

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report August 18, 2018

Auditor Information

Name: Timothy Pippo	Email: pippoconsulting@gmail.com
Company Name: TP Consulting	
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Telephone: 763-274-8397	Date of Facility Visit: August 1, 2, 2018

Agency Information

Name of Agency: Damascus Way Re-Entry Center	Governing Authority or Parent Agency (If Applicable):		
Physical Address: 1515 E 66th St	City, State, Zip: Richfield, MN 55423		
Mailing Address: 1515 E 66th St	City, State, Zip: Richfield, MN 55423		
Telephone: 612-746-5631	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Damascus Way provides a structured, caring, Christian- Orientated program to men involved with the Correctional System or other life challenging situations; assisting them in addressing needs and goals for successful integration back into their communities.			
Agency Website with PREA Information: https://damascusway.com/about-us/prea/			

Agency Chief Executive Officer

Name: Craig Fruen	Title: Executive Director CEO
Email: craig.fruen@damascusway.com	Telephone: 612-746-5631

Agency-Wide PREA Coordinator

Name: Golden Valley Facility Pat McCurdy	Title: Program Director
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Rochester Facility Dan Sepeda	
Email: pat.mccurdy@damascusway.com dan.sepeda@damascusway.com	Telephone: 763-545-6558 507-292-1700
PREA Coordinator Reports to: Executive Director	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility:	Damascus Way Golden Valley Damascus Way Rochester
Physical Address:	Golden Valley Facility 5730 Olson Memorial Hwy, Golden Valley, MN 55422 Rochester Facility 2118 Campus Dr. SE #300, Rochester, MN 55904
Mailing Address (if different than above):	Click or tap here to enter text.
Telephone Number:	Golden Valley 763-545-6558 Rochester 507-292-1700

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission:	Damascus Way provides a structured, caring, Christian- Orientated program to men involved with the Correctional System or other life challenging situations; assisting them in addressing needs and goals for successful integration back into their communities.
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Facility Website with PREA Information:	https://damascusway.com/about-us/prea/
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Have there been any internal or external audits of and/or accreditations by any other organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Director

Name: Craig Fruen	Title: Executive Director
Email: craig.fruen@damascusway.com	Telephone: 612-746-5631

Facility PREA Compliance Manager

Name:	Title:
Email:	Telephone:

Facility Health Service Administrator

Name:		Title:	
Email:		Telephone:	
Facility Characteristics			
Designated Facility Capacity: Golden Valley 18 Rochester 25		Current Population of Facility: Golden Valley 18 Rochester 17	
Number of residents admitted to facility during the past 12 months		Golden Valley 87 Rochester 67	
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:		0	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		Golden Valley 63 Rochester 60	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		Golden Valley 85 Rochester 67	
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18-70	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:		4 months	
Facility Security Level:		Minimum	
Resident Custody Levels:		Non-Secure/Work Release and Supervised Release	
Number of staff currently employed by the facility who may have contact with residents:		Golden Valley 8 Rochester 8	
Number of staff hired by the facility during the past 12 months who may have contact with residents:		Golden Valley 3 Rochester 3	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0	
Physical Plant			
Number of Buildings: 1 building each facility		Number of Single Cell Housing Units: Golden Valley 0 Rochester 13	
Number of Multiple Occupancy Cell Housing Units:		Golden Valley 5 Rochester 6	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Golden Valley has 11 cameras monitored by security staff in a main office on the first floor. Rochester has 8 cameras monitored by security staff in a main office on the only floor. Both facilities have digital video recording capabilities with retention of approximately 30 days.			

Medical

Type of Medical Facility:

Forensic sexual assault medical exams are conducted at:

Golden Valley: Hennepin County Medical Center
Rochester : Mayo Clinic Hospital St Mary's Campus

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:

Golden Valley 1
Rochester 3

Number of investigators the agency currently employs to investigate allegations of sexual abuse:

