

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: Damascus Way Reentry Center, Golden Valley		Damascus Way Reentry Center, Rochester	
Physical address: 5730 Olson Memorial Hwy Golden Valley, MN		1449 4 th Av SE Rochester, MN	
Date report 5/26/15			
Auditor Information			
Address: 3800 Braddock Av NE Buffalo, MN 55313			
Email: tim.pippo@co.wright.mn.us			
Telephone 7636842380			
Date of facility visit: 05/07/2015 05/09/2015			
Facility Information			
Facility mailing address: (if different from above)			
Telephone number: 763-545-6558 507-292-1700			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community based confinement facility	<input type="checkbox"/> Other:
	<input checked="" type="checkbox"/> Halfway house		
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Mental health facility	
Name of Facility Head: Craig Fruen		Title: Exec. Director	
Email address: craig.fruen@damascusway.com		Telephone number: 6127465631	
Name of PREA Compliance Manager (if applicable):		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Damascus Way Reentry Center			
Governing authority or parent agency: (if applicable)			
Physical address: 1515 E 66 th St Richfield, MN 55423			
Mailing address: (if different from above)			
Telephone number: 612-866-0462			
Agency Chief Executive Officer			
Name: Craig Fruen		Title: Executive Director	

Email address: craig.fruen@damascusway.com	Telephone number:	612-746-5631
Agency-Wide PREA Coordinator		
Name: Pat McCurdy Dan Sepeda	Title:	Program Director
Email address: pat.mccurdy@ damascusway.com	Telephone number:	763-545-6558 507-292-1700

Dan.sepeda@damascusway.com

AUDIT FINDINGS

NARRATIVE:

Damascus Way Reentry Center is one agency with two (half way houses) community confinement facilities. The agency is Christian based, assisting person’s transition from prison to their respective community. Damascus Way Reentry Center is located in Golden Valley, MN and Damascus Way Rochester, is located approximately 95 miles southeast of Golden Valley in Rochester, MN. The two facilities operate under the same agency PREA Policies. The Golden Valley facility is an 18 bed male only house that has a mixture of residents that are on Intense Supervised Release from a Minnesota Correctional Facility or male offenders that are finishing the remainder of their mandated sentence in the house and are employed in the community on a Work Release Status. The Rochester house is a 16 bed facility that houses only male offenders on a Work Release Status. Both facilities operate under a conditional license from the Minnesota Department of Corrections. Therefore the agency follows Minnesota 2920 Rules Governing Adult Community-Based Residential Correctional Facilities. Each facility has a PREA Coordinator that also takes on the responsibilities of the PREA Compliance Manager. Because the facilities have a limited number of staff needed to operate the facilities, all staff members take on more (PREA Specialized Staff) responsibilities.

On May 7, 2015 Timothy Pippo, a Certified PREA auditor performed an on-site audit of the Golden Valley facility. I arrived at the facility and immediately began interviewing residents. I interviewed 7 of the 15 residents that were housed in the facility on the day of the audit. I was then given a thorough tour of the building with assistance from the Agency CEO and the facility (Program Director) PREA Coordinator. I then proceeded to interview 4 staff members including the Agency CEO. While in the facility, I conducted a phone interview with a representative from a Human Resource vendor that the agency uses for hiring and a phone interview with a volunteer.

On May 9, 2015 I conducted an on-site audit of the Rochester facility. I arrived at the facility and was met by the Agency CEO and the facility (Program Director) PREA Coordinator. I was first given a tour of the facility and then proceeded to interview 3 staff members and 8 of the 11 residents housed at the facility on the day of the tour. Following the conclusion of the on-site tour, I returned to the Golden Valley facility and interviewed 1 more staff member that was on duty at that house.

On May 13, 2015 I conducted phone interviews with 1 volunteer from the Golden Valley house and 2 volunteers from the Rochester house. I also conducted phone interviews with investigative supervisors from the Golden Valley and Rochester Police Departments, along with phone interviews with representatives from “Sexual Violence Center” Minneapolis and “Olmsted County, Victim Services” Rochester, MN (I had a follow-up phone conversation with this service on May 22, 2015).

