PREA Facility Audit Report: Final

Name of Facility: Damascus Way Rochester Reentry Center
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 11/10/2026

Auditor Certification	
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.	■
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	■
Auditor Full Name as Signed: Darnel Carlson	**Date of Signature:** 11/10/2026

AUDITOR INFORMATION	
Auditor name:	Carlson, Darnel
Email:	dmcarlson16@gmail.com
Start Date of On-Site Audit:	08/18/2026
End Date of On-Site Audit:	08/19/2026

FACILITY INFORMATION	
Facility name:	Damascus Way Rochester Reentry Center
Facility physical address:	2118 Campus Drive Southeast #300, Rochester, Minnesota - 55904
Facility mailing address:	

Primary Contact

Name:	Nick Abbott
Email Address:	nick.abbott@damascusway.com
Telephone Number:	5072067901

Facility Director	
Name:	Kevin Saunders
Email Address:	kevin.saunders@damascusway.com
Telephone Number:	612-720-8799

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	25
Current population of facility:	23
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18+
Facility security levels/resident custody levels:	ISR/SR/MSOP/WR
Number of staff currently employed at the	9

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Damascus Way Reentry Center, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1515 East 66th Street, Richfield, Minnesota - 55423
Mailing Address:	
Telephone number:	5072067901

Agency Chief Executive Officer Information:	
Name:	Tierre Webster
Email Address:	tierre.webster@damascusway.com
Telephone Number:	612-963-9300

Agency-Wide PREA Coordinator Information			
Name:	Nick Abbott	**Email Address:**	nick.abbott@damascusway.com

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-08-18
2. End date of the onsite portion of the audit:	2026-08-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Olmstead County Victim Services Michelle Olson, Program Director

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	25
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	0
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	21
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	There were no residents in the facility during the onsite visit with a physical disability, a cognitive or functional disability, blind or low-vision, deaf or hard of hearing, limited English proficiency, who identify as gay, lesbian, bisexual, transgender, or intersex, who reported sexual abuse, who disclosed prior sexual victimization, or who were placed in segregated housing. This was verified during conversations with the PREA Coordinator and Director. The Damascus Way program is designed to help qualified offenders close to their release date find employment and establish ties to the community before release. The facility does not have segregated housing.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	9

37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The auditor found nothing additional to report.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor interviewed at least two residents from each of the three pods. The auditor also selected residents from the different agencies that Damascus Way contracts with.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	A complete roster of the facility's residents was provided to the auditor upon arrival and upon request. The list was broken down by pod, room assignment, agency, and arrival date. The auditor selected residents to interview; if a resident wasn't in the facility, the auditor selected from a list of residents in the facility.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents (both formally and informally), and toured the facility. The program requirements limit the number of residents identified as having a physical disability. Damascus Way's policy does include provisions for residents with a physical disability.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. The program requirements limit the number of residents identified as having a cognitive or functional disability. Damascus Way's policy does include provisions for residents with cognitive or functional disabilities.

49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. The program requirements limit the number of residents identified as blind or having low vision. Damascus Way's policy does include provisions for residents who are blind or have low vision.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. Program requirements limit the number of residents identified as deaf or hard of hearing. Damascus Way's policy does include provisions for residents who are deaf or hard of hearing.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents (both formally and informally), and toured the facility. Program requirements limit the number of residents identified with limited English proficiency. Damascus Way's policy includes provisions for residents with limited English proficiency.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. Damascus Way's policy includes provisions for residents who identify as lesbian, gay, or bisexual, but not during the dates of the onsite review.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. Damascus Way is licensed to hold adult males. Damascus Way's policy does not prohibit transgender or intersex residents, but it would have to comply with its licensing requirements. There were no residents who identified as transgender or intersex in the facility during the onsite tour.

54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. There were no residents who reported sexual abuse in the facility during the onsite tour.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. No residents disclosed prior sexual victimization during risk screening in the facility during the onsite tour.

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility has no segregated housing.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor found nothing additional to report.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	2

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☒ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Damascus Way is a small community confinement facility with a staff of six.

Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	5
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☐ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☐ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not contract for food service or medical services. The facility also has no volunteers. Residents prepare their own meals, use community medical and mental health services, and attend community organizations (AA, NA, Church).

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	◉ Yes ○ No

Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	After the initial meeting, the auditor conducted a comprehensive site review. During the site review, the auditor assessed camera placement, blind spots, staff placement, and documentation for compliance with standards. During the tour, the auditor observed PREA audit notices on the information board in each pod's common area. PREA posters that called attention to the agency's zero-tolerance policy, how to report allegations of sexual abuse and sexual harassment, and emotional support information were observed on the information board in each pod's common area. Staff and confined-person interviews were conducted in a private office in the vestibule attached to the "F" pod. The auditor engaged in informal conversations with staff and residents throughout the onsite review.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	This auditor completed the following file reviews: • Employee personnel files - background checks, applications, and annual PREA review. • Training records - staff and residents • Resident files - risk assessments, reassessments, and education attendance.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	No examples were reported or documented by the PREA Coordinator, staff, or residents.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No examples were reported or documented by the PREA Coordinator, staff, or residents.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No examples were reported or documented by the PREA Coordinator, staff, or residents.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.000 (pg. 2) (pp. 5-19) • Resident Handbook (Conduct Code pp. 13-15) • Organizational Structure **Interviews Completed:** • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.000 (pg. 2) states, "Damascus Way has zero tolerance about sexual abuse and sexual harassment in its facilities and will take appropriate affirmative measures to protect all residents from sexual abuse and harassment and

	to promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." Policy #8000.211 - 8000.405 (pp. 5-19) outlines the agency's approach to preventing, detecting, and responding to such conduct. Policy #8000.211-8000.405 (pp. 5-19) describes the agency's strategies and responses to reduce and prevent sexual abuse and harassment of residents. Damascus Way is a faith-based program whose core value is that everyone deserves a second chance and should be treated with respect. It will not tolerate inappropriate behavior from or toward staff or residents. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.000 (pg. 2, 5-19), and the resident handbook.** (b) Policy #8000.211 (pg. 5) states, "Damascus Way shall appoint upper-level managers to be responsible for the implementation and oversight of compliance with PREA standards. The PREA Coordinator shall be given time and authority to develop & review facility policies and practices and make appropriate compliance recommendations to the Executive Director." The agency has appointed the Director of Compliance as its PREA Coordinator. The Director of Compliance reports directly to the Executive Director. The PREA Coordinator ensures the agency implements its zero-tolerance policy and procedures and keeps them up to date. The PREA Coordinator reported having sufficient time to complete all his PREA-related duties. Quarterly, he walks through the facilities to ensure PREA documents are up to date and replaces any that are not posted. If he identifies a PREA compliance issue, he reviews the situation, confirms the issue, and makes the necessary corrections. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211 (pg. 5), organizational structure, and interviewing the PREA Coordinator.**

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire **Interviews Completed:** • PREA Coordinator **Determinations by Provision:**

	(a) Damascus Way - Rochester is a community confinement facility that houses residents under contracts with the Department of Corrections Work Release Program, the Minnesota Sex Offender Program (MSOP), and Olmstead County Intensive Supervised Release (ISR). The contract agreements require that Damascus Way be PREA-compliant. The PREA Coordinator confirmed that Damascus Way - Rochester provides housing for the agencies they contract with. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.** (b) This provision does not apply to Damascus Way - Rochester. The agency houses residents from different agencies. (c) This provision does not apply to Damascus Way - Rochester. The agency does not have its own residents.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act (8000.211(b) (pg. 5) • Staffing Plan • Minnesota 2920 Rules Governing Adult Community-Based Residential Correctional Facilities • 2025 Department of Corrections Inspection Report (DOC) **Interviews Completed:** • Director • PREA Coordinator **Observations:** The auditor reviewed the staffing plan, the staff roster, and the staff schedule to corroborate the staffing plan and the number of staff employed at the facility. Damascas Way is a 25-bed community confinement facility licensed by the Department of Corrections to hold male residents. The facility has at least one shift lead on duty 24/7. The auditor observed additional staff on the first and second shifts, including the Director and Transformation Coordinator. The Executive

Director and Senior Director were onsite during the onsite review dates. The facility was originally built to hold juvenile offenders in secured detention. The facility is set up in three sections: "pods." D pod has a dayroom with a kitchen; there are seven resident rooms and a restroom off the dayroom. E pod has a dayroom with a kitchen; there are six resident rooms, a staff office, and the facility's main entrance and exit. F pod has a dayroom with a kitchen; there are six resident rooms, a restroom, and a gym off the dayroom. During the onsite review, the auditor observed that residents in F pod were out of the facility working, at appointments, or for other court-related mandates. The auditor observed camera placement and monitors in the staff office during the facility tour. The staff work area monitors displayed multiple cameras for their designated areas. The facility conducts hourly facility checks.

Determinations by Provision:

(a) The facility reported an average daily population of 23 residents in the past twelve months. On the first day of the onsite review, 21 male residents were present. The staffing plan is based on 25 residents. The Department of Corrections (DOC) inspected the facility on April 8, 2025. The inspector found the facility in compliance with Minnesota Rule 2920.3700 (Subp.6, Subp. 7). Policy #8000.211 (pg. 5) states" The PREA Coordinator's responsibilities shall include developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect residents from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year." The auditor confirmed that the staffing plan considers (1) the physical layout of each facility; (2) the composition of the resident population; (3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) any other relevant factors. The Director of Southern MN is new to his position and will be included in the 2027 staffing plan.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211 (pg. 5), annual staffing plans, Minnesota 2920 Rules Governing Adult Community-Based Residential Correctional Facilities, the Department of Corrections (DOC) inspection report, the in-custody list dated August 18, 2026, observations during the onsite review, and interviewing the PREA Coordinator and Director of Southern MN.

(b) Policy #8000.211 (pg. 5) states" The PREA Coordinator's responsibilities shall include developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect residents from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year." The facility reported in the pre-audit questionnaire that it has had no deviations from the staffing plan. The facility's staffing plan requires a minimum staffing ratio of one staff member for forty residents. The Director confirmed there haven't been any deviations from the staffing plan; at least one staff member is on duty 24/7. The

	facility has a set protocol for filling open shifts. If a staff member does not show up for a shift, the staff on duty will stay until a replacement is found. The facility maintains an on-call staff list that staff members use to find a replacement. During the onsite review, the auditor observed at least one shift lead working. On the first and second shifts, in addition to the shift lead, the Director and the Transformation Coordinator were in the building. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211 (pg. 5), staffing plans, and interviewing the Director of Southern MN.** (c) Policy #8000.211 (pg. 5) states" The PREA Coordinator's responsibilities shall include developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect residents from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year." The PREA Coordinator confirmed that he and the site Director review the staffing plan annually. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211 (pg. 5), staffing plans, and interviewing the PREA Coordinator.**

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.214 (pg. 6) • Resident Handbook (General House Rules (pg. 11)) • The Department of Corrections Inspection Report **Interviews Completed:** • (2) Random Staff Members • (10) Random Residents **Observations:** During the facility tour, the auditor observed that each pod bathroom had a door lock. Staff were respectful and knocked before entering a resident's room. Facility policy prohibits staff from conducting any pat-searches or strip searches. The

facility is "no touch" and only conducts property searches.

Determinations by Provision:

(a) Policy #8000.215 (pg. 6) states, "Damascus Way staff may conduct periodic, or as needed, searches of residents, room/personal belongings, residents' vehicles, and mail. Residents are not allowed to have any locked storage (suitcases, footlocker, etc.). All searches will be voluntary and conducted by verbal requests without any physical contact by staff. Damascus Way does not conduct strip or pat searches. Staff will not request or conduct searches of visitors but may ask visitors to leave the premises at any time. Damascus Way enables residents to shower, perform bodily functions, and change clothing without non-medical 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. Any staff of the opposite gender will announce their presence when entering a resident's room." The facility only conducts property searches.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.215 (pg. 6).

(b) This provision does not apply to Damascus Way; they do not hold females in the facility. The Department of Corrections Inspection Report dated April 8, 2025, states that the operational capacity is 25, and the approved gender is male.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the Department of Corrections Inspection Report.

(c) This provision does not apply to Damascus Way; they do not hold female residents, and their policy #8000.215 (pg. 6) outlines their search policy, which is property search only.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.215 (pg. 6)

(d) Policy #8000.215 (pg. 6) states, "Damascus Way staff may conduct periodic, or as needed, searches of residents, room/personal belongings, residents' vehicles, and mail. Residents are not allowed to have any locked storage (suitcases, footlocker, etc.). All searches will be voluntary and conducted by verbal requests without any physical contact by staff. Damascus Way does not conduct strip or pat searches. Staff will not request or conduct searches of visitors but may ask visitors to leave the premises at any time. Damascus Way enables residents to shower, perform bodily functions, and change clothing without non-medical 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. Any staff of the opposite gender will announce their presence when entering a resident's room." Page 11 of the resident handbook states, "***Dress Code -*** *Residents are expected to dress appropriately when outside of their rooms. No bare feet allowed except in bedrooms and showers. Shirts must be worn outside your room. You must be fully*

	dressed in street clothes outside your room. Clothing displaying references to drugs, alcohol, violence, sex, and things inconsistent with Christian values are not permitted." Each pod has private bathrooms. The auditor interviewed ten randomly selected residents, who confirmed that no female staff currently work in the facility. The auditor reviewed all camera angles and determined that staff monitoring cameras could not see a confined person in the bathrooms or their assigned room. The auditor interviewed two staff members, who confirmed that only male staff currently work in the facility; staff said they still knock on the door before entering resident rooms. The auditor interviewed ten residents, who confirmed that only male staff currently work in the facility and that staff respect residents' privacy. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.215 (pg. 6), resident handbook (pg. 11), and interviews with (2) random staff and (10) random residents.** (e) This provision is no longer applicable to the compliance finding. (f) This provision is no longer applicable to the compliance finding.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.216 (pg. 7)) • Posters **Interviews Completed:** • Executive Director • (2) Random Staff Members **Observations:** PREA posters in English and Spanish were posted in each pod. Each resident has a personal cell phone. The facility does not have an inmate phone system; the facility has landline phones that the auditor tested, confirming that no identifying PIN is needed. **Determinations by Provision:**

	(a) The auditor interviewed the Executive Director about options provided for residents who are deaf or hard-of-hearing. Currently, the agency has no contract agreements with language interpreters or virtual ASL interpreters. The facility does not accept residents directly from the street. Contracted agencies submit a packet of information on a confined person who meets the criteria for Damascus Way's Program. Damascus reviews the information and determines whether the candidate fits the program. Candidates eligible for Damascus Way's Program must be able to leave the facility to work, job search, attend appointments, attend community events, and be self-sufficient. If the candidate has a special need, the agency will determine whether it can accommodate the need. For deaf, hard-of-hearing, or limited English proficient residents, the agency prefers to continue services at the referring agency. The Executive Director was open to suggestions for available services. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the Executive Director.** (b) The auditor interviewed the Executive Director about options provided for residents who are limited English proficient. Currently, the agency has no contract agreements with language interpreters or virtual ASL interpreters. The facility does not accept residents directly from the street. Contracted agencies submit a packet of information on a confined person who meets the criteria for Damascus Way's Program. Damascus reviews the information and determines whether the candidate fits the program. Candidates eligible for Damascus Way's Program must be able to leave the facility to work, job search, attend appointments, attend community events, and be self-sufficient. If the candidate has a special need, the agency will determine whether it can accommodate the need. For deaf, hard-of-hearing, or limited English proficient residents, the agency prefers to continue services at the referring agency. The Executive Director was open to suggestions for available services. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the Executive Director.** (c) Policy #8000.216 (pg. 7) states, "Damascus Way will not rely on 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, or he investigation of the resident's allegations." The auditor interviewed (2) staff members; both staff members were aware of the policy and would not use another resident to interpret. On the dates of the onsite audit, the facility had no residents with disabilities or limited English proficiency. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.216 (pg. 7), and interviewing (2) staff members.**

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.217 (pp. 7-8)) • (3) New Hire Employee Files • (3) Background Checks • Employee List • Annual Declaration Form **Interviews Completed:** • PREA Coordinator (Director of Compliance) • H.R. Specialist **Determinations by Provision:** (a) Policy #8000.217 (pg. 7) states, "Damascus Way shall not hire or promote anyone who may have contact with residents, and shall not enlist the 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). • Has been convicted of engaging in 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. • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this provision." The auditor reviewed (3) new-employee files for employees hired in the past 12 months. The information in both files was structured the same way and included the background check completed by One Source, a company Damascus Way hired to complete new-hire background checks. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), and (3) new employee files.** (b) Policy #8000.217 (pg. 7) states, "Damascus Way shall 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." The auditor

interviewed the PREA Coordinator and the H.R. Specialist, who confirmed that they consider any incidents of sexual harassment when deciding whether to hire or promote someone.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), and interviewing the PREA Coordinator and H.R. Specialist.