3

Audit Findings

Audit Narrative

Damascus Way Re-Entry Center is a Christian based non-profit organization that operates two halfway houses that provide community confinement for adult males that are recently released from the Minnesota Department of Corrections (MNDOC) and are under Intense Supervised Release/Probation. This is the second audit for Damascus Way, the agency was found in full compliance with the Prison Rape Elimination Act (PREA) standards on May 26, 2015. That final report, along with agency policy and third- party reporting information is posted on the agencies web-site. The men housed in the facilities are minimum security risks and are on a Work-Release and or Treatment Release status. Both facilities only house adult males and have only male staff members. Both facilities operate under a conditional license and are inspected for compliance with Minnesota Rules 2920 Governing Adult Community Confinement Facilities, <https://www.revisor.mn.gov/rules/2920/> the inspection is done by the MNDOC. The 2920 rules provide guidance for the agency in the areas of staffing ratios, security, grievance policies, resident and staff discipline and numerous other categories of community confinement. The Golden Valley facility is an 18 bed renovated home located in a warehouse area of Golden Valley, Minnesota which is a suburb of Minneapolis, Minnesota. The Rochester facility is a 25 bed building located on Olmsted County property adjacent to county and federal facilities in Rochester, Minnesota. Prior to the on-site audit I contacted the "Sexual Violence Center" Minneapolis and the "Victim Services Olmsted County" victim advocacy agencies and confirmed that they would provide advocacy services for both facilities respectively. 6 weeks prior to the onsite audit, I sent English and Spanish posters to the facilities to inform residents of the forthcoming audit and providing them with an avenue to send confidential correspondence. I did not receive any correspondence from any staff or residents. I received electronic documents from the agency concerning Policy and Procedures, Screening instruments, staff and resident training documentation, Memorandums of Understanding, Resident and Employee Handbooks, Staffing Plans, Organizational Chart, Floor Plans and numerous other documents and was able to scrutinize and review these items prior to the on-site audit. Neither facility has had any sexual abuse or sexual harassment complaint, allegation, investigation or grievance since the previous audit in 2015. On August 1, 2018, Timothy Pippo a Certified PREA Auditor conducted an on-site audit of the Golden Valley facility. On August 2, 2018 I conducted an on-site audit of the Rochester facility. I met with the Executive Director and the PREA Coordinator for each facility on each date. I was given a complete tour each facility and had access to all areas of both buildings. During the tours, I observed camera placements and PREA informational posters that contained toll free phone numbers for reporting incidents, I was able to use the inmate phone in the front lobby to phone Victim Advocacy Centers and was able to make contact with them using this phone at each facility. I observed my pre-audit informational posters placed in conspicuous areas of both facilities. I was given resident and staff rosters to aid in choosing persons to be interviewed for both facilities. I was given uninhibited access to resident files and reviewed several files at each facility to confirm resident training and vulnerability screening was completed. Neither facility has segregated housing. At both facilities, I interviewed every resident and staff member that was present during the on-site audit and interviewed every resident that returned from a release program while I was there and every employee that arrived for duty while I was there. At the Golden Valley facility I was given a private area to conduct 8 random interviews and 1 targeted interview from the 18 residents housed at the facility on that date. I then conducted 2 random staff interviews and 3 specialized staff interviews. At the Rochester facility, I was also given a private area to conduct 8 random resident interview from the 17 residents housed there, along with 1 random staff interview and 2 specialized staff interviews. I conducted phone interviews with supervisors from the Golden Valley and Rochester Police Departments, Human Resource Directors, representatives from the Sexual Violence

Center Minneapolis and the Olmsted County Victims Services Center. I also spoke with representatives from Sexual Assault Resource Service which is associated with the Hennepin County Medical Center and Mayo Clinic Hospital St Mary's Campus. I also conducted phone interviews with 3 Volunteers

Facility Characteristics

The Golden Valley facility is a renovated 2 story home located near bus lines in a non-residential area of Golden Valley. The first floor of the home has a lobby area for resident use, which is adjacent to the main office that is staffed 24/7. There are 11 cameras situated throughout the facility and the staff member in the main office has monitoring capability for these cameras. The kitchen is located on the first floor along with a small dining area. The second floor of the building has 4 four person bedrooms and 1 two person bedroom. There is a lounge area on this floor and a laundry area. This floor has one main bathroom area that has 3 private showers and private toilets. The facility has a capacity of 18 residents with an average daily population of 15 residents. There were 18 residents housed in the facility on the date of the audit. The facility has a Day Supervisor/Program Director that performs intakes and security, an Evening Supervisor/Case Worker, and Assistant Office/Case Worker and an Overnight security staff member, along with a full time Cook. Staff members are required to do well-being checks on each resident every hour.