There have been 0 incidents or allegations of staff/resident Sexual Abuse/Harassment and or resident/resident Sexual Abuse/Harassment in either facility in the last 12 months. There were 0 residents meeting LGBTI or limited English speaking determinations on the day(s) of the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Damascus Way Reentry Center, Golden Valley is a two story renovated home located in an industrial area of the City of Golden Valley which is a suburb of Minneapolis. The house has four rooms that have a capacity of 4 residents per room and one room that can accommodate 2 residents. All the residential rooms are located on the second floor of the house. This floor also has one main bathroom area with individual showers along with a laundry area. The second floor also has a lounge area that residents are only allowed to use during evening hours. The main floor of the house has a kitchen, a small dining area and a small lounge area. The first floor is where the secure main staff office is located. This office contains Video Monitoring equipment. The house has 11 cameras strategically affixed in areas to observe resident movement within the facility. The facility has a Kitchen Manager that prepares meals for residents.

Damascus Way, Rochester is a renovated two story apartment building located in a residential area of Rochester, MN amongst several other occupied apartment buildings. The facility has four apartments that can accommodate 4 residents each. Each apartment has two bedrooms, one bathroom with one shower, a living room and a kitchen. Residents prepare their own meals with groceries purchased by the agency. Two apartments are located on the first floor of the building and two are located on the second floor. There is a resident lounge area on the first floor and a laundry room located in the basement of the building. The main secure staff office area is located on the second floor of the building. The office has Video Monitoring equipment that incorporates 7 cameras situated within the facility.

Mission Statement:

Damascus Way seeks to provide a structured, caring Christian-Orientated program that will enable Adult Males involved in the correctional system to remain crime and chemical free, while assisting them in addressing their personal issues and meeting individual goals, in order to assure their successful integration as productive citizens serving God and their communities.

Objectives:

To assist clients in becoming responsible, contributing members of the community, while providing the community a safe, low-risk, well-monitored vehicle for re-integrating men being released from prison.

To provide the state and county correctional systems a well-structured, cost-effective, high-quality reentry program with effective monitoring and reporting systems.

To employ and develop quality staff who are trained & equipped, and who have the necessary resources to carry out their tasks.

To monitor the effectiveness of the program with an ongoing evaluation system.

SUMMARY OF AUDIT FINDING

Number of standards exceeded 0

Number of standards met: 35

Number of standards not met 0

Number of standards not
applicable 4

Standard**number ■****115.211 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
- a) Agency Policy 8000.000 and the Agency PREA Manual along with postings in the facilities confirm compliance with this standard.
- b) Policy 8000.211 addresses this standard. Interviews with the CEO and the two PREA Coordinators imply coherence with the standard. Because of the physical distance between the two facilities, the agency has determined to have a designated PREA Coordinator in each facility. The agency also has guidelines for the PREA Coordinators to follow contained in the Agency PREA Manual.

Standard**number****115.212 Contracting with other entities for confinement of residents****Not Applicable**

The Agency does not contract with any outside agencies for the supervision of residents.

Standard**number****115.213 Supervision and Monitoring**

- **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
- a) Agency Policy 8000.211 applies to this standard. Interviews with the CEO and the PREA Coordinator substantiated compliance with their Staffing Plan. The agency is compelled to comply with MN Rule 2920 concerning minimum staff to resident ratios. The agency has a Staffing Plan for each facility defining mandatory staff requirements.
- b) Neither facility has ever deviated from the Staffing Plan. Employees are mandated to remain on duty until relief has arrived.
- c) The agency has documentation of reference to PREA consideration when reviewing their Staffing Plan

Standard**Number****115.215 Limits to cross-gender viewing and searches**

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

- a) Both facilities have a policy of never performing strip searches.
- b) Both facilities house only male and have only male staff, they also have a policy of never performing pat searches on any resident.
- c) The agency does not house female residents and does not perform strip searches.
- d) The agency only employs male staff. The showers in both facilities allow privacy.
- e) The agency has never housed a transgender or intersex resident, only persons identifying themselves as male would be housed.
- f) The agency has a policy of no pat searches of any kind.

