420

Facility Health Service Administrator

Name: Mark Young Title: Wexford HCA

Email: MYoung@idoc.IN.gov Telephone: (765) 653-8441

Facility Characteristics

Designated Facility Capacity: 2100 Current Population of Facility: 2026

Number of inmates admitted to facility during the past 12 months 989

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 984

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 839

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		17	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-36.5	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		336	
Facility security level/inmate custody levels:		Medium	
Number of staff currently employed by the facility who may have contact with inmates:		512	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		186	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		3	
Physical Plant			
Number of Buildings: 92		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		16	
Number of Segregation Cells (Administrative and Disciplinary):		92	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
375 IP Cameras with average 185 days archived footage.			
Medical			
Type of Medical Facility:		Wexford Health Care Services, outpatient medical facility, overnight observation rooms	
Forensic sexual assault medical exams are conducted at:		Terre Haute Regional Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		217	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		5	

Audit Findings

Audit Narrative

Putnamville Correctional Facility (Putnamville) agreed to participate in a Prison Rape Elimination Act (PREA) audit to be conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The audit was conducted at 1946 W. U.S. Highway 40, East Greencastle, Indiana. The on-site phase of the audit took place during the period of May 22 through 25, 2017. The audit team completed some of the pre-audit work before traveling to the facility for the on-site portion of the audit.

PRE-AUDIT PHASE

On April 7, 2017, CDCR provided (via e-mail) the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from Indiana Department of Corrections (IDOC), Putnamville Correctional Facility in May 2017. Notices were to be posted in areas accessible to both offenders and staff.

Pre-audit section of the compliance tool: In May 2017, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. The certified auditors started completing the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool.

The auditor did not receive any letters from offenders at the facility prior to arrival at the institution or upon return to the office after completion of the on-site review.

ON-SITE PHASE

On May 22, 2017, the audit team arrived at Putnamville. The audit team consisted of 3 certified auditors. The team included myself, retired Chief Deputy Administrator and previous PREA Coordinator for the CDCR; John Katavich, retired Warden for CDCR; and Kate Burkhardt, Chief Psychologist for the CDCR.

On May 22, 2017, the audit team met with the Superintendent, PREA Coordinator, PREA Compliance Manager (PCM), and various management staff for greetings, introductions and information sharing. The team was escorted to a conference room which served as the team's primary work location for audit preparation and organization.

Upon arrival at Putnamville, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The audit team selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of offenders classified into any of the following categories:

- Disabled Inmates

- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team requested and received a list of all security staff assigned during the days of the on-site review, sorted by shift. The auditor explained that these rosters were required for the audit team to select random security staff and offenders for interviews. The list did not specifically identify offenders according to all of the seven categories. However, the PCM worked with the auditor to identify the offenders in the categories, a complete list was later supplied.

On-site Review: The audit team conducted a thorough site review of the facility. The tour was split up to allow for two teams to complete the site review. The outside portions of the facility were reviewed by one team and the inside of the facility was toured by the second team. The Superintendent, PCM and security staff escorted one of the audit teams during the tour. The Assistant Superintendent, back-up PCM, and security staff escorted the other audit team during the audit. Toured areas included all of the housing units (including restricted and segregated housing units), out-patient medical, mental health, the main kitchen, receiving, the warehouse, intake processing area, the laundry, main control, the pharmacy, the maintenance shops, the horse barn, the steam plant, Shifting Gears program, Kamp Pallets (Joint Venture program), work change areas, the law library, canteen, academic education, recreation yards, chapels, etc.

During the tour, audit team members asked impromptu questions of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. In offender dayrooms, audit team members tested offender phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. In offender work areas, audit team members assessed the level of staff supervision and asked questions to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of PREA information posters, and noted the placement of the PREA audit notice provided to the facility.

PREA Management Interviews: The lead auditor conducted interviews of the management team, including the Superintendent and the PCM. The auditors worked with facility staff to schedule a time for each of these interviews; and the interviews were conducted in the conference room using the applicable interview protocols and recorded the responses by hand. The Commissioner's Designee and the PREA Coordinator were interviewed by another audit team via the telephone.

Specialized Staff Interviews: Using the list of specialized staff received from the PCM, two audit team members performed the required interviews in various locations. In some cases, it was necessary to conduct the interview via telephone because the person to be interviewed was at a distant location; examples of these were the agency contract manager and the sexual assault nurse examiner.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Medical and Mental Health

- Incident Review Team Member
- Staff who Conduct Intake Screening
- Classification Staff
- Social Worker
- Internal Affairs (facility level investigations)
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances
- Segregated Housing Sergeant
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisor
- Aramark Contractor
- Grace College Volunteer
- First Responders
- Training Director

During interviews with investigative staff, the team learned that offender grievances against staff are forwarded to the grievance coordinator; the Office of Investigations and Intelligence (OII) may investigate where appropriate or may just track the progress of staff's response to the offender. The members of the audit team interviewed two investigators and questioned designated staff about the process for logging and tracking cases assigned and offender grievances received by the facility. Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standard. During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

Random Staff Interviews: The audit team identified random staff to be interviewed. These random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The interviews were conducted in private interview rooms, in various locations around the facility. The auditor introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Clarifications were requested when needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 29 random staff interviews were conducted.

Random Offender Interviews: The auditor determined that at least one offender from each housing unit would be interviewed. Three audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select one or two offenders from their assigned housing units. Interviews were conducted in a private interview room/office, in various locations throughout the facility. The audit team members introduced themselves, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear.

PREA-Interest Offender Interviews: Two audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender and Intersex Offenders
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The offender was escorted to a private room/office where the auditor introduced themselves, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. Audit team members also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him/her. Audit team members interviewed one offender identified as limited visibility, two limited English proficient (Spanish) offenders, three offenders who were identified as being transgender, one offender who was identified as being gay, one offender who reported sexual harassment, and three offenders who disclosed sexual victimization during risk screening; a total of 11 offenders were interviewed based upon PREA-interest categories. 23 offenders were interviewed utilizing the Random Inmate questions.

Document Reviews: The document review process was divided up between the 3 auditors. One auditor reviewed all documents related to allegations of sexual abuse. One auditor reviewed a random sample of training records, contractor and volunteer records, and records documenting the training of the offender population. One auditor reviewed personnel training records, records reflecting background checks are being completed, and the records maintained through the offender intake process. The auditors collected copies of documents, as necessary.

The PCM provided Sexual Incident Reports (SIR) for all 36 allegations received during the previous twelve month period. Of the 36, the breakdown is as follows:

Sexual Abuse:	Staff on Offender – 6	Offender on Offender – 6
Sexual Harassment	Staff on Offender – 13	Offender on Offender – 2
Determined not to be PREA:	9	

The SIRS included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the SIR and investigative reports from facility investigative staff. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment?

- Disposition
- Is Disposition Justified?
- Investigating Officer
- Notification Given to Inmate?

Throughout the on-site review, the team had discussion about what was being observed, reviewed and discrepancies that were being identified. Various team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team scheduled a close-out discussion with the Superintendent and his staff. During this close-out discussion, facility staff, the PCM, and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the auditor and PCM agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the PCM. Audit team members documented all clarification questions, missing information, requests for additional documentation, etc. to follow-up with the PCM and sent the request on Thursday, June 1, 2017. Requested information was returned to the auditors on Friday, June 9, 2017. Additional information was received on July 5 and July 10, 2017.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and offender interview notes and on-site tour notes and began the process of completing the audit section of the compliance tool. The auditor used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the "overall determination" section at the end of the standard indicating whether or not the facility's policies and procedures exceeds, meets or does not meet standard.

Interim Audit Report: Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or do not meet the standard. The interim report was submitted to the PREA Resource Center for review/approval on June 21, 2017. The interim report was forwarded to Putnamville on Thursday, July 13, 2017.

Corrective Action Plan: Along with the interim report, a Corrective Action Plan (CAP) was also provided to the facility on Thursday, July 13, 2017. Via electronic mail communications, the auditor and Putnamville staff discussed the CAP including actions needed and tentative completion dates.

Final Audit Report: The final audit report was sent to Warden Smith at Putnamville Correctional Facility on Wednesday, October 25, 2017 via electronic mail. Bryan Pearson, PREA Coordinator, was copied on the electronic mail transmission.

Facility Characteristics

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

In 1977, the facility was reclassified from minimum to medium security and began receiving convicted felons. Since its inception, the population has expanded from 1,650 to 2,504. Originally comprised of 3,500 acres, in 2009, 917 acres were allocated to the Department of Natural Resource.

Putnamville Correctional Facility is a level two (medium) security facility housing male offenders with up to 10 years remaining on their sentences.

Putnamville is the first of the older IDOC facilities to be accredited by the American Correctional Association and the recipient of several environmental awards: 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.

Putnamville includes 18 housing units. Housing units include single and double cell and dormitory style housing. The facility has self-contained medical, laundry, and food preparation facilities. In addition, there is a small intake unit, which accommodates the process used to receive offenders from either the Reception and Diagnostics Center or other state correctional facilities. Finally there are a number of maintenance shops, a warehouse, and a steam power plant.

Housing is comprised of multi-floor dorm-style housing units, each containing single-bunks and multi-offender latrine and shower rooms. All of the dorm-style housing units contain a day room. In these units, telephones and the j-pay kiosks are available for offenders to use. The facility has a Disciplinary Restricted Housing Unit and an Administrative Restrictive Housing Unit. These units are celled housing, with toilet/sink fixtures in each cell. Showers are available outside of the cells.

The main entrance to the facility allows for the screening of all visitors, both offender and professionals, who enter the facility. All staff, visitors and their property are screened by metal detector and x-ray for weapons and contraband. In addition, all staff and visitors are pat-searched upon entering the facility. Finally, there is a sally-port which leads to the inside of the institution. The central control unit is staffed by a correctional officer, who views some of the facilities video monitoring output.

The facility has a commercial kitchen, which facilitates the daily feeding of the offender population. The kitchen operates nearly around the clock and is staffed by correctional officers and contract staff on each shift.

The facility has a large commercial laundry which is staffed by 7 offenders and supervised by one correctional officer and one laundry supervisor. The laundry contains many large commercial washers and dryers, which present many blind spots. The audit team discussed concerns about the blind spots behind and in between the machinery. Facility staff has developed a plan to address these concerns.

Putnamville has program activities available for all offenders not classified as either "restricted custody", "administrative segregation" or "protective custody"; and therefore restricted from contact with other offenders.

Activities available to offenders at the facility include education, recreational library, law library, religious services, substance abuse counseling groups, dayroom activities with television viewing, and an outdoor recreation yard. The facility has classrooms, a barbershop, and a chapel, which facilitates personal grooming activities and religious services. Family/friend visits occur in the visiting room.

Summary of Audit Findings

Number of Standards Exceeded:	1
Number of Standards Met:	42
Number of Standards Not Met:	0

Summary of Corrective Action (if any)

The on-site portion of the audit went very well. Facility staff was very helpful and responsive to the needs of the auditors and any concerns that were expressed. The audit team thanks the Superintendent, PREA Coordinator, and the entire staff for this because it simplified the process that needed to be completed.

Overall, it is evident that staff at Putnamville has been working toward compliance with the PREA standards. Because of this hard work, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

- All of the housing units had already addressed concerns about cross-gender viewing.
- The facility appears to be very well maintained. The tour went very well with only a few minor issues being identified.
- The intake process that has been established which includes initial information being provided upon receipt in Receiving & Release, additional information being provided and the video being shown within 24 hours by the caseworker in the orientation unit, and then follow up discussion with the SVAT is completed. This process offers the offender a number of different times when the information is available to them. In addition, posters and contact information by the J-Pay Kiosks is also available in both English and Spanish for offenders.
- The facility seems to be adequately staffed, in spite of the current vacancy rate and the camera system lends support to the supervision of the offender population by custody staff.
- Supervisory staff are out in the dorms and other areas of the institution, making rounds and working with their staff to address issues. In the random staff interviews, it was apparent that the line staff are very comfortable making contact with their supervisors and working through the issues. It was also very apparent during our tour that executive staff is touring

the facility on a regular basis and are engaged in the business at the institution. Superintendent Smith was acknowledged by staff and offenders and during our tour he was open to having discussions with individuals who approached him.

- Training for both staff and offenders appears to be completed with a high rate of compliance and good fidelity. To enhance staff training, you might consider the inclusion of the offender video. This would provide your staff with the same information being provided to the offenders, during their orientation.