The Rochester facility was designed as a Juvenile Detention Facility and is a single floor building located on Olmsted County property and has a campus atmosphere surrounding the building. Damascus Way took occupancy of this facility on July 1, 2018. They were previously located in a refurbished apartment building in Rochester. The building has secure access doors controlled by a staff member in a secure office/work post centered in the building which is staffed 24/7. The building consists of 3 pods. Each pod has a day room, a laundry room, a kitchen area (residents prepare their own meals). There are a total of 13 one person bedrooms and 6 two person bedrooms that are split up on the perimeter of the pods. Each pod has 2 restrooms that have a toilet, sink and shower, each restroom is private with a lockable door. There is a staff office space in each pod. The layout of the building provides for good observation of resident activity and there are 8 cameras strategically situated throughout the facility that can be viewed by staff in the main office. The facility has a capacity of 25 residents and there were 17 residents housed on the date of the audit which will probably be an approximate average daily population. The facility has a Day Supervisor/Caseworker, a Program Director, and Assistant Office/Caseworker and Evening Supervisor/Caseworker and an Overnight person. Staff members are required to perform hourly well-being checks on each resident.

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 41

115.211 Through and including 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Prior to the on-site audit I observed that the agency web-site did not include information on which law enforcement agency would perform criminal investigations in each facility. By the second day of the on-site audit, the agency had remedied the web-site information to satisfy 115.222 provision (C) to meet the standard.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

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*)

(a): Damascus Way has a comprehensive complete policy that covers all the PREA standards. The Policy defines sexual misconduct by employees and residents and outlines procedures required to detect, prevent report and respond to sexual abuse/harassment allegations and incidents. All staff members interviewed indicated that they were knowledgeable in regards to the policy and dedicated to zero tolerance of sexual misconduct in both facilities.

(b): Because of the small size of the facilities and the fact that the facilities are separated by 90 miles, the agency has decided to have a PREA Coordinator at each facility. The PREA Coordinators are the Program Directors of the facility. They both are highly experienced and well trained in the field of Community Corrections. Both coordinators indicated thorough interviews that they had ample time to attend to the duties and responsibilities of being a PREA Coordinator. Both persons exemplified professionalism and dedication to the safety of the residents of their respective facility. Conversations with these coordinators showed adherence to the zero tolerance policy of the agency.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) Yes No NA

115.212 (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 residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA

standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) 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*)

Damascus way meets the requirements of this standard because it is a private not public organization and it does not contract with any outside entity for security or other functions in either facility.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (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

115.213 (c)

- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? 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*)

(a): Damascus Way has a staffing plan for each facility. The staffing plan meets the requirements of MN Rule 2920.3700. The plan is documented and considers video monitoring. The facilities have not had any incidents to use to determine changes in the staffing plans but interviews with the Executive Director and the PREA Coordinators indicated that they would consider such incidents during staffing plan reviews.

(b): The staffing plan is never compromised. Neither facility varies from the plan. Staff members are required to remain on duty until relieved. Supervisory personnel are on an on-call status in emergency staffing situations.

(c): The agency provided this auditor with documents proving that the staffing plan for each facility has been reviewed at least on a yearly basis since the last audit. The agency has plans to review the staffing plan again this year after receipt of the audit report. Interviews with the PREA Coordinators provided

information that they are involved in planning and reviewing staffing levels to maintain protection of the residents from sexual victimization.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (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 residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents 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 area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.215 (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 residents 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*)

- (a): No pat, strip or body cavity searches are ever conducted at either facility. Interviews with staff members and residents confirmed that none of these searches ever occur.
- (b): The facilities only house male residents; therefore the agency is compliant with this portion of the standard.
- (c): No pat searches on any residents have ever been conducted.
- (d): The facilities only have male staff members and male residents. All the bathroom and shower areas of each facility provide for privacy of the residents.
- (e): Either facility has had a transgender or intersex resident housed since the last audit and they do not perform searches on any resident.
- (f): Bother facilities only house male residents and do not perform pat searches.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (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 residents 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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident'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*)

(a): Both the Golden Valley and the Rochester facility are not handicapped assessable, thus the facilities do not house residents with physical disabilities and have not had residents with limited English speaking skills. However; staff indicated through interviews that they would request an interpreter if necessary. The agency is able to screen who they will accept into their residential programs. The Golden Valley facility had two residents that were hearing impaired housed during the on-site audit. I interviewed one of the hearing impaired residents and was able to communicate with him through "Sorenson Video Relay Service" <http://www.sorensonvrs.com/> the resident was able to use his own electronic device to receive my side of the interview from a "ASL" interpreter. The interview indicated that this resident was made aware of the facilities zero tolerance policy and was confident that he would be able to report any allegation or incident to staff if needed.