(c) Policy #8000.217 (pg. 7) states, "Before hiring new employees who may have contact with residents, Damascus Way shall:

1. Perform a criminal background records check.
2. 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."

The H.R. Specialist confirmed that all references are checked before a conditional job offer is made, contingent on passing the background check. One Source submits the fingerprints to the Minnesota Bureau of Criminal Apprehension (BCA). The BCA completes a full criminal history check, including an Applicant History Trace, County/Statewide Criminal History, Multi-Court Jurisdictional Database, Nationwide Federal Criminal History, National Sex Offender Registry, and a Global Report. One Source provides Damascus Way with a final report summarizing its findings. Human Resources and the Executive Director review the report and make the hiring determination. The H.R. Specialist confirmed that they complete the same hiring process for everyone they hire. The One Source report was part of the (3) employee files and detailed the information Damascus Way requested.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), (3) new employee files, One Source background reports, and interviewing the H.R. Specialist.

(d) Policy #8000.217 (pg. 7) states, "Damascus Way shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents." Currently, the facility does not contract for any services. The PREA Coordinator confirmed that employees of a contracted service would be required to go through the background check process.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), and interviewing the PREA Coordinator.

(e) Policy #8000.217 (pg. 7) states, "Damascus Way shall either conduct criminal background record 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." The H.R. Specialist said the 5-year background checks have been hit and miss, and with turnover, few

staff required 5-year checks. The agency recognized they needed a better system for completing 5-year checks and is implementing a new system. During the annual celebration in December, staff members recognized for every 5 years of service (5 years, 10 years, and so on) will also go through background record checks.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), staff seniority listing, and interviewing the H.R. Specialist.

(f) Policy #8000.217 (pg. 7) states, "Damascus Way shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. Damascus Way shall also impose upon employees a continuing affirmative duty to disclose any such misconduct." The PREA Coordinator confirmed that applicants are asked about previous misconduct described in paragraph (a) during the interview. Staff signs an annual declaration form. The auditor reviewed (3) annual declaration forms.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), (3) annual declaration forms, and interviewing the PREA Coordinator.

(g) Policy #8000.217 (pg. 7) states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." The PREA Coordinator assured the auditor that the policy is followed.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), and interviewing the PREA Coordinator.

(h) Policy #8000.217 (pg. 8) states, "Unless prohibited by law, Damascus Way shall 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." The PREA Coordinator confirmed that the agency would provide the information with a signed release of information.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 8), and interviewing the PREA Coordinator.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy 8000.211(c) (pg. 5) **Interviews Completed:** • Executive Director • Director of Southern MN **Determinations by Provision:** (a) Policy #8000.211(c) (pg. 5) states, "The PREA Coordinator's responsibilities shall include ensuring that, when designing, acquiring, expanding, or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to Damascus Way's ability to protect residents from sexual abuse." The Executive Director and Director confirmed that no design, renovation, modification, or expansion has occurred at the facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211(c) (pg. 5), observations during the facility tour, and interviewing the Executive Director and Director.** (b) Policy #8000.211(c) (pg. 5) states, "The PREA Coordinator's responsibilities shall include ensuring that, when designing, acquiring, expanding, or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to Damascus Way's ability to protect residents from sexual abuse." The Executive Director and Director confirmed that no updates have been made to the monitoring technology and that no additional cameras have been added. The (2) staff members and (10) residents interviewed reported feeling safe in the facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211(c) (pg. 5), observations during the facility tour, and interviewing the Executive Director and Director.**

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.221 (pg. 8))
- Memorandum of Understanding with Olmsted County Victim Services
- Letter to Rochester P.D.

Interviews Completed:

- (2) Staff Members
- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.221 (pg. 8) states, "Damascus Way shall conduct administrative investigations of all allegations of sexual abuse following the uniform evidence protocol adapted from 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/Adolenscents," which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." Damasacus Way would not be involved in any evidence collection that involves allegations of sexual abuse. The PREA Coordinator and the (2) staff members interviewed confirmed they would not collect any evidence. They are trained to separate the parties, secure the scene and any evidence, and call law enforcement and supervisors.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.221 (pg. 8), and interviewing the PREA Coordinator and (2) staff members.

(b) The Rochester Police Department would follow its uniform evidence protocol outlined in its policy and procedures. Damascus Way has requested in writing that Rochester P.D. follow the requirements of paragraphs (a) through (e) of this standard.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and letter to Rochester P.D.

(c) Policy #8000.221 (pg. 8) states, "Damascus Way shall refer all victims of sexual abuse to forensic medical examinations outside the facility, without financial cost, where evidentially or medically appropriate. Such referrals shall be to medical facilities with Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible and will be documented. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical practitioners." Forensic medical examinations are conducted by a Sexual Assault Nurse Examiner at St. Mary's Hospital emergency room. In the past twelve

	months, this service has not been needed. The PREA Coordinator confirmed this practice during the interview. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.221 (pg. 8), and interviewing the PREA Coordinator.** (d) Policy #8000.221 (pg. 8) states, "Damascus Way shall maintain a resource list of sexual abuse crisis centers, with victim advocate services available, if requested, to the victim and shall document efforts to secure these services." Damascus Way has a Memorandum of Understanding with Olmsted County Victim Services to provide these services. In the past twelve months, this service has not been needed. The PREA Coordinator confirmed this practice during the interview. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.221 (pg. 8), the Memorandum of Understanding with Olmsted County Victim Services, and interviewing the PREA Coordinator.** (e) Policy #8000.221 (pg. 8) states, "Damascus Way shall maintain a resource list of sexual abuse crisis centers, with victim advocate services available, if requested, to the victim and shall document efforts to secure these services." Damascus Way has a Memorandum of Understanding with Olmsted County Victim Services to provide these services. In the past twelve months, this service was not needed. The PREA Coordinator confirmed this practice. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.221 (pg. 8), Memorandum of Understanding with Olmstead County Victim Services, and interviewing the PREA Coordinator.** (f) Damascus Way has requested in writing that Rochester P.D. follow the requirements of paragraphs (a) through (e) of this standard. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Damascus Way's letter to the Rochester Police Department.** (g) The auditor is not required to audit this provision. (h) This provision does not apply to Damascus Way; the facility has a Memorandum of Understanding with Olmsted County Victim Services, which provides trained advocates.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.000 (pg. 4))
- Agency Website

Interviews Completed:

- Executive Director
- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.000 (pg. 4) states, "Damascus Way has a zero tolerance with regard to sexual abuse and sexual harassment in its facilities and will take appropriate affirmative measures to protect all residents from sexual abuse and harassment and to promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." The agency reported on the pre-audit questionnaire that there have not been any reports of sexual abuse or harassment in the past twelve months. The Executive Director and PREA Coordinator confirmed that there have not been any sexual abuse or harassment allegations reported. The Executive Director also confirmed that any reported allegation of sexual abuse or harassment would be investigated and that the Rochester Police Department would be contacted for any potentially criminal allegations.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.000 (pg. 4), and interviews with the Executive Director and PREA Coordinator.

(b) Damascus Way has its policy posted on the website stating that the Rochester Police Department is contacted to conduct sexual abuse investigations: **https://damascusway.com/our-policy/,** which states:

Damascus Way Reentry Center maintains zero tolerance for client-on-client or staff-on-client sexual assault, abuse, or harassment. This policy extends to all staff employed with Damascus Way. Each allegation of sexual assault, abuse, or harassment will be investigated. All identified criminal behavior and misconduct related to sexual assault will be reported to the proper authorities. Rochester Facility – The Rochester Police Department is contacted to conduct sexual abuse investigations.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and agency website.

(c) Damascus Way refers all criminal allegations for investigation to the Rochester Police Department. The agency publishes its policy on the agency website: **https-**

	://damascusway.com/our-policy/ **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and agency website.** (d) The auditor is not required to audit this provision.

115.231	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.231 (pg. 8)) • Training Plan • Staff Training Records **Interviews Completed:** • (2) Random Staff Members • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.231 (pg. 8) states, "Damascus Way shall train all employees who may have contact with residents on the following: 1. Zero-tolerance policy for sexual abuse and sexual harassment 2. How to fulfill responsibilities of the sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures 3. Residents' right to be free from sexual abuse and sexual harassment 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment 5. The dynamics of sexual abuse and sexual harassment in confinement 6. The common reactions of sexual abuse and sexual harassment victims 7. How to detect and respond to signs of threatened and actual sexual abuse 8. How to avoid inappropriate relationships with residents 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents 10. How to comply with relevant laws related to mandatory reporting of sexual

abuse to outside authorities"

Two staff members were interviewed and confirmed they received initial PREA training and annual in-service training. The PREA training includes reading the agency policy and multiple training videos from the PREA Resource Center. Each year, as part of Damascus Way's Training Plan, staff complete PREA refresher training. The PREA Coordinator manages the annual training plan and scheduling.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.213 (pg. 8), training curriculum, and interviewing (2) staff members and the PREA Coordinator.

(b) Damascus Way operates two facilities that house males. The training is geared toward male residents, and currently all staff are male. A review of the training curriculum and training materials corroborates this practice. The auditor reviewed training records with the PREA Coordinator, who confirmed this practice. The facility maintains training records as hard copies.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, training curriculum, training records, and interviewing the PREA Coordinator.

(c) Policy #8000.231 (pg. 8) states, "Anyone who has not received such training shall be trained within one year of the effective date of the PREA standards. Each employee shall have refresher training every two years. In years in which an employee does not receive refresher training, they shall have refresher information on current sexual abuse and sexual harassment policies. All training shall be documented through employee signature." The auditor reviewed current and historic annual training records.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.231 (pg. 8), and current and historic annual training records.

(d) Policy #8000.231 (pg. 8) states, "Anyone who has not received such training shall be trained within one year of the effective date of the PREA standards. Each employee shall have refresher training every two years. In years in which an employee does not receive refresher training, they shall have refresher information on current sexual abuse and sexual harassment policies. All training shall be documented through employee signature." The auditor reviewed hard copies of completed training acknowledgments. The acknowledgment includes a statement that, by signing, the employee understands the training they received.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.231 (pg. 8), and hard copy training records.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.232 (pg. 9)) **Interviews Completed:** • PREA Coordinator **Determination by Provision:** (a) Policy #8000.232 (pg. 9) states, "Damascus Way shall ensure that all volunteers and contractors who have contact with residents have been trained on and understand their responsibilities for its sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All training shall be documented to verify understanding of the training." The agency does not have any volunteers or contractors who come into the facility and have contact with residents. The PREA Coordinator confirmed that all residents leave the facility for medical appointments, support groups, and church. The PREA Coordinator assured that a training curriculum would be developed and training completed before approving any contractors or volunteers to enter the facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.32 (pg. 9), and interviewing the PREA Coordinator.** (b) Policy #8000.232 (pg. 9) states, "Damascus Way shall ensure that all volunteers and contractors who have contact with residents have been trained on and understand their responsibilities for its sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All training shall be documented to verify understanding of the training." The agency does not have any volunteers or contractors who come into the facility and have contact with residents. The PREA Coordinator confirmed

	that all residents leave the facility for medical appointments, support groups, and church. The PREA Coordinator assured that a training curriculum would be developed and training completed before approving any contractors or volunteers to enter the facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.232 (pg. 9), and interviewing the PREA Coordinator.** (c) Policy #8000.232 (pg. 9) states, "Damascus Way shall ensure that all volunteers and contractors who have contact with residents have been trained on and understand their responsibilities for its sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All training shall be documented to verify understanding of the training." The agency does not have any volunteers or contractors who come into the facility and have contact with residents. The PREA Coordinator confirmed that volunteers and contractors would be required to sign an acknowledgment confirming they received and understood the training. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.232 (pg. 9), and interviewing the PREA Coordinator.**

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.233 (pg. 9)) • Resident Handbook • Intake Records • Signed Acknowledgments • PREA Posters **Interviews Completed:**

- (10) Residents
- (1) Transformation Coordinator

Observations:

Posters were hanging on the information board in each housing pod; the Transformation Coordinator demonstrated the intake and education process.

Determinations by Provision:

(a) Policy #8000.233 (pg. 9) states, "During the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Damascus Way shall provide resident education in formats accessible to all residents, including those who have limited reading skills. The training shall be documented with resident signature. Damascus Way shall ensure that policy and victim referrals are readily available." The facility reported on the pre-audit questionnaire that it admitted 54 residents in the past twelve months. The Transformation Coordinator is responsible for new intakes. The Transformation Coordinator completes the PREA Education during the initial intake process. The Transformation Coordinator demonstrated the intake process to the auditor. The Transformation Coordinator meets individually with the intake. The Transformation Coordinator delivers the education verbally, allowing residents who are blind, have low vision, or have limited reading skills to participate. The training explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding. The resident has the opportunity to ask questions. The resident signs the form electronically and is given a Resident Handbook, which includes PREA information on page 5. The auditor interviewed ten residents; all confirmed they received PREA education during the intake meeting with the Transformation Coordinator. The auditor reviewed (5) random resident electronic files with the Transformation Coordinator to verify confined persons' signatures acknowledging PREA education. The auditor reviewed the resident education and resident handbook to verify the educational materials covered the required training topics.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.233 (pg. 9), resident education materials, resident handbook, (5) signed training acknowledgments, and interviews with the Transformation Coordinator and (10) random residents.

