

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

Interim       Final

Date of Interim Audit Report: 10/27/2020       N/A  
If no Interim Audit Report, select N/A

Date of Final Audit Report: 12/21/20 Date of Report

## Auditor Information

Name: Sonya Love

Email: sonya.love57@outlook.com

Company Name: Diversified Consultant Services

Mailing Address: P.O. Box 452

City, State, Zip: Blackshear, Georgia 31516

Telephone: (678) 200-3446

Date of Facility Visit: July 23, 27, 28, 2020

## Agency Information

Name of Agency:

Indiana Department of Correction

Governing Authority or Parent Agency (If Applicable):

State of Indiana

Physical Address: 302 W. Washington Street.

City, State, Zip: Indianapolis, IN 46204

Mailing Address: IGCS, Rm E334

City, State, Zip: Indianapolis, IN 46204

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://secure.in.gov/idoc/2832.htm>

## Agency Chief Executive Officer

Name: Robert E. Carter Jr.

Email: Rcarter@idoc.in.gov

Telephone: (317) 232-5711

## Agency-Wide PREA Coordinator

Name: Bryan Pearson

Email: BPearson@idoc.IN.gov

Telephone: (812) 526-8434 ext. 220

<b>PREA Coordinator Reports to:</b>  Bill Wilson	<b>Number of Compliance Managers who report to the PREA Coordinator</b>  21
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## Facility Information

**Name of Facility:** Putnamville Correctional Facility

**Physical Address:** 1946 West US Highway 40

**City, State, Zip:** Greencastle, IN 46135

**Mailing Address (if different from above):**  
N/A

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <https://secure.in.gov/idoc/2832.htm>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
[Click or tap here to enter text.](#)

### Warden/Jail Administrator/Sheriff/Director

**Name:** Dushan Zatecky

**Email:** DZatecky@idoc.in.gov

**Telephone:** (765) 653-5441 ext.400

### Facility PREA Compliance Manager

**Name:** Ashely Willis

**Email:** aswillis@idoc.in.gov

**Telephone:** (765) 653-8441 ext. 498

### Facility Health Service Administrator N/A

**Name:** Taylor Forquer

**Email:** TForquer@idoc.in.gov

**Telephone:** (765) 653-8441 ext.300

## Facility Characteristics

Designated Facility Capacity:	2223	
Current Population of Facility:	2027	
Average daily population for the past 12 months:	2077	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-73 years old	
Average length of stay or time under supervision:	10 years	
Facility security levels/inmate custody levels:	Medium	
Number of inmates admitted to facility during the past 12 months:	1516	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1516	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1516	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</b></p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	430
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	164
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	7
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	76
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	48
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	23
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
<b>Number of single cell housing units:</b>	2
<b>Number of multiple occupancy cell housing units:</b>	N/A
<b>Number of open bay/dorm housing units:</b>	16
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	92

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	71-Agency/5-Facility
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	71-Agency/5-Facility
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department

apply (N/A if no external entities are responsible for administrative investigations)

- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

## Audit Findings

### Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

#### Pre-audit preparation

The standards used for this audit became effective August 20, 2012. An internet search confirmed that Putnamville Correctional Facility 2016 final PREA report was posted on the agency and facility website on August 26, 2016. Further, in reviewing the IDOC website the Auditor found the following PREA related information:

#### IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS

To report an incident of sexual abuse or sexual harassment on behalf of an inmate please call (877) 385-5877 or email [IDOCPREA@idoc.in.gov](mailto:IDOCPREA@idoc.in.gov)

Reporting parties please note the following:

- The allegation will be discussed with the victim named in the report
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation
- Please include the following information, if known, when reporting sexual abuse or sexual harassment:
  - Date of the alleged incident.
  - Victim's name and DOC number and facility
  - All alleged perpetrators names and DOC numbers
  - Location of alleged incident
  - Any other information provided regarding the incident

\*For more information on the Prison Rape Elimination Act (PREA) visit: [www.prearesourcecenter.org](http://www.prearesourcecenter.org)

#### IDOC SURVEY of SEXUAL VIOLENCE REPORTS

- Survey of Sexual Victimization Reports, 2011-2018

#### IDOC AGENCY ANNUAL REPORT

- Annual reports, 2013-2019

- Annual Sexual Prevention Report 2019 Year, Putnamville Correctional Facility, dated 2/04/2020

## **Indiana Ombudsman Bureau**

The IDOC Indiana Ombudsman Bureau was created by the legislature in the fall of 2003. Per IC 4-13-1.2-1 through 4-13-1.2-12. The Bureau is charged with the responsibility of receiving, investigating, and attempting to resolve complaints from offenders housed in DOC facilities or offenders' family members that the DOC accuses of violating a specific law, rule, department written policy or endangered the health or safety of a person. The director of the bureau was appointed by the Governor in May 2005. The Ombudsman Bureau reviews complaints from inmates across the state and provides recommendations to the IDOC for resolution. The Ombudsman Bureau completes a monthly report of substantiated complaints which includes an overview of monthly activity and any follow-up if necessary. The Auditor found an unrelated PREA complaint dated November 2018 from an inmate at Indiana State Prison, regarding classification.

The notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the Auditor. The facility completed the Pre-Audit Questionnaire and uploaded with supporting documentation on February 14, 2019. Correspondence with the PREA Coordinator and PREA Compliance Manager took place throughout the audit process. The Auditor was provided access to all PREA related documents and files.

## **Local and National Victim Advocacy**

The Indiana Coalition Against Domestic Violence: 800-332-7385

National Domestic Violence Hotline: 800-799-7233      TTY 800-787-3224  
<http://www.thehotline.org/>

National Suicide Prevention Lifeline: 800-273-8255      TTY 800-799-4889  
<https://suicidepreventionlifeline.org/>

National Sexual Assault Hotline: 800-656-4673  
<https://www.rainn.org/> \*24/7 Live Chat\*

National Child Abuse Hotline: 800-422-4453  
<https://www.childhelp.org/hotline/>

## **Inmate Handbook**

An examination of the inmate handbook revealed that inmate education includes information about:

- Mental Health Services and how to access the service
- Education: Academic and technical training provided at most facilities
- Access to law libraries that may be used for legal research
- Substance abuse: Programming is available in all facilities
- Education: Educational and treatment programs for inmate victims of sexual abuse and inmates with a history of abusiveness, either during a current commitment or previously.
- Telephone calls will be monitored and recorded, apart from calls to your attorney or legal representative.



- Inmates may have access to legal representatives, including consular officials, and the courts to the extent required by statute, treaty, court order, rule, or policy
- Sexual Assault Prevention and Reporting
- Offender Grievance Process

### **Pre-Audit Questionnaire (PAQ)**

The Auditor completed a document review of the Putnamville Correctional Facility Pre-Audit Questionnaire (PAQ), applicable policies, procedures, program statements and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator, PREA Compliance Manager and the Auditor.

Documentation request:

The following documentation was requested for the onsite visit:

- Roster of inmates by unit
- Roster of inmates with disabilities
- Roster of inmates who were Limited English Proficient (LEP)
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Inmates census the first day of the audit
- A roster of new employees hired in the past 12 months
- Staffing Plan
- Unannounced institutional rounds
- List of contact information for volunteers
- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors

### **Entrance Briefing and Tour (On-site Audit)- First day**

The audit began on July 23, 27-28, 2020. On July 23<sup>rd</sup>, the Auditor conducted telephonic interviews with specialized staff. Telephonic interviews were conducted out of an abundance of caution due to the Corona virus pandemic and active quarantines in place. The on-site portion of the audit was conducted by Sonya Love, certified PREA Auditor. A meeting took place with management staff to outline the auditor's sampling strategy, logistics for the facility tour, the interview schedule and to discuss the need to review additional directives, policies, and supplemental documents. The Auditor Sonya Love was provided a private room in which to work and interview staff and inmates.

### **NARRATIVE**

Putnamville Correctional Facility is located at 1946 West US Highway 40, Greencastle, IN. The facility is being audited by Diversified Consultants, certified PREA Auditor, Sonya Love. Following telephone and email communication with the agency PREA Coordinator and facility PREA Compliance Manager, review of documents using the Synciplicity virtual platform began prior to onsite portion of the audit. The audit team included Nikki Tucker. Her role was limited to administrative review of this document for clarity, conciseness, grammar, spelling, formality, punctuation, and vocabulary.

- Putnamville average daily population was 2077
- Putnamville rated capacity is 2223 inmates
- Putnamville average vacancy rate was January 2020: 1.8%
- February 2020:1.1%
- March 2020:1.7 %
- April 2020:3.3%
- May 2020: 2.1%
- Average vacancy rate from January to May 2020 was 2%

### **Pre-audit**

The facility PREA Compliance Manager provided the Auditor with a time-stamped photo of the PREA notice postings. The Auditor received access to an electronic database termed Synciplicity where the agency stored data relevant to the audit. In Synciplicity the Auditor found PREA standards along with supporting documentation. The Auditor reviewed the Pre-Audit Questionnaire, policies/procedures, organization charts, staffing plan as well as other related documents using the Synciplicity software platform.

### **On-site Review**

On July 27-28, the Auditor arrived at the facility, and met with the Warden, PREA Coordinator, and PREA Compliance to discuss the logistics of the audit process. The onsite team consisted of one certified Auditor, Sonya Love.

Random staff and inmate interviews with staff took place onsite. The audit facility tour excluded some living units due to active quarantine of some living units.

The Auditor requested and received an updated roster of staff and inmates for the facility on the first day of the audit. The inmate roster was collated by housing units. The Auditor also requested and received a roster of targeted inmates. The targeted population included inmates in the following categories:

- Disabled Inmates
- Limited English Proficient (LEP) 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 Auditor conducted a site review of the facility. The PREA Coordinator, PREA Compliance Manager and Major escorted the Auditor. The team toured every housing units except the quarantine units. The facility tour included a site review of medical, mental health, the main kitchen, the warehouse, intake processing area, the laundry, main control, all maintenance shops, industries areas, education, outside recreation, gym, and chapel. The Auditor tested dayrooms telephones for access to reporting sexual abuse or harassment and access to outside advocacy organization

Furthermore, during the tour the Auditor noted placement of camera, potential blind spots, staff and inmate ratios, coverage of surveillance cameras, inspected inmate bathrooms and showers to identify potential concerns with privacy and any potential for opposite cross-gender viewing of inmates. The telephone system was randomly tested to determine access to outside advocacy entities. Access was

available. Likewise, the Auditor reviewed the statewide hotline call sheet provided by the PREA Coordinator. The call sheet confirmed that inmates have access to an outside advocacy entity and report PREA violations. PREA related informational posters were prominently posted near the telephones for easy viewing.

Specialized Staff Interviews including:

- Agency contract administrator;
- Intermediate or higher-level facility staff;
- Medical and mental health staff.
- Administrative (human resources) staff;
- SAFE and SANE staff;
- Volunteers who have contact with inmates
- Contractors (Wexford Health Sources) who have contact with inmates
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the incident review team;
- Designated staff member charged with monitoring retaliation
- First responders both security and non-security staff; and
- Intake staff.

**Other Staff Interviews included:**

- Agency Head or designee
- Warden
- PREA Compliance Manager
- PREA Coordinator

Notifications of the audit were posted in the facility at least six weeks prior to the on-site audit; photographs were taken and submitted to the Auditor. The facility completed the Preaudit Questionnaire with uploaded supporting documentation. Correspondence with the PREA Coordinator and PREA Compliance took place ensuring an informed audit with supporting documentation. The audit was conducted by Sonya Love, certified PREA Auditor who was assisted by one additional certified PREA Auditor. The Auditors helped conduct interviews and review records and other facility documentation. The onsite audit of the Putnamville Correctional Facility took place on the dates of **July 27-28, 2020**.

An entrance conference was held on July 27, 2020. A complete facility tour was conducted by the Auditor. During the tour, staff members were observed interacting with inmates and providing direct supervision during activities. On the days of the audit the total population for Putnamville Correctional Facility was 1383 inmates. A total of 29 random and 11 targeted inmate interviews were conducted. Inclusive in the targeted group were inmates who disclosed prior victimization, transgender, inmates who reported sexual abuse and disabled inmates. In addition to inmates' interviews, 14 random staff interviews, and 12 specialized interviews were conducted. The responses of staff and inmates during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. The 40 institutional files of inmates currently assigned to the facility were reviewed. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to logbooks, shift reports, incident reports, policies and procedures, video, (26) training records/logs and curriculum. All personnel were professional,

engaged, and helpful throughout the audit process. The audit team successfully completed a call to Indiana Coalition Against Domestic Violence and spoke with a representative who confirmed 24-hour hotline service, one-on-one counseling, hospital advocacy, educational training for inmates and staff, and access to a forensic nurse. The call was made during the on-site visit. During the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on **July 28, 2020**.

## Facility Characteristics

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

Putnamville Correctional Facility is located in Greencastle, Indiana. The 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.