(b): During the interview with the hearing impaired resident, staff member were very cooperative and knowledgeable on how to assist this person with his communication needs. The other hearing impaired resident that was out on work-release, uses "ASLIS" Interpreter Services <https://aslis.com/>

(c): Agency policy prohibits using resident interpreters with the exception of emergency situations.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents 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 residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, 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

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, 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*)

- (a): Damascus Way policy 8000.217 pertains to this standard. The agency uses “Transform Minnesota” <https://transformmn.org/about-us/employment-opportunities/> to perform recruiting and hiring of new employees. An interview with the Human Resource Director from this entity ensured me that new employees are screened for criminal sexual misconduct incidents and allegations. There have been no promotions within the agency in this audit period. The agency does not use any contract persons.
- (b): “Transform Minnesota” also screens employees for sexual harassment allegations and or incidents.
- (c): “Transform Minnesota” utilizes the services of “One Source” <https://onesourcebackground.com/> to perform criminal background checks on potential employees. An interview with a representative from “One Source” confirmed that they check local, state and federal resources to find any incident of criminal behavior along with state and national predatory offender registers.
- (d): Damascus Way does not use contract persons, but policy requires background checks if contractors were ever used.
- (e): The agency performs criminal background checks on each employee at least every 5 years.
- (f): Agency policy and practice is to screen employees and require self-disclosure of any previous misconduct. Performance reviews require employees to self-disclose any misconduct; I was given example of performance review documents that have the self-disclosure statement incorporated in the review. The Employee Handbook also provides a duty to self-disclose any prior incidents of misconduct. All employees sign receipt of the handbook.
- (g): Policy and the Employee Handbook state that termination may be considered for false statements by employees. The Executive Director also stated in an interview that termination would be a result of false statement by employees.
- (h): The Human Resources Director from “Transform Minnesota” confirmed that they would disclose any information to another agency when requested and when lawful.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents 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

115.218 (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 residents 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*)

(a): The Golden Valley facility has not had any upgrade to its security system since the last audit in 2015. The Rochester facility moved from a modified apartment building to a building that was designed as a Juvenile Detention Facility that had pre-installed video monitoring capabilities. Since the facility was designed for juveniles, the bathroom and bedroom areas are very private. This building also has clean lines of sight for staff to monitor resident activity. The single floor design also enhances staff response time to incidents.

(b): The Executive Director and the PREA Coordinators assured me through interviews that video monitoring updates would consider the prevention and detection of sexual misconduct incidents within each facility.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (c)

- Does the agency offer all residents who experience 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

115.221 (d)

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

115.221 (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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

(a): The Golden Valley facility would use Golden Valley Police Department <http://www.goldenvalleymn.gov/departments/police/index.php> to perform criminal investigations of sexual assaults that occurred in the facility. Golden Valley Police would use Hennepin County Medical Center Sexual Assault Resource Services <https://www.hennepinhealthcare.org/support-services/violence-assault-and-abuse-resources/> to arrange forensic exams for victims from the facility. The Rochester facility would utilize Rochester Police Department <http://www.rochestermn.gov/departments/police/divisions/investigations> for criminal investigations. Rochester Police would transport the victim to Mayo Clinic Hospital St. Mary's Campus for forensic exams <https://www.mayoclinic.org/search/search-results?q=emergency%20department> Phone conversations confirmed that these entities would provide such services for both facilities.

(b): Damascus way only performs Administrative Investigations of sexual assault incidents or allegations. The local police departments would perform the criminal investigations and use trained investigators that are licensed under the State of Minnesota.

(c): Agency policy 8000.221 dictates that residents would be provided with free forensic exams. GPD would refer to the Sexual Assault Resource Service and transport the victim to a local hospital for a Sexual Assault Nurse Examiner (SANE) exam. RPD would transport the victim to Mayo Clinic Hospital St Mary's Campus for a SANE exam. Interviews with representatives from each of these medical providers assured that they have 24/7 SANE coverage for sexual assault victims.

(d): The Golden Valley facility would utilize Sexual Violence Center Minneapolis <https://www.sexualviolencecenter.org/> and the Rochester facility would use Olmsted County Victim Services <https://www.co.olmsted.mn.us/cs/victimservices/Pages/VictimWitnessAssistanceProgram.aspx> for victim advocacy. Phone interviews with both entities confirmed that they would provide services for victims from these halfway houses.

(e): Both victim advocate services assured that they would provide support services through phone conversations.