Some of the areas of general concern included:

115.52(f): (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

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

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

115.73(a): Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.82(a): Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement.

115.83(b): The evaluation and treatment of such victim shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.83(h): All prisons attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

There are a total of 43 standards for adult correctional facilities and jails.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

Policy and Administrative Procedure (PAP) #02-01-115, Sexual Abuse Prevention Policy, outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy. The policy further outlines implementation of the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The 31-page policy provides definitions of prohibited behaviors

and a description of the agency's strategy and response to reduce and prevent sexual abuse and harassment of offenders.

Through specialized staff interviews, the Commissioner's designee and Superintendent confirmed the agency's commitment to achieving PREA certification and the agency's zero tolerance policy. Random staff that were interviewed also confirmed the agency's zero tolerance policy.

The policy mandates that a PREA Coordinator will be assigned, this is confirmed by review of the agency organizational chart provided with the Pre-Audit Questionnaire (PAQ). There are currently 35 PCM's throughout the state and the PREA Coordinator has regular contact with them through site visits and direct conversations. In addition, Bryan Pearson, Executive Director of PREA, was at the facility during the audit and answered questions, as needed. Mr. Pearson is leading the agency's commitment to attain PREA compliance.

The policy mandates the assignment of the facility PCM. Darrin Chaney was the assigned PCM during the audit. He has left the position and been replaced by Ms. A.L. Taylor. The PCM reports to the Executive Director of PREA, for PREA related issues. The facility organizational chart indicated Mr. Chaney was assigned as the PCM. During formal and informal discussions with the auditors, it was evident Mr. Chaney was knowledgeable about the standards and was able to answer most questions and could explain the process the facility followed in preparation for this audit.

When the PCM was asked about having adequate time to manage his PREA related responsibilities, he indicated he did not. He indicated it is a lot to do and at times he does not feel he is able to adequately complete all responsibilities. An investigator from the Office of Investigations and Intelligence has been assigned as the PCM. She has been responding to my e-mails and making suggestions for a better tracking process.

The staff looks to Mr. Pearson and the PCM to provide direction regarding PREA compliance. It was also clear that Mr. Pearson provides guidance, as needed, to the PCMs.

No corrective action was required for this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

The GEO Group contract, which is valid through 8/31/2018, was provided. Through a review of the contract, it is noted that the contract directs that the contractor (GEO Group) comply with PREA and ensure all applicable PREA standards, state policies related to PREA and standards related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state facilities/programs/offices owned, operated or contracted by the GEO Group.

Through an interview with the Agency Contract Administrator, the auditor was told that for each contract that is renewed, the updated PREA language is added. Monitoring is done by either the PREA Coordinator or a contract analyst. The Agency Contract Administrator informed the auditor that he works closely with the PREA Coordinator during every contract both in the beginning and at all renewals to ensure the PREA wording is correct and current. He further indicated that the contracts are reviewed and signed by the IDOC commissioner, the Attorney General's Office, and the Indiana Department of State Budgets. Lastly, he indicated all contracts are continually monitored for compliance.

No corrective action was required for this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

Through the specialized staff interviews, the Superintendent and PCM stated that during development of the staffing plan, the eleven (11) criteria outlined above were considered. Both indicated the facility is accredited by the American Correctional Association. The Superintendent indicated he checks for compliance with the staffing plan by reviewing the shift rosters on a daily basis and being out in the facility, conducting tours.

The staffing plan is evaluated annually or more frequently if needed, and provides for adequate levels of staff to protect offenders against abuse. Average daily number of offenders is 2025, the staffing plan is predicated upon 2100 offenders. The vacancy rate at the time of the on-site visit was 8.7%. All facilities, in consultation with the PREA Coordinator conduct an assessment, at least annually, to determine and document whether adjustments are needed to the staffing plan. The PREA Coordinator provided a copy of the most recent annual review that was completed.

During the tour, it appeared that staffing was adequate to provide an appropriate level of supervision for the offender population. The facility has at least 375 cameras positioned around the facility, which offers support to the staff who are providing the daily supervision.

Policy mandates that justification for deviations from the staffing plan must be documented on the shift rosters. In the pre-audit questionnaire, Putnamville provided copies of two shift rosters that displayed the deviations that had occurred and the reasons for the deviation. During the on-site portion of the audit, two additional shift rosters were reviewed. Deviations had been noted and the reasons were included.

The six most common reasons for deviating from the staffing plan included sick leave, personal leave, vacation, military leave, and shift shortages due to vacancies.

During the interview with Superintendent Smith, he indicated he reviews the shift rosters on a daily basis and discusses discrepancies with staff.

The PREA Coordinator indicated that he is consulted at least annually or more frequently, when the need arises, regarding assessments of or adjustments to the staffing plan for Putnamville.

PAP #02-01-115, Sexual Abuse Prevention Policy, mandates that intermediate or higher level supervisors conduct and document unannounced rounds on all shifts. Staff are prohibited from alerting other staff when these rounds are occurring, barring legitimate operational functions of the facility. There were 5 interviews conducted with intermediate or higher level staff. These interviews affirmed that staff are making unannounced rounds and documenting these rounds. The staff interviewed indicated that the rounds are unannounced because they do not tell the staff where they are going next or they just randomly drop in at various times during the shift. In addition, during random discussions, line staff were asked about the policy on the unannounced rounds. The auditor was told that supervisors conduct unannounced tours of their housing units and document them on the log sheet. These rounds are documented on the shift report including the date, time, and person's name who made the rounds. Audit team members reviewed the documents and noted consistent entries by supervisors.

No corrective action was required for this standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

Consistent with information reported, auditors observed no youthful offenders throughout the on-site visit. This standard for Putnamville is met because they do not house offenders under the age of 18.

No corrective action is recommended for this standard.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-03-101, Searches and Shakedown, clearly prohibits cross gender strip searches and body cavity searches except in exigent circumstances. If exigent circumstances arise, these searches are documented on an Incident Report form.

The PAQ reported no incidents of cross gender strip or body cavity searches in the last 12 months. Through a memorandum received from the Superintendent, there were no occurrences of cross gender strip searches or body cavity searches conducted in the last 12 month period.

It was explained to the auditor, if an exigent circumstance were to lead to a cross gender strip search it would be documented in a Critical Incident Report and reviewed through incident mapping and monitoring. The Critical Incident Report would be sent to the Major, Superintendent, and the PREA Compliance Manager. It would also be documented in the PREA folders.

Through interviews with staff, all reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility.

Consistent with information reported, auditors observed no female offenders throughout the on-site portion of the audit. Provision 115.15(b) of the standards is N/A for Putnamville.

PAP #02-01-115, Sexual Abuse Prevention Policy, states that offenders must be able to shower, perform bodily functions and change clothing without non-medical staff of opposite gender viewing their breasts, buttocks and genital areas except in exigent circumstances or when viewing is incidental to routine cell checks. Policy also requires staff of the opposite gender to announce their presence when entering an offender housing unit and when entering the latrine/shower area. Policy also prohibits staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status.

Most of the offender housing at Putnamville is dorm-style housing. The latrine and showers are in an area off of the bed and dayroom areas. The toilets have individual short walls between each one and limit staff of the opposite gender from viewing offenders while they are using the toilet. The shower area is an open setting with multiple shower-heads. The facility has added two curtains to limit opposite gender viewing from occurring while offenders are using the shower. This area can also be used if an offender needs to completely disrobe while changing clothes.

During the 23 random offender interviews, 11 offenders reported that female staff do not consistently make the announcement when entering the housing unit. They stated they very seldom make the announcement prior to entering the latrine/shower area. Of the 29 random staff who were interviewed, all but one reported that opposite gender staff makes announcements when entering the housing areas and the latrine/shower areas. The one who was unaware of the requirement to make announcements stated she does not enter the housing units.

Opposite gender staff was observed entering the housing units and announcing their presence. Opposite gender auditors made the announcement when entering the offender housing units. The announcement was logged on the shift rosters. Shift rosters for the days we were at the facility were reviewed, and it was noted by the auditor that there were entries where female staff logged making the notification.

To address this discrepancy, the Superintendent has provided additional training to all staff about the requirement to make the announcements when female staff is entering the housing units and the latrine/shower areas. A memo dated June 8, 2017 was sent to all staff members via departmental e-mail. In addition to the memo, an e-mail was sent to all unit team managers from Assistant Superintendent Rains to remind female staff to announce and log their presence. Superintendent Smith also reminded staff members at the Department Head meeting on May 28, 2017 and noted it in the minutes, and discussed it at the Captains and Lieutenants meeting on June 22, 2017. The PCM teaches the PREA class to all newly hired staff members and during that class she reminds new staff that females are required to announce their presence and notate the announcement on the log sheet. The last class she taught was on June 12, 2017.

When viewing the video monitors, it was noted that cameras in the dorm-style housing units provide female staff the ability to observe an offender when he is changing clothes, if he changes clothes in his bed area. To address this concern, the Superintendent has put out a memorandum to the offender population informing them that if they completely disrobe in their bed area, they are subject to be viewed by female staff. He informed them, they can change clothes, privately, by using the area outside the showers where there are curtains.

As a best practice, the auditor requested that a copy of the memorandum be added to the offender orientation packet. This will ensure all newly arriving offenders will be made aware of this mandate.

PAP #02-01-115 prohibits staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. Per information provided by the facility, no such searches have occurred in the past 12 months.

During the random staff interviews, it was apparent that staff understands and abides by this policy. Most indicated that if there was a need, the offender would be taken to the medical department for further action.

Through interviews with three transgender offenders, two of the offenders noted that dorm 11-North is used to house offenders who are transgender because it has an individual shower, in addition to a shower area with multiple shower heads. One of the transgender offenders lives in Dorm 18-South and stated she is allowed to shower separately from the other offenders who live in the dorm.

The training presentation guide for "Pat, Frisk, and Modified Frisk Searches" was provided to the auditors. It outlines the process used to conduct opposite gender pat searches and searches of transgender or intersex offenders. The pre-audit questionnaire indicates 100% of the staff received training in proper search procedures. Auditors reviewed the search curriculum.

During the random staff interviews, all security staff recall receiving training on opposite gender pat searches and on searches of transgender/intersex offenders. When questioned further about how they would conduct their search, staff were able to articulate that the "j" method would be used when

conducting transgender pat searches. All staff indicated they had PREA training within the last year. In reviewing the training records, it was clear that training for all staff had been conducted during the last year. A small number of staff who were off work had not received the training.

No further corrective action is required for this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Assault Prevention Policy, PAP #00-02-202, Offenders with Physical Disabilities, and the contract with Over-the-Phone Interpreting were reviewed.

Written documents are provided in English and Spanish to the offender population. During the tour, it was noted that posters were prominently displayed in areas in both English and Spanish. Nothing was

observed related to offenders with disabilities. During discussion with the PCM, he shared that brochures are available in braille, for offenders who are able to read braille.

PAP #02-01-115 and #00-02-202 mandate the steps to be taken to ensure offenders with disabilities (including offenders who are deaf or hard of hearing, blind or low vision, or those who have intellectual, psychiatric or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Policy prohibits reliance on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigations of the offender's allegations.

The Over-the-Phone Interpreting contract provides over the phone and in person interpretation services. Language line staff confirmed the contract with the facility and stated telephonic interpretive services are provided for most languages. During offender interviews, the interpretation services were used with one offender.

The Commissioner's Designee stated the inmate handbook is provided in English and Spanish and the language line is available to provide interpreter services for disabled and non-English proficient offenders. He indicated they have PREA information orientation books and disciplinary information in braille, large print, Spanish and English.

During interviews and various discussions, staff in the facility was not aware of the interpretation services available through the contract. Most indicated they would try and find another staff member to provide translation. Offender interviews were difficult because the translator (staff) provided could not provide adequate translation. Staff was able to obtain the telephone number from the Shift Supervisor and access the interpretation services.

In four of the 29 interviews conducted, staff interviewed indicated they would use another inmate to provide the translation that was needed. While this does not rise to the level of non-compliance, it is an area that can be easily corrected with some additional staff training.

Of the three limited-English proficient offenders that were interviewed, 2 indicated that they were not provided PREA information in a way they could understand the agency's PREA program. An interview was conducted with one disabled offender who is partially deaf. He indicated he is able to read lips and a staff member read the information to him, he was able to understand without the need for special services.

Through offender packet reviews, all offenders had acknowledged receiving the written PREA materials. It was noted that two offenders, who were Spanish speaking, signed an English Acknowledgement form, and the form did not notate if translation was provided. Staff was able to obtain the PREA Acknowledgement Form in Spanish. It will be used for all Spanish speaking offenders in the future.