The Putnamville Correctional Facility 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.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

### Standards Exceeded

Number of Standards Exceeded: 0  
List of Standards Exceeded: 0

### Standards Met

Number of Standards Met: 43

### Standards Not Met

Number of Standards Not Met:  
List of Standards Not Met: 0

## **Corrective Action:**

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

The Auditor considers the current position of the PCM in the organizational structure a potential conflict of interest as it relates to autonomy, authority, and PREA related matters. Putnamville re-aligned the position of PCM to provide the position with the ability to develop, implement, and oversee Putnamville efforts to comply with the Prison Rape Elimination Act (PREA) standards. Putnamville provided the Auditor with a copy of the revised organizational chart. **Corrected**

### **Standard 115.13: Supervision and monitoring**

The agency has implemented a policy of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. In practice, Putnamville "PREA Unannounced Tours" were systematically documented with evidence from Sergeants and some line officers. The Auditor also found it difficult to read some signatures and the times rounds were completed and by what staff person. The Warden issued a memorandum dated December 3, 2020, titled, PREA Unannounced Tour Dorm Log, to alert all security supervisors and correctional managers that PREA unannounced rounds were now limited to:

Unit Team Managers/Shift Supervisors/Assistant Shift Supervisors/Lieutenants/Deputy Wardens/Warden and Major. Sergeants and line officers are no longer allowed to complete and document PREA unannounced rounds at the facility unless the Sergeant is acting in a role of intermediate level manager because of staff shortages due in part to the pandemic.

After re-training, the Auditor re-assessed compliance with this standard and found some evidence of the implementation of the IDOC policy related to this standard and a new practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds on all shifts (day/night) to identify and deter staff sexual abuse and sexual harassment.

The Auditor sampled a second set of unannounced round sheets to determine compliance with Standard 115.13. Round sheets dated 12/06/2020, illustrate that some unannounced rounds were still being conducted by Sergeants despite the presence of intermediate and higher-level supervisors managing the shift. Equally, problematic, some signatures and dates were still unreadable. The Auditor ordered a third sample of unannounced rounds dated 12/18-20/2020. From the third sample the Auditor determined that Putnamville was 100% compliant with Standard 115.13. **Corrected.**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

Reassessment did not occur with regularity based on this standard. After corrective action, Putnamville met the requirements of Standard 115.41. The Auditor pulled a second set of SVAT's (20) of incoming inmates from October 2020. The Auditor determined the 100% of SVAT's were completed in accordance with this standard and reassessments were completed within 30 days of arrival to the facility. **Corrected**

**Standard 115.67: Agency protection against retaliation**

The Auditor will monitor the documentation of retaliation at Putnamville for at least 30 days. The Auditor determined that some I & I Investigator consistently conducted retaliation monitoring as required in the standard. Other investigators omitted the requirements of this standard thus the omission to monitor inmates for retaliation was not widespread. Putnamville will provide the Auditor with documented evidence that where applicable retaliation monitoring is being conducted 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. Putnamville will document re-training of PREA Investigators on this standard and provide the Auditor with printed names and acknowledgement signatures of the completion of training.

**Corrected**

**Standard 115.73: Reporting to inmates**

The investigator in question will review Standard 115.73 and complete, print and sign an acknowledgement form to confirm the completion of re-training. Putnamville will provide the Auditor with documented evidence that re-training was completed by the investigator. **Corrected**

**Standard 115.86: Sexual abuse incident reviews**

Complete the incident review by committee of all substantiated and unsubstantiated incidents of sexual abuse for the prior 12-month period, document the committee review of the investigative reports. The sexual assault incident review team should include upper-level management officials and allow for input from supervisors, investigators and medical or mental health practitioners. Document attendance with a printed name, staff signatures and dates. Review Standard 115.86. Document training on Standard 115.86 for all PREA Committee members. Document attendance with a printed name, staff signatures and dates. Provide the Auditor with evidence of all corrective actions taken to gain compliance with this standard. **Corrected**

**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*)

### Instructions for Overall Compliance Determination Narrative

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

IDOC Policy 02-02-115 (Sexual Abuse Prevention) established that the agency has a written policy. Indiana Department of Corrections (IDOC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment outlined in Policy 02-01-115.

A review of the organization chart and memo identifies that a PREA Coordinator and Compliance Manager has been designated. Moreover, Indiana Department of Correction (IDOC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment that is outlined in Policy 02-01-115, Sexual Abuse Prevention. The Sexual Abuse Prevention Policy details the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency has designated a statewide PREA Coordinator.

The Executive Director of PREA/PREA Coordinator is a positioned in the upper level of the IDOC hierarchy. During his interview, the PREA Coordinator confirmed having sufficient time and authority to

develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Moreover, the interview also confirmed that the PREA Coordinator was highly organized and extremely knowledgeable of the requirements for PREA.

A review of the Putnamville organizational chart and a memo from the Deputy Warden verifies that Putnamville Correctional Facility has designated a PREA Compliance Manager (PCM). The Auditor interviewed the newly appointed PCM. The PCM confirmed that she had sufficient time to oversee the Putnamville PREA initiative and efforts to comply with PREA standards at the facility. The Auditor found the PREA Compliance Manager enthusiastic, eager, and willing to develop, implement, and oversee Putnamville efforts to comply with the Prison Rape Elimination Act (PREA) standards. The PCM serves dual roles in the facility, Investigator 4, and the facility PREA Compliance Manager. Each role critical to ensuring the sexual safety of staff and inmates. In her role as an investigator, it is conceivable for the PCM to investigate allegations of sexual abuse. As an investigator, her immediate supervisor and direct report, is a position termed, Investigations, and Intelligence Officer II. The Investigations, and Intelligence Officer II reports to the Warden

The Auditor found problematic the lack of authority for the PCM to develop, implement, and oversee Putnamville efforts to comply with the Prison Rape Elimination Act. The role of PCM lacks the authority to implement and develop measures to support compliance with PREA standards based on the Putnamville organizational chart. Moreover, the PCM has no direct line of authority that links her role and responsibilities to the Warden. After corrective action, Putnamville Correctional Facility met the requirements of Standard 115.11.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Compliance Manager
- Organizational Chart
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

**Corrective Action:**

The Auditor considers the current position of the PCM in the organizational structure a potential conflict of interest as it relates to autonomy, authority, and PREA related matters. Putnamville re-aligned the position of PCM to provide the position with the ability to develop, implement, and oversee Putnamville efforts to comply with the Prison Rape Elimination Act (PREA) standards. Putnamville provided the Auditor with a copy of the revised organizational chart.

## **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.)  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*)

### Instructions for Overall Compliance Determination Narrative

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

The agency has 7 contracts. All applicable contractors are required to adopt and comply with PREA standards. Putnamville Correctional Facility met the requirements of Standard 115.12.

#### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## 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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses Standard 115.13.

The facility has a documented staffing plan. The sitting Warden retired before the onsite portion of this PREA audit. The facility provided a memo from the then acting Warden indicating that the Custody Supervisor, Human Resources, and the Department Heads meet monthly to discuss staffing, programs, and services. The Auditor also interviewed the incoming Warden of the facility during the onsite portion of the audit.

The PREA Compliance Manager provided an updated staffing plan that documents at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviewed the staffing plans to see whether adjustments are needed. Putnamville in consultation with the agency PREA Coordinator assessed, determined, and documented whether adjustments were needed on January 30, 2020. The staffing plan provides for adequate levels of staff to protect inmates against sexual abuse. Considerations in the development of the staffing plan included: Calculating adequate staffing levels, determining the need for additional video monitoring devices, any findings of inadequacy from internal or external oversight bodies, the design of the facility, blind spots, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.

IDOC has implemented a policy of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds were documented on the Putnamville facility log sheets. IDOC mandates that unannounced rounds are conducted by a Lieutenant or members of intermediate or higher-level supervisors at the facility. The agency has a policy prohibiting staff from alerting other staff members that supervisory PREA unannounced rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. Random interviews confirmed that security staff are not alerted when PREA unannounced rounds will take place during a shift.

The facility operates 24 hours per day on twelve-hour (12) hour shifts. Moreover, Putnamville random unannounced rounds were selected and reviewed from the facility log sheets. From the log sheets the Auditor could determine Shift and Assistant Supervisors on duty, who conducted a PREA Unannounced Tour and the time. In some instances, the signatures were unreadable. Problematic, from the initial sample the Auditor determined that even with intermediate or higher-level supervisors on duty, the job of conducting unannounced rounds was relegated to a Sergeant, Zone Supervisor or Dorm Officer despite evidence of higher-level supervisors working during the same timeframe, such as Shift Supervisors, Captains, Lieutenants, or correctional management. This practice did not meet the requirements of Standard 115.13 (d).

After corrective action, Putnamville now meets the requirements of Standard 115.13 (d) and Standard 115.13.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo – PREA Standard 115.13 c-1
- Putnamville Correctional Facility Master Shift Roster 1/29/2020
- Putnamville Correctional Facility Vacancy Report dated 1/31/2020
- Putnamville Correctional Facility 2020 Facility Staffing Plan Review 1/30/2020
- Putnamville Correctional Facility Average Vacancy Report, dated 1/2/2020 from May 2019 - January 2020
- Auditor review of unannounced rounds
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with staff who conduct unannounced rounds
- Interview with the Warden

## Corrective Action:

The agency has implemented a policy of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. In practice, Putnamville "PREA Unannounced Tours" were systematically documented with evidence from Sergeants and some line officers. The Auditor also found it difficult to read some signatures and the times rounds were completed and by what staff person. The Warden issued a memorandum dated December 3, 2020, titled, PREA Unannounced Tour Dorm Log, to alert all security supervisors and correctional managers that PREA unannounced rounds were now limited to:

Unit Team Managers/Shift Supervisors/Assistant Shift Supervisors/Lieutenants/Deputy Wardens/Warden and Major. Sergeants and line officers are no longer allowed to complete and document PREA unannounced rounds at the facility unless the Sergeant is acting in a role of intermediate level manager because of staff shortages due in part to the pandemic.

After re-training, the Auditor re-assessed compliance with this standard and found some evidence of the implementation of the IDOC policy related to this standard and a new practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds on all shifts (day/night) to identify and deter staff sexual abuse and sexual harassment.

The Auditor sampled a second set of unannounced round sheets to determine compliance with Standard 115.13. Round sheets dated 12/06/2020, illustrate that some unannounced rounds were still being conducted by Sergeants despite the presence of intermediate and higher-level supervisors managing the shift. Equally, problematic, some signatures and dates were still unreadable. The Auditor ordered a third sample of unannounced rounds dated 12/18-20/2020. From the third sample the Auditor determined that Putnamville was 100% compliant with Standard 115.13. Corrected.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Putnamville Correctional Facility does not house youthful offenders. Putnamville Correctional Facility met the requirements of Standard 115.14.

#### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 01-04-102 (Classification Assignments for Youth Incarcerated as Adults and Alternatively Sentenced Youth)
- Putnamville Correctional Facility Memo: PREA Standard 115.14
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

### 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, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 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 if the facility does not have female inmates.)  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? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-03-101 (Searches and Shakedown) and Policy 02-10-1118 (Transgender and Intersex Offenders) address the requirements in Standard 115.15.

Policy 02-03-101 indicates that "...except during an emergency as declared by the Warden or designee, a strip search must afford the offender reasonable privacy and shall be conducted by staff of the same gender. Opposite gender strip searches of an offender shall not be conducted unless the opposite gender staff member, in his/her professional judgment, has reasonable cause to believe that a delay in retrieving possible prohibited property would jeopardize the safety, order, and/or security of the facility. If a strip search is conducted by an opposite gender staff member, the strip search shall be documented on an Incident Report and submitted to the Custody Supervisor or designee."

Staff were able to describe the facility requirements for searching during random staff interviews. There were twelve (12) random staff interviews conducted. Likewise, twelve (12) random staff training files were reviewed and confirmed that all staff received training on the facility policy that does not allow cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches be conducted. Likewise, the PREA Coordinator provide the training curriculum for adult PAT Searches which includes training custody staff 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. Further, the same training curriculum includes training custody staff 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.

During her interview, the PREA Compliance Manager confirmed that Putnamville Correctional Facility had zero (0) occurrences of cross-gender strip searches or visual body cavity searches within the last twelve months as indicated in the PAQ. Putnamville Correctional Facility meet the requirements of Standard 115.15.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-03-101 (Searches and Shakedowns)
- Policy 02-01-118 (Transgender and Intersex Offenders)
- Putnamville Correctional Facility Memo: PREA Standard 115.15 a-2, 3, & b-4
- Putnamville Correctional Facility Memo: PREA Standard 115.15 b-3
- Putnamville Correctional Facility Memo: PREA Standard 115.15 f
- PAT Search Training Curriculum of Adult Male Offender, Opposite Gender Offender Pat Search
- Observations of the Auditor during the on-site portion of the audit
- Interview with inmates and staff
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## **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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) address the policy requirements of Standard 115.16. IDOC takes 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. IDOC has an on-going paid contract that provides inmates with disabilities or who are limited English proficient with any needed assistance. The facility is equipped with posters in alternate languages such as Spanish to ensure inmate education.

Putnamville Intake staff sampled during the audit confirmed that PREA education is provided in verbal and written formats. The Auditor determined by examination that IDOC takes 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 of inmates who are limited English proficient (LEP). IDOC/Putnamville Correctional Facility has an on-going contract with a vendor to provide interpretive assistance to aid inmates in communicating effectively who are limited English proficient.

More, Putnamville has a contractual agreement with an over-the-phone phone interpretive service. The vendor employs interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The interpretive services provided by the vendor is available 24 hours a day. The Auditor examined the contractual agreement.

During random staff interviews (100%) of participants sampled confirmed that they 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. Four (4) physically disabled inmates and zero (0) LEP were interviewed. While interviews included bi-lingual inmates, all spoke and understood English without the assistance of an interpretive service. Targeted inmates (100%) sampled confirmed receiving PREA education in a format they understood.