(f): Agency policy 800.271 and interviews with the Executive Director ensure that correct protocols be followed during a criminal investigation.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (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*)

(a): The agency would refer to local police departments for criminal investigations. Damascus Way has an incident review team consisting of 3 members that would perform administrative investigations.

(b): Policy 8000.272 requires all and any allegations or incidents of sexual abuse be reported to local police departments immediately. Interviews with the Executive Director and the PREA Coordinators indicated that they would notify law enforcement to obtain criminal investigators as soon as possible and document such requests. The agency has posted on its web-site <https://damascusway.com/about-us/prea/>

(c): Agency policy spells out responsibilities for criminal investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No

- Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents 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

115.231 (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*)

- (a) : Agency policy 8000.231 provides a guideline for employee training. The agency uses training curriculum from the PREA Resource Center to adhere to the requirements of this standard. Interviews with staff members showed that they have been trained on the zero tolerance policy on how to detect prevent report and respond to incidents or allegations of sexual misconduct.
- (b) : The facilities only have male staff and male residents.
- (c) : The agency provides on-going education and training for all employees and refresher training at least every two years.
- (d) : Employees sign receipt and acknowledgement of training. I was provided with copies of such receipt of training.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.232 (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*)

(a): Policy 8000.232 pertains to this standard. The agency does not have any contract employees. The agency uses 4 volunteers to participate in Bible Study Programs for residents. All of the volunteers have been trained on the agency zero tolerance policy.

(b): Phone interviews with three volunteers proved to me that they had received training from the facility and that they understood their obligation to report to staff members/supervisors immediately of any and all incidents or allegations that may be reported to them by residents attending the program.
(c): I was given copies of signed documents of receipt and understanding of training for each volunteer.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident 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*)

(a): Both facilities follow policy 8000.133 concerning resident training. Residents are given information during the intake process on their rights to be free from sexual victimization and how to report misconduct to staff members and also their right to be free from retaliation for making reports or cooperation in an investigation. All residents interviewed revealed that they had received training and information within hours of intake into the facility.

(b): PREA information is given to each resident each time are processed into each facility.

(c): Both facilities are not capable of accepting physically disabled residents and have not housed limited English proficient residents, so the information is provided in English only. An interview with a hearing impaired resident confirmed that staff members are able to communicate effectively with these persons and the interview assured that this resident had received and understood the training.

(d): The agency has each resident sign receipt and understanding of the information given at intake. A random sampling of resident files had a signed receipt of the training in every file reviewed at both facilities. Intake staff are also required to complete a checklist, the training receipt is part of this checklist.

(e): I observed during the tours that both facilities have posters placed in conspicuous areas of the building that provide residents with information about the agency zero tolerance policy and procedures on how to report incidents and or allegations. Information is also provided to the residents in the Resident Handbook.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (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 115.221(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 115.221(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 115.221(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 115.221(a).] Yes No NA

115.234 (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 115.221(a).] Yes No NA

115.234 (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*)

- (a): Damascus Way has 3 supervisory staff members that are members of the Incident Review Team. These staff members have completed an investigative course from the National Institute of Corrections.
- (b): The Damascus Way investigators would only perform administrative investigations for reasons of review of policies and practices to prevent future incidents. Criminal investigations would be performed by the Golden Valley Police Department and the Rochester Police Department.
- (c): The agency has documents showing receipt of the specialized training.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 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*)

Damascus Way does not employ any medical staff for either facility. Residents requiring medical or mental health care would be transported to nearby medical treatment facilities. Victims of sexual assault would be transported to local hospitals.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

- Is it the case that residents 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

115.241 (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 resident's detriment by staff or other residents? 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*)

- (a): All residents are screened for vulnerability or aggressiveness whenever they first arrive to the facilities, following policy 8000.240.
- (b): Interviews with residents and intake staff revealed that the screening took place within a few hours of intake.
- (c): All screenings are completed using a screening tool that considers multiple vulnerability observations and questions.
- (d): The screening includes residents own perception of vulnerability and risks. It also screens for indications of being victimized or being an abuser.
- (e): The screening tool considers previous misconduct and criminal history.
- (f): Case workers reassess every resident within 30 days to determine any changes in vulnerability or abusiveness. Interviews with residents and case workers indicated that the reassessment is completed at least within 30 days.
- (g): Case workers meet with residents more frequently than 30 days and residents are given an opportunity to report any safety concerns to staff members at these meetings. Interviews with staff members showed that they would reconsider a resident's safety or aggressiveness after any and all incidents or requests or referrals.
- (h): Policy prohibits disciplining residents for failure to supply screening information and interviews with staff members indicated that no resident would be disciplined for such.
- (i): The screening information is kept in a file in a locked office. Staff are on an as need to know basis because of the small number of staff members at each facility.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident'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