Standard Number

115.216 Residents with disabilities and residents who are limited English proficient

Not Applicable

Both facilities are modified buildings that are not designed to accommodate persons with disabilities. The agency pre-screens residents and has the option to not accept any person. However, interviews with staff confirmed that they would obtain an interpreter if needed to assist a resident with reporting. There were no disabled or limited English speaking residents at either facility on the day of the audit.

Standard Number

115.217 Hiring and promotion decisions

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

- a) Agency policy 8000.217, the Employee Handbook and the PREA Manual all address this standard. Interviews with the CEO and the Agency HR representative confirm compliance.
- b) The agency does not contract with outside vendors for security coverage but does perform checks on Volunteers.
- c) The agency has a service named "Transform MN" that manages employee benefits, hiring and background checks. An interview with a HR person confirmed that criminal history checks were completed through the State of Minnesota and the FBI.
- d) The agency does not utilize contractors but refers to this standard in their policy.
- e) The agency has a procedure in place to perform criminal background checks at least every 5 years.
- f) The agency incorporates the three qualifiers when doing performance reviews.

- g) The Employee Handbook and the Agency Policy spell out termination as a result for supplying false information.
- h) An interview with a HR person confirmed adherence to this standard.

Standard Number	115.218 Upgrades to facilities and technologies
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■ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

The agency has not made any upgrades to either facility within the last year. The agency CEO confirmed through an interview that PREA considerations would factor in any future upgrades.

Standard Number	115.221 Evidence protocol and forensic medical examinations
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■ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

- a) Agency policy 8000.221 refers to this standard. The agency implemented the training curriculum from the NIC to meet compliance with this standard.
- b) The agency has trained all staff members on the correct protocols.
- c) Any sexual assault victims at the Golden Valley facility would be transported to Hennepin County Medical Center in Minneapolis. The medical center has Sexual Assault Resources available 24/7 as indicated at their web-site <http://www.hcmc.org/services/sars/index.htm> The Rochester facility would transport any sexual assault victim to Mayo Clinic St Mary's Campus in Rochester, the clinic has 24/7 resources available as confirmed at web-site http://postbulletin.typepad.com/pulse_on_health/2010/07/have-you-been-sexually-assaulted.html
- d) The Golden Valley facility has a MOU with "Sexual Violence Center", Minneapolis that states that they would provide victim advocacy for any resident of the facility this was confirmed by a phone conversation with a representative of the center whose web-site is <http://www.sexualviolencecenter.org/>. The Rochester facility has made concerted efforts to obtain an MOU with "Olmsted County, Minnesota Victim Services" a phone conversation with a representative from this Victim Services organization confirmed that they would act as an advocate for any resident even without a MOU, their web-site is <http://www.co.olmsted.mn.us/cs/victimservices/Pages/default.aspx> The agency also posts phone numbers to the Minnesota Department of Corrections Sexual Assault Hotline for residents to contact an advocate.

- e) Both victim advocacy programs meet the requirements of this standard.
- f) The Golden Valley facility would utilize Golden Valley Police Department for criminal investigations and the Rochester facility would use Rochester Police Department for criminal proceedings. Phone conversations with supervisors from each investigative department assured adherence to the standard.
- g) h) The agency will rely on the community Victim Advocates and local Police Departments for assistance with this standard.

Standard Number 115.222 Policies to ensure referrals of allegations for investigations

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

- a) Agency policy 8000.221 covers this standard.
- b) The agency would utilize Golden Valley Police Department and Rochester Police Department for criminal investigations and indicates this at their web-site <http://damascusway.com/about-us/prea/>
- c) The agency PREA Manual outlines these responsibilities.
- d) e) Golden Valley Police Department follows mandated protocols their web-site is <http://www.goldenvalleymn.gov/departments/police/index.php> Rochester Police Department also follows mandated protocols their web-site is <http://www.rochestertermn.gov/departments/police/divisions/investigations> There have not been any criminal sexual assault investigation in either facility in the past year.

Standard Number 115.231 Employee Training
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■ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

- a) Agency policy 8000.231 and the PREA Manual address this standard. The agency trained employees using 6 webinars from the PREA Resource Center.
- b) The agency only employs male staff to supervise male residents.
- c) Agency policy mandates refresher training at least every two years. Each facility has weekly staff meetings and PREA concerns are addressed at those meetings. Interviews with staff confirm that they have received training.