In memos from the facility, Putnamville confirmed that in the last 12 months they relied on zero (0) inmate interpreters, readers, or other types on inmate assistance involving PREA cases or investigations. During the onsite portion of the audit the Auditor confirmed with the PREA Compliance Manager that memos relevant to this standard were unchanged. Putnamville Correctional Facility met the requirements of Standard 115.16.

## Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy Putnamville 16-03 (Telephonic and In Person Interpretive Service)
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.16 b-1
- Putnamville Correctional Facility Memo: PREA Standard 115.16 c
- Putnamville Correctional Facility Memo: PREA Standard 115.16 c-2
- Putnamville Correctional Facility Memo: PREA Standard 115.16 c-3
- Observations of the Auditor during the on-site portion of the audit
- Interview with inmates and staff (random and specialized)
- Interview with the PREA Coordinator

## 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 who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 04-03-102 (Human Resources) and Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) prohibits the hiring or promotion of anyone who may have contact with inmates, and prohibits enlisting the 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) address the policy requirements of Standard 115.17. IDOC policies require criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with inmates.

A Human Resource Manager (HRM) was interviewed during the audit. The HRM confirmed that the agency prohibits 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. The agency considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.

The PREA Coordinator confirmed in his interview that the agency asks 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 and provided evidence. Furthermore, the PREA Coordinator affirmed the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and he also provided evidence in the form of the employment application form for the Indiana Department of Corrections.

The PREA Compliance Manager confirmed during her interview that IDOC prohibits the enlistment of services of any contractor/volunteer/staff 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. The PREA Compliance Manager confirmed that Putnamville has hired 164 employees in the

last 12 months who may have contact with inmates and received criminal background checks as well as 39 contractual employees. Volunteerism was suspended in early 2020 due to Covid-19 concerns. The Auditor reviewed a copy of current employee background checks from the staff sampled during the onsite portion of the audit. Putnamville Correctional Facility met the requirements of Standard 115.17.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 04-03-102 (Human Resources)
- Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff)
- Putnamville Correctional Facility Memo: PREA Standard 115.17 a
- Putnamville Correctional Facility Memo: PREA Standard 115.17 c-2
- Putnamville Correctional Facility Memo: PREA Standard 115.17 d-2
- Review of applicant questionnaire
- Criminal background checks Putnamville Correctional Facility staff
- Interviews with staff
- Interview with the Human Resources representative
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Putnamville Correctional Facility indicated on their Pre-Audit questionnaire they have not acquired any new facility additions or made substantial expansions or modifications to the existing facility since the last PREA audit. The facility upgraded cameras in several dorms and hallways to eliminate blind spots and enhance sexual safety of staff and inmates alike. The PREA Compliance Manager confirmed for the Auditor that information contained in the facility memo relative to this standard is unchanged. Putnamville met the requirements of Standard 115.18.

#### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Putnamville Correctional Facility Memo: PREA Standard 115.18 a & b
- Observations of the Auditor during the on-site tour
- Interviews with the PREA Compliance Manager
- Interview with the PREA Coordinator
- 

## 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  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 *always* makes a victim advocate from a rape crisis center available to victims.)  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention address this standard. The IDOC is responsible for investigating allegations of sexual abuse. This protocol developmentally appropriate for youth where applicable. It should be mentioned that Putnamville houses no youthful inmates. The facility is responsible for investigating administrative sexual harassment allegations.

The PREA investigator interviewed during the audit confirmed that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol adopted by the IDOC, as appropriate, are 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.

Indiana Code (IC) 11-10-3-5, Co-payment requirements; exceptions. IC 11-10-3-5 outlines circumstances when an inmate is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided as a result of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility. The agency offers all inmates who experience sexual abuse access to forensic medical examinations offsite, without financial cost, where evidentiary or medically appropriate.

Confirmed by examination, the agency offers all victims of sexual abuse access to forensic medical examinations, to an outside facility, without financial cost, where evidentiary or medically appropriate. The Auditor examined one (1) sexual abuse incident that took place at Putnamville. The inmate was transported to a local hospital, to be examined by a SANE Nurse Examiner, and never charged for the medical services provided. Specifically, during the past 12-month period, the number of forensic medical exams conducted was one (1) forensic examination at Hendrick Regional Hospital (HRH), Danville, IN. The victim was provided contact information for the Hendrick County Victims Assistance/Advocate, HRH SANE contact information to address further questions and contact information for the HRH Social Worker. Follow-up testing for sexually transmitted diseases post 6 weeks from the incident was recommended by the hospital. Recommended test included: Gonorrhea, HPV, syphilis, and hepatitis. Post 90 days from the incident HIV infection testing. Re-testing for HIV infection, syphilis, and hepatitis 6 months from the incident date.

By examination, the Auditor determined that IDOC and by extension Putnamville Correctional Facility has a paid contract with the Indiana Coalition Against Domestic Violence (ICADV). The Auditor examined a contractual agreement (E-Contract 22593-A5) between ICADV and the IDOC. The scope of services provided by ICADV include:

1. Provide the victim a person they can talk to about what happened to them confidentially for crisis intervention.
2. Provide the offender a plan to address the trauma caused by the sexual abuse.
3. Provide referrals to services that provide ongoing support during and after release and to provide victim advocacy emotional support, crisis intervention, information, and referrals to inmates assigned to IDOC facilities.

The initial contractual agreement with ICADV was dated 12/7/2018, expired on 9/30/2019, it was amended on 2/10/2020 and expired on 5/31/2020 now extended to October 31, 2020.

From each living unit any inmate victim of sexual abuse or harassment, may request victim advocacy services from ICADV by:

Calling toll free to the ICADV hotline from the inmate phone system by dialing #66. Inmates are advised from the recording if you get an answering service leave your name, DOC # and facility in the message or writing:

**Indiana Coalition Against Domestic Violence**  
**Attn: IDOC Victim Advocate**  
**1915 W. 18th Street, Indianapolis, IN 46202**

Random and specialized staff confirmed knowledge of the paid contract with ICADV. Random and targeted inmates interviewed during the audit detailed general information about services provided by a

victim advocacy organization for victims of sexual abuse, but they could not provide any specific information for the Auditor.

Each inmate was aware where to find additional victim advocacy information on the living units. Specialized staff confirmed that if requested by the victim, Putnamville would provide a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. The Auditor noted in review of investigations that Putnamville staff offered victims access to outside advocacy services.

The IDOC is responsible for investigating allegations of sexual abuse in the facility. When necessary, Putnamville will notify the State Police liaison of the assault to request assistance and consult with local prosecutors if there is a potential criminal violation.

Putnamville maintains a list of Sexual Assault Response Team (SART) members for each shift to provide a consistent, coordinated, competent and compassionate response to sexual assault in a IDOC facility to serve as victim-centered advocates and make victim needs a priority in an incident of sexual abuse, during a forensic examine and throughout the investigatory process. According to the Indiana Coalition to End Sexual Assault and Human Trafficking, core members include advocates, law enforcement, Sexual Assault Nurse Examiners (SANEs), and prosecutors. The team may also include crime labs and anyone from the community who provides services in response to sexual assault.

The facility provided memos confirming that inmates can be taken to Terre Haute Regional Hospital or Hendricks County Hospital. Terre Haute Regional Hospital is a 278-bed community-based medical center with comprehensive medical and surgical programs. The hospital service area includes Putnam county where Putnamville Correctional Facility is located. Inmates can receive emotional support and victim advocacy counseling/services at the Putnam County Hospital as well as the Indiana Coalition Against Domestic Violence. A call was made to the Directors of the programs to verify that the agency has a paid contract that covers Putnamville Correctional Facility in place. Hendricks County Hospital Health System includes hospitals in Danville (the main campus) and Brownsburg, both locations offer emergency services, and SANE examinations through Emergency Room Department. The hospital confirmed that SANE nurses are specially trained in forensic examinations for victims of abuse or violence. Hendricks County Hospital works with local law enforcement to help care for victims of sexual abuse.

Staff (random and specialized) interviews demonstrated that (100%) of staff were knowledgeable about the Memorandum of Understandings with Terre Haute Regional Hospital, and Hendricks County Hospital, and the Indiana Coalition Against Domestic Violence and all were able to verbalize who the agreements were with and what services they provided. The facility provided memos confirming that in the last twelve months, only one incident occurred where an inmate was sent to the hospital for forensic examination. Putnamville Correctional Facility met the requirements of Standard 115.21.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Putnamville Correctional Facility Memo: PREA Standard 115.21
- Putnamville Correctional Facility Memo: PREA Standard 115.21 c-1
- Putnamville Correctional Facility Memo: PREA Standard 115.21 c-6 & c-7
- Putnamville Correctional Facility Memo: PREA Standard 115.21 e
- Memorandum of Understanding with Indiana Coalition Against Domestic Violence

- Telephone conversation with staff from the Terre Haute Regional Hospital, and Hendricks County Hospital, and the Indiana Coalition Against Domestic Violence
- List of medical and mental health employees and copies of certificates of completion of specialized training
- Internet search: Hendricks County Regional Hospital
- Internet search: Terre Haute Regional Hospital
- Interviews with staff (random and specialized)
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

## 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) is in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an entity with the legal authority to conduct criminal investigations. The agency documents all referrals for investigation. The policy is available and accessible on the agency's internet website.

Policy 00-01-103 indicates that the Operation of the Office of Investigations and Intelligence investigative staff responsibilities in response to allegations of sexual abuse and harassment. The agency has a practice that documents all such referrals. More, the agency ensures an administrative or criminal investigation is completed for all allegations of sexual harassment.

The Auditor interviewed a facility investigator who confirmed that Putnamville documents all investigations to include those referred for criminal prosecution. The facility provided a memo confirming that in the last 12 months there has been eleven (11) allegations resulting in administrative investigations with five (5) PREA allegations referred for criminal investigations. The PCM confirmed information contained in the revised PAQ dated October 27, 2020, as accurate during the onsite portion of this PREA audit. After examination, the Auditor determine that there were Putnamville Correctional Facility met the requirements of Standard 115.22.

### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.22 a-2
- Putnamville Correctional Facility Memo: PREA Standard 115.22 a-4
- Review of the agency website
- Review of investigative files
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with an investigator from the Office of Investigation and Intelligence

- Interviews with staff (random)

## TRAINING AND EDUCATION

### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention and Policy 01-05-101 Staff Development and Training, the PREA Presentation Guide, Training Records and Training Acknowledgement Sheets collectively address the policy requirement of Standard 115.31.

The training curriculums provided by the agency is tailored to the needs and attributes of the inmates in the facility. Furthermore, the training curriculum included topics such as: inmates on inmates' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.



IDOC has a written receipt that acknowledges that on a specific date the employee received training (and understand said training) from the Indiana Department of Correction regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02-01-115, Sexual Abuse Prevention. Additionally, the employee is issued a copy of the Department of Correction Brochure, Sexual Assault Prevention, and a copy of specific PREA related Staff Brochures and documents relating to sexual abuse prevention and mandatory reporting of sexual abuse and sexual harassment. IDOC provides staff with a comprehensive education on the Prison Rape Elimination Act (PREA) that is apparent in Putnamville Correctional Facility staff training transcripts, training curriculum, and specialty specific training.

A total of 12 random and 14 specialized training files were reviewed totaling 26 files reviewed. All 26 training files reflect that staff received the appropriate training. Of the 26 random files those requiring refresher training had received training yearly. The training curriculums provided by the facility was reviewed by the Auditor. Putnamville provided a memo confirming that the facility trained 100% of staff in PREA requirements and 100% of eligible staff received sexual abuse/harassment training during annual facility in service and new employee orientation. Putnamville Correctional Facility met the requirements of Standard 115.31.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.31 c-1 & c-2
- Indiana Training Plan/On the Job Training Session/Security Skills Evaluations/Learning Plan Transcript/ Acknowledgment of Receipt
- Auditor review of training files
- Auditor review of training curriculum/brochures
- Interviews with staff
- Interview with the PREA Compliance Manager

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Indiana Department of Corrections ensures 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. In 2020, volunteer services were suspended due to the pandemic virus. The facility currently has 48 volunteers and 76 contractors.

Since early in 2020, volunteerism was suspended out of an abundance of caution for the Corona pandemic. Prior to the suspension of volunteer services, all volunteers and contractors who have contact with inmates were trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention and detection. IDOC has developed a training brochure for sexual abuse prevention and reporting targeting: Staff, Contractors and Volunteer information. The PREA brochure contains topics such as: Types of sexual abuse and sexual harassment, methods for reporting sexual abuse and sexual harassment, crisis intervention, treatment of the crime scene, IDOC zero tolerance policy, prevention and how to recognize signs of sexual assault.

The PREA training curriculum provides multi-types of training platforms that are determined based on the services provided by the volunteer or contractor and contact they have with inmates. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informs contractors and volunteers how to report such incidents. Putnamville Correctional Facility met the requirements of Standard 115.32.

### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Putnamville Correctional Facility Memo: 115.32 a-2
- Indiana Contractor and Volunteer Manual
- Acknowledgment of receipt of training

- Interview with the PREA Compliance Manager

## 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 the comprehensive education referenced in 115.33(b)?  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.33. The agency documents inmate trainings in institutional and clinical files. A total of forty (40) inmate institutional and clinical files were reviewed to verify that inmates received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process. PREA education and information is provided for those inmates who are limited English proficient (LEP), deaf, visually impaired, or otherwise disabled. Inmates sampled were knowledgeable of their rights.