115.242 (e)

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

115.242 (f)

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

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

Auditor Overall Compliance Determination

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

(a): Staff members use the screening information to make housing determinations and to ensure the safety of each resident. The Golden Valley facility has 4 person bedrooms and 2 person bedrooms. Residents at risk would normally be housed in the 2 person bedrooms. The Rochester facility has one pod that is adjacent to and can be observed closely by the staff member in the main office. The facility would use this pod for residents that are more vulnerable.

(b): Each resident's own perception of safety and vulnerability would be taken into consideration and the screening tool would be reviewed upon each housing assignment.

(c): The facilities have not had any transgender or intersex residents. Such persons would have to identify as male to be accepted into the program.

(d): Every resident's own perception of safety and vulnerability is taken into consideration.

(e): All the shower and bathroom areas of both facilities are private.

(f): There are no legal decrees requiring Damascus Way to house certain residents in certain areas. The facilities would not house residents that meet these definitions differently than any other resident.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? 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*)

(a): Residents are able to report to staff in person, via notes, using their cell phones, or through the grievance system. Interviews with residents indicated that they were fully aware of how make reports and that they could do so privately if needed.

(b): Residents are provided with numerous phone numbers of agencies that they contact to make a report of an incident or allegation. Such entities include Rape and Sexual Abuse Center, Hennepin County Victim/Witness Program, Council on Crime and Justice, Minnesota Coalition Against Sexual Assault, MNDOC Sexual Assault Hotline and the National Sexual Assault Hotline. Phone conversations and review of information on these entities indicates that their duty to report to the agency and the need for confidentiality if necessary.

(c): Staff interviews revealed that they would accept any and all reports including third-party reports and would document such reports immediately.

(d): All employees indicated through interviews that they could make private reports.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents 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 a resident 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

115.252 (c)

- Does the agency ensure that: A resident 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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third-party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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*)

Agency policy 8000.252 outlines procedures for staff and residents to follow if they file a grievance that pertains to sexual abuse/harassment incidents and or allegations. Any and all incidents or allegations will be treated as an emergency grievance and acted upon immediately. The agency has never had any resident file a grievance concerning sexual misconduct. All staff members indicated through interviews that any resident that may be in imminent danger of being sexually abused would be separated from the potential abuser and be kept safe.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, 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

115.253 (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 residents 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*)

(a): Policy 8000.253 provides guidelines for victim advocacy for the residents. The Golden Valley facility utilizes The Sexual Violence Center Minneapolis <https://www.sexualviolencecenter.org/> the Rochester facility uses Olmsted County Victim Services <https://www.co.olmsted.mn.us/cs/dfo/victimservices/cu/Pages/default.aspx> as a support/advocacy entity. Residents may use a private phone (toll free phone numbers are readily available to the residents) to contact either of these or be provided with a private area to meet with counselors in the facility. Interviews with residents showed that they were aware that they may contact such advocacy agencies if needed. I was able to phone both advocacy centers using a resident assessable phone at both facilities.

(b): Residents are given an “informed consent” form containing confidentiality and reporting responsibilities.

(c): Damascus Way has a signed Memorandum of Understanding with both the Sexual Violence Center and the Olmsted County Victim Services center. I was provided with copies of the memorandums.

Standard 115.254: Third-party reporting

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

115.254 (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 a resident? 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*)

The Agency has posted on its web site <https://damascusway.com/about-us/prea/> procedures and phone numbers to ensure third-party reporting for persons. Interviews with all staff members indicated that they would accept, document and respond immediately to each and every third-party report received.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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 residents 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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do 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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (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

115.261 (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*)

(a): Agency policy 8000.250 and the Employee Handbook provide guidelines and procedures for employees to follow in reporting any and all incidents/allegations of sexual abuse/harassment or retaliation. Interviews with staff members assured that they knew of their duty to report, how to make reports and on whom to report to.

(b): Staff members are made aware through training, along with the Employee Handbook on their obligation to keep incident based details as confidential as possible.

(c): The agency does not employ any medical persons.