- d) The agency provided me with signed documentation that all employees have received the training.

Standard Number 115.232 Volunteer and contractor training

- **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
 - a) Agency policy 8000.232 concerns training volunteers. Volunteers receive the same training as staff members. The agency does not have contract person working in the facilities.
 - b) I interviewed 4 volunteers, all 4 confirmed that they received the training and knew how to report incidents immediately.
 - c) I was provided with documentation of receipt of training by all volunteers.

Standard Number 115.233 Resident Education
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- **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
 - a) Policy 8000.233 follows this standard. Interviews with residents confirmed that they received agency training usually on the day of arrival to the facility.
 - b) Residents are not transferred between facilities.
 - c) The agency does not accept disabled or English non proficient residents into either facility. Staff however did state that they would obtain an interpreter if needed.
 - d) The agency provided me with signed documentation of residents obtaining and understanding the agency policy of zero tolerance.
 - e) Both facilities have information posted in conspicuous areas and the Resident Handbook contains information concerning PREA.

Standard Number 115.234 Specialized training: Investigations
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- **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

- a) The agency PREA Manual refers to this standard. The agency had the CEO and the two Program Directors complete the NIC e-learning course on Investigations within a confinement setting.
- b) The Agency would have Rochester PD and/or Golden Valley PD conduct any criminal investigations of sexual abuse.
- c) Completion of the NIC on-line course is documented.
- d) Only the local police departments would conduct criminal investigations.

Standard Number	115.235 Specialized training: Medical and mental health care
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Not Applicable

The agency does not employ Medical or Mental health staff. Residents in need of medical attention would be transported to either Hennepin County Medical Center or Mayo Clinic, St Marys Campus for treatment. The PRC FAQ General #8 justifies the agencies non applicability with this standard.

Standard Number	115.241 Screening for risk of victimization and abusiveness
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■ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

- a) Policy 8000.240 is concerned with this standard. Intake staff performs a vulnerability assessment on every resident.
- b) Interviews with staff and residents confirmed that the assessment was completed on the day of arrival to the facility.
- c) The agency utilizes a comprehensive tool and interview to conduct the screening.
- d) e) At the Golden Valley facility, I was given the opportunity to observe a screening performed on a new arrival. The screening was very thorough and the staff member impressed me as a confident interviewer. All the aspects of the standard were met.
- e) g) Interviews with residents housed over thirty days confirmed follow-up assessments. Every resident has an Individual Service Plan and they meet with a case worker on a weekly basis. PREA considerations are discussed at these weekly meetings.
- h) Policy and interviews with intake staff assured compliance with this section of the standard

- i) The agency employs a small number of staff. Information is kept in a locked office and staff members are on a need to know basis.

Standard Number 115.242 Use of screening information
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■ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

- a) b) The agency has an area on the vulnerability assessment tool for outcomes and conclusions. Intake staff would use the information for housing assignments and to determine if the resident was suitable for the program.

Both facilities have private shower areas for all residents. Precautions would be taken if either facility housed a transgender or intersex resident. The agency has not had any residents that have met the LGBTI definition housed in the last year.

Standard Number 115.251 Resident reporting
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■ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

- a) Policy 8000.250 pertains to this standard. The agency provides this information to residents at the time of intake and has the residents sign receipt of the different ways to report. Interviews with staff and residents confirm information given about reporting.
- b) The agency provides residents with a business card with Sexual Violence Center Hotline phone number. There are postings in the facilities with contact phone numbers and the Resident Handbook contains ways to report.
- c) This requirement is in the PREA manual and policy. Resident and Staff interviews provided proof that both knew that other persons could make reports on behalf of the residents.
- d) Staff members have means to report privately, which was confirmed through interviews.

There have been zero reports submitted by any resident, staff or third party within the last 12 months

Standard**Number 115.252 Exhaustion of administrative remedies**

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

Agency policy 8000.252, the agency PREA manual and the Resident Handbook all have information concerning this standard. The agency has a grievance policy and procedure but treats a grievance concerning sexual harassment or assault as an emergency grievance and would respond to this emergency grievance immediately. There have been zero grievances submitted by residents concerning sexual harassment or assault in the last year.