Within 72 hours of intake, IDOC/Putnamville provides age-appropriate comprehensive education to inmates in person regarding their rights to be free from sexual abuse and sexual harassment, as well as their rights to be free from retaliation for reporting such incidents. Inmate education also includes a PREA video. Educational material is provided in two languages English and Spanish. Inmates

requiring other languages are communicated through a language-line. This information was verified through the review of forty (40) institutional and applicable clinical files.

In addition to providing general PREA education to inmates the Putnamville ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, and electronic tablets. PREA informational posters were displayed in Spanish and English and they were posted throughout the facility. Inmates sampled all confirmed being educated on the grievance process and PREA. The facility provided a memo confirming in the last twelve (12) months 1516 inmates were admitted to the facility and all received PREA education and information. Putnamville Correctional Facility met the requirements of Standard 115.33.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.33 a-2
- Auditor review of inmate education materials/inmate brochure
- Inmate acknowledgment forms
- Auditor review of inmate's files
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator

## 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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 00-01-103 (Office of Investigation and Intelligence) address the IDOC's approach to Standard 115.34. The Office of Investigations is responsible for conducting investigations of alleged misconduct by staff and offenders and assisting in maintaining safety and security in the Department's facilities. Investigators are directed by policy to conduct investigations:

1. A prompt, thorough, and objective investigation of sexual abuse and/or sexual harassment shall begin:
  - a. As outlined in Investigating Allegations of Misconduct.
  - b. Upon activation of a facility SART team; and/or,

- c. If determined to be necessary following an administrative review.
2. If the alleged sexual conduct involves an offender/youth under the age of eighteen (18), the incident shall be reported to the Child Protective Services as required in policy and Administrative Procedure 03-02-103, "The Reporting, Investigation, and Disposition of Child Abuse and Neglect." Putnamville does not house youthful inmates.
3. Investigations of sexual abuse or sexual harassment shall be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
4. Investigators shall:
  - a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
  - b. Interview alleged victims, suspected perpetrators, and witnesses; and,
  - c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.
5. The Garrity warning shall be used when interviewing staff for simple fact-finding.
6. An effort shall be made to determine whether staff actions or failures contributed to sexual abuse or sexual harassment.
7. An additional staff member, uninvolved in the case, shall be present during interviews, for one of the staff members to be of the same gender as the subject of the interview.
8. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender, youth, or staff. No facility shall require an offender or youth who alleges sexual abuse to submit to a polygraph examination, voice stress analysis, or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
9. The standard of measure for sexual abuse and sexual harassment administrative investigation is the preponderance of the evidence. When the evidence supports criminal prosecution, the agency shall consult with the prosecutor prior to conducting compelled interviews. Substantiated cases that appear to be criminal in nature shall be referred for prosecution.
10. The departure of the alleged perpetrator(s) or victim(s) from employment or custody/supervision will not warrant termination of an investigation. Outside law enforcement shall be contacted if this occurs.
11. Consultation with the prosecutor's office or Indiana State Police is permitted at any time during an investigation. If deemed appropriate, Indiana State Police may assist in an investigation of an act of sexual abuse or sexual harassment reported to facility investigators. Facility investigators shall be responsible for the coordination of all investigations.
12. Follow up with an offender's/youth's allegation of sexual abuse or sexual harassment shall be done in accordance with Policy 02-01-115, Sexual Abuse Prevention, examination of training

files for investigators confirmed that each investigator completed specialized training in conducting investigations in confinement settings at least once.

The facility provided a memo confirming that five (5) staff assigned to the Office of Investigations and Intelligence are certified investigators and each has completed all necessary training regarding conducting sexual assault investigation and Standard 115.34. Putnamville Correctional Facility met the requirements of Standard 115.34.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigation and Intelligence)
- Putnamville Correctional Facility Memo: PREA Standard 115.34 c 2
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the Warden
- Interview with a PREA Investigator
- Internet search: National Institution of Corrections, Specialized Investigative Training, PREA: Investigating Sexual Abuse in a Confinement Setting
- Training Curriculum: Moss Group Specialize Training, Certificate of Completion (NIC), Specialized Investigative Training, Ashley Willis, PREA: Coordinator Roles and Responsibilities, dated February 12, 2020
- Certificate of Completion (NIC), Specialized Investigative Training, Ashley Willis, PREA: Investigating Sexual Abuse in a Confinement Setting, dated February 12, 2020
- Certificate of Completion (NIC), Specialized Investigative Training, Ashley Willis, PREA: Investigating Sexual Abuse in a Confinement Setting, Advanced Investigations, dated February 13, 2020
- Certificate of Completion (NIC), Specialized Investigative Training, David Ware, PREA: Investigating Sexual Abuse in a Confinement Setting, Advanced Investigations, dated June 5, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Nicholas Kennedy, PREA: Investigating Sexual Abuse in a Confinement Setting, Advanced Investigations, dated October 3, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Nicholas Kennedy, PREA: Investigating Sexual Abuse in a Confinement Setting, dated October 3, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, Robert Evans, PREA: Investigating Sexual Abuse in a Confinement Setting, dated October 29, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, James Smith, PREA: Investigating Sexual Abuse in a Confinement Setting, dated September 13, 2018
- Certificate of Completion (NIC), Specialized Investigative Training, James Smith, PREA: Investigating Sexual Abuse in a Confinement Setting, Advanced Investigations, dated December 10, 2018

**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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 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 or the agency does not employ medical staff.)  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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-11-115 (Sexual Abuse Prevention) addresses the policy requirement for Standard 115.35. The medical staff at Putnamville Correctional Facility does not conduct forensic medical exams. IDOC maintains documentation that medical and mental health practitioners have received the required specialized and general PREA training referenced in this standard. A sample of training documents for medical and mental health practitioners was examined for compliance with this standard. The documentation indicates that training was conducted, and that specialized staff are re-trained at least yearly on the Prison Rape Elimination Act, and related IDOC policies and practices. Putnamville Correctional Facility met the requirements of Standard 115.35.

#### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.32 a 2
- Review of specialized training certifications for medical and mental health staff
- Interviews with Medical and Mental Health Staff
- Interview with the PREA Coordinator

## 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, as 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, as 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, as 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 an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 Sexual Abuse Prevention and 04-01-101, Adult Offender Classification, address this standard. It is the policy of the IDOC to provide a safe and secure environment for all staff, volunteers, contractual staff, visitors, official visitors, and offenders; and to maintain a program for the prevention of sexual abuse and sexual harassment in any facility operated by the Department or with which the Department contracts.

According to the PREA Coordinator, Putnamville does not have a consent decree, legal settlement, or legal judgement that requires the facility to establish a dedicated facility, unit, or wing for inmates identified as gay, bisexual, lesbian, transgender, or intersex as provided by title, status, and finds of each decree, settlement, or judgement.

IDOC policy mandates that all facilities assess inmates using a screening instrument, Sexual Violence Assessment Tool (SVAT), during intake or during a transfer to another facility, to determine the risk of victimization or abusiveness toward other inmates. The screening process ordinarily should occur within seventy-two (72) hours of arrival at the facility. Intake staff interviewed during the onsite portion of the audit confirmed that on or before the inmate's arrival IDOC considers the offender's criminogenic history, in addition to institutional alerts, gang affiliation, history of victimization and abusiveness to inform inmate housing decision. Other factors considered include the inmate's own perception regarding his sexual safety and vulnerability, existing disabilities, SVAT, a face-to-face interview and PREA educational material is issued to the inmate.

The Auditor examined the Adult SVAT Questionnaire for objectivity. The instrument considers at a minimum, factors outlined in Standard 115.41 such as: The age of the inmate; physical build; previous incarcerations; the inmates' perception of vulnerability; and whether the inmates is or is perceived to be gay, bisexual; transgender, intersex or gender nonconforming. An interview with intake staff confirmed that the SVAT is used to inform housing, job, program, education, and housing considerations with the goal of keeping the vulnerable inmate at high risk of being sexually victimized from those inmates at high risk of being sexually abusive. From the targeted group sampled the Auditor interviewed two (2) inmates who self-identified as transgender. Each transgender inmate

confirmed that during the intake process they were each interviewed individually and given the opportunity to voice their concerns regarding personal perceptions of vulnerability. Both inmates denied being placed in dedicated units or wings for inmates identified as gay, bisexual, lesbian, transgender, or intersex.

Interviews with specialized practitioners confirmed that Putnamville would not discipline an inmate for refusal to answer, or for not disclosing complete information in response to any or all PREA related questions posed regarding screening for risk of sexual victimization and abusiveness.

Specialized medical, mental health practitioners, and the Health Administrator all confirmed during individual interviews that Putnamville Correctional Facility has a system in place to guard against the dissemination of sensitive information by staff or other inmates. Sensitive information is password protected with limited access.

Interviews with random and targeted inmates confirmed that inmates are being screened for risk of victimization or abusiveness on arrival or transfer to the facility. Further, the Auditor examined forty (40) institutional files to confirm that the facility is completing timely SVAT's upon intake and within a set time period not more than 30 days from the inmate's arrival at the facility, Putnamville reassessed the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Problematic, the reassessment did not occur with regularity based on this standard. After corrective action, Putnamville met the requirements of Standard 115.41. The Auditor pulled a second set of SVAT's (20) of incoming inmates from October 2020. The Auditor determined the 100% of SVAT's were completed in accordance with this standard and reassessments completed within 30 days of the arrival to the facility.

Inmate (100%) sampled during the audit verbalized being screened during intake by the intake of a member of Unit Team. The Auditor examined forty (40) PREA screening assessments forty and reassessments. The Auditor's examination verified referrals were being made to mental health as needed. After corrective action, Putnamville Correctional Facility met the requirements of Standard 115.41.

#### **Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.41 b 2
- Review of inmate referral to mental health
- Review of Sexual Violence Assessment Tool (SVAT)
- Observations made during the on-site portion of the audit
- Interviews with specialized staff
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator

#### **Corrective Action:**

Reassessment did not occur with regularity as required in this standard. After corrective action, Putnamville met the requirements of Standard 115.41. The Auditor sampled a second set of SVAT's (20) of incoming inmates from October 2020. The Auditor determined the 100% of SVAT's were completed in accordance with this standard and reassessments were completed within 30 days of arrival to the facility. **Corrected**

## 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or inmates pursuant to a consent decree, legal settlement, or legal judgement.)  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*)



## Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention address, 02-01-118, Transgender and Intersex Offenders and 04-01-101, Adult Offender Classification addresses Standard 115.42. IDOC/Putnamville Correctional Facility use of information from the risk screening is mandated in Standard 115.41, Screening for risk of victimization and abusiveness and as required by Standard 115.42.

Policy 02-01-115 mandates the agency-wide use of SVAT risk screening information to better inform housing, programming, and education assignments, and to keep vulnerable inmates at high risk of sexual victimization safe from inmates with a propensity for abusiveness. The SVAT is an essential component in housing and placement decisions at Putnamville. If an inmate is identified as being either vulnerable or abusive the inmate's institutional data file is flagged in the agency database. Risk-based decisions made and documented in the database.

Policy 02-01-115 and 04-01-101 also mandate that decisions regarding appropriate transgender or intersex housing and facility programming are determined on a case-by-case basis, with placement decisions made while considering the impact to the inmate sexual safety while balancing agency and facility security concerns. According to the PREA Coordinator, the agency prohibits facility placement of a transgender or intersex inmate assignment to a gender-specific facilities based solely on their external genital anatomy. The agency's, Division of Classification, in consultation with the Department's Executive Staff, to include the Chief Medical Officer, ensures that transgender and intersex inmates housing and placement decisions are consistent with their medical and mental health needs, sentencing level, and in accordance with and Administrative Procedure 01-04-101.

Further, Policy 02-01-118, Transgender and Intersex Offenders, indicates that:

An offender who self-identifies as transgender or is diagnosed as intersex after completing the reception process shall be referred to Health Services and evaluated in accordance with Health Care Services Directive 3.01A, "Health Services for Transgender Offenders Medical and Mental Health staff shall complete State Form 56492, "Transgender Evaluation" and forward a copy to the facility PREA Compliance Manager.

IDOC policy indicates that after the facility PREA Compliance Manager receives the completed State Form 56492, "Transgender Evaluation," from the facility HSA, the PREA Compliance Manager shall convene the facility PREA Committee to complete State Form 56615, "Transgender/Intersex Placement Review" The PREA Committee shall consider the following information to complete State Form 56615:

1. The offender's own views of where he/she feels safe;
2. Medical and Mental Health assessment;
3. Security Threat Group (STG) affiliation;
4. Criminal history – sex or violent offense;
5. Conduct history – sex or violent offense;
6. PREA flag status;

7. Gender expression – gender non-conforming;
8. Policy and Administrative Procedure 01-04-101, “Adult Offender Classification;”
9. Security level; and,
10. Any other factors impacting safety and security

Random and targeted inmates (100%) sampled indicate that they are given the opportunity to shower, use the toilet and change clothes in private, except in exigent circumstances. Putnamville Correctional Facility has a policy that specifies placement in segregation would be a last resort. The Putnamville newly appointed Warden indicated that the facility preference is to use the least restrictive measures to keep inmates safe, always considering the inmates own views of his safety and facility security considerations, until an alternative means of safety can be arranged.

The PREA Coordinator indicates that IDOC policy requires that the Putnamville PREA Committee meet regularly to discuss PREA related facility issues. The committee should be comprised of a multidisciplinary team that would ensure that all transgender and intersex inmates are given the opportunity to shower separately from other inmates. The PREA Coordinator confirmed that placement consideration for transgender or intersex inmates to a facility for male or female inmates is a classification decision made at the agency level before as inmates is assigned to the facility.