(b) Interviews with (10) confined persons, interviewing the Transformation Coordinator, and review of dates on (5) training acknowledgments confirmed the

	facility has provided such education within one year of the effective date of the PREA standards. Damascus Way has contracts with other agencies to house their confined persons. Damascus Way has no inter-agency facility transfers. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, signed training acknowledgments, and interviews with the Transition Coordinator and (10) random residents.** (c) Policy #8000.233 (pg. 9) states, "During the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Damascus Way shall provide resident education in formats accessible to all residents, including those who have limited reading skills. The training shall be documented with resident signature. Damascus Way shall ensure that policy and victim referrals are readily available." The auditor interviewed the Executive Director about options provided for residents who are deaf, hard-of-hearing, or limited English proficient. Currently, the agency has no contract agreements with language interpreters or virtual ASL interpreters. The facility does not accept residents directly from the street. Contracted agencies submit a packet of information on a confined person who meets the criteria for Damascus Way's Program. Damascus reviews the information and determines whether the candidate fits the program. Candidates eligible for Damascus Way's Program must be able to leave the facility to work, job search, attend appointments, attend community events, and be self-sufficient. If the candidate has a special need, the agency will determine whether it can accommodate the need. For deaf, hard-of-hearing, or limited English proficient residents, the agency prefers to continue services at the referring agency. The Executive Director was open to suggestions for available services. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.233 (pg. 9), and interviewing the Executive Director.** (d) The auditor reviewed (5) resident electronic records with the Transition Coordinator to verify that the resident electronically signed the PREA orientation acknowledgment. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and (5) electronic resident records.** (e) The auditor observed PREA posters in the three housing pods, and each resident is issued a copy of the resident handbook. **The auditor determined compliance by reviewing the pre-audit questionnaire, observing PREA posters in each housing pod, and reviewing a copy of the resident handbook.**

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Agency Investigation Policy **Interviews Completed:** • PREA Coordinator **Determinations by Provision:** (a) This provision does not apply to Damascus Way; the Rochester Police Department would investigate any criminal allegations of sexual abuse or harassment. Damascus Way's Investigation policy states that the Rochester Police Department will investigate any criminal allegations of sexual abuse or harassment. The PREA Coordinator confirmed this practice. (b) This provision does not apply to Damascus Way; the Rochester Police Department would investigate any criminal allegations of sexual abuse or harassment. Damascus Way's Investigation policy states that the Rochester Police Department will investigate any criminal allegations of sexual abuse or harassment. The PREA Coordinator confirmed this practice. The agency sent a letter to the Rochester Police Department requesting that it conduct investigations in accordance with Standard 115.221(a) through (e). (c) This provision does not apply to Damascus Way; the Rochester Police Department would investigate any criminal allegations of sexual abuse or harassment. Damascus Way's Investigation policy states that the Rochester Police Department will investigate any criminal allegations of sexual abuse or harassment. The PREA Coordinator confirmed this practice. (d) The auditor is not required to audit this provision.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

- Pre-Audit Questionnaire

Interviews Completed:

- PREA Coordinator

Determination by Provision:

(a) This provision does not apply to Damascus Way; the agency does not contract for medical services in the facility. The PREA Coordinator confirmed this practice.

(b) The agency does not contract for medical services in the facility; a victim would be transported to St. Mary's Hospital emergency department for a forensic medical examination.

(c) This provision does not apply to Damascus Way; the agency does not contract for medical services in the facility. The PREA Coordinator confirmed this practice.

(d) This provision does not apply to Damascus Way; the agency does not contract for medical services in the facility. The PREA Coordinator confirmed this practice.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.240 (pg. 9)
- Intake Vulnerability Assessment

Interviews Completed:

- Transformation Coordinator
- PREA Coordinator
- (10) Random Residents

Observations:

The Transformation Coordinator explained the intake process. The Transformation

Coordinator goes through several checklists and facility information. The Intake Vulnerability Assessment considered Provisions (d) (1)-(9). The Transformation Coordinator meets with a new resident privately, one-on-one, in his office. The Transformation Coordinator confirmed that he meets with one resident at a time.

Determinations by Provision:

(a) Policy #8000.241 (pg. 9) states, "All residents shall be assessed during an intake screening (within 72 hours) and upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward residents." The auditor interviewed the Transformation Coordinator and (10) residents. The Transformation Coordinator and eight residents confirmed that the Intake Vulnerability Assessment was completed on the day of arrival. Two residents had been in the facility for more than 12 months.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.241 (pg. 9), intake vulnerability assessment, and interviewing the Transformation Coordinator and (10) residents.

(b) Policy #8000.241 (pg. 9) states, "All residents shall be assessed during an intake screening (within 72 hours) and upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward residents." The auditor interviewed the Transformation Coordinator and (10) residents. The Transformation Coordinator and (3) residents confirmed that the intake was completed the day of admission. Two residents had been in the facility for more than 12 months. The auditor reviewed the electronic files of (5) residents with the Transformation Coordinator to verify that Intake Vulnerability Assessments were completed on the day of admission.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.241 (pg. 9), (5) resident electronic files, and interviewing the Transformation Coordinator and (10) residents.

(c) The auditor reviewed the Intake Vulnerability Assessment and determined that it was an objective screening instrument. The screening is based on yes/no answers and the Transformation Coordinator's observations.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the Intake Vulnerability Assessment.

(d) Policy #8000.240 (pg. 9) states, "Staff shall use the PREA Intake Vulnerability Assessment form to assess the risk of being a sexual abuser or victim and make appropriate room assignments. Assessment includes the following voluntary information:

1. Whether the resident has a mental, physical, or developmental disability
2. The age of the resident
3. The physical build of the resident

4. Whether the resident has previously been incarcerated
5. Whether the resident's criminal history is exclusively nonviolent
6. Whether the resident has prior convictions for sex offenses against an adult or child
7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
8. Whether the resident has previously experienced sexual victimization
9. The resident's own perception of vulnerability"

The auditor interviewed the Transformation Coordinator, who completes the Intake Vulnerability Assessment. The Transformation Coordinator listed some assessment questions and confirmed that the same standardized assessment is used for every new intake. The Transformation Coordinator meets with a new resident privately, one-on-one, in his office. The Transformation Coordinator confirmed he meets with one resident at a time. The auditor reviewed the Intake Vulnerability Assessment and determined that it was an objective screening instrument.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), intake vulnerability assessment, and interviewing the Transformation Coordinator.

(e) The agency making a referral to Damascus Way sends a packet of information for Damascus Way to review to determine if the referral meets the criteria for the program. The packet includes the referral's history of violence, behavior in the referring agency, and any other safety concerns. The auditor interviewed the PREA Coordinator, who confirmed that the referral packet includes the referral's history of violence, behavior in the referring agency, and any other safety concerns that could disqualify the referral from Damascus Way's program.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(f) Policy #8000.240 (pg. 9) states, "Residents will be reassessed within 30 days or whenever additional information warrants." The auditor interviewed the Transformation Coordinator and 10 residents. The Transformation Coordinator confirmed that reassessments are completed within 30 days. Six residents confirmed they were reassessed within 30 days; two have been in the facility for over twelve months; one reported not being reassessed; and one reported not remembering. The auditor reviewed (5) electronic files; all files showed the 30-day reassessment as completed, and the forms included the resident's signatures.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), (5) resident reassessment files, and interviewing the Transformation Coordinator and (10) residents.

(g) Policy #8000.240 (pg. 9) states, "Residents will be reassessed within 30 days or whenever additional information warrants." The auditor interviewed the

	Transformation Coordinator, who confirmed that a resident would be reassessed if any additional information was reported. Except for the 30-day reassessment, Damascus Way did not have any records of a confined person who was reassessed because of additional information that bears on the risk of sexual victimization or abuse. The auditor interviewed ten residents, and six confirmed they were reassessed within 30 days; two have been in the facility for over twelve months; one reported not being reassessed; and one reported not remembering. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), reassessment records, and interviewing the Transformation Coordinator and (10) residents.** (h) Policy #8000.240 (pg. 9) states, "There will be no discipline for not cooperating." The auditor interviewed the Transformation Coordinator, who confirmed that the facility does not discipline residents for not cooperating with the assessment. The auditor found no evidence that the facility was not following its policy. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), and interviewing the Transformation Coordinator.** (i) Policy #8000.240 (pg. 9) states, "Results of assessment will be kept in the resident's secured case notes folder." The PREA Coordinator confirmed that the resident's case notes are secured electronically and that only the Transformation Coordinator, Director, Sr. Director, Executive Director, and he have access. The PREA Coordinator explained that staff are issued an individual password to log into the electronic system and that role-based security limits access to information within the electronic management system. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), and interviewing the PREA Coordinator.**

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • PREA Vulnerability Assessment **Interviews Completed:**

	• PREA Coordinator • Transformation Coordinator **Determinations by Provision:** (a) Damascus Way uses the information collected on the PREA Vulnerability Assessment. Residents accepted into the program must be eligible for work release. The facility has 19 rooms (13 single and 6 double). The PREA Coordinator and the Transformation Coordinator said they use the completed assessment to determine the best placement to keep everyone safe. Residents from the Minnesota Sex Offender Program (MSOP) are assigned a single cell. In addition to the vulnerability assessment, other completed assessments help determine room assignment. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and vulnerability assessment and interviewing the PREA Coordinator and Transformation Coordinator.** (b) The vulnerability assessment identifies that an MSOP resident be placed in a single cell. If a single cell is not available, a supervisor would determine the most appropriate placement. The residents approved for the Damascus Way Program are low-risk offenders. The PREA Coordinator and Transformation Coordinator were interviewed and confirmed that they make individualized determinations for each resident. Staff will adjust bed assignments to ensure each resident's safety. The facility reported that there hasn't been a need to move residents because of being at high risk of sexual victimization or being sexually abusive. Minor bed assignments have been made because of personality differences or conflicts in working hours. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and vulnerability assessments, and by interviewing the PREA Coordinator or Transformation Coordinator.** (c) This provision is no longer applicable to the compliance finding. (d) This provision is no longer applicable to the compliance finding. (e) This provision is no longer applicable to the compliance finding. (f) This provision is no longer applicable to the compliance finding. **During the onsite review, there were no transgender or intersex confined persons in custody to interview.**

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.250 (pp. 9-10))
- Prison Rape Elimination Act Policy (#8000.211(f) (pg. 5))
- Resident Handbook (pg. 5)
- PREA Orientation
- PREA Posters

Interviews Completed:

- (2) Random Staff
- (10) Residents
- PREA Coordinator

Observations:

The auditor observed PREA posters on the information board in each pod's common area. The posters list the multiple ways a resident can report sexual abuse and sexual harassment, including external reporting. The poster includes information on contacting victim support services. The resident handbook and PREA orientation explain the different ways residents can privately and externally report sexual abuse and sexual harassment. PREA posters were posted at eye level, and the information was consistent on all the posters. PREA audit notices were posted at eye level on the information board in each pod's common area. The PREA audit notices listed current audit information and explained that letters to the auditor would be confidential and handled the same way as a private communication with their lawyer. Any PREA incident-based data would be securely stored electronically. Access to the data is role-based and password-protected.

Determinations by Provision:

(a) Policy #8000.250 (pg. 10) states, "Residents may report sexual abuse or sexual harassment incidents anonymously, or to any staff member they choose or to a party that is not part of the Agency." The auditor reviewed page 5 of the resident handbook, the PREA orientation form, and posters. The handbook. PREA orientation form and posters list the multiple ways confined persons can privately report sexual abuse and sexual harassment. Residents are required to read and sign the PREA orientation form, which explains the different ways they can privately and externally report sexual abuse and sexual harassment. PREA posters were posted at eye level, and the information was consistent on all the posters. PREA audit notices were posted at eye level on the information board in each pod's common area. The PREA audit notices listed current audit information and explained that letters to the auditor would be confidential and handled the same way as a private communication with their lawyer. The agency would securely store

any PREA incident-based data electronically. Access to the data is role-based and password-protected. Two staff members were interviewed; they were able to list the multiple ways residents can report sexual abuse and sexual harassment. Both staff members stated they received training to accept reports of sexual abuse or harassment verbally, in writing, anonymously, and from third parties, and would immediately document a verbal report. The auditor interviewed 10 residents; all said they would report the information to a staff member. All residents knew multiple ways to report and cited the poster and handbook as reporting resources.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 10), PREA posters, resident handbook, PREA orientation, and observations while onsite, as well as interviews with the (2) staff members and (10) residents.

(b) Policy #8000.211(f) (pg. 5) states, "The PREA Coordinator is responsible for implementing a process by which residents may report sexual abuse and sexual harassment to a public or private entity or office that is not part of Damascus Way and that the outside entity or office can receive and immediately forward resident reports of sexual abuse and sexual harassment to Damascus Way, allowing the resident anonymity." The facility has the DOC Sexual Assault Helpline listed as the external reporting agency. The auditor used the phone number listed on the poster and in the resident handbook to call the DOC Sexual Assault Helpline. The auditor used the facility's phone, and a resident used their personal cell phone to test the hotline. The poster also lists calling "911" to contact local authorities for residents to report criminal complaints. The PREA Coordinator confirmed that the agency uses the DOC Sexual Assault Helpline as the external reporting agency. The number connects you to a recording monitored by designated Department of Corrections staff. A designated staff member would report the information to the facility. The auditor interviewed ten residents; all the residents were aware of the multiple ways they can report sexual abuse and sexual harassment. All the residents have personal cell phones and reported they would use their cell phone to report allegations of sexual abuse or sexual harassment. The residents knew they could call 911 and that the DOC hotline's external reporting number was listed on the poster and in the handbook.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211(f) (pg. 5), resident handbook, information on the poster, testing the external reporting line on the facility phone and residents' personal cell phones, as well as interviews with the PREA Coordinator and (10) residents.

(c) Policy #8000.250 (pg. 10) states, "Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports." Residents are notified in the PREA orientation, resident handbook, and PREA posters of staff's responsibility to accept and immediately report any allegation of sexual abuse and sexual harassment. The auditor reviewed the PREA orientation, resident handbook, and PREA posters. The two staff members interviewed received training on their responsibility to accept reports verbally, in

	writing, anonymously, or from a third party, and to document all verbal reports promptly. Both staff members confirmed they would accept any report and document verbal reports as soon as possible. The ten residents interviewed said they would report directly to a staff member. The residents were able to list other ways they could report allegations of sexual abuse and sexual harassment. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 10), resident handbook, PREA orientation, posters, observations during the onsite review, and interviews with (2) staff members and (10) residents.** (d) Policy #8000.250 (pg. 9) states, "Staff may also privately report sexual abuse and sexual harassment of residents by reporting to the Program Director or Executive Director.) Staff are informed of how to privately report sexual abuse and sexual harassment during annual PREA training and policy review. Interviewed two staff members; both said they would notify the Program Director or follow the chain of command to make the report. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 9), and interviews with (2) staff members.**

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.252 (pp. 10-11) • Resident Handbook (pg. 16) **Interviews Completed:** • PREA Coordinator **Observations:** The auditor observed posters on the information board in each pod's common area. The posters clearly inform residents that Damascus Way has partnered with Olmsted County Victim Services to provide emotional support services. Residents have personal cell phones; a resident called the victim services number for the auditor using their cell phone to verify it would go through. The phones in Damascus Way are landline phones that aren't recorded. The auditor called from

	the landline to verify the call would go through. The resident handbook and PREA orientation also provide the contact information for the Olmsted County Victim Services. PREA audit notices were posted on the information board in each pod's common area. The notices listed the current audit information and explained that letters to the auditor would be confidential and handled the same way as a private contact with their lawyer. **Determinations by Provision:** (a) Policy #8000.252 (pg. 10) states, "Grievances regarding an allegation of sexual abuse shall not be considered a normal grievance and may be submitted at any time and without time limits." **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Policy #8000.252 (pg. 10).** (b) Policy #8000.252 (pg. 10) states, "Grievances regarding an allegation of sexual abuse shall not be considered a normal grievance and may be submitted at any time and without time limits. Residents may report sexual assault or abuse incidents anonymously or to any staff member they choose and should not be required to use their normal point of contact." Residents are provided this information on page 16 of the resident handbook. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and page 16 of the resident handbook.** (c) Policy #8000.252 (pg. 10) states, "Residents may report sexual assault or abuse incidents anonymously or to any staff member they choose and should not be required to use their normal point of contact." This information appears on page 16 of the resident handbook. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and page 16 of the resident handbook.** (d) Policy #8000. 252 (pg. 10) states, "Damascus Way shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, not including time consumed by residents in preparing any administrative appeal. Damascus Way may claim an extension of up to 70 days to respond if the normal time period for response is insufficient to make an appropriate decision. The resident shall be notified in writing of any such extension and provided a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level." The facility reported not receiving any grievances related to allegations of sexual abuse. The PREA Coordinator assured the auditor that the agency would adhere to the process outlined in the policy. On the dates of the onsite review, there were

zero residents in custody who reported sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and interviewing the PREA Coordinator.

(e) Policy #8000.252 (pg. 10) states, "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. In such cases, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on their behalf. It may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the resident's decision shall be documented." The facility reported not receiving any grievances related to allegations of sexual abuse. On the dates of the onsite review, there were zero residents in custody who reported sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and interviewing the PREA Coordinator.