Standard**Number 115.253 Resident access to outside confidential support services**

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

- a) The phone numbers for victim support groups are given to the residents along with information for the Minnesota Department of Corrections Sexual Assault Helpline.
- b) Information at intake, the Resident Handbook informs residents of the requirement of this portion of the standard.
- c) The Golden Valley facility has an MOU with Sexual Violence Center, Minneapolis and the Rochester facility has a verbal agreement and is in the process of obtaining a MOU with Olmsted County Victim Services, Rochester to provide support services for victimized residents.

Standard**Number 115.254 Third-party reporting**

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

Damascus Way has information posted on the agency web-site with information containing methods for third-party reporting. Interviews with staff and residents assured they had knowledge of the option for third-party reporting. There have been zero third-party reports received by the agency within the last 12 months.

Standard**Number 115.261 Staff and agency reporting duties**

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

- a) Agency Policy and the PREA Manual spell out staff’s requirement to report immediately any suspicion of abuse or retaliation.
- b) The Employee Handbook page 52 compels staff to keep resident information confidential.
- c) Treatment of residents would be at a local hospital which would follow Federal and State guidelines and statutes.
- d) The agency only houses adult males in their residential programs.
- e) Reports of sexual harassment would be reported to the program directors immediately. Reports of sexual abuse would be made to the local police departments and agency supervisors immediately.

Standard Number 115.262 Agency protection duties

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

All staff members indicated during interview that their first priority was to protect potential victims. The agency PREA Manual instructs staff members to detect and protect against imminent abuse.

Standard Number 115.263 Reporting to other confinement facilities

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

Agency Policy 8000.263 and the agency PREA Intake form relate to adherence to this standard. The agency is under contract with the Minnesota Department of Corrections and is obligated to notify them if a resident reports abuse in a State Prison. The Intake form used by the agency outlines procedures for notification to other agencies of reports of abuse in their facilities. Interviews with staff members substantiated their understanding of the need to notify.

Standard Number 115.264 Staff first responder duties

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

- a) Policy 8000.264 and the PREA Manual outline first responder duties. Both facilities have limited staff members, therefore all staff are considered and trained as first responders. During interviews with staff, I ascertained that they were confident in their knowledge of correct procedures to take when discovering a sexual abuse incident.
- b) The one non-security staff member and Volunteers have been trained on what to do as a first responder.

Standard Number 115.265 Coordinated response

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

The Agency has a coordinated response plan specific to each facility. The plan(s) give detailed protocols and procedures for staff to follow in the event of a sexual abuse incident.

Standard Number 115.266 Preservation of ability to protect residents from contact with abusers

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

Agency policy 8000.266 and the Employee Handbook page 9 hold employees accountable for illegal actions and spell out disciplinary sanctions including termination. Damascus Way employees are not under a collective bargaining agreement, they are "At Will" employees and subject to any discipline not legally prohibited.

No Damascus Way employees have been disciplined for violation of sexual abuse/harassment policies within the last 12 months.

Standard Number 115.267 Agency protection against retaliation

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

Policy 8000.267 corresponds with this standard. The agency has designated staff members responsible to monitor retaliation in both facilities. The Policy requires monitoring individuals for at least 90 days, interviews with staff members indicated that they would monitor residents for their entire stay. The agency would remove

residents that demonstrate retaliation from the facility. The agency would remove and most likely terminate any staff members that were guilty of retaliation.

Standard Number 155.271 Criminal and administrative agency investigations

- **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
 - a) Damascus Way policy 8000.271 lays out procedures for investigations. The agency would conduct an investigation on any sexual harassment or sexual abuse incident or allegation. Criminal investigation would be carried out by local Police Departments.
 - b) The agency has designated staff members as investigators; these staff members have completed the NIC training course.
 - c) d) e) Criminal Investigations would be completed by either Golden Valley Police Department or Rochester Police Department. Both Department have specialized trained officers for sexual assault investigations.
 - f) Interviews confirmed that the agency investigators would document completely and take all findings into consideration.