Furthermore, IDOC makes placement decisions on a case-by-case basis. During the on-site portion of the audit there were two (2) transgender, and zero (0) intersex inmates assigned to Putnamville. Based on Standard 115.42 (d) neither transgender inmate met the criteria for re-assessment at the time of the onsite audit. The PREA Compliance Manager confirmed that when applicable the reassessment of transgender or intersex inmates would be documented inmate case management electronic file. Because of the sensitive nature of the personal information contained in the electronic file the agency limits access. Electronic files are password protected. By limiting access, the agency protects information accessible via an electronic storage system used by the agency for the storing and maintenance of inmate records to protected from certain users.

Policy 02-01-115 requires inmates (transgender and intersex) inmates be reassessed at least twice a year to review any threats to their sexual safety. Further, the same policy indicates that the agency/Putnamville should seriously consider the views of transgender and intersex inmates when determining programming, placement, and housing decisions regarding this category of inmates because of the propensity for victimization. Putnamville Correctional Facility met the requirements for Standard 115.42.

Policy 02-01-118, Transgender and Intersex Procedure, in an interview with the PREA Coordinator, he indicated that IDOC considers whether to assign a transgender or intersex inmate to a facility for male or female inmates on a case-by-case basis. IDOC would consider whether the placement of an inmate would ensure the inmate’s health and safety, and whether a placement would present management or security problems. Furthermore, the PREA Coordinator detailed that upon receiving notification that an offender has been determined to be transgender or diagnosed as intersex, he would notify the PREA Compliance Manager and the inmate would be placed on the facility’s tracking mechanism for LGBTI offenders. The PREA Coordinator confirmed that the agency would initial placement and programming assessment of transgender and Intersex inmates prior to facility placement. Subsequent reassessments are conducted every six (6) months where applicable by the facility in accordance with Section XI of Policy and Administrative Procedure 02-01-115, Sexual Abuse Prevention. More, the PREA Compliance Manager indicated that each transgender or intersex inmate’s own views with respect to his or her own safety would be given serious consideration when making facility and housing placement decisions and programming assignments. The Warden confirmed that Putnamville

Correctional Facility does not have a dedicated unit, or wing solely for the placement of LGBTI or inmates pursuant to a consent decree, legal settlement, or legal judgement. The Auditor verified by examination during the facility tour that Putnamville does not have a dedicated unit, or wing solely for the placement of LGBTI or inmates pursuant to a consent decree, legal settlement, or legal judgement. Putnamville Correctional Facility met the requirements of Standard 115.42.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 01-04-101 (Adult Offender Classification)
- Policy 02-01-118 (Transgender and Intersex Procedure)
- Putnamville Correctional Facility Memo: PREA Standard 115.42
- Form: State Form 45999 (Offender Health Form)
- Review of Sexual Violence Assessment Tool (SVAT) documentation
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Manager
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Auditor observations
- Review of facility schematics

## 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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 02-11-115 Sexual Abuse Prevention, 02-01-107 The Use of Operations of Protective Custody, and 01-04-101 Adult Offender Classification address Standard 115.43.

Policy 02-11-115 specifically prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from likely abusers. Moreover, inmates at high risk for sexual victimization shall not be placed in involuntary restrictive status 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. Any such determination shall clearly document the basis for the facility's concern for the inmate's safety; and the reason why no alternative means of separation can be made. Such assignment shall not ordinarily exceed a period of thirty (30) days. Any assignment exceeding thirty (30) days shall be clearly documented providing justification for such placement. Any adult inmate placed in restrictive status housing, for this purpose, shall have access to programs, privileges, education, and work assignments to the extent possible. Should any such programs be restricted, the facility shall document the opportunities that have been limited, the duration, the limitation, and the reasons for such limitations.

Putnamville provided memos confirming zero (0) inmates were placed in segregation prior to an initial SVAT review and assessment, as well as zero inmates were placed in segregation longer than 30 days prior to an initial SVAT review and assessment. The Auditor interviewed the PREA Compliance Manager to confirm information contained in the PAQ relative to Standard 115.43. She confirmed the correctness of information submitted to the Auditor regarding this standard. Likewise, the Auditor interviewed a supervisor from the Restrictive Status Housing (RSH). The custody supervisor confirmed that victims of sexual abuse placed in restricted housing would have access to programs, education, and privileges. Work on the restrictive unit is limited. Inmate movement of the unit is restricted. The Auditor relied upon the facility tour of administrative Restrictive Housing and face-to-face informal conversations with inmates and the logbook entries. Putnamville Correctional Facility met the requirements of Standard 115.43.

### **Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Policy 02-01-107 (The Use of Operations of Protective Custody)
- Policy 01-04-101 (Adult Offender Classification)
- Policy 02-1-111 (Administrative Restrictive Status Housing)
- Putnamville Correctional Facility Memo: PREA Standard 115.43 a 2
- Putnamville Correctional Facility Memo: PREA Standard 115.43 c 1
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator

# 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 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*)

## Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Abuse Prevention and Policy 00-01-102, Inmate Access to Court address the requirements of Standard 115.51.

The PREA Compliance Manager indicated that the facility never houses inmates detained solely for civil immigration purposes according to the PCM. The agency provides multiple internal ways for inmates to privately report to agency officials sexual abuse and sexual harassment: sexual abuse and harassment; retaliation by other inmates or staff for reporting sexual.

The same policy, Policy 02-01-115, mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, from a third-party or anonymously. Further, the agency also provides inmates with at least one way to report sexual or sexual harassment to a public or private entity or office that is not part of the agency. The private entity or office allows the inmates to remain anonymous if requested.

Putnamville provides internal ways for inmates to privately report sexual abuse and sexual harassment. The PREA brochure is designed expand and inform readers regarding sexual abuse, ways to report an incident of sexual abuse, threats of sexual abuse or sexual assault. The victim of a sexual assault can report sexual abuse or sexual harassment by:

- Telling a trusted staff person
- Dialing # 80 to report sexual abuse or misconduct
- Writing or calling the Indiana Ombudsman Bureau  
402 W. Washington, Street., W479  
Indianapolis, IN 46204
- Filing a grievance
- Third party reporting having a family member or friend to report an incident on their behalf
- Email: [idocprea@idoc.in.gov](mailto:idocprea@idoc.in.gov) or phone:1 (877) 383-5877
- Alert the PREA Compliance Manager

Random and targeted inmates (100%) confirmed during interviews that the facility provides multiple ways to report sexual abuse or sexual harassment. Moreover, during inmate interviews (random and targeted) inmates were able to detail multiple ways of reporting sexual abuse or sexual harassment to include contacting the PREA Compliance Manager or Ombudsman Bureau. The same inmates detailed

for the Auditor how to report an incident of sexual abuse or sexual harassment using tablets, the kiosk, filing a grievance, family or using the grievance process. Random and targeted inmates sampled (100%) indicated that they felt comfortable telling a trusted staff member or the PREA Compliance Manager.

All staff (random and specialized) sampled indicated they would accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, immediately document the event and immediately notify their shift supervisor while maintaining the sexual safety of the victim. Putnamville met the requirements for Standard 115.51.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Indiana Ombudsman Bureau
- Inmate PREA Brochure
- Agency Inmate Handbook
- PREA related informational posters (English/Spanish)
- Facility tour
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-102 (Inmate Access to Court)
- Review of the investigative reports
- Auditor review of forms and reporting documentation
- Interviews with inmates (random and targeted)
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager

**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

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 00-02-301 Inmate Grievance Process and Policy 02-01-115 Sexual Abuse Prevention and collectively address the requirements of Standard 115.52. The IDOC is not exempt from this standard.

Policy 00-02-301 Inmate Grievance Process and Policy 02-01-115 Sexual Abuse Prevention collectively address the requirements of Standard 115.52. IDOC is not exempt from this standard.

Policy 00-02-301, Inmate Grievance Process, Section I, Policy Statement reads:

It is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.

Policy 00-02-301, Inmate Grievance Process, Section IV, Use of the Offender Grievance Process reads:

The Department recognizes only one grievance process. The grievance process described in this policy and administrative procedure is the only administrative remedy officially recognized by the Department for the resolution of offenders' grievable issues. The complete offender grievance process consists of the following steps:

1. A formal attempt to solve a problem or concern following unsuccessful attempts at informal resolutions;
2. A written appeal to the Warden/designee; and,
3. A written appeal to the Department Grievance Manager.

#### **Matters Appropriate to the Inmate Grievance Process:**

Examples of issues which an inmate may initiate the grievance process include, but are not limited to:

1. The substance and requirements of policies, procedures, and rules of the Department or facility (including, but not limited to, correspondence, staff treatment, medical or mental health, some visitation, and food service).
2. The way staff members interpret and apply the policies, procedures, or rules of the Department or of the facility.
3. Actions of individual staff, contractors, or volunteers.
4. Acts of reprisal for using the Inmate Grievance Process.
5. Any other concerns relating to conditions of care or supervision within the Department or its contractors, except as noted in this policy and administrative procedure; and,
6. **PREA**

#### **Policy 00-02-301, Inmate Grievance Process, Section C. Emergency Grievance**

The Auditor interviewed the Warden during the onsite portion of this audit. The Warden detailed the emergency grievance process. The Offender Grievance Specialist would immediately bring an emergency grievance to the attention of the Warden/designee, PREA Compliance Manager and the PREA Coordinator for review and response within one (1) business day of the offender filing the grievance. The action on any emergency grievance may be appealed by the offender within one (1) business day of receiving the response. The Offender Grievance Specialist will notify, via email, the

Department Offender Grievance Manager, PREA Coordinator that the appeal has been submitted. The Department Offender Grievance Manager then issues a final Department decision within five (5) business days of the offender filing the grievance. Problematic, after receiving an emergency grievance the agency is required to issue a final agency decision within five (5) calendar days. Standard 115.52 (f), after receiving an emergency grievance requires the agency to issue a final agency decision within 5 calendar days not business days.

**Policy 00-02-301, Inmate Grievance Process, PREA Grievances, Section D.**

Standard 115.52 (b) requires the agency to 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.

Policy 00-02-301, Inmate Grievance Process, PREA Grievances, Section D. of the grievance process removes standard time limits for submission of a grievance and permits inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits. However, Policy 00-02-301, Inmate Grievance Process, Policy Statement excerpt stipulates:

“...it is expected that offender complaints will be resolved informally by staff attempting to meet and discuss the complaints prior to the offender filing a written grievance.”

This segment of the grievance process conflicts with direction provided to staff found in other sections of the same policy.

Inmate Grievance Process, Section D., PREA Grievances, paragraph one (1) indicates that the Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within forty-eight (48) hours of the offender filing the emergency grievance. This information conflicts with verbiage found in, Inmate Grievance Process, Section C., Emergency Grievance.

The PREA Coordinator confirmed during his interview that the agency would 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. The interview with the PREA Coordinator is consistent with Policy 00-02-301, Inmate Grievance Process, Section D. and Standard 115.52. Furthermore, the PREA Coordinator indicated that if the agency claims the maximum allowable extension of time to respond per 115.52(d)(3), the agency would notify the inmate in writing of any such extension and provide a date by which a decision will be made. The PREA Coordinator confirmed his understanding that if an inmate does not receive a response within the time allotted for reply by the agency, including any properly noticed extension, the absence of a response is considered a denial at that level.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted by IDOC to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. IDOC, Policy 00-02-301 Inmate Grievance Process, Subsection D. reads:

“Third parties, including other offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders. If a third 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/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/her behalf, the Department shall document the offender’s decision.”

The PCM indicated that Putnamville 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. The facility investigator confirmed during his interview that IDOC may claim an extension of time to respond, of up to seventy (70) days if the normal time for response is insufficient to make an appropriate decision. The IDOC shall notify the inmate in writing of any such extension and provide a date by which a decision shall be made.

The agency disciplines an inmate for filing a grievance related to alleged sexual abuse, ONLY where the agency demonstrates that the inmates filed the grievance in bad faith outlined in Policy 02-11-115 and 00-02-301. The agency disciplines inmates for filing a grievance related to alleged sexual abuse, ONLY where the agency demonstrates that the inmate filed the grievance in bad faith outlined in Policy 00-02-301. The PREA Compliance Manager also provided memos confirming within the last twelve months the facility had six (6) inmate grievances filed that alleged sexual abuse and five (5) inmates were disciplined for filling a baseless claim. Putnamville Correctional Facility met the requirement of Standard 115.52.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 00-02-301, Inmate Grievance
- Policy 02-1-115, Sexual Abuse Prevention
- Interviews with staff
- Interviews with inmates
- Interview with the PREA Compliance Manager
- Inmate Handbook and Brochure

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 00-02-301 (Offender Grievance Process)
- Putnamville Correctional Facility Memo: PREA Standard 115.52 d
- Putnamville Correctional Facility Memo: PREA Standard 115.52 d 3
- Putnamville Correctional Facility Memo: PREA Standard 115.52 d 4
- Putnamville Correctional Facility Memo: PREA Standard 115.52 d 5
- Putnamville Correctional Facility Memo: PREA Standard 115.52 e 1
- Putnamville Correctional Facility Memo: PREA Standard 115.52 e 3
- Putnamville Correctional Facility Memo: PREA Standard 115.52 f 3
- Putnamville Correctional Facility Memo: PREA Standard 115.52 f 4
- Putnamville Correctional Facility Memo: PREA Standard 115.52 f 6
- Putnamville Correctional Facility Memo: PREA Standard 115.52 g 2
- Agency Inmate Handbook
- Interviews with inmates
- Interview the PREA Compliance Manager

**Cautionary Note:**

- While the agency met the requirements of Standard 115.53 this Auditor highly recommends that the agency consider a policy modification to clarify the Offender Grievance Process, 00-020-301.