In response to these deficiencies, on Thursday, May 25 2017, Superintendent Smith sent out an e-mail to all supervisory staff in which he stated the following:

As you are aware, we have contracted with Propio Language Services (Over-the-Phone Interpreting). The e-mail from Mr. Chaney outlines the procedure for utilizing the service. Mr. Chaney used the service during the audit and found it to be effective and convenient.

One of the issues that was identified by the audit team is that line staff are not aware that the service is available. While the Shift Supervisors or OII staff will likely be the ones making the contact with the provider, line staff needs to be aware of the option.

Please advise all line staff by announcing this option at 5 consecutive roll calls.

In addition, an all staff memo was distributed reminding staff about the use of the translation service and instructing them to never use an offender as an interpreter without first consulting their supervisor. The memo will be reviewed at staff roll call for each shift bracket monthly and documented by the PCM.

The Superintendent indicated there have been no instances where offender interpreters were used in the past 12 months.

If an offender interpreter is used during offender education, it would be documented on the bottom of the offender Education Form in the box for accommodations. If an interpreter is used during a report, it is documented in an Incident Report and investigation report. The Incident Report would be sent to the Major, Superintendent, and the PREA Compliance Manager. It would also be documented in our PREA folders.

No further corrective action is required for this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

A review was conducted of PAP #04-03-103, Information and Standards of Conduct for Departmental Staff. It prohibits the hiring or promotion of anyone who may have contact with offenders, who have engaged in the 3 criteria outlined in standard provision 115.17(a). It also mandates the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone that may have contact with offenders. This policy mandates a criminal background records check be completed before hiring staff that may have contact with offenders and make 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. It also imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. The policy mandates that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination. The policy also requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied to work.

Through the PAQ, there were no terminations during this audit period for staff or contractors due to material omissions or providing materially false information.

During the site visit, a random sample of applications for 5 contractors and 10 employees and a random sample of criminal records and background checks for the same contractors and staff were reviewed by the auditor. All files that were reviewed contained a current criminal records or background check.

PAP #04-03-103 prohibits the hiring or promotion of anyone who may have contact with offenders, who have engaged in the 3 criteria outlined in standard provision 115.17(a) such as sex abuse in a

confinement facility, convicted of engaging or attempting to engage in sexual activity in the community by force, threats, coercion or non-consent of victim, or has been civilly or administratively adjudicated to have engaged in the activity previously described.

During the document review, it was found that the 3 questions are being asked on the State Application form for both staff and contractors. It was further noted that the question about incidents of sexual harassment is being asked on the State Application form for both staff and contractors. During the interview with the Human Resources staff, she confirmed that responses to the 4 questions about sexual abuse/sexual harassment are being considered to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. The administrative staff interviewed also stated the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees who are being considered for promotions. This is accomplished through completion of background forms and submission to Indiana Data and Communications System (IDACS).

The number of persons hired over the past 12 months who may have contact with offenders who have had criminal records checks was reported as 186.

PAP #04-03-103 also mandates a criminal background records check be performed before enlisting the services of any contractor who may have contact with offenders.

The number of contractors hired over the past 12 months who may have contact with offenders who have had criminal records checks was reported as 21 Aramark contract employees and 27 Wexford Health Services contract employees. Background checks are being run and are available for review in the personnel file of the contractor. The Superintendent has put in place a policy that will require background checks for all staff to be completed and maintained every 3 years.

During the interview with human resources staff, she stated the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all contract employees. This is accomplished through completion of background forms and submission to the IDACS.

Human resources staff indicated that the facility responds to requests from other institutions and allows access to the entire personnel file and status of ongoing and incomplete investigations.

No corrective action was required for this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, was reviewed by the audit team. The PAQ indicated that the facility has not acquired new facilities or made substantial expansions or modifications of existing facilities since the last PREA audit. During the site visit, we toured the facility and did not observe any substantial expansions or modification of existing facilities. There were some modifications made to existing structures, they consisted of minor remodeling and roof repairs. There were cameras added, and PREA standards were considered in these installations.

During the interview with the Commissioner's Designee, he stated that in projects where substantial modifications to facilities are anticipated, all PREA standards are incorporated into the construction plan and in any modifications that are made, cross-gender viewing issues and potential blind spots are considered. He stated that during construction, modifications or monthly institutional reviews, they evaluate how technology can assist in protecting offenders.

In discussion with the Superintendent, he informed the auditor that no substantial expansions or modifications to the facility have occurred since the last PREA audit. The Superintendent told the auditor that Putnamville reviews previous PREA reports and considers identified blind spots in determining the placement of cameras. The institution has added some cameras since their last PREA audit. The auditor was told that placement of the cameras were decided after discussion with a variety of staff including the PCM.

No corrective action was required for this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #00-01-103, The Operation of the Office of Investigations and Intelligence and a copy of the Sexual Assault Manual, Health Services Division were provided to the audit team for review. PAP #02-01-115, Sexual Assault Prevention Policy, was also reviewed by the auditor. The agency is responsible for investigating allegations of sexual abuse.

Interviews with 29 random staff indicate they would contact their supervisor and close off the cell or bed area to limit who had access. Photographs would need to be taken. They would separate the victim and suspect. They would make sure all evidence was collected and the offender was given a forensic sexual assault exam. The auditor was informed that investigative staff usually handles this process.

Agency conducts both Administrative and Criminal Sexual Abuse Investigations, both offenders on offender sexual abuse and staff sexual misconduct. The PAPS reviewed provide uniform evidence protocol for sex abuse. There is specific language for staff to separate victim and perpetrator and ensure both do not destroy evidence, secure the scene, and gather usable physical evidence.

The agency does not house youthful offenders in their adult facilities, protocol is not developmentally appropriate for youth.

The facility ensures that offenders who allege the incident occurred within the last 96 hours are offered a forensic medical examination and if accepted, transported promptly to ensure evidence is not lost. The facility through the existing MOU is following the growing trend across the United States in the use of sexual assault nurse examiners (SANEs) to conduct the exam. SANEs are registered nurses who receive specialized education and fulfill clinical requirements to perform these exams. The facility strives to ensure that victims of a recent sexual assault have access to specially educated and clinically prepared examiners to perform the forensic medical exam.

An interview with Director of Emergency Services indicated SANE services are provided 24 hours a day, 7 days a week. Terre Haute Regional Hospital currently has adequate staff to provide the required services. One of five trained SANE staff is on call, 24-hours a day. In the event of life threatening injuries, the emergency room physician may perform the evidentiary or medically appropriate exams. She noted that the medical log indicates that a SANE staff member was available when the hospital was notified for each incident. Over the past 12 months, 2 forensic medical exams have been conducted by SANEs.

The agency offers all offenders who experience sexual abuse access to forensic medical examinations at no financial cost to the offender. This is confirmed via a memorandum from the Health Care Administrator.

Information reviewed included the Community Standard Agreement with the Indiana Coalition Against Domestic Violence (ICADV). Review of the victim advocate MOU determined the MOU is written to service victims at the Putnamville facility. The information provided supports that obtained through the interviews.

The PCM was interviewed and verified the role of the victim advocate is provided through the ICADV. The PCM indicated the qualifications for the victim advocates are outlined in the current Memorandum of Understanding with ICADV. Auditors interviewed one offender who reported an incident of sexual abuse. The offender indicated that he was not allowed to contact anyone. In reviewing other information provided, it is noted this issue was evaluated and determined not to be a PREA incident. The offender was not notified of the decision. No disciplinary action was taken and no referral to Mental Health was made.

Offenders are provided by the victim advocate, assistance and support during the forensic medical examinations through the local court process. Victims are provided with the victim advocate contact information and are given education, mental health referrals, and offered follow-up services.

No corrective action was required for this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Assault Prevention policy, mandates that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and to notify the

State Police liaison of the assault to request assistance, if needed. This investigation shall be conducted by either the facility's Internal Affairs staff or staff from the Internal Affairs Section in Central Office. It further mandates the agency to ensure that allegations of sexual abuse and sexual harassment are referred for investigation to the appropriate investigative bureau with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All referrals are documented. PAP 00-01-103, The Operation of the Office of Investigations and Intelligence outlines investigative staff's responsibilities in response to allegations of sexual abuse and harassment.

The Commissioner's Designee stated that allegation logs are completed by all institutions and forwarded to the PREA Coordinator at IDOC headquarters. These reports are reviewed and their data is compiled on the IDOC sexual incident report. He further indicated that all assaults, including sexual assaults are reviewed for either possible criminal or administrative actions. They involve Human Resources, the Office of Investigations and Intelligence, the State Police and the local District Attorney's Office. They continually monitor the process from start to finish.

Over the past 12 months, this facility received 36 allegations of sexual abuse and sexual harassment. The facility reported all investigations have been completed. Of the 36 allegations, 12 were sexual abuse, 15 were sexual harassment and 9 were determined not to be PREA. One case was substantiated, 21 cases were unsubstantiated and 5 cases were unfounded.

Through interviews with investigative staff, the auditor was informed the agency has authority to conduct criminal investigations and information/guidance is provided by the Indiana State Police. All cases are presented to the District Attorney. The policy is available on the website.

The agency is responsible for both administrative and criminal sexual abuse investigations. Standard provision 115.22(c), 115.22(d), and 115.22(e) are not applicable to this agency.

No corrective action was recommended for this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

The audit team reviewed PAP #02-01-115, Sexual Abuse Prevention policy, PAP #01-05-101, Staff Development and Training, the PREA Presentation Guide, Training Records and Training Acknowledgement Sheets.

PAP #01-05-101 mandates the agency to train all employees who may have contact with offenders on all 10 specified criteria as outlined in standard provision 115.31(a). The training curriculum includes 9 of the 10 criteria outlined in standard provision 115.31. The requirement for civil immigration was not addressed in the lesson plan because Indiana Department of Corrections does not house offenders detained for civil immigration purposes. The policy mandates the employee training be tailored to the gender of the offenders at the employee's facility and provides employees additional training if he/she is reassigned from a facility that houses only male offenders to a facility that houses only female offenders or visa versa.

Random staff interviews indicated staff had received training on PREA within the last 12 months. The training included prevention, detection, reporting and response. The policy is zero tolerance and retaliation is not allowed.

The lesson plan is a general lesson plan designed to help train all levels of staff on the implication of PREA. Refresher training is scheduled an annual basis. Two phases of PREA training is provided. Initial training is provided during orientation and additional facility specific training is provided later through on-the-job training.

During the site visit, record reviews for 10 randomly selected staff were conducting and it was determined that all the staff who had their training file reviewed had received the mandatory PREA training. The auditor was informed that a few staff had not received the training because they were currently off work and the facility had a plan to ensure training was completed upon the staff's return to work.

Through 29 random staff interviews, the auditor was told by each staff member that they had completed the mandatory PREA training within the last 12 months. This was confirmed by comparing the names of the staff interviewed with the names of the staff who are on the overdue/non-compliance list.

PREA training requirements mandate attendance at the required training be documented, through employee signature that they understand the training they have received. Employees are required to complete the Acknowledgement of Receipt of Training and Brochures "Sexual Assault Prevention" upon

completion of training. As part of this acknowledgement process, the employee is certifying that they understood the training materials.

No corrective action was required for this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, and the PREA Presentation Guide were reviewed by the audit team. The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under PREA. The policy mandates the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. Both volunteers and contractors have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility has 388 volunteers and contractors currently authorized to enter the facility. All have been trained in the agency's policies and procedures per policy.

During the site visit, volunteers and contractors were interviewed and training records were checked. It appears the facility has a good process in place to ensure contractors and volunteers receive PREA training.

During the interviews, auditors were told that volunteers and contractors are provided PREA training annually. All of the individuals who were interviewed were able to explain to the auditor the components of the training and the requirement to report immediately, should they be made aware of an incident. Verification of this training was accomplished via completion of the PREA Acknowledgement of Receipt of Training and Brochure.

No corrective action was required for this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, was reviewed by the audit team. PREA posters were reviewed by the audit team. The audit team reviewed written materials, which are available in English and Spanish. We were also informed the brochure is available in braille.