(f) Policy #8000.252 (pg. 10) states, "Damascus Way shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The emergency grievance shall be immediately forwarded to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final decision shall document the determination of whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance." The PREA Coordinator explained that the emergency grievance would be forwarded immediately to the Director for action. Staff would take actions to keep the resident safe until a final determination is made. The facility reported not receiving any emergency grievances related to a resident alleging substantial risk of imminent sexual abuse. On the dates of the onsite review, there were zero residents in custody who reported sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and interviewing the PREA Coordinator.

(g) Policy #8000.252 (pg. 10) states, "Any resident's alleged sexual abuse grievance demonstrated to be filed in bad faith is subject to limited discipline. The facility reported not receiving any grievances related to allegations of sexual abuse. The PREA Coordinator assured the auditor that the facility would follow the policy when determining whether to discipline a resident for making a report in bad faith.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and interviewing the

	PREA Coordinator.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.253 (pg. 11)) • PREA Posters • Resident Handbook • PREA Orientation **Interviews Completed:** • (10) Residents • Olmsted County Victim Services (Program Director) • PREA Coordinator **Observations:** The auditor observed posters on the information board in each pod's common area. The posters clearly inform residents that Damascus Way has partnered with Olmsted County Victim Services to provide emotional support services. Residents have personal cell phones; a resident called the victim services number for the auditor using their cell phone to verify it would go through. The phones in Damascus Way are landline phones that aren't recorded. The auditor called from the landline to verify the call would go through. The resident handbook and PREA orientation also provide the contact information for the Olmsted County Victim Services. PREA audit notices were posted on the information board in each pod's common area. The notices listed the current audit information and explained that letters to the auditor would be confidential and handled the same way as a private contact with their lawyer. Damascus Way does not provide outgoing mail services; residents must mail their own correspondence at the post office. Staff places mail received for Damascus Way residents in each resident's sign-out card folder. Staff does not open residents' mail. **Determinations by Provision:** (a) Policy #8000.253 (pg. 11) states, "Damascus Way shall 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, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. Damascus Way shall 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." The auditor observed posters on the information board in each pod's common area. The posters clearly inform residents that Damascus Way has partnered with Olmsted County Victim Services to provide emotional support services. Residents have personal cell phones; a resident called the victim services number for the auditor using their cell phone to verify it would go through. The phones in Damascus Way are landline phones that aren't recorded. The auditor called from the landline to verify the call would go through. The resident handbook and PREA orientation also provide the contact information for the Olmsted County Victim Services. The auditor interviewed ten residents; eight knew victim services were available and that the poster and handbook listed the contact information. One resident was sure services were available. The auditor asked whether the resident had seen the PREA poster; the resident said he saw the word PREA and kept walking. One resident wasn't sure and told the auditor he didn't pay attention. Zero residents reported sexual abuse in the facility during the onsite review.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.253 (pg. 11), PREA posters, resident handbook, PREA orientation, and interviews with (10) residents.

(b) Policy #8000.253 (pg. 11) states, "Damascus Way shall 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." Residents have personal cell phones; a resident called the victim services number for the auditor using their cell phone to verify it would go through. The phones at Damascus Way are landlines that aren't recorded. The auditor called from the landline to verify the call would go through. The auditor interviewed ten residents, all of whom reported that they use a personal cell phone to make calls that staff does not monitor. The PREA Coordinator confirmed with the auditor that each resident has their own personal cell phone that facility staff does not monitor. Zero residents reported sexual abuse in the facility during the onsite review.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.253 (pg. 11), and interviewing (10) residents and the PREA Coordinator.

(c) Policy #8000.253 (pg. 11) states, "Damascus Way shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. Copies of agreements or documentation showing attempts to enter into such agreements shall be maintained." The facility has a Memorandum of Understanding (MOU) with the Olmsted County Victim Services to provide residents with emotional support services related to sexual abuse. The

	facility attached a copy of the MOU with Olmsted County Victim Services. The Program Manager confirmed the MOU with Damascus Way to provide emotional support services to residents related to sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.253 (pg. 11), the MOU with Olmsted County Victim Services, and a phone conversation with the Program Director of Olmsted County Victim Services.**

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.250 (pp. 9-10)) • PREA Poster • Agency Website **Observations:** PREA posters on the information board in each pod were at eye level and clearly detailed residents' internal and external reporting options, including the DOC Sexual Assault Helpline external reporting number. The poster also explained who Damascus Way partnered with for emotional support services and the contact number. All posters and handbook information were consistent and contained the same information. The auditor used the facility's landline phone to contact the external reporting agency and Olmsted County Victim Services. **Determinations by Provision:** (a) Policy #8000.250 (pp. 9-10) states, "The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member." The facility posts on its website how a third party can make a report on behalf of a resident. (**https://da-mascusway.com/our-policy/**). The phone numbers listed for third-party reporting are for the Program Directors. The PREA posters in the facility and page 5 of the resident handbook clearly provide residents with information on third-party

	reporting. The PREA audit notices listed current audit information and explained that letters to the auditor would be confidential and handled the same way as a private communication with their lawyer. Informal conversations with staff and residents confirmed that the posted information was accessible and easy to read. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pp. 9-10), PREA posters, the resident handbook, and the agency website.**

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.250 (pp. 9-10)) **Interviews Completed:** • (2) Random Staff Members • Director of Southern MN. **Observations:** The PREA Coordinator demonstrated to the auditor that any data related to sexual abuse and sexual harassment would be securely maintained electronically. Each staff member is issued an individual password to log into the computer and a role-based login for the electronic resident information system. The PREA Coordinator confirmed that the resident's case notes are secured electronically and that only the Transformation Coordinator, Director, Sr. Director, Executive Director, and he have access. The PREA Coordinator explained that staff are issued an individual password to log into the electronic system and that role-based security limits access to information within the electronic management system. **Determinations by Provision:** (a) Policy #8000.250 (pg. 9) states, "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, neglect, or violation of responsibilities, sexual harassment, or retaliation against residents shall immediately notify a supervisor." The auditor interviewed two staff members; both said they would immediately notify the Director, PREA Coordinator/Director of

	Compliance, Sr. Director, or Executive Director. The auditor observed that at least one Director is in the facility during business hours. If no Director is on duty, staff would contact the on-call Director. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 9), and interviewing (2) staff members.** (b) Policy #8000.250 (pg. 9) states, "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, neglect, or violation of responsibilities, sexual harassment, or retaliation against residents shall immediately notify a supervisor." The auditor interviewed (2) staff members who said they would immediately report the information to the Director. Both staff members said they would share the information only with the Director. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 9), and interviewing (2) staff members.** (c) This provision does not apply to Damascus Way; Damascus Way does not contract for medical staff in the facility. (d) Damascus Way does not house anyone under the age of 18. The PREA Coordinator confirmed that if a vulnerable adult reports an allegation, the PREA Coordinator would report it to the appropriate agency. The facility had no allegations reported by a resident considered a vulnerable adult for review. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.** (e) Policy #8000.250 (pg. 10) states, "Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigations." The Director confirmed that the Rochester Police Department would investigate allegations. Damascus Way has not had a sexual abuse or sexual harassment allegation reported in the facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 10), and interviewing the Director.**

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Documents Reviewed: • Pre-Audit Questionnaire **Interviews Completed:** • Executive Director • Director of Southern Minnesota • (2) staff members **Determinations by Provision:** (a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The Executive Director, Director, and (2) staff members were interviewed. All those interviewed said they would move the at-risk resident immediately and keep them safe. The facility reported on the pre-audit questionnaire that there have not been any times when the facility determined that a resident was subject to a substantial risk of imminent sexual abuse in the past twelve months. Damascus Way is not a secured facility; if it were learned that a resident was at risk of imminent sexual abuse, law enforcement would be called. The auditor did not find any evidence that Damascus Way had received any reports that a resident was at risk of imminent sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviews with the Executive Director, Director, and (2) staff members.**

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.263 (pg. 11)) **Interviews Completed:**

- Executive Director
- Director of Southern MN.

Determinations by Provision:

(a) Policy #8000.263 (pg. 11) states, "If there is an allegation that a resident was sexually abused while he was confined at another facility, the Program Director shall notify the head of that facility." The facility reported receiving zero allegations that a resident was abused while confined at another facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.263 (pg. 11).

(b) Policy #8000.263 (pg. 11) states, "The Program Director shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation."

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.263 (pg. 11).

(c) Policy #8000.263 (pg. 11) states, "The Program Director shall ensure that the notification has been documented." The facility provided a copy of the form "PREA Reporting to other Agencies," which Damascus Way would use to document a notification to another facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.263 (pg. 11), and the "PREA Reporting to other Agencies."

(d) Policy #8000.263 (pg. 11) states, "Damascus Way shall also receive and investigate sexual abuse allegations regarding its own facilities." The facility reported on the pre-audit questionnaire that there were zero allegations of sexual abuse that Damascus Way received from another agency. The Executive Director and Director were interviewed and confirmed that they would report the allegation to law enforcement for investigation.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.263 (pg. 11), and interviews with the Executive Director and Director.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.264 (pp. 11-12))
- First Responder for Incidents of Sexual Abuse

Interviews Completed:

- (2) staff Members

Determinations by Provision:

(a) Policy #8000.264 (pg. 11) states, "If an allegation of resident sexual abuse is made, the first staff member to respond shall immediately:

- Separate the parties
- Request medical assistance as appropriate. Staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals. Staff shall also immediately call 911 and report the allegation of sexual abuse and request emergency assistance.
- Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
- Contact your immediate supervisor and inform them of the incident. Begin taking notes as time allows and as appropriate.
- Staff shall not conduct any type of investigation or mental health evaluation. Keep the victim safe and comfortable until a professional arrives.
- If the time period allows for collection of physical evidence, request the alleged victim and verbally direct the alleged abuser to not take any actions that could destroy physical evidence. (i.e., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating).
- Once police arrive, escort them to the individual and make a private room available for the individual and other medical professionals. Be ready to make video review and any witnesses available.
- Consider whether a change in room assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of rooms.
- Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation by consulting with the community corrections agent."

The agency reported on the pre-audit questionnaire that there were zero allegations that a resident was sexually abused. Damascus Way has not had an allegation of sexual abuse reported in the facility. The facility has a PREA book readily available in the staff office that includes a "First Responder for Incidents of Sexual Abuse" section that staff can refer to if there is an incident of sexual abuse.

The auditor determined compliance with this provision by reviewing the

	pre-audit questionnaire, policy #8000.264 (pp. 11-12), and the "First Responder for Incidents of Sexual Abuse" instruction sheet. (b) Policy #8000.264 (pg. 12) states, "If the first responder is not a Damascus Way staff member, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a Damascus Way staff member. Two staff members were interviewed and explained that their first-responder duties include separating the parties, securing the area and any evidence, calling 911, and contacting a supervisor. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.264 (pg. 12), the First Responder for Incidents of Sexual Abuse, and interviewing (2) staff members.**

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Damascus Way Rochester Sexual Abuse Response Guide **Interviews Completed:** • Director of Southern MN. **Determinations by Provision:** (a) Damascus Way has a response guide to coordinate the actions of first responders, supervisors, the Rochester Police Department, and the Executive Director. The Director would be responsible for coordinating the incident response. The facility has a PREA book readily available in the staff office that includes the Response Guide and the "First Responder for Incidents of Sexual Abuse" section that staff can refer to if there is an incident of sexual abuse. The Director confirmed he would coordinate the incident response. Damascus Way has not had a reported allegation of sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the Sexual Abuse Response Guide and interviewing the Director.**

115.266	**Preservation of ability to protect residents from contact with**

	abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.267 (pp. 12-13)) **Interviews Completed:** • Executive Director **Determinations by Provision:** (a) Policy #8000.267 (pp. 12-13) states, "Nothing in this standard shall restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.272 and 115.276 or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personal file following a determination that the allegation of sexual abuse is not substantiated." The Executive Director confirmed that employees are non-union, and the agency can 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. (b) The auditor is not required to audit this provision. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pp. 12-13), and interviewing the Executive Director.**

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.267 (pg. 12)) **Interviews Completed:**

- Executive Director
- Director, Southern MN.
- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.267 (pg. 12) states, "All residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation." The agency has designated the Director or Transformation Coordinator to monitor for retaliation.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.267 (pg. 12).

(b) Policy #8000.267 (pg. 12) states, "Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for residents or staff who fear retaliation." The facility has not had any reports of sexual abuse in the facility. The PREA Coordinator would oversee monitoring to verify the agency complies with the standard. The Executive Director and Director were interviewed. They said they would take multiple measures to protect the resident or staff member, such as room changes, a single room, moving the resident closer to the staff office, and checking in with the resident. The facility does not have secured holding; the alleged abuser would be terminated from the program and returned to the referring agency. The Director would frequently check in with staff. The Executive Director said that any staff member found to be retaliating against a resident or another staff member would be grounds for termination.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pg. 12), and interviewing the Executive Director, PREA Coordinator, and Director.

(c) Policy #8000.267 (pg. 12) states, "The Executive Director or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of residents or staff who report sexual abuse or harassment and residents who were reported to have suffered sexual abuse to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. Monitoring may continue beyond 90 days if needed." The Executive Director and Director were interviewed. They said they would take multiple measures to protect the resident or staff member, such as room changes, a single room, moving the resident closer to the staff office, and checking in with the resident. The facility does not have secured holding; the alleged abuser would be terminated from the program and returned to the referring agency. The Director would frequently check in with staff. The Executive Director said that any staff member found to be retaliating against a resident or another staff member would be grounds for termination. The facility has not had any allegations of sexual abuse or sexual harassment reported.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pg. 12), and interviewing the Executive Director and Director. (d) Policy #8000.267 (pg. 12) states, "Resident monitoring shall also include periodic status checks." The PREA Coordinator said that there would be frequent status checks. Residents meet with the Transformation Coordinator on a scheduled basis to work on their individual service plan. The facility has not had any allegations of sexual abuse or sexual harassment reported. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pg. 12), and interviewing the PREA Coordinator.** (e) Policy #8000.267 (pg. 12) states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation." The Executive Director and Director confirmed that if any individual who cooperated with an investigation expresses fear of retaliation, the facility would take protective measures. The facility has not had any allegations of sexual abuse or sexual harassment reported in the facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pg. 12), and interviewing the Executive Director and Director.** (f) The auditor is not required to audit this provision.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.000 (pg. 4)) (8000.271 (pg. 13)) **Interviews Completed:** • Director of Southern MN • PREA Coordinator **Observations:** The organization securely maintains the vulnerability assessment, reassessment,

medical records, and any incident reports electronically. Each employee has a unique password to log in to the system. The computers are secured in offices behind secured doors. Role-based access controls secure access to assessments, medical records, and incident-related data. Access to the data is limited to the Executive Director, Sr. Director, Director, Transformation Coordinator, and the Director of Compliance (PREA Coordinator).

Determination by Provision:

(a) Policy #8000.000 (pg. 4) states, "Damascus Way has a zero tolerance with regard to sexual abuse and sexual harassment in its facilities and will take appropriate affirmative measures to protect all residents from sexual abuse and harassment and to promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." The auditor interviewed the PREA Coordinator, who confirmed that if the agency identifies any criminal acts, it immediately contacts the Rochester Police Department. Damascus Way has not had any allegations of sexual abuse or sexual harassment reported.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.000 (pg. 4), and interviewing the PREA Coordinator.

(b) Damascus Way does not have a division licensed to conduct criminal investigations and relies on the local police department to conduct criminal investigations of allegations of sexual abuse. Damascus Way has requested in writing that the agency follow the investigative requirements in standard 115.221 paragraphs (a) through (e).

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the letter to the Rochester Police Department.

(c) Damascus Way is not responsible for conducting criminal sexual abuse investigations. Criminal allegations of sexual abuse are referred to the Rochester Police Department to investigate. Damascus Way has requested in writing that the agency follow the investigative requirements in standard 115.221 paragraphs (a) through (e). Damascus Way has not had any allegations of sexual abuse or sexual harassment reported.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the letter to the Rochester Police Department.