## 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 02-11-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.53. This facility never detains inmates solely for civil immigration purposes therefore the Auditor considers Putnamville exempt from Standard 115.53 (a) as it pertains civil detention.

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The contact information is posted throughout the facility. These posters were observed posted during the facility tour.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Policy 02-01-102, Inmate Visitation, PREA posters, PREA pamphlets, Inmate Handbook, and the Victim Advocacy agreement with the Indiana Coalition Against Domestic Violence (ICADV) were provided through an online platform (Syncplicity) for the Auditor's review. Both policies along with PREA related informational brochures and service agreements all address Standard 115.53.

By examination, the Auditor determined that IDOC and by extension Putnamville Correctional Facility has a paid contract with the Indiana Coalition Against Domestic Violence (ICADV). The Auditor examined a contractual agreement (E-Contract 22593-A5) between ICADV and the IDOC. The scope of services provided by ICADV include:

1. Provide the victim a person they can talk to about what happened to them confidentially for crisis intervention.
2. Provide the offender a plan to address the trauma caused by the sexual abuse.
3. Provide referrals to services that provide ongoing support during and after release and to provide victim advocacy emotional support, crisis intervention, information, and referrals to inmates assigned to IDOC facilities.

The initial contractual agreement with ICADV was dated 12/7/2018, expired on 9/30/2019, it was amended on 2/10/2020 and expired on 5/31/2020 now extended to October 31, 2020.

From each living unit any inmate victim of sexual abuse or harassment, may request victim advocacy services from ICADV by:

Calling toll free to the ICADV hotline from the inmate phone system by dialing #66. Inmates are advised from the recording if you get an answering service leave your name, DOC# and facility in the message or writing:

**Indiana Coalition Against Domestic Violence**  
**Attn: IDOC Victim Advocate**  
**1915 W. 18th Street, Indianapolis, IN 46202**

Specifically, Putnamville Correctional Facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The Indiana Coalition Against Domestic Violence (ICADV), Indiana VINE (victim assistance), AbuseLawsuit.com, and Maryville University (Understanding the Me-Too Movement: A Sexual Harassment Awareness Guide).

During interviews with inmates (random and targeted) each confirmed that they have access to legal counsel if necessary, and it is not counted towards their weekly telephone call allotment. The same information is found in the posted on each living unit. Additional information was found in the inmate brochure. During interviews, the inmates (100%) (random and targeted) each group sampled confirmed telephone calling access at the facility. The facility maintains copies of the agreement with the Indiana Coalition Against Domestic Violence. Putnamville Correctional Facility met the requirement of Standard 115.53.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.53
- Putnamville Correctional Facility Memo: PREA Standard 115.21
- Observations of the Auditor made during the facility tour
- Memorandum of Understanding with Indiana Coalition Against Domestic Violence
- Interviews with inmates (random and targeted)
- Interviews with staff
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager

## 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

Policy 02-11-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.54. The facility accepts all third-party reports of inmate sexual abuse or sexual harassment but failed to upload a policy. The agency established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the agency's website. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate on their website. The website provides contact information as well as whom the third-party reporter will speak to when communicating with the agency.

IDOC Policy 02-01-115 Sexual Abuse Prevention, Policy 02-01-102, Inmate Visitation, PREA posters, PREA pamphlets, Inmate Handbook, Ombudsman Bureau, service agreement and the Victim Advocacy agreement with the Indiana Coalition Against Domestic Violence (ICADV) were provided through an online platform (Syncplicity) for the Auditor's review. Both policies, brochures, advocacy contact information along with other PREA related service agreements all address Standard 115.54.

The IDOC established a method to receive third-party reports of sexual abuse and sexual harassment. The agency has distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The Auditor examined the notification on the agency website during an internet search.

### **IDOC SEXUAL ABUSE AND SEXUAL HARASSMENT REPORTS**

To report an incident of sexual abuse or sexual harassment on behalf of a inmates please call (877) 385-5877, email IDOCPREA@idoc.in.gov or write or call:

**The Indiana Ombudsman Bureau  
402 W. Washington, Street., W479  
Indianapolis, IN 46204**

Reporting parties please note the following:

- The allegation will be discussed with the victim named in the report
- The allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation
- Please include the following information, if known, when reporting sexual abuse or sexual harassment:
  - Date of the alleged incident.
  - Victim's name and DOC number and facility
  - All alleged perpetrators names and DOC numbers
  - Location of alleged incident

- Any other information provided regarding the incident

Putnamville Correctional Facility met the requirement of Standard 115.54.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-11-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.54
- Victim Advocacy agreement with the Indiana Coalition Against Domestic Violence (ICADV)
- Internet search: Indiana Department of Correction website
- Phone interview: Indiana Ombudsman Bureau
- Email: Indiana Ombudsman Bureau 2019 Report
- Interviews with staff (random and specialized)
- Interviews with inmates (random and targeted)
- Interview with the PREA Coordinator

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.61. Putnamville Correctional Facility is an adult facility. The facility does not house youthful inmates under the age of 18. If the alleged sexual abuse involves an offender under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to the Child Protective Services as required in the administrative procedures for Policy 03-02-103, "The Reporting, Investigation and Disposition of Child Abuse and Neglect," or by contacting the Adult Protective Services at Indiana Family and Social Service Administration (FSSA).

By examination the Auditor determined that Indiana Department of Correction staff/volunteers and contractors are mandated reporters and are required by policy to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

By examination the Auditor determined that the agency requires 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.

Interviews with staff (random and specialized) supported compliance with this standard. Random and specialized staff (100%) confirmed that the agency requires 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.

A review of the PREA training curriculum also confirms that the agency informs all staff, volunteers, and contractors to report any PREA related incident or suspicion of an incident to a supervisor immediately. Specialized staff sampled, medical and mental health practitioners confirmed their duty to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with a sample of targeted inmates confirm that during their initial visit with a medical and mental health practitioner they were informed of the practitioner's duty to report, and the limitations of confidentiality.

The Auditor also interviewed, the Warden, the PREA Compliance Manager and PREA Investigator during separate interviews, each confirmed during their respective interviews an understanding of their role and responsibility that upon receiving any allegation of sexual abuse, to promptly report the allegation to the appropriate IDOC office. Interviews with staff (random and specialized) support compliance with Standard 115.61. Putnamville Correctional Facility met the requirements of Standard 115.61.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.61
- PREA training curriculum
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Inmate interviews: targeted group
- Review of investigative files
- Interview with staff: Random and specialized

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirements of Standard 115.62. The policy requires staff to take immediate action to protect an inmate when he is identified as being subject to substantial risk of imminent sexual abuse. The Auditor interviewed random and specialized staff during the onsite portion of the audit. Sample random and specialized staff confirmed a duty to protect the sexual safety of an inmate when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse. The acting Warden issued a memo confirming that in the past twelve months there was zero instances of an inmate subject to substantial risk of imminent sexual abuse. Interviews with the PREA Compliance Manager and PREA Investigator both detailed their role and responsibility to protect vulnerable inmates in substantial risk of imminent sexual abuse from abusive inmates.

The Auditor interviewed a sample of random and targeted inmates who indicated that they understood how to seek protection from the facility by immediately notify a trusted staff person. Putnamville Correctional Facility met the requirements of Standard 115.62.

#### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Putnamville Correctional Facility Memo: PREA Standard 115.62 a 2
- Interviews with staff (Random and Specialized)
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Investigator
- Interview with the PREA Compliance Manager
- Interview with the Executive Director
- Interview with inmates (random and targeted)

### 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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.63. The policy requires: when a Warden/Superintendent or designee receives an allegation that an offender was sexually abused at another facility, the Warden/Superintendent or designee receiving the allegation shall notify the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and document he/she has provided such information.

The Warden/Superintendent that receives such notification shall ensure that the allegation is investigated in accordance with this policy and administrative procedure. The Auditor interviewed the Warden during the audit. The Warden detailed his responsibility under Standard 115.63. Further, the Warden explained that if he received an allegation that an inmate was sexually abused at another facility, the notification process requires that she notify the head of the facility where the alleged abuse occurred within seventy-two (72) hours of receiving the allegation and the incident would be documented.

According to the PAQ and confirmed by the PREA Compliance Manager and acting Warden, during the past 12 months, there was zero (0) allegation received that an inmate was abused while confined to another facility. The Auditor interviewed the incoming Warden of the facility. He indicated during his interview that 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 within 72 hours. Putnamville Correctional Facility met the requirements of Standard 115.63.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.63 a-2
- Interview with the PREA Compliance Manager
- Interview with the incoming Warden
- Interview with the PREA Coordinator

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 02-01-115, Sexual Abuse Prevention, Policy 00-01-103, Investigations and Intelligence, A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents 2nd ED., 4/2013 IDOC Sexual Assault Evidence Protocol and the Sexual Assault Prevention-Coordinated Response addresses the requirement of Standard 116.64.

Policy 02-01-115 requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that would still allow for the collection of physical evidence. Staff (random and specialized) (security/non-security) sampled clearly detailed their understanding of the actions to be taken upon learning that an inmate was sexually abused.

Moreover, the first security staff member to respond to the report is required to: Separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 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 that still allows for the collection of physical evidence.

Further, the Auditor reviewed sixteen (16) investigative PREA reports, all confirmed that staff first responders took the appropriate steps such as, protecting the crime scene, protecting the victim, and implementing a coordinated response. Putnamville met the requirements of Standard 115.64.

### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire



- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigation, and Intelligence)
- Putnamville Correctional Facility Memo: PREA Standard 115.63 a-2, a-3, a-4, & a-5
- Putnamville Correctional Facility Memo: PREA Standard 115.64 b-2
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager
- Investigations and Intelligence, A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents 2nd ED., 4/2013
- Sexual Assault Response Team Curriculum
  - First Responders Evidence protocol
  - SART Overview
  - SART Victim Advocacy
  - SART Dynamics and Trauma of Sexual Violence
  - First Responder Evidence Protocol Investigations
- Sexual Assault Prevention Directive
- Interview First Responder (non-security)
- Interview First Responder (security)

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention), Putnamville Facility Directive ISF 050, Sexual Assault Response Team, dated 1-30-2015 and revised 2-16-16, and Policy 00-01-103, Investigations, and Intelligence addresses the requirement of Standard 115.65.

The Putnamville Facility Directive ISF 050, Sexual Assault Response Team (SART) directive outlines a detailed written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership. The plan was reviewed and follows this standard.

The PREA Coordinator affirmed during his interview that each facility is mandated to establish a Sexual Assault Response Team (SART) and develop a detailed written facility coordinated plan. Putnamville has a documented written institutional coordinated plan among first responders to react to an incident of sexual abuse. For example, the facility directive outline responsibilities for the Custody Shift Supervisor. The Custody Shift Supervisor is responsible for alerting the SART Team, medical and mental health practitioners, investigations, ensuring the safety of the victim and preserving the crime scene until relieved by executive staff.

According to the PREA Coordinator, all SART Team members participate in comprehensive coursework, to enhance reactionary response time and recovery of evidence in a sexual assault incident. SART members are also charged with meeting the needs of the victim with support; provide a comprehensive forensic exam for victims; provide a joint effective, sensitive approach to victims; document and preserve evidence for potential prosecution; conduct investigations of the crime from notification through prosecution. At the facility level, Putnamville ensures that an overall effective, and coordinated response occurs for victims of sexual assault. The Putnamville Coordinated Response Plan was reviewed by the Auditor. The Coordinated Response Plan supports Standard 115.65.

Individual interviews with the PREA Coordinator provided a detailed understanding of the role and responsibilities of SART and first responders including medical and mental health practitioners, investigators, and facility executive staff in the event of an incident of sexual assault.

Furthermore, interviews with a sample of specialized staff confirmed for the Auditor that each staff member sampled was knowledgeable of their duties in response to an allegation of sexual abuse and they were also knowledgeable regarding the Putnamville coordinated response plan. Putnamville Correctional Facility met the requirements of Standard 115.65.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103, (Investigations, and Intelligence)
- Putnamville Correctional Facility Coordinated Response, Putnamville Facility Directive ISF 050, Sexual Assault Response Team, dated 1-30-2015 and revised 2-16-16

#### **SEXUAL ABUSE PREVENTION**

- Investigations and Intelligence, A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents 2nd ED., 4/2013
- Sexual Assault Response Team Curriculum
  - First Responders Evidence protocol

- SART Overview
- SART Victim Advocacy
- SART Dynamics and Trauma of Sexual Violence
- First Responder Evidence Protocol Investigations
- Interviews with staff (random and specialized)
- IDOC sexual Assault Manual
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

Indiana Department of Correction is not a collective bargaining agency; therefore, this standard is not applicable. Putnamville Correctional Facility met the requirements of Standard 115.66.

### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Putnamville Correctional Facility Memo: PREA Standard 115.66
- Interview with the PREA Coordinator
- Interview with the Warden

## 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 inmates 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy 02-01-115 Sexual Abuse Prevention and Policy 00-01-103, Investigations, and Intelligence collectively address the requirements of Standard 115.67.

The agency has 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.

Policy 00-01-103, Investigations, and Intelligence requires the Office of Investigation and Intelligence to ensure the protection of inmates and staff who have reported sexual abuse or sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation.