Policy mandates that offenders receive information at intake regarding the zero-tolerance policy and how to report incidents of sexual abuse/harassment. Information is provided in the Inmate Handbook on page 23. It further mandates that within 30 days of intake, offenders receive comprehensive education either in person or through video regarding their rights to be free from sexual abuse/harassment and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The policy states that offenders received PREA education within 7 days of intake or transfer. Policy also mandates the agency to provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually

impaired, or otherwise disabled, as well as to offenders who have limited reading skills. The agency does have access to a braille brochure for the visually impaired, but states they would read the inmate handbook to the offender to provide effective communication, if necessary. The policy ensures that key information is continuously and readily available or visible to offenders through posters, inmate handbooks, or other written formats.

There were 2311 offenders who were provided the PREA information during the intake process, which represents 100% accuracy.

The Sexual Abuse Prevention Policy is available for offenders to review in the Law Library.

During interviews with two intake staff, the auditor was informed that offenders are provided with orientation upon arrival at each new institution. The intake process that has been established which includes initial information being provided upon receipt in Receiving & Release, additional information being provided and the video being shown within 24 hours by the caseworker in the orientation unit, and then follow up discussion where the Sexual Violence Assessment Tool (SVAT) is completed. This process offers the offender a number of different times when PREA information is available to them. In addition, posters and contact information by the J-Pay Kiosks is also available in both English and Spanish for offenders.

During the 23 random offender interviews, six indicated they did not receive any information within 24 hours of arrival at Putnamville. Four of those stated they got the information anywhere from a week to a month after arrival at the facility. Two indicated they never received any written information. In reviewing the offender packets, it was noted that all but one of the offenders who indicated they did not receive any PREA written information had signed Acknowledgement forms in their file. One of the offenders was a new arrival, and an offender packet had not been received for him. When this was discussed with staff, the auditor was informed that offenders are given quite a bit of information in their first few days, and some do not take the time to review the information until later. The auditor was provided with a folder containing all of the information that is given to the offender, upon arrival.

Because of the volume of information received during the admission and orientation process and the fact there were signed acknowledgement forms in the offenders file, this auditor believes the standard is being met.

There were 1989 offenders who were provided PREA education within 30 days of intake, which represents 100% accuracy.

Policy mandates that all offenders receive PREA education within 7 days of intake or transfer. At Putnamville, all offenders have the SVAT updated annually, so the PREA questions are being asked and casework staff is available to answer any questions the offender might have during the annual review/update of the SVAT.

Via a random sample of offender packets, all contained signed Acknowledgment forms.

The facility maintains documentation of offender participation in PREA education sessions. Documentation is made via their signature on the Offender Education Program form which is maintained in the offender packet.

During the site visit, the team observed posters available for viewing around the institution in housing units and other areas. Also, the information is available on the kiosk and through brochures that are provided to offenders.

Language lines are available through a contract provider.

As a best practice, the facility has begun to show the PREA video in all housing units at 8:00 am every morning. This will ensure the offender population has access to the information being presented in the PREA video.

No corrective action was required for this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Assault Prevention Policy, and #00-01-103, Conducting Sexual Assault Investigations Presentation Guide, IDOC–SART Training Curriculum, and training records and certificates were reviewed by the audit team.

Policy mandates that in addition to the general training provided to all employees, the facility shall ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in a confinement setting. The agency conducts both administrative and criminal investigations on sex abuse cases. It requires that the facility maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.

PAP #00-01-103 requires specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutor referral.

Investigative staff receive training specific to conducting sexual abuse investigations in confinement settings. Trainings include quarantining area, interviews, initiating the scene log, medical response, reporting and making determinations. The training courses completed included: PREA-Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections, and the IDOC Sexual Assault Response Team Training.

Copies of training certificates were provided with the PAQ.

Through documentation reviews, investigator training certificates were provided which demonstrate completion of "PREA – Investigating Sexual Abuse in a Confinement Setting" presented by the National Institute of Corrections, State of Indiana-SART Training and Sexual Assault Prevention Program training.

Investigative staff interviews confirmed receipt of specialized training in all areas required per this provision during SART training and investigator academy/training. Garrity training is provided during NIC training.

The Superintendent certified that Putnamville currently has five staff assigned to OII that are certified and have completed all necessary training in regards to conducting sexual assault investigations.

No corrective action was required for this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Assault Prevention Policy, was reviewed by the audit team. Medical and mental health services are provided by Wexford Health Services via an approved contract with the Indiana Department of Corrections. The agency policy mandates that all full and part-time medical and mental health care practitioners who work regularly in its facilities be trained in all 4 of the criteria as outlined in standard provision 115.35(a). The facility employs 33 medical and mental health care practitioners who work regularly at the facility. The PAQ indicated that 100% have received the general training, which incorporates the four components outlined in standard provision 115.35(a).

During interviews with 4 medical and mental health staff, it was reported that each had received the general PREA training and the four components identified in 115.35(a).

During records reviews, the training files for 4 medical and mental health staff were reviewed. Training Acknowledgement forms were contained in each file.

Supervisory medical personnel and the Superintendent clearly reported that all medical staff are prohibited by procedure from performing forensic examinations on sexual abuse victims.

Medical and mental health care practitioners receive general PREA training mandated for employees, volunteers & contractors as identified in policy and outlined in PREA standards, depending upon the practitioner's status in the agency.

During the on-site visit, audit team members reviewed and verified attendance at PREA training through the training records. Documentation is maintained that medical and mental health practitioners have received the general PREA training and the specialized training referenced in standard 115.35 either from the agency or elsewhere. Acknowledgement of Receipt of Training and Brochures forms are completed.

No corrective action was required for this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

The facility has established a thorough process that affords offenders multiple opportunities to interact with their caseworker to report or discuss concerns of sexual victimization. The Exceeds standard was determined by the processes that have been established to provide the brochure to offenders while they are still in the Receiving area. This is a step that has been added to the required process, as outlined in agency policy. The offender completes a questionnaire about sexual victimization/abusiveness and then meets with the caseworker, who completes a standardized Sexual Violence Assessment Tool. Within 30 days of arrival, the offender is scheduled, again, to meet with the assigned caseworker to conduct a follow-up review regarding sexual violence. The PREA video is shown in the Admissions and Orientation (A/O) unit every morning between 8:00 and 8:15 am. In reviewing the offender packets, the audit team found completed forms in every file, all of which were completed within the prescribed time frames.

PAP #02-01-115, Sexual Assault Prevention Policy was reviewed by the audit team. Policy requires all offenders to be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other offenders via the use of the standardized SVAT. Policy mandates intake screening ordinarily be conducted within 24 hours of the offender's arrival at the facility and that the SVAT consider at a minimum nine of the criteria identified in Standard provision 115.41(d). Civil immigration is not addressed on the SVAT because the facility does not detain offenders solely for the purposes of civil immigration purposes. It further mandates the SVAT consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. Policy mandates that an offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness and that offenders will not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to Standard 115.41.

A random sample of intake records and a random sample of SVATs were reviewed by the audit team.

During interviews with two staff who perform screening for risk of victimization and abusiveness, the auditor was told that all inmates are screened utilizing the SVAT upon admission to the facility or transfer from another facility.

During random interviews with 23 offenders, 18 indicated the screening for risk of victimization and abusiveness was conducted, four indicated that it was not done and one offender could not remember. Of the 18 who indicated the risk screening was completed, about half indicated it was done within one to two days of arrival, one offender stated it was about 2 week later and the remainder couldn't recall when it happened.

The auditors observed the screening of one offender who was received at Putnamville the prior day. The SVAT was completed and the caseworker asked the offender if he had any questions related to PREA.

The number of offenders entering the facility whose length of stay in the facility was for 72 hours or more, who were screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their arrival at the facility was 1989. Superintendent Smith certified that all were completed within the 72 hour PREA mandated timeframe.

During the on-site portion of the audit, offender packets were reviewed to verify the risk screening was being completed within the mandated timeframes. It was noted that of the 15 records reviewed, all were compliant with the standards.

The facility assesses offenders promptly upon arrival as part of the intake process. This process evaluates risk of sexual victimization and abusiveness. The auditors were provided with a copy of a SVAT, on which these risks are documented. The SVAT meets all protocols under the standard except for 115.41(d)(10).

PAP #04-01-101, Adult Offender Classification policy was reviewed. This policy mandates that within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. Putnamville indicated that all offenders are reassessed within 30 days of arrival at their facility based on criteria outlined in standard provision 115.41(f). The assessments are done annually, thereafter.

During the interviews with two staff who perform the risk screening, the auditor was informed that generally, offenders are rescreened within 48 – 72 hours of arrival.

During 23 interviews of random offenders, 11 indicated that they have been called to meet with their caseworker a few days after the initial questions were asked. Three offenders did not recall if they had been asked the risk assessment questions again, one of the offenders interviewed had not been there for 72 hours, and eight stated they had not been asked the risk assessment questions again. Several of the offenders interviewed had been housed at Putnamville for more than 12 months. Intake and screening records were reviewed by the audit team to demonstrate institutionalization of this screening practice. It was noted that SVAT forms were present in all but one of the offender packets that were reviewed and all were completed timely.

Even though some of the offenders did not remember participating in the screening process, this auditor believes this standard is met because the intake process was observed where all offenders were being screened in compliance with policy and through the record review, completed SVAT forms were present in the offender packets

During the interviews with two staff who perform the risk screening, the auditor was informed that caseworkers complete a reassessment of the risk, on an as needed basis. Circumstances that would warrant a reassessment might include referral by staff, incident of sexual abuse, receipt of additional information. Refusal to answer questions asked during screening does not result in disciplinary action.

PAP #01-04-104, Establishment, Maintenance, & Disposition of Offender Records, mandate that the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to standard 115.41 in order to ensure sensitive information is not exploited to the offender's detriment by staff or other offenders. This is accomplished by the assessment tool being maintained in the confidential section of the offender's packet. A flag is assigned in the electronic system. The flag status is available to staff with a need to know, but the detailed information which caused the flag to be set is only available to classification and management staff. Policy also clearly directs that staff are not to discuss the flag status with the offender.

The PREA Coordinator and PCM stated that access to the information obtained through the risk screening is based on an employee's classification, when they would need to know to adequately complete their duties and responsibilities. The auditor was told that any staff member who has general inquiry access for the Offender Information System is permitted to view offender flags. This includes Unit Team Staff, Sergeants, Lieutenants, Captains, and officers that work specialized areas such as the count room, visiting room, disciplinary hearing officers, master control officers, administrative secretaries, and those working in the Business Office. This access is consistent with current statewide standards.

Through interviews with staff who complete the risk assessment forms, the auditor was told the SVAT is not copied and not transferred via electronic mail, they are put in a confidential envelope and hand-carried to the file room, where they are placed in the confidential section of the offender's packet.

No corrective action was required for this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 and #04-01-101 were reviewed by the audit team. Agency policy mandates the facility to use information from the risk screening to inform housing, programming, and education assignments, to keep offenders at high risk of sexual victimization apart from high risk abusive offenders.

The SVAT which is used for the risk assessment is incorporated into the electronic offender record and is available for use in making housing decisions. Use of the standardized SVAT and the instructions included assist staff in determining appropriate housing for each offender. The information is incorporated into the electronic offender record and accessible to only limited staff to make housing and programming decisions.

Staff responsible for risk screening shared that information obtained through the interview with the offender is used to assess the appropriateness of housing and bed assignment for the offender. Staff evaluates the answers on the questionnaire and determines if the offender is likely a victim or an aggressor. Once the information is gathered, it is submitted to classification for review. They will house the offender in general population, administrative segregation, or protective custody. It will also be used, along with many other case factors to make work and education assignments.

PAP #02-01-115 mandates that decisions regarding appropriate transgender or intersex housing in either male or female facilities and programming assignments are determined on a case-by-case basis. Placement decisions will ensure the offender's health and safety, and will consider whether placement would present management or security problems. It requires offenders be reassessed at least twice a year to review any threats to safety experienced by the offender. Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and

programming assignments. It mandates placement and programming assignments for both transgender and intersex offenders be reassessed at least twice a year to review any threats to safety experienced by the inmate. It states that transgender and intersex offender's own views should be seriously considered when determining housing placement and programming assignments and the offenders be given the opportunity to shower separately from other offenders. Policy mandates the agency not place Lesbian, Gay, Bi-sexual, Transgender, or Intersex (LGBTI) offenders in dedicated facilities, units, or wings solely on the basis of such identification or status.

Of the 3 transgender offenders interviewed, two indicated they had not been asked any questions about their safety when interviewed by staff. One offender indicated that she was asked if she had any safety concerns when she talked to her caseworker. In reviewing the offender's packets, it was noted that completed SVAT forms were included there. Two of these transgender offenders are housed in a building that has an individual shower. One is housed in a housing unit that does not have a private shower, but she is allowed to shower separately from the other offenders.