The remainder of this standard would apply to the criminal investigators from the local Police. Phone conversations with investigator supervisors from the departments assured me that they have a good rapport with the facilities and would not only investigate but keep the agency informed of the results of the investigation. There have been zero Criminal or Administrative investigations within the agency in the last year.

Standard Number 115.272 Evidentiary standard for administrative investigations
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- **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

Agency Policy and interviews determined that any allegation would be investigated.

Standard Number 115.273 Reporting to residents
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- **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

Policy 8000.273 addressed all aspects of this standard. Because the facilities are quite small, interview indicated that staff would do everything possible to keep residents

informed of the status of any allegation or investigation. If the agency had an occurrence, the Case Manager would certainly discuss it with the resident during their weekly meeting.

Standard Number 115.276 Disciplinary sanctions for staff

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

Policy 8000.276 and the Employee Handbook page 9 refer to sanctions for staff misconduct. The "At Will" employee that violated agency policy concerning sexual abuse/harassment would be terminated. Employees that commit criminal acts would be reported to local law enforcement for possible prosecution. There have been no staff members disciplined for agency sexual abuse/harassment policy violations in the last year.

Standard Number 115.277 Corrective action for contractors and volunteers

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

Agency Policy 8000.277 requires immediate termination of volunteers that engage in sexual misconduct. Such persons would be reported to law enforcement. There have never been any incidents of misconduct by volunteers or contractors since the agency has been in operation.

Standard Number 115.278 Disciplinary sanctions for residents

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

Agency policy 8000.278 and the Resident Handbook pages 14, 15 and 16 all pertain to resident discipline. Both facilities are designed for minimum security residents. The facilities do not have an option to lock-down or isolate sexual abuse offenders. Therefore the agency would terminate any and all residents that commit abuse. These residents would be transferred back to a Minnesota Correctional Facility or Hennepin County Jail from the Golden Valley facility and Olmsted County Jail from the Rochester facility.

Standard**Number 115.282 Access to emergency medical and mental health services**

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

The agency does not employ medical or mental health practitioners. The agency PREA Manual has procedures for staff to follow to assist residents in obtaining medical and or mental health care. Residents in Golden Valley would be transported to Hennepin County Medical Center in Minneapolis, MN. Residents in Rochester would be transported to Mayo Clinic St Mary's Campus in Rochester, MN.

Standard**Number 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers****Not Applicable**

The agency does not have Medical or Mental Health services. The agency would defer treatment protocols to the Minnesota Department of Corrections for those residents still under their supervision. An interview with the CEO of the Agency assured that immediate and emergency care would be provided and that all reports and requests from a resident would be sent to the appropriate agencies.

Standard**Number 115.286 Sexual abuse incident reviews**

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

- a) Policy 8000.286 and the PREA Manual cover this standard. The agency has three trained incident review team members.
- b) Policy requires adherence to the time frame set by the standard. The agency has not had any incident reviews within the last 12 months.
- c) The review team is made up of the CEO and two Program Directors.
- d) Agency Policy directs the review team to follow the appropriate steps in completing a review.
- e) Interviews with the Review Team members confirmed adherence to making recommendations to avoid future assaults if necessary.

**Standard
Number 115.287 Data collection**

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

- a) Policy 8000.287 and the PREA Manual are associated with this standard.
- b) Policy requires compiling incident-sexual abuse data.
- c) The PREA Coordinators use the U.S. Department of Justice guidelines.
- d) e) The agency would review data from both facilities.
- f) Policy and interview confirm that they would report if requested.

**Standard
Number 115.288 Data review for corrective action**

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

Policy 8000.288 is directed towards this standard. The agency has an annual report that meets the requirements of this standard posted on its web-site <http://damascusway.com/about-us/prea/>

**Standard
Number 115.289 Data storage, publication, and destruction**

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

Agency Policy 8000.288 covers this standard. The agency is also governed by MN Rule 2920.4800 concerning data retention and follows Minnesota State Law concerning Public Data publication.



AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

____ Timothy Pippo May 26, 2015 _____

Auditor Signature





AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Auditor Signature

Date