(d) Investigators from the Rochester Police Department would decide whether to consult with prosecutors before conducting compelled interviews.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire.

(e) Investigators from the Rochester Police Department would determine the credibility of an alleged victim, suspect, or witness. Minnesota State Statute 611.A.26.S.1 prohibits the use of polygraphs on victims of sexual abuse as a

condition for proceeding with the investigation, charging, or prosecution. The detective confirmed that an inmate who alleges sexual abuse would not be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. Damascus Way has not had any allegations of sexual abuse or sexual harassment reported.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Minnesota State Statute 611.A.26.S.1.

(f) Policy #8000.271 (pg. 13) states, "An administrative investigation shall be completed for all allegations of sexual abuse and sexual harassment. Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All written reports from administrative and criminal investigations pursuant to this policy shall be retained for as long as the alleged abuser is held or employed by Damascus Way, plus five years." The auditor interviewed the PREA Coordinator, who confirmed that Damascus Way documents administrative investigations. Damascus Way has not had any allegations of criminal or administrative sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.271, record storage observations, and interviewing the PREA Coordinator.

(g) Investigators from the Rochester Police Department would be responsible for documenting in a written report that includes a thorough description of physical, testimonial, and documentary evidence, and copies of documentary evidence where feasible. Damascus Way has not had any allegations of criminal or administrative sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and observations on record storage.

(h) Policy #8000.271 (pg. 13) states, "If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate law enforcement agency." Damascus Way does not have a division licensed to conduct criminal investigations and relies on the local police department to conduct criminal investigations of allegations of sexual abuse. Damascus Way has requested in writing that the agency follow the investigative requirements in Standard 115.221, paragraphs (a) through (e). Damascus Way has not had any allegations of criminal or administrative sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.271 (pg. 13), and the letter to the Rochester Police Department.

(i) Policy #8000.271 (pg. 13) states, "All written reports from administrative and criminal investigations pursuant to this policy shall be retained for as long as the alleged abuser is held or employed by Damascus Way, plus five years." Damascus Way has not had any allegations of criminal or administrative sexual abuse.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.271 (pg. 13), and observations of records storage. (j) The auditor interviewed the PREA Coordinator, who confirmed that the departure of the alleged abuser or victim from employment or control of the facility or agency would not provide a basis for terminating an investigation. Damascus Way has not had any allegations of criminal or administrative sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.** (k) The auditor is not required to audit this provision. (l) The auditor interviewed the PREA Coordinator and Director, who confirmed that the Executive Director would be the point of contact for Damascus Way. At the Executive Director's request, the PREA Coordinator would follow up on the investigation's progress. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator and Director.**

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.272 (pg. 13)) **Interviews Completed:** • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.272 (pg. 13) states, "All completed investigations shall be forwarded to the Program Director or, if the allegations may reasonably involve the Program Director, to the Executive Director. The Program Director or Executive Director shall review the investigation and determine whether a preponderance of the evidence has substantiated any allegations of sexual abuse or sexual harassment." The auditor interviewed the PREA Coordinator, who confirmed that a preponderance of the evidence would substantiate investigations. Damascus Way

	has not had any allegations of sexual abuse or sexual harassment reported. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.272, and interviewing the PREA Coordinator.**

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.273 (pg. 14)) **Interviews Completed:** • Director of Southern Minnesota • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.273 (pg. 14) states, "The Program Director or the authorized designee shall inform a victim resident whether an allegation has been substantiated, unsubstantiated, or unfounded." The facility reported having zero allegations of sexual abuse. The Director confirmed that the victim would be informed of the allegation's final disposition. The PREA Coordinator assured the auditor that the agency would follow its policy of notifying the victim. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.273 (pg. 14), and interviews with the Director and PREA Coordinator.** (b) The PREA Coordinator confirmed that the agency would request any relevant information from the Rochester Police Department to keep the victim informed. The facility reported having zero allegations of sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.** (c) Policy #8000.273 (pg. 14) states, "If a staff member is the accused (unless the Damascus Way has determined that the allegation is unfounded), the resident shall also be informed whenever:

	• The staff member is no longer assigned to the resident's unit or employed at the facility. • Damascus Way learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility." The PREA Coordinator assured the auditor that if there were an allegation of staff sexually abusing a resident, the proper notifications would be made. The facility has not had any allegations of sexual abuse reported in the facility; therefore, there were no notifications to review. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.273 (pg. 14), and interviewing the PREA Coordinator.** (d) Policy #8000.273 (pg. 14) states, "If another resident is the accused, the alleged victim shall be notified whenever Damascus Way learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility." The PREA Coordinator assured the auditor that if there were an allegation of staff sexually abusing a resident, the proper notifications would be made. The facility has not had any allegations of sexual abuse reported in the facility; therefore, there were no notifications to review. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.273 (pg. 14), and interviewing the PREA Coordinator.** (e) Policy #8000.273 (pg. 14) states, "All notifications or attempted notifications shall be documented." The PREA Coordinator assured the auditor that if there were an allegation of staff sexually abusing a resident, the proper notifications would be made. The facility has not had any allegations of sexual abuse reported in the facility; therefore, there were no notifications to review. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.273 (pg. 14), and interviewing the PREA Coordinator.**

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire

- Prison Rape Elimination Act Policy (8000.272 (pp. 13-14))

Interviews Completed:

- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.272 (pg. 13) states, "The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy."

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Policy #8000.272 (pg. 13).

(b) Policy #8000.272 (pg. 13) states, "Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse." The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no staff have been disciplined or terminated for violating the agency's PREA policies. The PREA Coordinator assured the auditor that the agency would discipline staff members, up to termination, for violating PREA policies.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.272 (pg. 13), and interviewing the PREA Coordinator.

(c) Policy #8000.272 (pg. 13) states, "All discipline shall be 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." The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no staff member has been disciplined, short of termination, for violating agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). The PREA Coordinator assured the auditor that the agency would discipline staff members for violating PREA policies.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.272 (pg. 13), and interviewing the PREA Coordinator.

(d) Policy #8000.272 (pg. 14) states, "All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies." The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no staff members have been reported to law enforcement or licensing boards following their termination (or resignation before termination) for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator assured the auditor that the agency would report the staff member to the appropriate law enforcement agency and any relevant licensing

	bodies. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.272 (pg. 14), and interviewing the PREA Coordinator.**

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.277 (pg. 14)) **Interviews Completed:** • Director of Southern Minnesota • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.277 (pg. 14) states, "Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with all residents of Damascus Way and their services will be permanently terminated. They shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies." The PREA Coordinator and the Director confirmed that no volunteers or contractors currently enter the facility except maintenance workers. Policy #8000.277 (pg. 14) states, "All contractors or volunteers will be educated on our zero tolerance of sexual abuse and sexual harassment. There will be signed documentation that they understand, agree, and will comply with this policy." The PREA Coordinator confirmed that the policy would be followed; contractors and volunteers will be trained before having any contact with residents. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 14), and interviewing the Director and PREA Coordinator.** (b) Policy #8000.277 (pg. 14) states, "Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with all residents of Damascus Way and their services will be permanently terminated." The PREA Coordinator confirmed that, for volunteers and contractors, there would be no remedial measures; upon any violation, the facility would

	terminate their access. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 14), and interviewing the PREA Coordinator.**

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.278 (pp. 14-15)) • Resident Handbook (pp. 13-15) • Minnesota 2920 Rules Governing Adult Community-Based Residential Correctional Facilities • 2025 Department of Corrections Inspection Report **Interviews Completed:** • Director of Southern Minnesota • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.277 (pg. 14) states, "Sexual abuse or sexual harassment violations shall be considered separately from other program violations. In these cases, following an administrative finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment, the resident shall be terminated from the program." The auditor reviewed the "Conduct Code/Minor Violations sections of the resident handbook (pp. 13-15), which explain the disciplinary process to the residents. Violations are structured into three levels of severity: Minor, Major, and Termination. Each violation level carries a specific range of sanctions. Listed under "Termination Violations" is "sexual behavior: exposing self, sexual contact with a visitor or resident, sexual language or behavior directed toward staff or residents." The resident has the right to an Administrative Hearing, if requested. The Director confirmed that violations of sexual behavior would result in termination from the program. The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no residents have been terminated for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator assured the auditor that the agency would terminate a resident from the program for violating PREA policies.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 14), resident handbook (pp. 13-15), and interviewing the Director and PREA Coordinator. (b) The auditor interviewed the Director, who confirmed that any resident who is found to have violated the sexual behavior violation will be terminated from the program. The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no residents have been terminated for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator assured the auditor that the agency would terminate a resident from the program for violating PREA policies. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and resident handbook and interviewing the Director and PREA Coordinator.** (c) To be accepted into Damascus Way's program, a resident must be able to be part of the community. Residents are expected to find and maintain employment, build a support network in the community, secure appropriate housing before release, and attend community appointments. Generally, residents with more severe mental disabilities or mental illness would not be eligible for the program. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, program requirements, and observations during the onsite review.** (d) This provision does not apply to Damascus Way; the agency does not contract with onsite medical providers. (e) Policy #8000.278 (pg. 14) states, "Damascus Way will terminate a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact." The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no residents have been terminated for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator assured the auditor that the agency would terminate a resident from the program for violating PREA policies. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.278 (pg. 14), and interviewing the PREA Coordinator.** (f) Policy #8000.277 (pg. 15) states, "A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegations." The facility reported on the pre-audit questionnaire that no residents were disciplined for reporting sexual abuse. The auditor found no evidence that any residents were disciplined for reporting sexual abuse or harassment.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 15), and observations during the onsite review. (g) Policy #8000.277 (pg. 14) states, "All sexual activity between residents is prohibited and will result in a violation and sanction up to and including termination from the program. If the sexual activity is determined to be consensual, it will not be deemed to constitute sexual abuse but still subject to program termination." Residents are made aware of this policy on page 15 of the resident handbook. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 14), and the resident handbook (pg. 15).** The Minnesota Department of Corrections Inspection and Enforcement Unit (DOC) inspected the facility on April 8, 2025, and found it to comply with rule 2920.5700, which states: • (I) Written policy and procedures must ensure supervisory review of major violations and disciplinary actions.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • PREA Handbook - Prison Rape Elimination Act Policy (8000.264) (pg. 11) **Interviews Completed:** • PREA Coordinator • (2) Random Staff **Findings by Provision:** (a) Resident victims of sexual abuse will be transported to Regency Hospital in Golden Valley, Minnesota, to ensure timely, unimpeded access to emergency medical treatment and crisis intervention services; community medical and mental health providers will determine the nature and scope based on their professional judgment. The facility does not have a contract to provide medical services. The agency reported that they have not had an incident of sexual abuse in its facility.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire. (b) Policy #8000.264 (pg. 11) states, "Staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals. Staff shall also immediately call 911 and report the allegation of sexual abuse and request emergency assistance." The auditor interviewed (2) random staff members from different shifts who confirmed they would keep the victim safe until the police department arrived. The facility keeps a PREA resource book in the office, readily available to staff. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.264 (pg. 11), and interviews with (2) random staff members.** (c) The agency does not contract for medical services. Victims would receive the information from treating medical professionals at Regency Hospital, Golden Valley, MN. The agency reported that they have not had an incident of sexual abuse in its facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire.** (d) The jurisdiction holding the resident would be responsible for any medical charges. The PREA Coordinator confirmed that Damascus Way is not responsible for paying medical bills. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire.**

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Minnesota State Statute (609.35 (a)) **Interviews Completed:** • PREA Coordinator

Determinations by Provision:

(a) The facility does not contract for medical services in the facility. Residents would be referred to a community provider for medical or mental health evaluation and, as appropriate, treatment if they have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. To be approved for the program, a resident must apply for and maintain their own health insurance. The PREA Coordinator reviewed the program requirements for each resident.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(b) The evaluation and treatment of residents, such as follow-up services, treatment plans, and, when necessary, referrals for continued care, would be determined by community providers.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(c) Community providers provide all medical and mental health services to the residents.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(d) This provision does not apply to Damascus Way; the facility is approved to house male residents only.

(e) This provision does not apply to Damascus Way; the facility is approved to house male residents only.

(f) Testing for sexually transmitted infections would be determined by the community provider treating the resident.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(g) Treatment services will be provided to the victim without financial cost. The resident must maintain their own health insurance. Minnesota State Statute 609.35 *(a) Costs incurred by a hospital or other emergency medical facility or by a physician, sexual assault nurse examiner, forensic nurse, or other licensed health care provider for the examination of a victim of criminal sexual conduct that occurred in the state shall be paid by the state. These costs include, but are not limited to, the cost of the medical forensic examination, associated tests and treatments relating to sexually transmitted infection, and pregnancy status, including emergency contraception. A hospital, emergency medical facility, or health care provider shall submit the costs for examination and any associated tests and treatment to the Office of Justice Programs for payment. Upon receipt of the costs, the commissioner shall provide payment to the facility or health care provider. Reimbursement for an examination and any associated tests and*

	treatments shall not exceed $1,400. Beginning on January 1, 2024, the maximum amount of an award shall be adjusted annually by the inflation rate. The resident is under the authority of the agency that referred the resident to the program. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Minnesota State Statute and interviewing the PREA Coordinator.** (h) This provision does not apply to Damascus Way; Damascus Way is a community confinement facility.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.286 (pg. 15)) • Incident Review Packet **Interviews Completed:** • PREA Coordinator • Director of Southern Minnesota **Determinations by Provision:** (a) Policy #8000.286 (pg. 15) states, "An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded." The facility reported that there have been zero sexual abuse investigations completed where the disposition was substantiated or unsubstantiated. The facility had no current or historical investigation files for the auditor to review. The PREA Coordinator assured the auditor that Damascus Way would conduct an incident review of any substantiated or unsubstantiated allegations of sexual abuse. The PREA Coordinator provided a copy of a "sexual assault incident review packet" to be completed during the incident review. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), incident review packet, and interviewing the PREA Coordinator.** (b) Policy #8000.286 (pg. 15) states, "The review should occur within 30 days of

	the conclusion of the investigation." The facility reported that there have been zero sexual abuse investigations completed where the disposition was substantiated or unsubstantiated. The facility had no current or historical investigation files for the auditor to review. The PREA Coordinator assured the auditor that Damascus Way would conduct an incident review within 30 days of the investigation's conclusion. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), and interviewing the PREA Coordinator.** (c) Policy #8000.286 (pg. 15) states, "The review shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and/or mental health professionals, as appropriate." The PREA Coordinator confirmed that the incident review team would include the Executive Director, Sr. Director, Director, and the PREA Coordinator. If appropriate, the review team may include the investigator and other staff who may have information about the incident. The facility has not conducted an incident review, but did provide a copy of the sexual assault incident review packet that would be completed. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), incident review packet, and interviewing the PREA coordinator.** (d) Policy #8000.286 (pg. 15) states, "The review team shall include upper-levelmanagement officials and seek input from line supervisors, investigators, and qualified health care and/or mental health professionals, as appropriate. • Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect, or respond to sexual abuse. • Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, or lesbian, gay, bisexual, transgender, or intersex identification status or perceived status, by gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility. • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse. • Assess the adequacy of staffing levels in the area during different shifts. • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. • Prepare a written report of the team's findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Program Director and PREA Coordinator." The facility had no current or historical investigation files for the auditor to review. The facility has not conducted an incident review, but did provide a copy of the sexual assault incident review packet that would be completed. The PREA Coordinator and Director confirmed they would complete the incident review packet, including the team's findings and any recommendations.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), incident review packet, and interviewing the PREA Coordinator and Director. (e) Policy #8000.286 (pg. 15) states, "The Program Director or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so." The facility had no current or historical investigation files for the auditor to review. The facility has not conducted an incident review, but did provide a copy of the sexual assault incident review packet that would be completed. The incident review packet includes a section to document whether the recommendation was implemented or the reasons it was not. The PREA Coordinator assured the auditor that the packet would be completed. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), incident review packet, and interviewing the PREA Coordinator.**

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.287 (pg. 15)) • Prison Rape Elimination Act Policy (#8000.288 (pg. 15)) • Spreadsheet (Data Collection Instrument) **Interviews Completed:** • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.288 (pg. 15) states, "Damascus Way shall conduct an annual review of collected and aggregated incident-based sexual abuse data. Policy #8000.287 (pg. 15) states, "The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice." The data collection instrument is a spreadsheet that lists every report of sexual abuse and sexual harassment and follows the set of definitions outlined in the PREA standards for Community Confinement Facilities. The auditor reviewed the spreadsheet with the PREA Coordinator. The facility has not had an allegation of sexual abuse or harassment reported.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 15), policy #8000.287 (pg. 15), the audit instrument, and information provided by the PREA Coordinator. (b) Policy #8000.288 (pg. 15) states, "Damascus Way shall conduct an annual review of collected and aggregated incident-based sexual abuse data." The PREA Coordinator confirmed with the auditor that there have been no reported sexual abuse or sexual harassment allegations at Damascus Way. The PREA Coordinator reviewed the spreadsheet with the auditor, which listed each year and showed the facility reported zero allegations. The PREA Coordinator assured the auditor that incident-based sexual abuse data would be reviewed annually. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 15), spreadsheet, and interviewing the PREA Coordinator.** (c) Policy #8000.287 (pg. 15) states, "The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice." **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the spreadsheet.** (d) Policy #8000.287 (pg. 15) states, "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with privacy laws." **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.287 (pg. 15).** (e) This provision does not apply to Damascus Way. Damascus Way does not contract with private facilities to confine its inmates. (f) This provision does not apply to Damascus Way during this audit cycle. The Department of Justice (DOJ) did not request data from the facility for the previous calendar year.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.288 (pp. 15-16))
- Annual PREA Report

Interviews Completed:

- Executive Director
- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.288 (pp. 15-16) states, "Damascus Way shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training by:

- Identifying problem areas
- Identifying corrective actions taken
- Recommending corrective actions
- Comparing current annual data and corrective actions with those from prior years
- Assessing Damascus Way's progress in addressing sexual abuse."