The agency has designated which staff members or departments are charged with monitoring retaliation. The agency has designated the PREA Committee to monitor staff and inmates for signs of retaliation. Specifically, at Putnamville, the PREA Compliance Manager facilitates the PREA Committee meetings. The PREA Committee designates a committee member (Unit Team Staff) to monitor a staff or inmate for signs of retaliation.

The Auditor interviewed the PREA Compliance Manager. As the facilitator of the PREA Committee, the PREA Compliance Manager explained her role. In detail, the PREA Compliance Manager provided the Auditor with examples of protective measures to employ to protect an inmate or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Auditor also examined IDOC, PREA Retaliation Monitoring forms which included monitoring efforts that occurred in the last 12-month period.

Inmates being monitored were monitored face-to-face as necessary at intervals of 15, 30, 45, 60, 75 or 90-days. The PCM indicated that retaliation monitoring in rare instances could extend beyond 90 days if monitoring were deemed necessary. The Auditor examined sixteen (16) Sexual/Harassment Incident Reports. Where applicable, Putnamville implemented and documented retaliation monitoring of inmate victims of sexual abuse.

During his interview the incoming Warden indicated that Putnamville employs multiple protection measures, such as housing changes or transfers for inmates' victims or abusers, removal of alleged staff or inmates 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.

More, 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 the facility would monitor: The conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, monitor disciplinary reports, act promptly to remedy any such retaliation occurring. Problematic for Putnamville was the fact that out of sixteen (16) investigative reports examined by the Auditor eight (8) were determined to be unsubstantiated or unsubstantiated but five (5) did not contain evidence of retaliation monitoring for at least 90 days following a report of sexual abuse as required in this standard.

The facility PAQ, 115.67 (c) - 5, indicated the number of times an incident of retaliation occurred in the past 12-month period as zero (0). After corrective action, Putnamville met the requirements of Standard 115.67.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- PREA Retaliation Monitoring Form
- Putnamville Correctional Facility Memo: PREA Standard 115.67 a-2
- Putnamville Correctional Facility Memo: PREA Standard 115.67 c-1
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Interview with the Warden

### Corrective Action:

The Auditor will monitor the documentation of retaliation at Putnamville for at least 30 days. The Auditor determined that some I & I Investigator consistently conducted retaliation monitoring as required in the standard. Other investigators omitted the requirements of this standard thus the omission to monitor inmates for retaliation was not widespread. Putnamville will provide the Auditor with documented evidence that where applicable retaliation monitoring is being conducted 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. Putnamville will document re-training of PREA Investigators on this standard and provide the Auditor with printed names and acknowledgement signatures of the completion of training.  
Corrected

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 02-01-107 (The Use and Operation of Protective Custody) address the requirement of Standard of 115.68. The facility will only restrict an inmate to a room as a last measure to keep an inmate who alleges sexual abuse safe and then only until an alternative means for keeping the inmate safe can be arranged. The facility provided a memo confirming that the facility has not placed an inmate who alleged to have suffered sexual abuse in an involuntary segregation unit. The Auditor interviewed random and targeted inmates during this audit. Each inmate sampled believed if their sexual safety were at issue they would be protected from harm in segregation until transferred to another facility. Zero inmates sampled indicated being placed in segregation for a PREA related incident for greater than 30 days. Putnamville Correctional Facility met the requirements of Standard 115.68.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 02-01-107 (The Use and Operation of Protective Custody)
- Putnamville Correctional Facility Memo: PREA Standard 115.68 a-1
- Interview with the PREA Compliance Manager

**Corrective Action:** Staff training included PREA investigators. The facility has a new PREA Compliance Manager. She is energetic and willing to accept the responsibilities of this position. The previous PCM no longer works for the agency. The PREA Coordinator revised the agency Retaliation Monitoring Form. The inmate monitoring form was revised to require a signature by staff for each visit with the inmate and the form includes a signature line for the inmate being monitored.

**Cautionary Note:**

In the review of investigations security supervisor often give the inmate discussing sexual harassment or sexual abuse one option “to sign a segregation refusal form.” This infers that no other alternatives are available to the inmate or that security supervisors are using the threat of going to segregation to reduce the number of PREA complaints. Putnamville should clearly document why other housing accommodations were undesirable for the circumstances. Zero inmates interviewed complained of being given a singular housing choice when alleging sexual abuse or sexual harassment. The inmate sampled (100%) indicated attempts were made to secure accommodations elsewhere in the facility but the inmates opted for a more secure setting within the facility.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Assault Prevention and Policy 00-01-103, Investigation and Intelligence collectively address the requirements of Standard 115.71. IDOC criminal, third party, administrative and anonymous investigations are conducted by the Office of Investigations (I&I).

Policy 02-01-115 and 00-01-103, IDOC administrative and criminal investigations are documented, and the appropriate investigation is forwarded to the prosecutor's office or law enforcement when applicable. Policy 02-01-115, Sexual Assault Prevention and Policy 00-01-103, Investigation and Intelligence indicates that IDOC uses investigators who have received specialized training in sexual abuse investigations.

An investigator interviewed during the onsite portion of the audit confirmed that in his role, he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, IDOC sworn Correctional Police Officers (CPO) conducts compelling interviews only in conjunction with local prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The Auditor found no evidence of the use of a polygraph examination or other truth-telling device in the reports sampled for this audit. Policy 00-01-103, Investigation and Intelligence, staff members are mandated to cooperate with all investigations. There were four (4) substantiated allegations of sexual abuse during this reporting period that were referred for criminal prosecution. In all four (4) incidents Putnamville ensured that the departure of an alleged abuser from the employment or control of the agency did not provide a basis for terminating an investigation. Putnamville Correctional Facility met the requirements of Standard 115.71.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Putnamville Correctional Facility Memo: PREA Standard 115.71 g
- Putnamville Correctional Facility Memo: PREA Standard 115.71 h
- Interview with the investigators
- Interview with the PREA Compliance Manager
- Review: Probable Cause Affidavit (4)

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 00-01-103, Investigations, and Intelligence and 03-02-10, Policy and Administrative Procedure, addresses Standard 115.72.

"The Department of Correction shall establish an Office of Investigations and Intelligence (OII) that shall be responsible for conducting investigations of alleged misconduct by staff and offenders/youths and assisting in maintaining safety and security in the Department's facilities."

The agency has established the standard for substantiation of an investigative incident of sexual abuse or sexual harassment as preponderance of evidence. According to the agency PREA Investigator who was interviewed during the audit process, when evidence supports criminal prosecution, the agency consults with the prosecutor prior to moving forward in the investigative process and conducting compelled interviews. Likewise, the same investigator affirmed that the standard threshold for evidence when determining whether allegations are substantiated is preponderance of evidence. Putnamville Correctional Facility met the requirements of Standard 115.72.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy 00-01-103 (Investigation and Intelligence)
- Putnamville Correctional Facility Memo: PREA Standard 115.72
- Interview with the PREA Compliance Manager
- Interview with the investigator

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) and Policy 00-01-103 (Investigations and Intelligence) both address the requirement of Standard 115.73. The standard requires that after an allegation of sexual abuse the inmate shall be informed verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded. All such notifications and attempts of notifications shall be documented. The Auditor examined sixteen (16) investigative reports and found inmate notification were documented. Problematic: The Auditor determined that one investigator consistently failed to document or provide evidence to support that the inmate was informed as to whether an allegation was determined to be substantiated, unsubstantiated, or unfounded. After corrective action, Putnamville Correctional Facility met the requirements of Standard 115.73.

### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Policy 00-01-103 (Investigations and Intelligence)
- Putnamville Correctional Facility Memo: PREA Standard 115.73 a-2 & a-3
- Putnamville Correctional Facility Memo: PREA Standard 115.73 c-1
- Review of investigative files
- Interview with the PREA Compliance Manager
- PREA inmate notification

### Corrective Action:

The investigator in question will review Standard 115.73 and complete a print and signed acknowledgement form of re-training. Putnamville will provide the Auditor with documented evidence that re-training was completed by the investigator.

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff) addresses the requirement of Standard 115.76. The policy outlines the agency's disciplinary response related to

violations of PREA policies by staff. Specifically, disciplinary sanctions for staff may include termination. The policy specifically states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. The failure to participate in an investigation is also grounds for terminating employment.

The agency defines misconduct as:

Behavior by a staff person which violates a standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, performance expectation, or condition of employment of the State and/or the Department.

The agency defines staff person as:

**STAFF OR STAFF PERSON:** All persons employed by the Department, including contractors and volunteers.

Policy 04-03-103 Information and Standards of Conduct for Departmental Staff, specifically states;

A staff person who violates a State and/or Department standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, or condition of employment may be subject to disciplinary action, up to and including dismissal, in accordance with IC 4-15-2.2-24 which states, "An employee in the unclassified service is an employee at will and serves at the pleasure of the employee's appointing authority, and may be dismissed, demoted, disciplined, or transferred for any reason that does not contravene public policy." Dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department's sexual abuse or sexual harassment policies.

During the audit process and an interview with the HR representative the Auditor confirmed that staff terminated for violations of the State, agency sexual abuse or sexual harassment policies, would be reported to the relevant licensing bodies and law enforcement agencies (unless the activity or behavior was clearly not criminal). More, formal terminations and presumptive terminations by staff who would have been terminated if not for their resignation, would also be reported to law enforcement (unless the activity was clearly not criminal).

The examination of evidence related to this standard was reviewed by the Auditor. Putnamville provided memos confirming that in the past 12 months there were five staff members terminated for violating the facility's PREA policies and five staff members disciplined for violating the departments zero tolerance policy regarding sexual abuse/harassment against an inmate. Putnamville Correctional Facility met the requirements of Standard 115.76.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 04-03-103 (Information and Standards of Conduct for Departmental Staff)
- Putnamville Correctional Facility Memo: PREA Standard 115.76 b-1 & b-2
- Putnamville Correctional Facility Memo: PREA Standard 115.76 c 2
- Interview with the PREA Compliance Manager
- Notice of staff termination
- Review of investigation files



- Sexual Abuse Incident Review
- Review: Probable Cause Affidavit (4)
- Policy 04-03-103 Information and Standards of Conduct for Departmental Staff
- Internet search: Indiana Code (IC) 4-15-2.2-24, Unclassified service; at will employee
- Internet search: Inspector General's website: Code of Ethics, <http://www.in.gov/ig/2236.htm>.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 Sexual Abuse Prevention, Policy 04-03-102, Human Resources, Policy 00-01-103 Investigations and Intelligence, and Policy 04-03-103 Information and Standards of Conduct for Departmental Staff collectively address and outline the agency's disciplinary response related to violations of PREA policies by staff.

Specifically, disciplinary sanctions for staff may include sanctions up to termination. Contractors or volunteers who engage in sexual abuse are prohibited from contact with inmates. Further, any contractor or volunteer who engages in sexual abuse is reported to: Law enforcement agencies or regulatory licensing bodies

Policy 04-03-102, Human Resources defines staff as: Any person(s) performing work on behalf of the Department, including contractors and volunteers' states:

That any contractor or volunteer engaging in sexual abuse of inmates will be subject to referral to local law enforcement. The policy further requires that the contractor or volunteer be prohibited from having contact with inmates.

Confirmed by examination, the number of volunteers or contractors reported to local law enforcement for misconduct related to PREA, in the past 12 months was four (4). The contractors were terminated and "gate closed" preventing future contact with inmates.

The agency defines misconduct as:

"Behavior by a staff person which violates a standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, performance expectation, or condition of employment of the State and/or the Department."

Policy 04-03-103 Information and Standards of Conduct for Departmental Staff, specifically states;

A staff person who violates a State and/or Department standard, rule, regulation, policy, procedure, directive, written or verbal order, agreement, responsibility, or condition of employment may be subject to disciplinary action, up to and including dismissal, in accordance with IC 4-15-2.2-24 which states, An employee in the unclassified service is an employee at will and serves at the pleasure of the employee's appointing authority, and may be dismissed, demoted, disciplined, or transferred for any reason that does not contravene public policy. Dismissal shall be the presumptive disciplinary sanction for a staff person that violates the Department's sexual abuse or sexual harassment policies.

Putnamville Correctional Facility met the requirements of Standard 115.77.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115, Sexual Abuse Prevention
- Policy 04-03-102, Human Resources
- Policy 00-01-103, Investigations, and Intelligence
- Policy 04-03-103, Information and Standards of Conduct for Departmental Staff
- Interview with the PREA Compliance Manager
- Examined termination notices for contractors and "gate closure notices"
- Internet search: Indiana Code (IC) 4-15-2.2-24, Unclassified service; at will employee
- Internet search: Inspector General's website: Code of Ethics, <http://www.in.gov/ig/2236.htm>
- Review: Probable Cause Affidavit (4)
- Putnamville Correctional Facility Memo: PREA Standard 115.77 a-1 & b-1

## 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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-04-101 Disciplinary Code for Adult Offenders address Standard 115.78.

Policy 02-04-101 Disciplinary Code for Adult Offenders states that sexual contact between persons that include touching of the intimate parts of one person to any part of another whether clothed or unclothed is prohibited and subject to disciplinary sanctions following an administrative finding or a criminal investigation that an inmates engaged in inmate-on-inmate sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the inmates disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

More, the incoming Warden indicated during his interview that if a PREA related incident results in a disciplinary sanction, discipline would be commensurate with the nature, circumstances and scope of the abuse committed, the inmate's disciplinary history, sanctions imposed for comparable offenses by other inmates with similar histories. The facility will consider whether an inmate's mental disability or mental illness contributed to his behavior. When applicable Putnamville consulted with mental health practitioners regarding consideration of sanctions being imposed on inmates with mental disabilities. The Auditor determined by examination that circumstances and disciplinary sanctions were comparable with other sanctions imposed on other inmates with similar offenses. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred would not constitute making a false report of an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation according to the Warden.