When this was discussed with staff, the auditor was informed that offenders are given quite a bit of information in their first few days, and some do not take the time to review the information until later. The auditor was provided with a folder containing all of the information that is given to the offender, upon arrival. Because of the volume of information received during the admission and orientation process and the fact there were signed acknowledgement forms in the offenders file, this auditor believes the standard is being met.

During interviews with staff that complete the risk screening, the auditor was informed that all offenders are seen by their assigned caseworker at least once every 90-days. This affords the transgender and intersex offenders the opportunity to express any threats they have received and/or any safety concerns they may have. There is not a structured process in place for this to occur; however, caseworkers see all offenders each quarter.

To address this issue, the Superintendent has provided written direction to all Unit Team Staff to ask transgender and intersex offenders about any safety concerns and to document such conversations in the Offender Case Management System.

Staff responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders.

Living units were toured and in most of the dorms, staff indicated they would allow a transgender or intersex offender to shower separately, if the offender asked to do so. Many of the transgender offenders are housed in Dorm 11-North because that building has an individual shower, in addition to the shower area with multiple shower heads.

Staff interviewed indicated they would allow a transgender or intersex offender to shower separately, if the offender requested.

All three of the transgender offenders who were interviewed indicated they are allowed to shower separately from other offenders.

The PREA Coordinator and the PCM confirmed that the agency has no consent decrees, legal settlements, or legal judgements for the purpose of protecting such offenders.

In reviewing the housing assignments for LGBTI offenders, it was noted by the audit team that they are not housed in a specific area; they are housed in various units within the facility. Through interviews with gay and transgender offenders, the audit team confirmed that offenders are not put in a housing area only for gay and transgender offenders.

No corrective action was required for this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

A review of PAP #02-01-115, Sexual Abuse Prevention Policy was conducted by the audit team. Policy basically mirrors Standard 115.43 and prohibits placing offenders who are at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It states that offenders who are placed in segregated housing for the purpose identified in standard provision 115.43(a), shall have access to programming, education & work opportunities to the extent possible and requires that restrictions be documented and include the 3 areas as identified in standard provision 115.43(b). Policy mandates offenders assigned to involuntary segregated housing shall occur only until an alternative means of separation from likely abusers can be arranged. Such assignment shall not ordinarily exceed a period of 30 days. It further mandates that if involuntary segregated housing assignments are made pursuant to standard provision 115.43(a), the facility documents: a) The basis for the facility's concern for the offender's safety; and b) the reason why no alternative means of separation can be arranged. These statements are

documented on the PREA Housing Assignment Review form. In addition to being on the PREA Housing Assignment review form, it would also be documented on the Segregation Confinement Report and an Incident Report.

The Superintendent stated that policy does not allow offenders who are at high risk of sexual victimization to be placed in segregated housing, unless all other alternatives have been eliminated. He indicated that the facility strives to not place any offender who is at high risk of victimization in involuntary segregated housing; however, if alternative housing is not readily available, the offender may be retained in involuntary segregated housing until the next business day.

Intake staff interviews confirmed that risk screening is done to assist in determining appropriate housing. Offenders are initially placed in the orientation dorm (17-South), while the risk screening is completed.

In reviewing a random sample of housing records, it was noted that one offender had been placed in segregated housing upon arrival at Putnamville. The Superintendent indicated that this was a mistake by his staff and the housing was corrected the next morning, after he reviewed the prior day's intake reports.

In practice, if an offender is placed in segregated housing, any limitations will be documented on the PREA Housing Assignment Review form and maintained in the housing unit. The information would be documented in the PREA folders by the PCM. Offenders assigned in segregated housing are not allowed to have a work or education assignment. Staff who supervise offenders in segregated housing indicated the offenders are allowed limited programs and privileges including visiting, recreation, telephones, and property.

The offender who was interviewed was not afforded programs, school or work. He was allowed access to his property and canteen. He was released from segregated housing within 24 hours.

During interviews with two staff who supervise offenders in segregated housing, they told the auditor that it does not happen very often but sometimes it can take up to two weeks to move the offender to another facility.

Through a review of the records, it was noted that there were 5 offenders who were placed in segregation. Three were in segregation due to requesting protective custody, when they made the PREA allegation. One made a PREA allegation which was investigated and determined to be unfounded, he then requested protective custody. One offender was in segregated housing and received 30 day reviews.

In addition, a memo was recently sent out to all SART members and Shift Supervisors reminding them to document the basis for involuntary segregation

The team also reviewed the intake screening process. Policy mandates that offenders will be reviewed every 7 days for the first 2 months of assignment and then every 30 days thereafter, to ensure that for each such offender there exists a continuing need for separation from the general population.

Per a memorandum received from the Superintendent, there were no offenders retained in involuntary segregated housing for more than 30 days during this review period.

During an offender interview, he indicated he was not retained for more than 30 days.

During interviews with staff who supervise offenders in segregated housing, they indicated casework staff would review the offender's circumstances every 30 days; however, they stated that offenders are hardly ever retained in involuntary segregated housing for more than 30 days.

During the tour, it was noted that there were no offenders currently housed in segregated housing due to victim concerns.

No corrective action was required for this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, the Inmate Orientation Handbook and the PREA Brochure were reviewed by the audit team. Policy requires the facility to provide multiple internal ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents. The policy mandates the facility to provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse/harassment to agency officials, allowing the offender to remain anonymous upon request. The policy further requires that offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the department of homeland security. Through discussion with the PREA Coordinator, IDOC, does not house offenders detained solely for civil immigration reasons. It requires staff to accept reports made verbally, in writing, anonymously, and from 3rd parties and to promptly document any verbal reports. Policy mandates the facility to provide a method for staff to privately report sexual abuse and sexual harassment of offenders. This is accomplished through the chain of command or by contacting the Executive Director of PREA.

Review of the Inmate Handbook indicates internal reporting mechanism for offenders is by: 1) writing an offender grievance and giving it to a staff member; 2) placing the grievance with outgoing mail in any housing unit; 3) mailing the grievance directly to the institution; 4) family reports; or 5) submitting the report on kiosk. In addition, the Inmate Handbook allows offenders to privately report by dialing #80 or the public number which is monitored and recorded. PREA posters, written in both English & Spanish, provide a number which can be called confidentially.

During interviews with 29 random staff, the auditor was told by every staff member that was interviewed that there are multiple ways for offenders to report sexual abuse, sexual harassment, retaliation by other offenders or staff, and staff neglect or violation of responsibilities. They shared that offenders can report privately by calling the number on the poster, using #80, using the kiosk, and

telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. Staff indicated they would accept the report from the offender verbally and document on a Sexual Incident Report.

During interviews with 23 random offenders, the auditors were told by all of the offenders interviewed that there are multiple ways for offenders to report sexual abuse, sexual harassment, retaliation by other offenders or staff, and staff neglect or violation of responsibilities. These included tell staff, calling the hotline, writing a letter, filling out a grievance. They stated they could make a report verbally or in writing. Most were aware they could remain anonymous, if they requested. Most felt that if they told staff, it would be addressed and confidentiality would be maintained. Three offenders indicated that some of the staff are not as discreet as they should be with offender information.

During the tour, the team noted posters providing reporting information in both English and Spanish. We observed reporting instructions by the J-Pay Kiosk in all housing units and were shown brochures that are provided to the offenders. The audit team tested the hotline number from the posters and all worked appropriately. Posters provided contact information for an entity outside of the IDOC who will take reports and forward immediately to the Headquarters PREA Coordinator for response. We saw copies of these reports that had been forwarded to the Headquarters PREA Coordinator.

No corrective action was required for this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, and #00-02-301, Offender Grievance Process, were reviewed by the audit team. The auditor obtained an offender grievance form from staff for review.

The agency has an administrative policy for dealing with offender grievances regarding sexual abuse. Offender grievances alleging sexual abuse or sexual harassment are forwarded to the PCM and the I&I Office. This establishes that the agency has administrative procedures where offenders can fill out a form articulating an issue they wish to grieve and submit their completed grievance form to a designated staff member for review and response. The response is provided in writing on the grievance form and within a specified timeframe. The policy establishes timeframes for responding to emergency

allegations.

PAP #00-02-301 mandates that the agency will not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. Agency does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Review of inmate handbook reveals reports of sexual abuse allegations may be made at any time using the Grievance Suggestion Form. It states that a time limit will not be imposed on when an offender may submit a grievance regarding an allegation sexual abuse. Policy mandates a final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by offenders in preparing any administrative appeal. The agency may claim a 70 day extension to respond and the offender must be notified in writing of any such extension and provided a date by which a decision will be made. At any level of the process, including final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. It states that 3rd parties are permitted to assist offenders in filing request for administrative remedies relating to allegations of sex abuse and shall be permitted to file such requests on the offenders' behalf. If a 3rd party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

According to the PAQ, during this review period, there were no grievances filed regarding sexual abuse, sexual harassment, or retaliation related to reporting of sexual abuse or sexual harassment.

During the on-site portion of the audit, it was noted by the audit team that the process followed at the facility does not include the return of a closure document from the PCM to the Grievance Coordinator. This caused the data contained in the Grievance system to be incomplete.

The audit team recommended that upon resolution of the sexual abuse/sexual harassment investigation, that a closure document be provided to the Grievance Coordinator for input into the electronic Grievance system. This will allow the records to be complete and accurate.

Review of the offender handbook reveals that reports of sexual abuse allegation may be made at any time using the grievance suggestion form. There is no time limit as to when an offender may submit a grievance allegation of sexual abuse.

In reviewing the log in the electronic grievance system, it was noted that there were no regular PREA grievances and one emergency PREA grievance filed during this review period.

One offender who reported sexual abuse was interviewed; his report was not submitted utilizing the grievance process.

Over the past 12 months, no grievances alleging sexual abuse filed by offenders were declined third party assistance.

The standards require establishment of procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. The standard requires initial response within 48 hours and issuance of the final agency decision within five calendar days. IDOC policy was modified in 2016 to comply with this standard.

During this review period, there was one emergency grievance filed. Through a review of the records, the only emergency grievance that was filed was responded to in seven calendar days; which is outside the timeframe allowed in the standard. It was further noted that the process to return the grievance response is via the mail. The Housing Unit officer is responsible to distribute the mail and the allegation is against the housing unit officer. The offender alleges he never received a response, so he elevated it and didn't get a response of that grievance either.

To address this deficiency, the Superintendent has issued a memorandum directing OII staff to respond within 48 hours at a minimum, but immediately when possible to any "emergency grievance" of imminent sexual abuse and Putnamville shall issue a final agency decision within five calendar days. In addition, the Superintendent has established a policy that requires grievance responses to be hand-delivered by the Grievance Coordinator to the offender who filed the grievance. This will eliminate the subject of the grievance from being able to intercept the grievance response. It will also allow the facility to ensure responses are received by the offenders.

Policy allows the agency to discipline an offender for filing a grievance related to alleged sexual abuse only where facility staff demonstrates that the offender filed the grievance in bad faith. Over the past 12 months, no grievances alleging sexual abuse resulted in disciplinary action against the offender for filing the grievance in bad faith.

The auditor monitored this change in process for 90 days, during which time the institution did not receive any grievances alleging sexual abuse or sexual harassment.

No further corrective action is required for this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, PREA posters, PREA pamphlets, the Inmate Orientation Handbook, and the Professional Services Agreement with the Indiana Coalition Against Domestic Violence (ICADV).

PAP #02-01-115 mandates each facility to provide offender access to outside victim advocates for emotional support services related to sexual abuse by providing offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, or local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes provide contact information for immigrant services agencies. It mandates each facility to enable reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible and requires each facility to inform offenders prior to giving them access, of the extent to which such communications will be monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The policy further requires the facility to maintain or attempt to enter into an MOU or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The facility maintains copies of agreements and provided copies to the auditor for review.

Also included in the policy, counselors from victim advocacy groups shall be allowed access to the offender as a special visit arranged through the PCM in accordance with PAP #02-01-102, "Offender Visitation." The reason for this visit shall be kept confidential and limited to the coordinator.

The audit team contacted the victim advocate at ICADV and was told that they have been receiving calls from the facility and that the process has worked well. When the call is received, it goes to a voice mail or to the Victim Advocate's cellular phone.

Offender information sheet and brochure entitled "Sexual Assault Reporting and Counseling Services Information Brochure" provides contact numbers for the rape crisis center.