(d): The facilities only house adult males. Staff members have been trained on as proven through interviews of their duty to mandatory report incidents concerning vulnerable adults.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? 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*)

The Executive Director confirmed through an interview that the agency would immediately respond to any information or threat that they may have received concerning the safety of any resident.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident 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

115.263 (b)

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

115.263 (c)

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

115.263 (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*)

(a): The risk assessment tool that the agency uses asks information from the resident about prior victimization in a confinement setting. The tool requires the intake staff member to notify the PREA Coordinator as soon as possible.

(b): The coordinator is required to notify the MNDOC or whichever agency was involved as soon as possible but no later than 72 hrs.

(c): Policy 8000.236 requires documentation of reporting to other facilities but the agency has not had to do any notification within at least the last 3 years.

(d): The Executive Director assured me that he would be informed of and would investigate and follow-up on any allegations.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.264 (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*)

(a): Staff members are trained on first response procedures to a sexual abuse incident and follow policy 8000.264 in accordance with this response. The facility has also provided employees with a “Coordinated Response to Incidents of Sexual Abuse” form and a “Uniform Evidence Protocol” form to assist them in following correct procedures on keeping victims safe while maintaining criminal evidence.
(b): Interviews with all staff members including non-security staff show that they are aware of their responsibility to instruct victims and abusers of requirements to preserve evidence.

Standard 115.265: Coordinated response

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

115.265 (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*)

(a): Both facilities have a “Coordinated Response to Incidents of Sexual Abuse” form that is specific to that facility. Policy and the Employee Handbook also provide procedures for employees to follow in response to an incident.

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

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

115.266 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (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*)

Damascus Way staff members are free will employees and do not belong to any collective bargaining agreement. The Executive Director assured through an interview that employees would be removed and banned from the facilities until an investigation was completed.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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 resident 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 resident 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

115.267 (d)

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

115.267 (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

115.267 (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*)

(a): Policy 8000.267 provides for protection from retaliation for residents. The PREA Coordinators are tasked to monitor for retaliation. Interviews with the coordinators confirmed that they would monitor and respond to allegations of retaliation.

(b): Because of the relative small size of the facilities, abusive staff would be removed from the facility if retaliation was inferred. Abusive residents would be removed from the facility and referred to the MNDOC or other governing agency.

(c): Interviews with the PREA Coordinators and the Executive Director assured that they would monitor for retaliation for at least 90 days and in all likelihood would monitor the resident for the entire duration of the residents stay.

(d): Status checks of each resident are performed on a regular basis regardless of retaliation monitoring.

(e): Any person involved in any investigation would be monitored for retaliation. There have been no incidents or investigations of retaliation in the agency in at least the last 3 years.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (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

115.271 (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

115.271 (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 resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (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

115.271 (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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (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 115.221(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*)

(a): The agency only performs administrative investigations as per policy 8000.271. The agency will investigate all and any reports of sexual misconduct.

(b): The 3 incident review team members have received specialized training.

(c): Local police departments perform the criminal investigations utilizing investigative techniques approved by the Minnesota Board of Peace Officers Standards and Training

<https://dps.mn.gov/entity/post/licensing/Pages/default.aspx>

(d)(e)(f)(g)(h) The Golden Valley Police Department would perform criminal investigations in conjunction with and referral to the Hennepin County Attorney's Office

<https://www.hennepinattorney.org/cases#adult-felonies> The Rochester Police Department would investigate criminal cases in conjunctions with and referral to the Olmsted County Attorney's Office

<https://www.co.olmsted.mn.us/attorney/criminal/Pages/default.aspx>

(i): Policy and the Executive Director assured that files would be retained in accordance with this portion of the standard.

(j): The Executive Director assured me that any employee that left employment while still under investigation would remain under investigation.

(l): I was ensured during interviews with supervisors that they would fully cooperate with any investigation and make sure that they stay informed of any on-going investigation.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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*)

(a): The agency only requires a preponderance of evidence to find an incident sustained or substantiated as per policy 8000.272. Interviews with supervisors proved this fact.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

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

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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

115.273 (e)

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

115.273 (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*)

(a): Policy 8000.273 pertains to this standard. PREA Coordinators would inform residents the results of any investigation.
 (b): Interviews with supervisors affirmed that they would be kept apprised of the results of any criminal investigations by the local police departments.
 (c): Residents would be kept informed of the status of any staff offender. The staff offender would be removed from the facility until the completion of an investigation.
 (d): Resident offenders would be removed from the facility and remanded to their governing authority. Damascus Way supervisors would make every effort to keep apprised on an investigation and inform the victim of such.
 (e): The agency has a policy and practice in place to document investigation. The agency has not had any investigations in at least the last 6 years.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (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*)

(a): Disciplinary sanctions for staff members are covered under policy 8000.272. The Employee Handbook also spells out sanctions for misconduct.