The Executive Director and PREA Coordinator confirmed that an annual review of sexual abuse data would be completed for any reported allegations of sexual abuse or sexual harassment. Damascus Way has not had any reported allegations of sexual abuse or sexual harassment in the facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pp. 15-16), and interviews with the Executive Director and PREA Coordinator.

(b) The auditor reviewed the annual statistical report on the agency's website: **https://damascusway.com/our-policy/**. Damascus Way has not had any reported allegations of sexual abuse or sexual harassment in the facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, the Damascus Way policy, and annual statistical information.

(c) Policy #8000.288 (pg. 16) states, "The report shall be approved by the Program Director and made available to the public at least annually through the office website." The Executive Director confirmed that he gives final approval before the report is made public.

The auditor determined compliance with this provision by reviewing the

	pre-audit questionnaire, policy #8000.288 (pg. 16), agency website: https-://damascusway.com/our-policy/, and interviewing the Executive Director. (d) Policy #8000.288 (pg. 16) states, "Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated." The PREA Coordinator confirmed that the redacted information is listed in the report. The report is available on the agency's website: **https://damascusway.-com/our-policy/** **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), the agency website (https://damascusway.com/our-policy/), and interviewing the PREA Coordinator.**

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.287 (pg. 15)) • Prison Rape Elimination Act Policy (8000.288 (pg. 16)) **Interviews Completed:** • PREA Coordinator **Observations:** The PREA Coordinator demonstrated to the auditor that any data related to sexual abuse and sexual harassment would be securely maintained electronically. Each staff member is issued an individual password to log into the computer and a role-based login for the electronic resident information system. **Determinations by Provision:** (a) Policy #8000.287 (pg. 15) states, "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with privacy laws." The PREA Coordinator assured the auditor that all records related to sexual abuse and sexual harassment

	allegations would be securely maintained electronically. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.287 (pg. 15), observations of electronic records security, and interviewing the PREA Coordinator.** (b) Policy #8000.288 (pg. 16) states, "All aggregated sexual abuse data from Damascus Way facilities shall be made available to the public at least annually through the office website. The auditor reviewed the agency website: **https://damascusway.com/our-policy/** **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), and the agency website.** (c) Policy #8000.288 (pg. 16) states, "Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed." Policy #8000.288 (pg. 16) states, "All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise." The auditor reviewed the agency website **(https://damascusway.com/our-policy/**) and verified that the report included no personal identifiers. The facility has not had any allegations of sexual abuse or sexual harassment reported. Therefore, no historical data exists. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), and the annual report.** (d) Policy #8000.288 (pg. 16) states, "All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise." The facility has not had any allegations of sexual abuse or sexual harassment reported. Therefore, no historical data exists. The PREA Coordinator assured the auditor that any sexual abuse data would be stored according to this policy. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), and interviewing the PREA Coordinator.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire

- Prison Rape Elimination Act Policy (#8000.401 (pp. 16-17))
- Damascs Way Rochester 2022 PREA Audit

Determinations by Provision:

(a) Policy #8000.401(a) (pg. 16) states, "During the three years starting on August 20, 2013, and during every three years thereafter, the agency shall ensure that each facility operated by the agency is audited at least once." This is Damascus Way-Rochester's fourth PREA Audit. The agency was audited in May 2015, August 2018, and August 2022. The 2022 PREA Audit is posted on the Damascus Way website: **https://damascusway.com/wp-content/uploads/2026/04/PREA--Audit.pdf.** The agency experienced unexpected personnel changes that required transferring the PREA Coordinator duties to another staff member, delaying scheduling of the PREA audit. In the future, the PREA Coordinator will schedule the audits every three years.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(a) (pg. 16), agency website, and previous final audit reports.

(b) Policy #8000.401(b) (pg. 16) states, "The agency operates two facilities and schedules both facility audits during the same year." The agency scheduled both facility audits in August 2022.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(b) (pg. 16), agency website, and the 2022 final audit reports.

(h) Policy #8000.401(h) (pg. 16) states, "The auditor shall have access to, and shall observe, all areas of the audited facility." On the first day of the onsite review, the auditor toured the entire facility. The facility has three separate pod areas. The "E" and "F" pods have six rooms (4 single and 2 double rooms), and the "D" pod has seven rooms (5 single and 2 double rooms). Each pod has a kitchen, community area, and an individual bathroom. The staff office and the main entrance and exit are located in the "E" pod. A resident workout room is located in the "F" pod. Staff offices are located in each pod's vestibule area. The auditor accessed and observed all areas of the facility. No modifications to the facility or additions of electronic surveillance equipment have occurred since the last PREA audit.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(h) (pg. 16), and observations during the facility tour.

(i) Policy #8000.401(i) (pg. 16) states, "The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information)." The PREA Coordinator uploaded documents (for example, policies, the resident handbook, and vulnerability assessments) in the pre-audit questionnaire and provided them as requested during the onsite review and post-

	review. The PREA Coordinator provided the auditor access to electronic employee and training records for review. The Transformation Coordinator provided the auditor access to electronic resident records and training records. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(h) (pg. 16), and copies of, and access to, policies, the handbook, and electronic employee and resident records.** (m) Policy #8000.401(m) (pg. 17) states, "The auditor shall be permitted to conduct private interviews with residents." The auditor was given a private office in the vestibule off the "F" pod to interview residents. The agency did not prohibit the auditor from interviewing any residents the auditor selected. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(m) (pg. 17), and interviewing the requested residents in a private office.** (n) Policy #8000.401(n) (pg.17) states, "Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel." The agency confirmed via email that it posted the audit notice posters six weeks before the audit. While onsite, the auditor saw the audit notices posted in each pod in the facility. The auditor interviewed ten residents; all confirmed the audit notices had been posted for a while. The auditor did not receive any confidential mail during the review process. The facility has no process for outgoing mail. Page 12 of the resident handbook under "***Mail***" states, "You may take care of your own mailing needs at the Post Office. Damascus Way does not supply stamps or envelopes." Each resident has a personal cell phone they can use to email the auditor. The facility does not monitor personal cell phones. Several residents reported they would use their phones to send emails. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(n) (pg. 17), observing posted audit notices, and interviewing (10) residents.**

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire

	• Prison Rape Elimination Act Policy (#8000.403(f) (pg. 18)) • Damascus Way Website **<u>Determinations by Provision:</u>** (f) Policy #8000.403(f) (pg. 18) states, "The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public." This is Damascus Way's fourth PREA Audit. The most recent audit, completed in August 2022, is posted on the agency's website: **https://damascusway.com/wp-content/uploads/2026/04/PREA-Audit.pdf** The auditor includes a reminder in the email attaching the final report that the report must be posted within 90 days of receipt. The contract agreement also states that the final report must be publicly available within 90 days of receipt. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.403(f) (pg. 18), and the agency website.**

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	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 adopt and 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.)	na
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	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.)	na
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	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	na

	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.)	
	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.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 the facility does not have female inmates.)	na
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	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
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	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
	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
	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
	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
	Does the agency take appropriate steps to ensure that residents	yes

	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?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	**Residents with disabilities and residents who are limited English proficient**	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident	yes

	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?	
115.217 (a)	**Hiring and promotion decisions**	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	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
115.217 (f)	**Hiring and promotion decisions**	
	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
	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

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	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
115.218 (a)	**Upgrades to facilities and technology**	
	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.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	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	yes

	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.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	**Policies to ensure referrals of allegations for investigations**	

(b)		
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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?	no
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	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
115.232 (b)	**Volunteer and contractor training**	
	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
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	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
115.234 (a)	**Specialized training: Investigations**	
	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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	**Specialized training: Investigations**	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	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.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	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
	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

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	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
	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
	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
	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
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	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
	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
	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
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	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
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	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
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	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

115.241 (i)	**Screening for risk of victimization and abusiveness**	
	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
115.242 (a)	**Use of screening information**	
	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
	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
	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
	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
	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
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	**Resident reporting**	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	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.	no
115.252 (b)	**Exhaustion of administrative remedies**	
	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
	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
115.252 (c)	**Exhaustion of administrative remedies**	
	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
	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
115.252	**Exhaustion of administrative remedies**	

(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
	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 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
	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
115.252 (e)	**Exhaustion of administrative remedies**	
	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
	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
	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
115.252 (f)	**Exhaustion of administrative remedies**	
	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	yes

	exempt from this standard.)	
	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
	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
	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
	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
	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
	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
115.252 (g)	**Exhaustion of administrative remedies**	
	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
115.253 (a)	**Resident access to outside confidential support services**	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	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
115.253 (c)	**Resident access to outside confidential support services**	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	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
	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
	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
115.261 (b)	**Staff and agency reporting duties**	

	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
115.261 (c)	**Staff and agency reporting duties**	
	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
	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
115.261 (d)	**Staff and agency reporting duties**	
	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
115.261 (e)	**Staff and agency reporting duties**	
	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
115.262 (a)	**Agency protection duties**	
	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
115.263 (a)	**Reporting to other confinement facilities**	
	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
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	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
	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
	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
	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
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	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
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	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
115.267 (a)	**Agency protection against retaliation**	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	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
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	**Agency protection against retaliation**	
	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
115.271 (a)	**Criminal and administrative agency investigations**	
	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).)	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).)	na
115.271 (b)	**Criminal and administrative agency investigations**	
	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
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	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

115.271 (e)	**Criminal and administrative agency investigations**	
	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
	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
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	**Criminal and administrative agency investigations**	
	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
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	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
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	**Criminal and administrative agency investigations**	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	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
115.273 (a)	**Reporting to residents**	
	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
115.273 (b)	**Reporting to residents**	
	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
115.273 (c)	**Reporting to residents**	
	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
	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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	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
	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
115.273 (d)	**Reporting to residents**	
	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
	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
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	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
115.276 (d)	**Disciplinary sanctions for staff**	
	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
	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
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	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

115.278 (a)	**Disciplinary sanctions for residents**	
	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
115.278 (b)	**Disciplinary sanctions for residents**	
	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
115.278 (c)	**Disciplinary sanctions for residents**	
	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
115.278 (d)	**Disciplinary sanctions for residents**	
	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?	no
115.278 (e)	**Disciplinary sanctions for residents**	
	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
115.278 (f)	**Disciplinary sanctions for residents**	
	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

115.278 (g)	**Disciplinary sanctions for residents**	
	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
115.282 (a)	**Access to emergency medical and mental health services**	
	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
115.282 (b)	**Access to emergency medical and mental health services**	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	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
115.282 (d)	**Access to emergency medical and mental health services**	
	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
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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	yes

	facility?	
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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?	no
115.286 (a)	**Sexual abuse incident reviews**	
	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
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	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
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	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
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	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
115.287 (d)	**Data collection**	
	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
115.287 (e)	**Data collection**	
	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.)	na

115.287 (f)	**Data collection**	
	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.)	na
115.288 (a)	**Data review for corrective action**	
	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
	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
	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
115.288 (b)	**Data review for corrective action**	
	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
115.288 (c)	**Data review for corrective action**	
	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
115.288 (d)	**Data review for corrective action**	
	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	yes

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	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
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	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
115.401 (a)	**Frequency and scope of audits**	
	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
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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

	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.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency 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, there has never been a Final Audit Report issued.)	yes

PREA Facility Audit Report: Final

Name of Facility: Damascus Way Golden Valley Reentry Center
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 11/10/2026

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Darnel Carlson	**Date of Signature:** 11/10/2026

AUDITOR INFORMATION	
Auditor name:	Carlson, Darnel
Email:	dmcarlson16@gmail.com
Start Date of On-Site Audit:	08/20/2026
End Date of On-Site Audit:	08/21/2026

FACILITY INFORMATION	
Facility name:	Damascus Way Golden Valley Reentry Center
Facility physical address:	5830 Olson Memorial Highway, Golden Valley, Minnesota - 55422
Facility mailing address:	

Primary Contact

Name:	Nick
Email Address:	Abbott
Telephone Number:	(507)206-7901

Facility Director	
Name:	Kevin Saunders
Email Address:	kevin.saunders@damascusway.com
Telephone Number:	612-746-5631

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	31
Current population of facility:	25
Average daily population for the past 12 months:	27
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18+
Facility security levels/resident custody levels:	ISR/SR/MSOP/WRS
Number of staff currently employed at the	13

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Damascus Way Reentry Center, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1515 East 66th Street, Richfield, Minnesota - 55423
Mailing Address:	
Telephone number:	5072067901

Agency Chief Executive Officer Information:	
Name:	Tierre Webster
Email Address:	tierre.webster@damascusway.com
Telephone Number:	612-963-9300

Agency-Wide PREA Coordinator Information			
Name:	Nick Abbott	**Email Address:**	nick.abbott@damascusway.com

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-08-20
2. End date of the onsite portion of the audit:	2026-08-21

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Sexual Violence Center Kenosha Alexander

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	31
15. Average daily population for the past 12 months:	27
16. Number of inmate/resident/detainee housing units:	0
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	31
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	There were no residents in the facility during the onsite visit with a physical disability, a cognitive or functional disability, blind or low-vision, deaf or hard of hearing, limited English proficiency, who identify as gay, lesbian, bisexual, transgender, or intersex, who reported sexual abuse, who disclosed prior sexual victimization, or who were placed in segregated housing. This was verified during conversations with the PREA Coordinator and Director. The Damascus Way program is designed to help qualified offenders close to their release date find employment and establish ties to the community before release. The facility does not have segregated housing.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	13

37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The auditor found nothing additional to report.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor interviewed residents from both floors and residents from different agencies that Damascus Way contracts with.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	A complete roster of the facility's residents was provided to the auditor upon arrival and upon request. The list was broken down by pod, room assignment, agency, and arrival date. The auditor selected residents to interview; if a resident wasn't in the facility, the auditor selected from a list of residents in the facility.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents (both formally and informally), and toured the facility. The program requirements limit the number of residents identified as having a physical disability. Damascus Way's policy does include provisions for residents with a physical disability.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. The program requirements limit the number of residents identified as having a cognitive or functional disability. Damascus Way's policy does include provisions for residents with cognitive or functional disabilities.