Random offender interviews provided information that about half of the offenders interviewed indicated that they knew about outside victim advocates that would be available to talk with them. Of the offenders who knew, they indicated there were posters around the institution that provide the contact information and telephone number. The offender who reported sexual harassment indicated during his interview that he was not provided with contact information for the outside services.

The audit team, during the facility tour, noted that posters were prominently displayed in all housing units and all offender work locations, as well as the visiting room and other areas. The posters provide the contact information and telephone number.

During the random offender interviews, 13 indicated that they felt the information they provided would be kept confidential, 6 weren't sure if the information they provided would be kept confidential, and 4 offenders stated they would not tell them anything because they were not confident the information would be kept confidential.

No corrective action is recommended for this standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 and a Visitor Information Brochure were reviewed by the audit team. Policy mandates

establishment of a method to receive 3rd party reports of sexual abuse/harassment and distribute public information on how to report sexual abuse and sexual harassment on behalf of an offender.

The auditor reviewed the IDOC website and found the required information.

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was included.

No corrective action was required for this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 and the PREA Duty to Report for Medical and Mental Health Staff form were reviewed by the audit team. Policy mandates all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility, whether or not it is a part of the agency. This includes any retaliation against any offender or staff who reported such an incident and any staff neglect or violation of responsibilities which may have contributed to an incident or retaliation. It prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, other security, and management decisions. Policy requires medical and mental health practitioners to report sexual abuse pursuant to standard provision 115.61(a), and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services, unless precluded by federal, state, or local law. Policy mandates that all allegations of sexual abuse or sexual harassment are reported to designated investigators at the facility, including 3rd party and anonymous reports.

During random interviews with staff, it was confirmed that staff is aware of this requirement and could explain how they would report an allegation of sexual abuse. They further stated that the information they received from the victim should remain confidential, with them only notifying their supervisor and medical staff.

Through interviews with medical and mental health staff, the auditor was told at the initiation of services to an offender, they are required to disclose the limitations of confidentiality and the staff's duty to report. They confirmed their duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning it. Three of the four staff interviewed indicated they have been made aware, in the past, of incidents and they have reported, as required.

Agency provided the medical informed consent form which is provided to offenders prior to the initiation of services in accordance with the policy. The administrative policy for Sexual Assault mandates medical and mental health practitioners report sexual abuse.

The Superintendent informed the audit team that his facility does not house offenders under the age of 18. If the offender is considered a vulnerable adult, the institution would report to the FSSA, Division of Aging, as required in state law.

The PREA Coordinator confirmed that the facility does not house offenders under the age of 18. If the offender is considered a vulnerable adult, the institution would contact the appropriate agency. In addition, a "potential victim" flag would likely be attached to the offender's record.

The Superintendent stated that all allegations of sexual abuse or sexual harassment are reported to designed facility investigators. Interviews with staff at all levels of this facility indicate that all PREA related reports go to the PCM and facility PREA investigators.

Through the document review, investigative files (including Sexual Incident Reports) were reviewed.

No corrective action was required for this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, was reviewed by the audit team. The policy requires immediate action to be taken to protect the offender when it is learned that said offender is subject to a substantial risk of imminent sexual abuse.

The PAQ indicated there were no occurrences of an offender being subject to substantial risk of imminent sexual abuse; however, there was one emergency PREA grievance filed during the review period.

The designee for the agency head indicated, during his interview, that all issues are reviewed on a case by case basis. The agency would take immediate action in protecting the offender. This could range from re-housing within their assigned institution to being rehoused at another facility. They would also look at the needs of moving other offenders or staff, as necessary. He further indicated that if he received such information, he would notify the facility where the offender is housed. Direct that the offender be placed in protective custody while an investigation was completed into the threat. If the perpetrator is identified, he would be placed in disciplinary segregation pending completion of the investigation. The victim would only be retained in segregation until alternate housing could be identified.

During the interview with the Superintendent, he stated that if he received such an allegation, he would consider moving the offender to a place where he would be safe until the investigation was concluded or moving the alleged predator, if that individual's identity was known. He stated this would happen immediately upon him being made aware.

Through random staff interviews, they indicated that if they received such a threat, they would separate the offender, notify the supervisor, and ensure the offender was safe. These actions would be taken immediately.

No corrective action was required for this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 was reviewed by the audit team. Policy requires the facility that receives an allegation of an offender being sexually abused while confined at another facility, to notify the other facility or appropriate office of the agency where the alleged abuse occurred. It mandates the Superintendent to provide notification to the facility where the sexual abuse occurred within 72 hours of receiving the allegation. Policy requires the agency to document that it has provided notification to the agency where the alleged abuse occurred within 72 hours of receiving the allegation and that allegations received from other facilities/agencies be investigated in accordance with the PREA standards and PAP #02-01-115.

During this review period, Putnamville took two allegations where the alleged abuse occurred at another confinement facility. The facility provided a copy of both e-mails sent to notify the other facility where the incident allegedly occurred. One allegation was from 1995 and the second from 2005. The PCM interviewed both offenders and the information gained from the interview was forwarded to the facility where the incident allegedly occurred. The files were reviewed and it was noted that because the allegation was from 1995, no electronic files were available. The offender making the allegation was interviewed and the information gained from the interview was forwarded to the facility where the incident allegedly occurred. The initial notification was made within the required 72 hours.

Based on the recent FAQ from the PREA Resource Center, the Superintendent was notified when these situations arise in the future, he would be required to send the notification, it could not be done by his investigative staff. He shared with the auditor that he was aware of this change, from recent training he had participated in.

During the interview with the Commissioner's Designee, he stated that for IDOC the point of contact for allegations of sexual harassment or sexual abuse is either the PREA Coordinator, if they are coming from another agency, or the Appointing Authority, if they are coming from another IDOC facility. He stated that all reported allegations, no matter how they were received, are treated seriously and addressed immediately.

During the interview with the Superintendent, he indicated an investigation would be initiated. His staff would be directed to work with the other agency to gather all information and create a response. Once the investigation is complete, a copy will be forwarded to the facility where the offender is currently housed.

No corrective action was required for this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 and all SIRs and Investigatory Reports, from the last year, were collected and reviewed by the audit team. Policy requires that, upon learning that an offender was sexually abused, the first staff member to respond to the report shall be required to separate the victim and abuser, preserve and protect the crime scene, request that the victim not take any action which may destroy physical evidence, and ensure the alleged perpetrator does not take any action to destroy evidence. Policy mandates that non-sworn staff, acting as first responders, request the alleged victim not take

any actions that could destroy physical evidence and then notify custody staff, as soon as possible. During this review period, there were no first responders who were non-sworn staff.

The PAQ indicates that there were 6 incidents of sexual abuse within the audit review period. Two of these allegations were made within the time period that would allow for collection of physical evidence. For both of these allegations, the first responder controlled the crime scene, ensured the victim took no action that would destroy evidence and ensured the perpetrator (when known) took no action to destroy the crime scene.

Staff who acted as first responders stated that they would gather initial information to give to the investigator, secure the crime scene, secure the victim in place where he would be safe, and notify their supervisor and the PCM. They indicated they would do their best to make sure the victim did not take any action that would destroy evidence. Many indicated that if they knew who the alleged perpetrator was, they would also put him in a place where he could be observed by a staff member.

During the interview with the offender who reported sexual harassment, he indicated that immediately upon his report, staff removed him from the area and placed him in the caseworkers office, so he could be observed by staff.

The one non-security staff first responder, who was interviewed, stated she would notify custody staff and ask the alleged victim not to destroy any evidence. Through random staff interviews, staff stated they would secure the offender, separate from the perpetrator (if known), call the supervisor for further direction, and notify the investigator. All information would be kept confidential except for staff that has a need to know.

No corrective action was required for this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 and the Putnamville Correctional Facility, Directive ISF 050, Sexual Abuse Response Team policies and procedures were reviewed.

Both statewide and local policy establishes the coordination to be followed in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Facility leadership and line staff understood the response that is required when allegations of sexual abuse are made and were able to adequately describe their role, if appropriate.

The Superintendent stated that the facility has a local procedure ISF 050 which describes the coordinated actions to be taken by staff of various disciplines in response to an incident of sexual abuse.

No corrective action was required for this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

There is no collective bargaining within the IDOC; therefore, this standard is met.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 was reviewed by the audit team and requires protection for all offenders and staff who report sexual abuse/harassment or cooperate with sexual abuse/harassment investigations from retaliation by other offenders or staff. It further requires the facility to designate which staff members or departments are charged with monitoring retaliation. Policy mandates the agency to employ multiple protection measures such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with offenders, or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Items the agency monitors include offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. It mandates the facility to monitor the conduct and treatment of offenders or staff who report sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by other offenders or staff. The Superintendent acts promptly to remedy any identified retaliation. The agency continues monitoring beyond 90 days if a continuing need is identified. Policy establishes that in the case of offenders, such monitoring includes periodic checks. Policy further states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the department shall

take appropriate measures to protect that individual against retaliation. It establishes that the obligation to monitor for retaliation shall terminate if the agency determines that the allegation is determined to be unfounded.

The facility has designated the PCM who works with the OII to monitor for retaliation against offenders or staff for reporting incidents of sexual abuse/harassment or cooperating with sexual abuse/harassment investigations.

In reviewing the 36 reported incidents of sexual abuse and sexual harassment, the facility took action in each case where the victim or abuser was identified.

During the interview with the Commissioner's Designee, he stated that the facility will use the protection against retaliation process to follow-up with victims and those who report for no less than 90 days. In conducting these follow-up reviews, the PCM looks at disciplinary reports, housing issues, as well as conducting interviews with the offenders.

The Superintendent, during his interview, shared that the different measures used to protect offenders and staff from retaliation include separating the victim and perpetrator, change in housing or work assignment, monitoring of grievances or complaints. He stated it is important for supervisory staff to be visible in the dorms and work areas, because communication is critical.

The PCM, during his interview as the staff member charged with monitoring for retaliation, indicated that he conducts his initial interview with the victim or person who reported within 72 hours. After that initial interview, he conducts a review every two weeks. He is checking housing changes, disciplinary reports, changes in job assignment. He also checks in on the offender and asks how it is going. He tries to identify the best housing for the individual, based on his previous housing and the preference of the offender.

During interviews with the offender who reported sexual harassment, he indicated he does not feel safe at this facility. He stated he has mental health issues that need to be dealt with. He further indicated that he feels retaliated against and that there is a hit on him. The Superintendent was made aware of the comments expressed by the offender, so he could address the offender's concerns. The offender who was placed in segregated housing (for risk of sexual victimization) indicated he feels safe at this facility, but feels like the placement in segregated housing was retaliatory in nature.

The facility reported that the number of times an incident of retaliation occurred during the review period was zero; however, during an interview with an offender who reported an incident of sexual harassment, he reported that he had suffered several incidents of retaliation by staff and other offenders. The details of this report were provided to Superintendent Smith, and he acted immediately to address the issue.

During the interview with Superintendent Smith, he indicated that the measures he takes when he suspects retaliation is occurring include ensuring the PCM is actively involved in the protection against retaliation process, initiation of an internal affairs investigation, and based on the outcome it is addressed through corrective or disciplinary action.

During the on-site review, the auditor was provided with a few copies of completed Retaliation Monitoring forms. A small number of the protection against retaliation forms were reviewed, but were

not consistently available in all investigatory files. When additional copies were requested, the auditor was told that they are not maintained in hard copy and that the electronic copies had been lost when a computer malfunctioned. The facility has initiated a process to ensure hard copies are maintained in the investigatory file.

Since hard copies were not available to the auditor, it is not possible to verify the process is consistently being completed. The auditor monitored this process during the corrective action period to ensure compliance with the standard. The process was initiated and followed for the required 90 day monitoring period.

Through a memorandum received from the Superintendent, the facility indicated that they have had zero witnesses or other individuals that cooperated with an investigation express a fear of retaliation.

During discussions with the Superintendent and the PCM, the auditor was informed that monitoring for retaliation is done until the allegation is determined to be unfounded, upon completion of the investigation.

The facility has developed a PREA incident tracking log which will identify when Protection Against Retaliation forms must be completed. The auditor monitored all allegations for 90 days to ensure the monitoring against retaliation process was being consistently completed and found 100% compliance by the PCM. In addition, hard copies of the completed forms are being maintained in the investigatory files, to demonstrate proof of practice.

No further corrective action is required for this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 was reviewed by the audit team. Policy states that any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements outlined in standard 115.43.