Interviews with medical and mental health practitioners during the audit confirmed that the facility offers therapy, counseling, or other interventions designed to address the emotional trauma resulting from an

incident of sexual abuse or sexual harassment. The same sample of medical and mental health practitioners confirmed that Putnamville also offers therapy, counseling, or other interventions to the sexual aggressor, to correct underlying reasons or motivations for the abuse. The Auditor found no evidence to support this aspect of the standard in investigative reports sampled. Inmates sampled during the audit denied that therapy, counseling, or other interventions are only offered as a condition to access other program offerings or inmate incentives or benefits. Furthermore, targeted inmates sampled confirmed at least one conference with a mental health practitioner for PREA related reasons. Some inmates sampled indicate that they declined services while others remain on the mental health caseload to address challenges brought on by a history of victimization or abusiveness.

The facility tour included an inspection of the restricted housing unit. Inmates housed in segregation confirmed rounds were conducted on a consistent basis by medical and mental health practitioners.

The facility prohibits all sexual activity between inmates and may discipline inmates for such activity. According to the PREA Coordinator and IDOC policy the facility will not deem unauthorized consensual sexual activity to constitute sexual abuse if it determines that the activity was not coerced. There were on zero cases of inmate-on-inmate sexual activity that were determined to be nonconsensual. Putnamville Correctional Facility met the requirements of Standard 115.78.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-04-101 (Disciplinary Code for Adult Offenders)
- Putnamville Correctional Facility Memo: PREA Standard 115.78 a-3 & a-4
- Interview with the PREA Compliance Manager
- Inmate handbook
- Sample: Conduct report
- Facility tour: Putnamville inmates in segregation

## 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? (N/A if the facility is not a prison.)  
 Yes    No    NA

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115 (Sexual Abuse Prevention) addresses the requirement of Standard 115.81. Inmates who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility obtains informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Staff interviews confirmed compliance with this policy. In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner was 100%. The facility provided a memo confirming 16 inmates arrived with a history of perpetrated sexual abuse either in an institution setting or in the community, and all were set up for a follow up meeting with a mental health practitioner within 14 days of the intake screening. Records reviewed onsite confirmed that Putnamville Correctional Facility met the requirements of Standard 115.81.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.81 a-3 & c-3
- Putnamville Correctional Facility Memo: PREA Standard 115.81 b-1
- Offender information system
- Auditor review of behavioral health and intake documentation
- Sexual Violence Assessment Tool (SVAT)
- Consent for treatment form
- Interviews with medical and mental health staff
- Interview with the PREA Compliance Manager

**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*)

### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Assault Prevention and the IDOC Sexual Assault Manual dated January 15, 2014 address Standard 115.82

The agency and Putnamville by extension require timely and unimpeded access to emergency medical treatment, crisis intervention and victim advocacy services. The Auditor sampled specialized staff during the audit to determine their understanding of their role and responsibility under this standard. Specialized medical practitioners confirmed that Putnamville offers inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Furthermore, the same practitioners confirmed that the nature and scope of service provided to the inmate population is based according to their professional judgment.

The Auditor also examined one (1) sexual victimization incidents which occurred in the past 12 months where the inmate was transported to the hospital for examination by a SANE nurse. The victim was taken to a local hospital for an examination by a SANE Examiner, the collection of clothing and DNA evidence. The inmate was not charged for the forensic examinations. An investigation into an allegation during the reporting period demonstrated this practice although the investigation and medical documentation resulted in an unfounded outcome.

Terre Haute Regional Hospital or Hendricks County Hospital. Terre Haute Regional Hospital is a 278-bed community-based medical center with comprehensive medical and surgical programs. The hospital service area includes Putnam county where Putnamville Correctional Facility is located. Inmates can receive emotional support and victim advocacy counseling/services at the Putnam County Hospital as well as the Indiana Coalition Against Domestic Violence. A call was made to the Directors of the programs to verify that IDOC has a contract for services that includes Putnamville Correctional Facility in place to provide services. Hendricks County Hospital health system includes hospitals in Danville (the main campus) and Brownsburg, both locations offer emergency services, and SANE examinations through Emergency Room Department. The hospital confirmed that SANE nurses are specially trained in forensic examinations for victims of abuse or violence. Hendricks County Hospital works with local



law enforcement to help care for victims of sexual abuse. Putnamville met the requirements of Standard 115.82.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Abuse Prevention)
- Putnamville Correctional Facility Memo: PREA Standard 115.82 d-1
- Review of an investigation file
- Interviews with medical staff
- Interview with the PREA Compliance Manager

**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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)  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*)

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Assault Prevention and the IDOC Sexual Assault Manual dated January 15, 2014 address Standard 115.83.

Policy 02-01-115 and IDOC Sexual Assault Manual mandates IDOC facilities provide victims with medical and mental health services equivalent to the level of care found in the community.

Policy 02-01-115 and IDOC Sexual Assault Manual also mandates appropriate tests be provided to the inmate victim as determined by medical and mental health practitioners. Furthermore, if a sexual

victimization occurs in an institutional setting, the inmate victim of sexual abuse would be offered tests for sexually transmitted infections as medically indicated.

Policy 02-01-115 requires that Putnamville to attempt to obtain a mental health evaluation within 60 days of learning of inmate-on-inmate with a history of abusiveness and offer treatment to address the underlying reason for the behavior. Individual interviews with a sample of medical and mental health practitioners confirmed their understanding of their role and responsibility under Standard 115.83.

The PREA Compliance Manager and Warden confirmed during individual interviews with the Auditor that medical services by policy are provided to the victim of a sexual assault at no financial cost.

Indiana Code (IC) 11-10-3-5, Co-payment requirements; exceptions. IC 11-10-3-5 outlines circumstances when an inmate is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided as a result of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility. The agency offers all inmates who experience sexual abuse access to forensic medical examinations on-site, without financial cost, where evidentiary or medically appropriate.

Putnamville met the requirements of Standard 115.83.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Policy 02-01-115 (Sexual Assault Prevention)
- Inmates handbook
- Interview with specialized staff (medical and mental health practitioner)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Interview with the Warden
- Putnamville Correctional Facility Memo: PREA Standard 115.83 d-1
- Putnamville Correctional Facility Memo: PREA Standard 115.83 h-1
- Sample: reviewed SANE services provided to an inmate in 2019

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Policy 02-01-115, Sexual Assault Prevention addresses Standard 115.86.

The facility PREA Committee is mandated by policy to complete 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 thirty (30) days of the conclusion of the investigation. The agency requires the facility PREA Committee to:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
6. Prepare a report of its findings and any recommendations for improvement and submit the report to the Superintendent and Executive Director of PREA; and,
7. The facility shall implement the recommendations for improvement or document its reasons for not doing so.

The Auditor examined sixteen (16) investigative reports, coupled with supplemental documentation. Problematic, the Auditor determined that Putnamville routinely did not conduct a committee incident review at the conclusion of every sexual abuse investigation with substantiated or unsubstantiated findings.

Moreover, Putnamville Sexual Incident Review meeting minutes indicate that the review of the incident was limited to the author, in lieu of a committee review of the investigation. The Sexual Incident Review documents examined included the required consideration outlined in this standard, but the review was as mentioned, limited to the author of the document. The Auditor also determined that the Sexual Incident Review: Considered 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.

More, the PREA Coordinator confirmed during his interview that the agency requires the PREA Committee to examine the area in the facility where the incident allegedly occurred to assess whether

physical barriers in the area may enable abuse and make recommendations to the Warden. Included in the incident review was the assessment of the adequacy of staffing levels during the incident and the assessment of whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The Auditor confirmed by examination that the Putnamville: Prepares 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 submits the report to the Warden, Interviews with staff revealed that they understood the purpose of the incident review team and the process. After corrective action, Putnamville Correctional Facility met the requirements of Standard 115.86.

**Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- Review of investigative sexual abuse reports in the past 12-month period
- Interview with Sexual Abuse Incident Review Team member
- Interview with the PREA Compliance Manager
- Review of facility PREA Committee Meetings Minutes
- Putnamville Correctional Facility Memo: PREA Standard 115.86 a-2 & b-2

**Corrective action:**

Complete the incident review by committee of all substantiated and unsubstantiated incidents of sexual abuse for the prior 12-month period, document the committee review of the investigative reports. The sexual assault incident review team should include upper-level management officials and allow for input from supervisors, investigators and medical or mental health practitioners. Document attendance with a printed name, staff signatures and dates. Review Standard 115.86. Document training on Standard 115.86 for all PREA Committee members. Document attendance with a printed name, staff signatures and dates. Provide the Auditor with evidence of all corrective actions taken to gain compliance with 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Indiana Department of Corrections uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization, State Prison System Summary Form supplied by the Department of Justice. A review of the annual report revealed it was completed according to this standard. Putnamville met the requirements of Standard 115.87.

#### Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with Warden
- IDOC Sexual Incident Report Data (2019)

- 02-11-115 Sexual Assault Prevention
- Survey of Sexual Victimization 2017, State Prison System Summary Form
- Survey of Sexual Victimization 2018, State Prison System Summary Form
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report, dated 4/12/2019
- 2019 Sexual Assault Prevention Program Annual Report, dated 3/04/2020
- Annual Sexual Prevention Report 2019 Year, Putnamville Correctional Facility, dated 2/04/2020

## 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

The PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The review of the agency Sexual Assault Prevention Program Annual Reports confirms this practice.

Policy 02-01-115, Sexual Assault Prevention, mandates that facilities conduct an annual review of data collected and aggregated by the facility.

The PREA Compliance Manager confirmed that she reviews the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. A review of the agency Sexual Assault Prevention Program Annual Reports confirms this practice. The evaluation includes 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 facility's annual report must be approved by the PREA Coordinator and made readily available to the public through the department's public website. The PREA Coordinator confirmed that he completes the agency's annual report which includes 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.

Furthermore, the PREA Coordinator in his role also confirmed that 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 only information IDOC redacted from the agency report is personal identifying information (PII). All other information is included in the annual report.

The IDOC compiles annual reports received from each facility and posts them on the departmental website for public access. This report is signed by the Commissioner of the Indiana Department of Corrections. This report is posted on the IDOC website. A copy of the report from Putnamville was made available to Auditor. Putnamville met the requirements of Standard 115.88.

### **Evidence relied upon to make Auditor determination:**

- Pre-Audit Questionnaire
- SIR Data Report
- Survey of Sexual Violence 2017
- Survey of Sexual Violence 2018

- Survey of Sexual Violence 2019
- 2017 Sexual Assault Prevention Program Annual Report
- 2018 Sexual Assault Prevention Program Annual Report
- 02-11-115 Sexual Assault Prevention
- Interview with the Warden
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Annual Sexual Prevention Report 2019 Year, Putnamville Correctional Facility, dated 2/04/2020
- Putnamville Correctional Facility Memo: PREA Standard 115.88

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

The standard requires that data be collected and securely retained for 10 years unless applicable laws require otherwise. The aggregated PREA data is reviewed and all personal identifiers are removed. A review of documentation confirmed the practice. Putnamville Correctional Facility met the requirements of Standard 115.89.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Putnamville Correctional Facility Memo: PREA Standard 115.89
- Sexual Assault Prevention Program Annual Reports
- Interview with the PREA Coordinator

## 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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

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

During the tour of the facility the upcoming audit notice was found posted throughout the facility. The facility provided time-stamped electronic verification of the posting of the notice. All the agency required facilities were audited during the same time frame to meet the required deadline of one (1) audit within three (3) years.

Furthermore, The Auditor examined the IDOC 2018 Sexual Assault Prevention Program Annual Report. The PREA Coordinator during his interview outlined steps taken in 2019 by the agency to enhance and improve compliance with the Prison Rape Elimination Act (PREA) such as:

The IDOC contracted the Moss Group for a project to improve the IDOC's sexual abuse investigations. The project included a review of current investigations, providing sexual abuse investigations training to agency Investigators and facility PREA Compliance.

Putnamville meets the staffing ratios required by Standard 115.13. Because of the vast property this Auditor highly recommends the utilization of additional cameras or additional staff supervision to enhance the sexual safety of staff and inmates at Putnamville.

In 2019, the Indiana Department of Correction continued to make improvements in policy and practice to meet PREA standards. Training was provided to agency investigators tasked with sexual abuse investigations to ensure thorough investigations are being conducted and documented. The agency continues to improve video monitoring technology statewide and conduct job fairs. Putnamville Correctional Facility met the requirements of Standard 115.401.

**Evidence relied upon to make Auditor determination:**

- IDOC website
- Interview with staff (random and specialized) and inmates (random and targeted)
- Interview with the PREA Coordinator
- Interview with the Warden
- Interview with the PREA Compliance Manager

**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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeals 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*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All Indiana Department of Correction facilities were audited prior to the end of the first audit cycle which ended August 19, 2016. All final audit reports are properly, publicly posted on the agency website. Putnamville Correctional Facility met the requirements of Standard 115.403.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Agency Website
- Interview with the Warden
- Interview with the PREA Compliance Manager

# 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love

12/21/20

**Auditor Signature**

**Date**

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

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