49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. The program requirements limit the number of residents identified as blind or having low vision. Damascus Way's policy does include provisions for residents who are blind or have low vision.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. Program requirements limit the number of residents identified as deaf or hard of hearing. Damascus Way's policy does include provisions for residents who are deaf or hard of hearing.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents (both formally and informally), and toured the facility. Program requirements limit the number of residents identified with limited English proficiency. Damascus Way's policy includes provisions for residents with limited English proficiency.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. Damascus Way's policy includes provisions for residents who identify as lesbian, gay, or bisexual, but not during the dates of the onsite review.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. Damascus Way is licensed to hold adult males. Damascus Way's policy does not prohibit transgender or intersex residents, but it would have to comply with its licensing requirements. There were no residents who identified as transgender or intersex in the facility during the onsite tour.

54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. There were no residents who reported sexual abuse in the facility during the onsite tour.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	This auditor reviewed prior intake records and documentation, spoke with staff and residents, both formally and informally, and toured the facility. No residents disclosed prior sexual victimization during risk screening in the facility during the onsite tour.

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility has no segregated housing.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor found nothing additional to report.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	3

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Damascus Way is a small community confinement facility with a staff of nine.

Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	5
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☐ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☐ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not contract for food service or medical services. The facility also has no volunteers. Residents prepare their own meals, use community medical and mental health services, and attend community organizations (AA, NA, Church).

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	◉ Yes ○ No

Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	After the initial meeting, the auditor conducted a comprehensive site review. During the site review, the auditor assessed camera placement, blind spots, staff placement, and documentation for compliance with standards. During the tour, the auditor observed PREA audit notices on the information board on the first and second floors. PREA posters that called attention to the agency's zero-tolerance policy, how to report allegations of sexual abuse and sexual harassment, and emotional support information were observed on the information board in each pod's common area. Staff and confined-person interviews were conducted in a private office on the first floor. The auditor engaged in informal conversations with staff and residents throughout the onsite review.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	This auditor completed the following file reviews: • Employee personnel files: background checks, applications, and annual PREA review. • Training records - staff and residents • Resident files - risk assessments, reassessments, and education attendance.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	No examples were reported or documented by the PREA Coordinator, staff, or residents.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No examples were reported or documented by the PREA Coordinator, staff, or residents.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No examples were reported or documented by the PREA Coordinator, staff, or residents.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.000 (pg. 2) (pp. 5-19) • Resident Handbook (Conduct Code pp. 13-15) • Organizational Structure **Interviews Completed:** • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.000 (pg. 2) states, "Damascus Way has zero tolerance about sexual abuse and sexual harassment in its facilities and will take appropriate affirmative measures to protect all residents from sexual abuse and harassment and

	to promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." Policy #8000.211 - 8000.405 (pp. 5-19) outlines the agency's approach to preventing, detecting, and responding to such conduct. Policy #8000.211-8000.405 (pp. 5-19) describes the agency's strategies and responses to reduce and prevent sexual abuse and harassment of residents. Damascus Way is a faith-based program whose core value is that everyone deserves a second chance and should be treated with respect. It will not tolerate inappropriate behavior from or toward staff or residents._ **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.000 (pg. 2, 5-19), and the resident handbook.** b) Policy #8000.211 (pg. 5) states, "Damascus Way shall appoint upper-level managers to be responsible for the implementation and oversight of compliance with PREA standards. The PREA Coordinator shall be given time and authority to develop and review facility policies and practices and make appropriate compliance recommendations to the Executive Director." The agency has appointed the Director of Compliance as its PREA Coordinator. The Director of Compliance reports directly to the Executive Director. The PREA Coordinator ensures the agency implements its zero-tolerance policy and procedures and keeps them up to date. The PREA Coordinator reported having sufficient time to complete all his PREA-related duties. Quarterly, he walks through the facilities to ensure PREA documents are up to date and replaces any that are not posted. If he identifies a PREA compliance issue, he reviews the situation, confirms the issue, and makes the necessary corrections. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211 (pg. 5), organizational structure, and interviewing the PREA Coordinator.**

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire **Interviews Completed:** • PREA Coordinator **Findings by Provision:**

	(a) Damascus Way - Golden Valley is a community confinement facility that houses residents under contracts with the Department of Corrections Work Release Program, the Minnesota Sex Offender Program (MSOP), and the Department of Corrections Intensive Supervised Release (ISR) program. The contract agreements require that Damascus Way be PREA-compliant. The PREA Coordinator confirmed that Damascus Way - Rochester provides housing for the agencies they contract with. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.** (b) This provision does not apply to Damascus Way - Rochester. The agency houses residents from different agencies. (c) This provision does not apply to Damascus Way - Rochester. The agency does not have its own residents.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act (8000.211(b) (pg. 5) • Staffing Plan • Minnesota 2920 Rules Governing Adult Community-Based Residential Correctional Facilities • 2025 Department of Corrections Inspection Report (DOC) **Interviews Completed:** • Senior Director • PREA Coordinator **Observations:** The auditor reviewed the staffing plan, the staff roster, and the staff schedule to corroborate the staffing plan and the number of staff employed at the facility. Damascas Way is a 31-bed community confinement facility licensed by the Department of Corrections to hold male residents. The facility has at least one shift lead on duty 24/7. The auditor observed additional staff on the first and second shifts, including the Senior Director, Transitional Coordinator, food service staff, and Transformational Specialist. The facility was opened in January 2021 as a newly

constructed facility. The facility has a basement and two floors; residents' rooms are located on the first and second floors. Each floor has one hallway with resident rooms, a restroom, and conference rooms off the hallway. Staff has excellent lines of sight on both floors, either visually or through camera placement. The auditor observed camera placement and monitors in the staff office during the facility tour. The monitors in the staff office displayed multiple cameras for their designated areas. The facility conducts hourly facility checks.

Determinations by Provision:

(a) The facility reported an average daily population of 24 residents in the past twelve months. On the first day of the onsite review, 31 male residents were present. The staffing plan is based on 31 residents. The Department of Corrections (DOC) inspected the facility on April 2, 2025. The inspector found the facility in compliance with Minnesota Rule 2920.3700 (Subp.6, Subp. 7). Policy #8000.211 (pg. 5) states, "The PREA Coordinator's responsibilities shall include developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect residents from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year." The Sr. Director and PREA Coordinator confirmed that the staffing plan considers (1) the physical layout of each facility; (2) the composition of the resident population; (3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) any other relevant factors.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211 (pg. 5), annual staffing plans, Minnesota 2920 Rules Governing Adult Community-Based Residential Correctional Facilities, the Department of Corrections (DOC) inspection report, the in-custody list dated August 20, 2026, observations during the onsite review, and interviewing the Sr. Director and PREA Coordinator.

(b) Policy #8000.211 (pg. 5) states" The PREA Coordinator's responsibilities shall include developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect residents from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year." The facility reported in the pre-audit questionnaire that it has had no deviations from the staffing plan. The facility's staffing plan requires a minimum staffing ratio of one staff member for forty residents. The Director confirmed there haven't been any deviations from the staffing plan; at least one staff member is on duty 24/7. The facility has a set protocol for filling open shifts. If a staff member does not show up for a shift, the staff on duty will stay until a replacement is found. The facility maintains an on-call staff list that staff members use to find a replacement. During the onsite review, the auditor observed at least one shift lead working. In addition to the shift lead, the auditor observed additional staff in the building during the first and second shifts.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211 (pg. 5), staffing plans, and interviewing the Sr. Director. (c) Policy #8000.211 (pg. 5) states" The PREA Coordinator's responsibilities shall include developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect residents from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year." The PREA Coordinator confirmed that he and the site Director review the staffing plan annually. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211 (pg. 5), staffing plans, and interviewing the PREA Coordinator.**

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.214 (pg. 6) • Resident Handbook (General House Rules (pg. 11)) • The Department of Corrections Inspection Report **Interviews Completed:** • (3) Random Staff Members • (10) Residents **Observations:** During the facility tour, the auditor observed that the first-floor bathroom had two individual toilet stalls and one individual shower with a curtain, and the second-floor bathroom had four toilet stalls with doors and five showers with curtains. Resident rooms with two beds have a curtain that separates the room to give residents privacy. Facility policy prohibits staff from conducting any pat-searches or strip searches. The facility is "no touch" and only conducts property searches. **Determinations by Provision:** (a) Policy #8000.215 (pg. 6) states, "Damascus Way staff may conduct periodic, or

as needed, searches of residents, room/personal belongings, residents' vehicles, and mail. Residents are not allowed to have any locked storage (suitcases, footlocker, etc.). All searches will be voluntary and conducted by verbal requests without any physical contact by staff. Damascus Way does not conduct strip or pat searches. Staff will not request or conduct searches of visitors but may ask visitors to leave the premises at any time. Damascus Way enables residents to shower, perform bodily functions, and change clothing without non-medical 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. Any staff of the opposite gender will announce their presence when entering a resident's room." The facility only conducts property searches.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.215 (pg. 6).

(b) This provision does not apply to Damascus Way; they do not hold females in the facility. The Department of Corrections Inspection Report dated April 2, 2025, states that the operational capacity is 26, and the approved gender is male.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the Department of Corrections Inspection Report.

(c) This provision does not apply to Damascus Way; they do not hold females in the facility. The Department of Corrections Inspection Report dated April 2, 2025, states that the operational capacity is 26, and the approved gender is male.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.215 (pg. 6)

(d) Policy #8000.215 (pg. 6) states, "Damascus Way staff may conduct periodic, or as needed, searches of residents, room/personal belongings, residents' vehicles, and mail. Residents are not allowed to have any locked storage (suitcases, footlocker, etc.). All searches will be voluntary and conducted by verbal requests without any physical contact by staff. Damascus Way does not conduct strip or pat searches. Staff will not request or conduct searches of visitors but may ask visitors to leave the premises at any time. Damascus Way enables residents to shower, perform bodily functions, and change clothing without non-medical 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. Any staff of the opposite gender will announce their presence when entering a resident's room." Page 11 of the resident handbook states, "***Dress Code -*** *Residents are expected to dress appropriately when outside of their rooms. No bare feet allowed except in bedrooms and showers. Shirts must be worn outside your room. You must be fully dressed in street clothes outside your room. Clothing displaying references to drugs, alcohol, violence, sex, and things inconsistent with Christian values are not permitted.*" The auditor reviewed all camera angles and determined that staff monitoring cameras could not see a confined person in the bathrooms or their assigned room. The auditor interviewed three staff members, who confirmed that

	only male staff currently work in the facility; staff said they will knock on the door before entering resident rooms. The auditor interviewed ten residents, who confirmed that only male staff currently work in the facility and that staff respect residents' privacy. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.215 (pg. 6), resident handbook (pg. 11), and interviews with (3) random staff and (10) random residents.** (e) This provision is no longer applicable to the compliance finding. (f) This provision is no longer applicable to the compliance finding.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.216 (pg. 7)) • Posters **Interviews Completed:** • Executive Director • (3) Random Staff Members **Observations:** PREA posters in English were posted on each floor. Each resident has a personal cell phone. The facility does not have an inmate phone system; the facility has landline phones that the auditor tested, confirming that no identifying PIN is needed. **Determinations by Provision:** (a) The auditor interviewed the Executive Director about options provided for residents who are deaf or hard-of-hearing. Currently, the agency has no contract agreements with language interpreters or virtual ASL interpreters. The facility does not accept residents directly from the street. Contracted agencies submit a packet of information on a confined person who meets the criteria for Damascus Way's Program. Damascus reviews the information and determines whether the candidate fits the program. Candidates eligible for Damascus Way's Program must be able to leave the facility to work, job search, attend appointments, attend community

	events, and be self-sufficient. If the candidate has a special need, the agency will determine whether it can accommodate the need. For deaf, hard-of-hearing, or limited English proficient residents, the agency prefers to continue services at the referring agency. The Executive Director was open to suggestions for available services. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the Executive Director.** (b) The auditor interviewed the Executive Director about options provided for residents who are limited English proficient. Currently, the agency has no contract agreements with language interpreters or virtual ASL interpreters. The facility does not accept residents directly from the street. Contracted agencies submit a packet of information on a confined person who meets the criteria for Damascus Way's Program. Damascus reviews the information and determines whether the candidate fits the program. Candidates eligible for Damascus Way's Program must be able to leave the facility to work, job search, attend appointments, attend community events, and be self-sufficient. If the candidate has a special need, the agency will determine whether it can accommodate the need. For deaf, hard-of-hearing, or limited English proficient residents, the agency prefers to continue services at the referring agency. The Executive Director was open to suggestions for available services. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the Executive Director.** (c) Policy #8000.216 (pg. 7) states, "Damascus Way will not rely on 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, or he investigation of the resident's allegations." The auditor interviewed (3) staff members; all staff members were aware of the policy and would not use another resident to interpret. On the dates of the onsite audit, the facility had no residents with disabilities or limited English proficiency. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.216 (pg. 7), and interviewing (3) staff members.**

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (8000.217 (pp. 7-8))
- (3) New Hire Employee Files
- (3) Background Checks
- Employee List
- Annual Declaration Form

Interviews Completed:

- PREA Coordinator (Director of Compliance)
- H.R. Specialist

Determinations by Provision:

(a) Policy #8000.217 (pg. 7) states, "Damascus Way shall not hire or promote anyone who may have contact with residents, and shall not enlist the 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).
- Has been convicted of engaging in 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.
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this provision."

The auditor reviewed (3) new-employee files for employees hired in the past 12 months. The information in both files was structured the same way and included the background check completed by One Source, a company Damascus Way hired to complete new-hire background checks.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), and (3) new employee files.

(b) Policy #8000.217 (pg. 7) states, "Damascus Way shall 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." The auditor interviewed the PREA Coordinator and the H.R. Specialist, who confirmed that they consider any incidents of sexual harassment when deciding whether to hire or promote someone.

The auditor determined compliance with this provision by reviewing the

pre-audit questionnaire, policy #8000.217 (pg. 7), and interviewing the PREA Coordinator and H.R. Specialist.

(c) Policy #8000.217 (pg. 7) states, "Before hiring new employees who may have contact with residents, Damascus Way shall:

1. Perform a criminal background records check.
2. 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."

The H.R. Specialist confirmed that all references are checked before a conditional job offer is made, contingent on passing the background check. One Source submits the fingerprints to the Minnesota Bureau of Criminal Apprehension (BCA). The BCA completes a full criminal history check, including an Applicant History Trace, County/Statewide Criminal History, Multi-Court Jurisdictional Database, Nationwide Federal Criminal History, National Sex Offender Registry, and a Global Report. One Source provides Damascus Way with a final report summarizing its findings. Human Resources and the Executive Director review the report and make the hiring determination. The H.R. Specialist confirmed that they complete the same hiring process for everyone they hire. The One Source report was part of the (3) employee files and detailed the information Damascus Way requested.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), (3) new employee files, One Source background reports, and interviewing the H.R. Specialist.

(d) Policy #8000.217 (pg. 7) states, "Damascus Way shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents." Currently, the facility does not contract for any services. The PREA Coordinator confirmed that employees of a contracted service would be required to go through the background check process.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), and interviewing the PREA Coordinator.