(b): The Executive Director affirmed that termination of an employee involved in sexual abuse would be a presumed outcome.

(c): All staff incidents would be considered when dealing with disciplinary sanctions.

(d): Agency supervisors were adamant in the fact that they would report any and all allegations/incidents of possible criminal misconduct to local police departments.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? 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

115.277 (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 residents? 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*)

(a): According to policy 800.277 any and all volunteers or contract persons would be removed from the facility and have their services terminated. Criminal acts would be reported to law enforcement immediately.

(b): The Executive Director assured that any volunteers or contract persons would be banned from the facility

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (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

115.278 (g)

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

Agency policy 8000.278 covers this standard. Disciplinary procedures and rules and regulations are contained in the Resident Handbook. Both facilities do not have segregated or secure housing,

residents committing sexual abuse would be remanded to the custody of the MNDOC or arrested and transported to Hennepin County Jail or Olmsted County Jail and await prosecution.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident 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

115.282 (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 § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident 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

115.282 (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*)

(a): Both facilities do not have medical staff. Victims would be transported to local hospitals for emergency treatment.

(b): Staff members are informed to seek emergency treatment of victims by the “Coordinated Response for Incidents of Sexual Abuse” form and through training. Staff members indicated through interviews that they would seek emergency medical treatment for victims immediately.

(c): Residents would be transported to local hospital emergency departments and receive community level of care.

(d): The Executive Director confirmed that medical treatments would be free of cost to the residents.

Standard 115.283: 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

115.283 (a)

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

115.283 (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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

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

115.283 (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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? 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*)

The agency does not have medical or mental health staff employed at either facility. Residents requiring such treatment would be provided treatment at a local medical facility free of charge or would be returned to the MNDOC where such treatment would be provided at the correctional facility.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (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*)

- (a): The 3 review team members will review every incident of sexual abuse. There have not been incidents of sexual abuse in either facility at least in the last 3 years.
- (b): Reviews would occur at least within 30 days and most likely within a few days.
- (c): The review team consists of the executive director and the program directors from each facility.
- (d): Interviews with the review team members indicated that they would consider past incidents, blind spots, video monitoring and the composition of resident population during reviews and document such findings.
- (e): Recommendations for safety improvements are included on the reviews as per policy 8000.286.

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (e)

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

115.287 (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*)

Damascus Way has not had any incidents of sexual abuse at either facility. The agency is however prepared to collect and retain data as it may occur and is able to complete the Survey of Sexual Violence if requested to do so. The agency does not contract with any outside entity for confinement of residents.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (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*)

(a): Damascus way follows policy 8000.288 in regards to this standard. An interview with the Executive Director assured that data would be collected, reviewed and retained to improve the effectiveness of the agency zero tolerance policy.

(b): The agency has not had any incidents or allegations to consider in making corrective actions but would use such data if incidents did occur.

(c): The data posted is approved by the Executive Director and posted on the agency web-site <https://damascusway.com/about-us/prea/>

(d) I was assured that redaction would occur when the material threatened the safety of the facility or any person.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? Yes No

115.289 (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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 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*)

(a): Damascus Way follows policy 8000.288 in reference to this standard. Files are kept in a locked office.

(b): Aggregated data is posted on the agency web-site.

(c): Personal identifiers are removed before data is posted publicly.

(d): Sexual abuse data is retained for at least 10 years and Damascus follows Minnesota State Statute 609.344 and Minnesota Rule 2920.4900 when dealing with resident data retention and storage.

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 residents 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*)

(a)(b): This is the second audit for both facilities. The last audit was completed on May 26, 2015.

(h): I was given full access and able to observe all areas of both facilities

(i): I received electronic documents that I requested prior to the on-site audit, I was able to randomly view resident files and I requested and promptly received information and documents after the on-site audit.

(m): I was provided with a private area in both facilities to conduct private interviews with residents and staff members.

(n): Posters were placed in conspicuous areas of both facilities six weeks prior to the on-site audit that provided residents with information on how to contact me privately and confidentially.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Damascus Way has posted on its web-site <https://damascusway.com/about-us/prea/> a link to the final report from the audit that was completed on May 6, 2015.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Timothy Pippo

August 18, 2018

Auditor Signature

Date