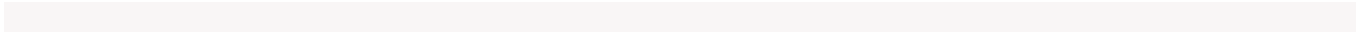
The facility reports that no offenders who allege to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months. No involuntary housing placements or assignments have been made over the past 12 months. Through offender interviews, there was one offender who was placed in involuntary segregated housing.

Through record reviews, it was noted there were five offenders who were placed in segregation during this review period. It was noted that of the five, three offenders were in segregation due to their request for protective custody when they made the PREA allegation. One offender made a PREA allegation, which was unfounded. He then requested protective custody. The last offender was in segregation and the required reviews were provided to the auditor.

In discussion with the Superintendent, he indicated that placement in segregation was an error on the part of his staff. He stated they actively try to house an offender in a general population bed and only in very rare circumstances will the offender be placed in segregation, then it is typically only overnight. The Superintendent stated that the requirements of 115.43 are complied with, to the extent possible.

Staff who supervise offenders in segregated housing shared that offenders who are placed in segregated housing for protection or after having alleged sexual abuse have access to limited privileges and programs. Offenders assigned to segregated housing are not allowed to work. The time retained in segregation depends on the length of time the investigation takes and the ability to transfer the alleged victim to another institution. 30 day reviews are conducted by the facility PREA committee, when required.

No corrective action was required for this standard.



INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, and #00-01-103, The Operation of the Office of Investigations and Intelligence, SIRs and investigative case files, were reviewed by the audit team. Training records and certificates, and SART training curriculum, were also reviewed by the audit team. PAP #00-01-103 mandates that investigations of sexual abuse and sexual harassment be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. It requires all investigators to receive specialized training for conducting sexual abuse investigations in confinement settings. Policy mandates investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Policy requires that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Policy mandates that credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not determined by the person's status as an offender or staff. A voice stress analysis exam is never to be used on an offender as a condition for proceeding with an investigation of a sexual abuse or sexual harassment report. Policy requires administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reason behind credibility assessments and investigative facts and findings.

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. OII staff at the facility conducts all investigations to include third party and anonymous reports. If the allegation is criminal, the state police can be contacted for assistance.

During this review period, there were 36 allegations of sexual abuse/harassment received by Putnamville. The PCM provided SIRs for all allegations. The auditor reviewed a total of 27 cases. 19 were staff-on-offender and eight were offender-on-offender. One was substantiated, 21 were unsubstantiated, 5 were unfounded, and 9 were determined not to meet the criteria for PREA. Six cases were reviewed for a more in-depth investigation. In general, the cases looked good. Documentation included evidence collected, interviews conducted, synopsis of the incident, conclusion and resulting action. The cases that were investigated have sufficient detail to come to an appropriate conclusion. Felony cases are referred to the District Attorney.

Through a review of the SIRs documents, it was noted that all allegations were investigated promptly, when the allegations were received from either the victim, a third party or anonymously. Each investigation reviewed was also objective.

Information provided during specialized interviews with two investigative staff indicates that allegations are initiated immediately and are investigated objectively and thoroughly. Both indicated that reports received from third parties and anonymously are treated like any other PREA allegation.

The SART training curriculum was provided evidencing specialized training as described in standard 115.34 and was described during interviews with investigative staff. The curriculum did not include Garrity. Garrity is included in the on-line NIC training that investigators complete. The PCM confirmed that investigative staff receive SART training and on-line NIC training which meet this provision of the standard. Certificates indicating completion of other specialized trainings were provided to the audit team.

Investigative staff indicated they have received specialized training in compliance with this standard and 115.34. The training they participated in includes subjects such as SART/SANE, how to investigate sexual abuse, preserving the crime scene, and interviewing the victim of sexual abuse.

During the interview, the investigators explained that the response process would include separating the victim and perpetrator, medical review, interview of the victim, securing and preserving the crime scene. The assigned investigator would collect the evidence or supervise the collection. He would work together with state police to complete investigation and reports. Evidence would include body fluids, clothing, bedding, photos of the scene, video evidence. In addition, they would look at past cases in the database for information. If the suspect has been identified, they would conduct an interview with the suspect. Investigative files reviewed by the auditor were thorough and complete. Many included reviews of video monitoring data, prior reports and complaints. The auditor was informed that the facility investigators, through the State Police, consult with prosecutors before conducting compelled interviews.

During a discussion with the Superintendent, he indicated that when a case rises to the level of criminal, the facility investigators make contact with the State Police, who provides guidance on how to proceed with the case.

One case during the audit review period was referred for criminal prosecution. The contract employee who was prosecuted was found guilty through the judicial system.

Through the interview with the offender who reported sexual abuse, the auditor was told that the offender was not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

Investigatory staff indicated that credibility is determined through interviews, evidence and witness statements. Each allegation is looked at individually and on a case-by-case basis. Offenders would not be required to submit to a polygraph examination as a condition for proceeding with the investigation.

In reviewing the investigative files, there was no indication that credibility of offenders was determined on other than an individual basis.

During the record review, it was noted that cases involving substantiated allegations were referred for prosecution. It was also noted that investigative reports do not routinely include a statement outlining the efforts taken to determine whether staff actions or failures to act contributed to the abuse; and the reasoning behind credibility assessments.

The Superintendent has issued a memorandum to OII staff to remind staff of the expectation to include all information pertinent to whether staff actions or failure to act contributed to the abuse in written reports for administrative investigations.

Through interviews with investigative staff, the auditor was told that the efforts taken during an administrative investigation to determine whether staff actions or failure to act contributed to sexual abuse include interviews, review of any video files, review of appropriate logs/sign in sheets, review of the policy and the staff's post orders. They indicated in their written reports they include all the details that they gather from the assault to the conclusion.

PAP #00-01-103 mandates criminal investigations be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence & attaches copies of all documentary evidence where feasible. The substantiation standard for sexual abuse and sexual harassment administrative investigations is preponderance of evidence. Substantiated cases that appear to be criminal in nature are referred for prosecution.

Investigative staff interviewed stated that every allegation is investigated and documented in a written report. The report contains interviews, video, audio, medical evidence, notes, photos and a summary. They strive to answer the questions who, what, where, when, and how.

The Records Retention and Disposition Schedule was reviewed by the audit team. The Record Retention and Disposition Schedule (RRDS) requires an offender's packet to be retained for 10 years past the date of discharge. It requires retention of staff personnel files for one year after the employee leaves the state government agency or at the conclusion of any litigation, whichever is later. Then transfer to the records center, along with a contents-list for each box, at which time they will become the property of the State Personnel Department. The records to be transferred include records relating to disciplinary notices, grievances and complaints. The RRDS does not address retention of investigatory files or referrals for criminal charges related to PREA allegations against staff; however, it is addressed in the policy.

PAP #02-01-115 requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Per a memorandum from the Superintendent, there were no investigations terminated because the alleged abuser or the victim departed the facility.

Investigative staff stated that the investigation is continued on both staff and offender allegations, if the victim or suspect leaves custody or the employment of the agency, and is referred for prosecution, if warranted.

One case was referred for prosecution in the past 12 months. No investigative reports reviewed involved offenders that had transferred or were no longer in custody or staff that no longer worked for the facility.

No corrective action was required for this standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 and investigative case files were reviewed by the audit team. Policy mandates the agency impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Investigative staff interviews confirmed that no standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated. A review of administrative investigative case files also confirmed compliance with this provision of the standard.

No corrective action was required for this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115 and SIRs were reviewed by the audit team. PAP #02-01-115 requires following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual harassment by another offender or staff in a department facility, the PCM shall inform the offender in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy mandates that following an offender's allegation that he has been sexually abused by another offender in an agency facility, the agency subsequently informs the alleged victim whenever the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. Policy mandates that all notifications or attempted notifications shall be documented. In the past 12 months, there have been six notifications to offenders pursuant to this standard. All were documented and copies provided to the auditor.

The PAQ indicated there were 6 allegations of sexual abuse during the audit period and there were 9 offenders notified of the outcome of the investigations.

A small number of the Sexual Abuse/Harassment Investigation Outcome Offender Notification forms were reviewed, but they were not consistently available in all investigatory files. When additional copies were requested, the auditor was told that they are not maintained in hard copy and that the electronic copies had been lost when a computer malfunctioned. The facility has initiated a process to ensure hard copies are maintained in the investigatory file.

Since hard copies were not available to the auditor, it is not possible to verify the process was consistently being completed. The auditor monitored this process during the corrective action period to ensure compliance with the standard. Notifications were issued during the corrective action period, in compliance with IDOC policy and the PREA standards.

The form used for this notification was reviewed and contains all of the required criteria.

The interview with the Superintendent revealed that current practice was to provide notification for substantiated, unsubstantiated, and unfounded cases. Through interviews with investigative staff, the auditor was told that offenders are notified per the requirements in policy.

One offender who reported sexual harassment was interviewed; he stated he did not receive any type of a written notification about the outcome of his case. It should be noted, in reviewing his investigatory file that a copy of the notification was contained in the file. The auditor has requested that he be provided with a copy of the document from the file.

Investigative case files with allegations against offenders were reviewed. None of the files reviewed required the notification to the offender, consistent with 115.72(d).

The one offender that was interviewed because he reported sexual abuse was not asked this question because his allegation was against staff.

The facility has developed a PREA incident tracking log which will identify when a notification to the inmate must be completed. The auditor monitored all allegations for 90 days to ensure the notifications were being consistently completed and found 100% compliance by the PCM. In addition, hard copies of the completed notification forms are being maintained in the investigatory files, to demonstrate proof of practice.

No further corrective action is required for this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, and #04-03-103, Information and Standards of Conduct for Departmental Staff, were reviewed by the audit team. Policy states that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy mandates that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The policy does not differentiate between lesser and more significant levels of staff misconduct and states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The policy mandates all terminations for violations of agency sexual abuse or sexual harassment policies, or resignation by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The Superintendent certified that during the past 12 months, Putnamville has not terminated any staff members for engaging in sexual abuse or violating the department's zero tolerance policy. No staff members from Putnamville resigned prior to termination for any violation, since no conclusion provided for criminal and administrative investigation identified in standard provision 115.76(b).

During the past 12 months, there was one contract employee who was terminated for violating the agency sexual abuse policy. This investigative file was reviewed by the auditor. In addition, there was one Correctional Officer who was disciplined for his inappropriate behavior with an offender. It was determined to not be a PREA incident, per the Superintendent.

No corrective action was required for this standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, was reviewed by the audit team. Policy mandates any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy mandates the facility to take appropriate remedial measures and consider whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During discussions with the Superintendent, he stated the facility conducts an investigation into allegations against contractors or volunteers. If the allegations are substantiated, the contractor is

removed from being allowed to enter the grounds. Information is provided to the contract agency and the case is referred for prosecution. He further indicated that if a volunteer or contractor was found to be in violation of the agency sexual abuse or sexual harassment policies, he would suspend the program if it was a volunteer and notify the sponsoring agency. They would not allow the individual to return to the facility. If the investigation was substantiated, the case would be referred for criminal prosecution. He did not go into any other remedial measures he would consider.

Over the past 12 months, one contractor was reported to law enforcement agencies for engaging in sexual abuse of offenders. There is no licensing body for this type of work.

No corrective action was required for this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, and #02-01-101, Disciplinary Code for Adult Offenders, Report of Disciplinary Hearing, were reviewed by the audit team. Policy states offenders will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. Policy mandates that sanctions against offenders are to be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. Policy requires disciplinary sanctions to take into account the offenders prior disciplinary history and the offenders mental health status at the time of the violation, including the motivation for the offense and the offenders attitude toward the victim. It states that should the facility offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. Policy allows the agency to discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policy states that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. It states the agency may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity.

In the past 12 months, there have been zero administrative findings of offender-on-offender sexual abuse that have occurred at the facility. There have been zero criminal findings of guilt for offender-on-offender sexual abuse that have occurred at the facility.

Through an interview with the Superintendent, offenders are subject to discipline based on the level of violation. Penalties might include placement in restricted housing, loss of good time credit, transfer to a higher level facility, and prosecution. If the offender has a mental health history, mental health staff will be involved in the discussion about penalty.

Per the medical and mental health staff at this facility, participation in this type of counseling is not made a condition of access to programming or other benefits.

According to the records reviewed, there were zero occurrences of offenders being disciplined for sexual contact with staff during this audit period. There were disciplinary reports issued for offenders involved in sexual activity with other offenders during this audit period.

No corrective action was required for this standard.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, was reviewed by the audit team and mandates that if screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Policy mandates that if an offender is identified as having previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the offender shall be offered a follow-up meeting with medical or mental health practitioners within 14 days of the intake screening. Policy states that information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, work, education, and program assignments, or as otherwise required by federal, state, or local law. Policy mandates medical and mental health staff obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Offenders are made aware of this process and there is a form used to obtain the required consent.

The PAQ indicated that no offenders had disclosed victimization during the risk screening process, during this review period.

Three offenders were interviewed utilizing patterned interview questions. All indicated that they were not asked about follow-up medical or mental health referrals when they revealed they had previously been victimized during the intake screening. In reviewing the records, it was noted that referrals were made by the caseworker and follow-up was conducted by mental health staff.

Interviews with two staff who perform risk screening related that offenders who indicate they have previously been the victim of sexual abuse are offered a follow-up meeting with a medical and/or mental health practitioner within the required 14 days. Staff indicated it is done via a telephone call or sending an e-mail.

During the interviews with one of the staff who perform risk screening related that offenders who indicate they have previously perpetrated sexual abuse stated referrals are not consistently offered.

The other staff indicated he had never had an offender admit to being the perpetrator of sexual abuse. Staff indicated when referrals are made, it is done via a telephone call or sending an e-mail.

Offenders who have reported to be a victim of sexual abuse and/or those who have been the perpetrator of sexual abuse require referral to Medical and Mental Health for an evaluation. Through our review, it appears the referrals are being completed and the evaluations are being completed within the required timeframes.

Of concern, Mental Health reports that are being generated from these evaluations are being included in the offender's packet, confidential section. The agency has a well-defined list of documents which have been identified to be "Restricted Access" information. PAP 01-04-104, The establishment, maintenance and disposition of offender records, outlines who has access to information which has been identified as "Restricted Access".

The auditor felt there may be too much information contained in the evaluation report; however, the process currently being used does not violate the PREA standard. This has been discussed with the PREA Coordinator, for consideration of statewide modification.

During interviews with the Mental Health Staff, they were aware of the requirement to obtain informed consent before releasing information to custody staff about previous sexual abuse. Putnamville does not house offenders under the age of 18.

No corrective action was required for this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, and the Sexual Assault Manual (01/15/2014) were reviewed by the audit team. Policy mandates treatment services be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Policy states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners. It mandates treatment services be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical and mental health staff completes required documentation, which is secured electronically in medical computers where only medical and mental health staff have access.

Per the Sexual Assault Manual, initial assessment shall take place in a quiet closed place, immediately following the assault. Medical and mental health staff interviews revealed that staff responds immediately when noticed of an incident of sexual abuse. The treatment is based on their professional judgement. Offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

The auditor interviewed one offender who reported sexual harassment. He stated he was not offered immediate medical/mental health care. Based on the nature of the allegation made by the offender, there would be no reason to offer medical screening or prophylaxis.

While some of the documentation provided to the audit team indicated that referrals were being made, in reviewing the files in Mental Health, there was nothing in the record that indicated that referrals

were being received. In several cases, the offender was asked if they wanted to go to medical and mental health. This practice was not sufficient to meet the standards. Referrals must be made and documented.

To address these concerns, the Superintendent has issued a memorandum to all SART team members and all shift supervisors instructing the investigating officer as follows:

The SART team member who responds to an allegation of sexual abuse will ensure that the offender is taken to medical. The offender will be seen by medical and this interaction will be documented in the medical record. If the offender is taken to medical and declines treatment to them, it can be noted in the medical record and that would allow you to meet the standard. The SART team member or other first responder should not ask the offender if he wants to go to medical, because the standards state a referral shall be made. IF the SART team member or other first responder asks the offender if he wants to go to medical and the offender declines, then it is necessary for someone to make a formal written referral to medical, so they can check in with him and have him decline services to them. The medical staff would need to record the interaction and the fact the offender declined medical services.

When the PREA Compliance Manager (PCM) is made aware of a sexual abuse allegation, she will complete the top portion of the Mental Health Referral form and send it via e-mail to all of the mental health providers. Once the offender has been seen by mental health, the clinician will complete the bottom of the form and return it to the PCM. The PCM will maintaining the document in the investigatory/PREA file to provide proof of practice.

Security staff first responders stated that notification will be made verbally via the telephone or radio, to the medical or mental health staff who are on duty when they are informed of an incident of sexual abuse. They also stated that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and ensure he does not destroy evidence. All indicated they would immediately notify their supervisor who would contact appropriate medical and mental health staff.

During the document reviews, the auditor was able to review documents including progress notes which showed immediate notification had been received by medical or mental health staff.

Interviews with medical staff indicated they would provide information about access to emergency contraception and sexually transmitted infection prophylaxis, as appropriate.

Included with the PAQ was a memorandum from the Health Care Administrator indicated that victims of sexual abuse are provided treatment services without financial cost and regardless of their cooperation with the investigation.

The procedure described above, which has been initiated by the Superintendent, addresses the auditor's concern. The auditor monitored all allegations for 90 days to ensure the referrals are being consistently made. The facility was 100% compliant during the monitoring period.

No further corrective action is required for this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, and the Sexual Assault Manual were reviewed by the audit team. Policy mandates the facility to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in a prison, jail, lockup, or juvenile facility. Policy mandates the evaluation and treatment of offenders who have been victimized, to include as appropriate, follow-up services and referrals for continued care following their transfer to, or placement in, other facilities and upon the offender's release. Policy mandates that victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and that treatment services are to be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. It mandates that treatment services be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy states mental health evaluations are required for all known offender-on-offender abusers within 60 days of learning of such abuse history. Treatment should be offered when deemed appropriate by mental health practitioners.

During the site visit, random staff was asked about medical and mental health services being offered. Staff stated offenders who make a report of sexual abuse are taken to medical as soon as possible.

One offender who reported sexual harassment was interviewed and he indicated that he did not see medical staff after the incident was reported. He also stated he was not offered tests for sexually transmitted diseases. Based on the nature of the allegation made by the offender, there would be no reason to offer testing.

During interviews with medical and mental health staff, the auditors learned that offenders are provided with treatment, screening, and follow-up mental health services, as determined appropriate by mental health staff. Staff also indicated that an assessment is provided but follow-up services are limited.

While some of the documentation provided to the audit team indicates that referrals were made, in reviewing the files in Mental Health, there was nothing in the record that indicated that referrals were being received. Since the referral was never processed, the offender was not offered and did not benefit from available follow-up services.

To address these concerns, the Superintendent has issues a memorandum to all SART team members and all shift supervisors instructing the investigating officer as follows:

The A/O staff member who receives a report that an offender has previously perpetrated offender-on-offender abuse is responsible to complete the top portion of the Mental Health Referral form and send it via e-mail to the PCM. The PCM will review the document and forward it on to all mental health providers. Once the offender has been seen by mental health, the clinician will

complete the bottom of the form and return it to the PCM. The PCM will maintain the document in the investigatory/PREA file to provide proof of practice. The PCM will monitor the amount of time before the offender is seen by mental health to ensure it occurs within the mandated 60 days.

There is no mention in the policy about providing services consistent with the community level of care; however, the policy indicates that the offender will have access to a forensic exam at the designated medical center and to victim advocates who work in a community rape crisis center. It should be further noted that all health care and mental health services are provided by a contracted Health Care company.

During the record review, staff observed the billing that was done for a SANE examination. It included charges for sexually transmitted disease testing.

Included with the PAQ was a memorandum authored by the Health Care Administrator which indicated that victims of sexual abuse are provided treatment services without financial cost and regardless of their cooperation with the investigation.

During interviews with medical and mental health staff, the auditors learned that when offenders are referred for mental health evaluation, they are usually seen within a couple of days of referral. Staff also indicated that an evaluation is provided.

The procedure described above, which has been initiated by the Superintendent, addresses the auditor's concern. The auditor monitored all allegations for 90 days to ensure the referrals are being consistently made. The facility was 100% compliant during the monitoring period.

No further corrective action is required for this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, was reviewed by the audit team. The policy mandates the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. Policy mandates that the facility is responsible to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. It further mandates that the Superintendent of each facility shall establish a Facility PREA Committee comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health

practitioners. Policy mandates the Facility PREA Committee to consider all six criteria as outlined in Standard Provision 115.86(d) and requires the facility to implement the recommendations for improvement or document its reasons for not doing so.

During the audit period, there were 6 criminal or administrative investigations of alleged sexual abuse completed at Putnamville. Minutes for these committees were provided to the auditor. The Facility PREA Committee meeting minutes document the date the investigation was completed and the date the Facility PREA Committee occurred, to demonstrate the meeting occurred within the required 30 days. Each allegation was reviewed by the Sexual Abuse Incident Review Committee within the required 30 days.

Facility PREA Committee meeting minutes the staff who were present. All staff who are required to attend, per this provision of the standard, are included.

The auditor reviewed the Facility PREA Committee Meeting Minutes and found that the committee discussions of the six criteria and how the areas of concern were being addressed/corrected are adequately documented.

Interviews with the PCM and Facility PREA Committee members indicated that the committee does go over each of the criteria of this provision and submits the minutes to the Superintendent. The Superintendent, during his interview stated that the review includes evaluation of: adequate supervision levels, staff post orders, security improvements, policy review, and staff following policies/procedures.

No corrective action was required for this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, and the Survey of Sexual Violence documents were reviewed by the audit team. Policy mandates the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey Of Sexual Victimization conducted by the Department of Justice. It mandates that all data is aggregated annually and displayed on the agencies website. PAP #02-01-115 requires the facility to maintain, review, and collect data for all allegations. The PCM maintains a record of all reports of sexual abuse at the facility. Each individual SIR is submitted to the PREA Coordinator and discussed at the next Facility PREA Committee meeting. Policy requires the agency to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. Policy states that the Executive Director of PREA shall develop a Department-wide report based upon the SIRs provided by the facilities. This report shall be completed by the federally mandated date and presented to the Department's Executive Staff for review and ensure the report is readily available to the public through the Department website, ensuring all personal identifiers are redacted.

The audit team was provided with the agency's Survey of Sexual Victimization. The auditor also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there.

The auditor reviewed the GEO contract for confinement of offenders during the on-site portion of the audit.

The PREA Coordinator stated that contracted facilities have access to the agency's SIR system. This is the system utilized to collect the PREA data. The information is then compiled and reported to the Department of Justice, annually.

No corrective action was required for this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, the Agency's Website and the 2013, 2014, and 2015 Sexual Assault Prevention Program Annual Report were provided and reviewed by the audit team. Policy mandates annually, the Superintendent and the PCM, as well as any other designated staff, shall conduct an evaluation of the efforts of the facility to eliminate sexual abuse and ensure compliance with this policy and administrative procedure. This evaluation shall include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the facility's progress in addressing the sexual abuse program and procedural changes shall be made at the facility based upon this evaluation.

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The PREA Coordinator stated the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Through the interview with the Superintendent, the auditor was informed that each allegation is reviewed by the Facility PREA Committee and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee are addressed at that time.

Through the interview with the PCM, he indicated all SIR information is provided to the PREA Coordinator for annual review.

The facility's annual report is approved by the PREA Coordinator and made readily available to the public through the department's public website.

The audit team was provided with 2015 Sexual Assault Prevention Program Annual Report which compares data from the past two years. The annual report was reviewed by the audit team and no personal identifying information was included.

No corrective action was required for this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

PAP #02-01-115, Sexual Abuse Prevention Policy, was reviewed by the audit team. Policy mandates the agency to ensure that data collected pursuant to standard 115.87 are securely retained and maintained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. It mandates the agency to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. Policy mandates the agency to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available.

The PREA Coordinator indicates the data is maintained in a secure data system and is backed up as required per departmental policy.

A review of the website demonstrated aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers.

No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

No corrective action was required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

This standard is rated as "meets standard" based upon Putnamville Correctional Facility being audited once during the previous audit cycle (2013 through 2016). IDOC has, in previous years, submitted

Governor Assurances and is currently working to ensure that one third of their facilities are audited in each year of the Second Cycle of PREA audits. This commitment by IDOC was reiterated and confirmed during interviews with the Superintendent and PREA Coordinator.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Overall Compliance Determination Narrative

The completed IDOC PREA Audit reports are located and available to be reviewed at <http://www.in.gov/idoc>. There is a link on the left side of the page.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Nancy L. Hardy
Auditor Signature

October 25, 2017
Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.