(e) Policy #8000.217 (pg. 7) states, "Damascus Way shall either conduct criminal background record 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." The H.R. Specialist said the 5-year background checks have been hit and miss, and with turnover, few staff required 5-year checks. The agency recognized they needed a better system for completing 5-year checks and is implementing a new system. During the annual celebration in December, staff members recognized for every 5 years of service (5 years, 10 years, and so on) will also go through background record checks.

	The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), staff seniority listing, and interviewing the H.R. Specialist. (f) Policy #8000.217 (pg. 7) states, "Damascus Way shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. Damascus Way shall also impose upon employees a continuing affirmative duty to disclose any such misconduct." The PREA Coordinator confirmed that applicants are asked about previous misconduct described in paragraph (a) during the interview. Staff sign an annual declaration form. The auditor reviewed (3) annual declaration forms. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), (3) annual declaration forms, and interviewing the PREA Coordinator.** (g) Policy #8000.217 (pg. 7) states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." The PREA Coordinator assured the auditor that the policy is followed. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 7), and interviewing the PREA Coordinator.** (h) Policy #8000.217 (pg. 8) states, "Unless prohibited by law, Damascus Way shall 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." The PREA Coordinator confirmed that the agency would provide the information with a signed release of information. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.217 (pg. 8), and interviewing the PREA Coordinator.**

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy 8000.211(c) (pg. 5)

Interviews Completed:

- Executive Director
- Sr. Director

Determinations by Provision:

(a) Policy #8000.211(c) (pg. 5) states, "The PREA Coordinator's responsibilities shall include ensuring that, when designing, acquiring, expanding, or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to Damascus Way's ability to protect residents from sexual abuse." The Executive Director and Sr. Director confirmed that no design, renovation, modification, or expansion has occurred at the facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211(c) (pg. 5), observations during the facility tour, and interviewing the Executive Director and Sr. Director.

(b) Policy #8000.211(c) (pg. 5) states, "The PREA Coordinator's responsibilities shall include ensuring that, when designing, acquiring, expanding, or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to Damascus Way's ability to protect residents from sexual abuse." The Executive Director and Sr. Director confirmed that they have made no updates to the monitoring technology and have added no additional cameras. The (3) staff members and (10) residents interviewed reported feeling safe in the facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211(c) (pg. 5), observations during the facility tour, and interviewing the Executive Director and Sr. Director.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire

- Prison Rape Elimination Act Policy (#8000.221 (pg. 8))
- Memorandum of Understanding with Sexual Violence Center
- Letter to Golden Valley P.D.

Interviews Completed:

- (3) Staff members
- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.221 (pg. 8) states, "Damascus Way shall conduct administrative investigations of all allegations of sexual abuse following the uniform evidence protocol adapted from 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/Adolenscents," which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." Damasacus Way would not be involved in any evidence collection that involves allegations of sexual abuse. The PREA Coordinator and the (3) staff members interviewed confirmed they would not collect any evidence. They are trained to separate the parties, secure the scene and any evidence, and call law enforcement and supervisors.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.221 (pg. 8), and interviewing the PREA Coordinator and (3) staff members.

(b) The Golden Valley Police Department would follow its uniform evidence protocol outlined in its policy and procedures. Damascus Way has requested in writing that Golden Valley P.D. follow the requirements of paragraphs (a) through (e) of this standard.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and letter to Golden Valley P.D.

(c) Policy #8000.221 (pg. 8) states, "Damascus Way shall refer all victims of sexual abuse to forensic medical examinations outside the facility, without financial cost, where evidentially or medically appropriate. Such referrals shall be to medical facilities with Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible and will be documented. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical practitioners." Forensic medical examinations are conducted by a Sexual Assault Nurse Examiner (SANE) at North Memorial Emergency Room. In the past twelve months, this service has not been needed. The PREA Coordinator confirmed this practice during the interview.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.221 (pg. 8), and interviewing the

	PREA Coordinator. (d) Policy #8000.221 (pg. 8) states, "Damascus Way shall maintain a resource list of sexual abuse crisis centers, with victim advocate services available, if requested, to the victim and shall document efforts to secure these services." Damascus Way has a Memorandum of Understanding with the Sexual Violence Center to provide these services. In the past twelve months, this service has not been needed. The PREA Coordinator confirmed this practice during the interview. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.221 (pg. 8), the Memorandum of Understanding with the Sexual Violence Center, and interviewing the PREA Coordinator.** (e) Policy #8000.221 (pg. 8) states, "Damascus Way shall maintain a resource list of sexual abuse crisis centers, with victim advocate services available, if requested, to the victim and shall document efforts to secure these services." Damascus Way has a Memorandum of Understanding with the sexual violence center to provide these services. In the past twelve months, this service was not needed. The PREA Coordinator confirmed this practice. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.221 (pg. 8), Memorandum of Understanding with the Sexual Violence Center, and interviewing the PREA Coordinator.** (f) Damascus Way has requested in writing that Golden Valley P.D. follow the requirements of paragraphs (a) through (e) of this standard. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Damascus Way's letter to the Golden Valley Police Department.** (g) The auditor is not required to audit this provision. (h) This provision does not apply to Damascus Way; the facility has a Memorandum of Understanding with the Sexual Violence Center, which provides trained advocates.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.000 (pg. 4))
- Agency Website

Interviews Completed:

- Executive Director
- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.000 (pg. 4) states, "Damascus Way has a zero tolerance with regard to sexual abuse and sexual harassment in its facilities and will take appropriate affirmative measures to protect all residents from sexual abuse and harassment and to promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." The agency reported on the pre-audit questionnaire that there have not been any reports of sexual abuse or harassment in the past twelve months. The Executive Director and PREA Coordinator confirmed that there have not been any sexual abuse or harassment allegations reported. The Executive Director also confirmed that any reported allegation of sexual abuse or harassment would be investigated and that the Golden Valley Police Department would be contacted for any potentially criminal allegations.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.000 (pg. 4), and interviews with the Executive Director and PREA Coordinator.

(b) Damascus Way has its policy posted on the website stating that the Golden Valley Police Department is contacted to conduct sexual abuse investigations: **https://damascusway.com/our-policy/,** which states:

Damascus Way Reentry Center maintains zero tolerance for client-on-client or staff-on-client sexual assault, abuse, or harassment. This policy extends to all staff employed with Damascus Way. Each allegation of sexual assault, abuse, or harassment will be investigated. All identified criminal behavior and misconduct related to sexual assault will be reported to the proper authorities. Golden Valley Facility – The Golden Valley *Police Department is contacted to conduct sexual abuse investigations.*

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and agency website.

(c) Damascus Way refers all criminal allegations for investigation to the Golden Valley Police Department. The agency publishes its policy on the agency website: **https://damascusway.com/our-policy/**

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and agency website.

	(d) The auditor is not required to audit this provision.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.231 (pg. 8)) • Training Plan • Staff Training Records **Interviews Completed:** • (3) Random Staff Members • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.231 (pg. 8) states, "Damascus Way shall train all employees who may have contact with residents on the following: 1. Zero-tolerance policy for sexual abuse and sexual harassment 2. How to fulfill responsibilities of the sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures 3. Residents' right to be free from sexual abuse and sexual harassment 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment 5. The dynamics of sexual abuse and sexual harassment in confinement 6. The common reactions of sexual abuse and sexual harassment victims 7. How to detect and respond to signs of threatened and actual sexual abuse 8. How to avoid inappropriate relationships with residents 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities" Three staff members were interviewed and confirmed they received initial PREA training and annual in-service training. The PREA training includes reading the agency policy and multiple training videos from the PREA Resource Center. Each year, as part of Damascus Way's Training Plan, staff complete PREA refresher

	training. The PREA Coordinator manages the annual training plan and scheduling. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.213 (pg. 8), training curriculum, and interviewing (3) staff members and the PREA Coordinator.** (b) Damascus Way operates two facilities that house males. The training is geared toward male residents, and currently all staff are male. A review of the training curriculum and training materials corroborates this practice. The auditor reviewed training records with the PREA Coordinator, who confirmed this practice. The facility maintains training records as hard copies. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, training curriculum, training records, and interviewing the PREA Coordinator.** (c) Policy #8000.231 (pg. 8) states, "Anyone who has not received such training shall be trained within one year of the effective date of the PREA standards. Each employee shall have refresher training every two years. In years in which an employee does not receive refresher training, they shall have refresher information on current sexual abuse and sexual harassment policies. All training shall be documented through employee signature." The auditor reviewed current and historic annual training records. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.231 (pg. 8), and current and historic annual training records.** (d) Policy #8000.231 (pg. 8) states, "Anyone who has not received such training shall be trained within one year of the effective date of the PREA standards. Each employee shall have refresher training every two years. In years in which an employee does not receive refresher training, they shall have refresher information on current sexual abuse and sexual harassment policies. All training shall be documented through employee signature." The auditor reviewed hard copies of completed training acknowledgments. The acknowledgment includes a statement that, by signing, the employee understands the training they received. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.231 (pg. 8), and hard copy training** records.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.232 (pg. 9))

Interviews Completed:

- PREA Coordinator

Determination by Provision:

(a) Policy #8000.232 (pg. 9) states, "Damascus Way shall ensure that all volunteers and contractors who have contact with residents have been trained on and understand their responsibilities for its sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All training shall be documented to verify understanding of the training." The agency does not have any volunteers or contractors who come into the facility and have contact with residents. The PREA Coordinator confirmed that all residents leave the facility for medical appointments, support groups, and church. The PREA Coordinator assured that a training curriculum would be developed and training completed before approving any contractors or volunteers to enter the facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.32 (pg. 9), and interviewing the PREA Coordinator.

(b) Policy #8000.232 (pg. 9) states, "Damascus Way shall ensure that all volunteers and contractors who have contact with residents have been trained on and understand their responsibilities for its sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All training shall be documented to verify understanding of the training." The agency does not have any volunteers or contractors who come into the facility and have contact with residents. The PREA Coordinator confirmed that all residents leave the facility for medical appointments, support groups, and church. The PREA Coordinator assured that a training curriculum would be developed and training completed before approving any contractors or volunteers to enter the facility.

The auditor determined compliance with this provision by reviewing the

	pre-audit questionnaire, policy #8000.232 (pg. 9), and interviewing the PREA Coordinator. (c) Policy #8000.232 (pg. 9) states, "Damascus Way shall ensure that all volunteers and contractors who have contact with residents have been trained on and understand their responsibilities for its sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All training shall be documented to verify understanding of the training." The agency does not have any volunteers or contractors who come into the facility and have contact with residents. The PREA Coordinator confirmed that volunteers and contractors would be required to sign an acknowledgment confirming they received and understood the training. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.232 (pg. 9), and interviewing the PREA Coordinator.**

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.233 (pg. 9)) • Resident Handbook • Intake Records • Signed Acknowledgments • PREA Posters **Interviews Completed:** • (10) Residents • (1) Transformation Coordinator **Observations:** Posters were hanging on the information boards on the first and second floor; the Transformation Coordinator demonstrated the intake and education process.

Determinations by Provision:

(a) Policy #8000.233 (pg. 9) states, "During the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Damascus Way shall provide resident education in formats accessible to all residents, including those who have limited reading skills. The training shall be documented with resident signature. Damascus Way shall ensure that policy and victim referrals are readily available." The facility reported on the pre-audit questionnaire that it admitted 54 residents in the past twelve months. The Transformation Coordinator is responsible for new intakes. The Transformation Coordinator completes the PREA Education during the initial intake process. The Transformation Coordinator demonstrated the intake process to the auditor. The Transformation Coordinator meets individually with the intake. The Transformation Coordinator delivers the education verbally, allowing residents who are blind, have low vision, or have limited reading skills to participate. The training explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding. The resident has the opportunity to ask questions. The resident signs the form electronically and is given a Resident Handbook, which includes PREA information on page 5. The auditor interviewed ten residents; all confirmed they received PREA education during the intake meeting with the Transformation Coordinator. The auditor reviewed (5) random resident electronic files with the Transformation Coordinator to verify confined persons' signatures acknowledging PREA education. The auditor reviewed the resident education and resident handbook to verify the educational materials covered the required training topics.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.233 (pg. 9), resident education materials, resident handbook, (5) signed training acknowledgments, and interviews with the Transformation Coordinator and (10) random residents.

(b) Interviews with (10) confined persons, interviewing the Transformation Coordinator, and review of dates on (5) training acknowledgments confirmed the facility has provided such education within one year of the effective date of the PREA standards. Damascus Way has contracts with other agencies to house their confined persons. Damascus Way has no inter-agency facility transfers.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, signed training acknowledgments, and interviews with the Transition Coordinator and (10) random residents.

	(c) Policy #8000.233 (pg. 9) states, "During the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Damascus Way shall provide resident education in formats accessible to all residents, including those who have limited reading skills. The training shall be documented with resident signature. Damascus Way shall ensure that policy and victim referrals are readily available." The auditor interviewed the Executive Director about options provided for residents who are deaf, hard-of-hearing, or limited English proficient. Currently, the agency has no contract agreements with language interpreters or virtual ASL interpreters. The facility does not accept residents directly from the street. Contracted agencies submit a packet of information on a confined person who meets the criteria for Damascus Way's Program. Damascus reviews the information and determines whether the candidate fits the program. Candidates eligible for Damascus Way's Program must be able to leave the facility to work, job search, attend appointments, attend community events, and be self-sufficient. If the candidate has a special need, the agency will determine whether it can accommodate the need. For deaf, hard-of-hearing, or limited English proficient residents, the agency prefers to continue services at the referring agency. The Executive Director was open to suggestions for available services. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.233 (pg. 9), and interviewing the Executive Director.** (d) The auditor reviewed (5) resident electronic records with the Transition Coordinator to verify that the resident electronically signed the PREA orientation acknowledgment **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and (5) electronic resident records.** (e) The auditor observed PREA posters on the first and second floors, and each resident is issued a copy of the resident handbook. **The auditor determined compliance by reviewing the pre-audit questionnaire, observing PREA posters in each housing pod, and reviewing a copy of the resident handbook.**

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Agency Investigation Policy

Interviews Completed:

- PREA Coordinator

Determinations by Provision:

(a) This provision does not apply to Damascus Way; the Rochester Police Department would investigate any criminal allegations of sexual abuse or harassment. Damascus Way's Investigation policy states that the Rochester Police Department will investigate any criminal allegations of sexual abuse or harassment. The PREA Coordinator confirmed this practice.

(b) This provision does not apply to Damascus Way; the Rochester Police Department would investigate any criminal allegations of sexual abuse or harassment. Damascus Way's Investigation policy states that the Rochester Police Department will investigate any criminal allegations of sexual abuse or harassment. The PREA Coordinator confirmed this practice. The agency sent a letter to the Rochester Police Department requesting that it conduct investigations in accordance with Standard 115.221(a) through (e).

(c) This provision does not apply to Damascus Way; the Rochester Police Department would investigate any criminal allegations of sexual abuse or harassment. Damascus Way's Investigation policy states that the Rochester Police Department will investigate any criminal allegations of sexual abuse or harassment. The PREA Coordinator confirmed this practice.

(d) The auditor is not required to audit this provision.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire **Interviews Completed:**

- PREA Coordinator

Determination by Provision:

(a) This provision does not apply to Damascus Way; the agency does not contract for medical services in the facility. The PREA Coordinator confirmed this practice.

(b) The agency does not contract for medical services in the facility; a victim would be transported to the North Memorial emergency department for a forensic medical examination.

(c) This provision does not apply to Damascus Way; the agency does not contract for medical services in the facility. The PREA Coordinator confirmed this practice.

(d) This provision does not apply to Damascus Way; the agency does not contract for medical services in the facility. The PREA Coordinator confirmed this practice.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.240 (pg. 9)
- Intake Vulnerability Assessment

Interviews Completed:

- Transformation Coordinator
- PREA Coordinator
- (10) Random Residents

Observations:

The Transformation Coordinator explained the intake process. The Transformation Coordinator goes through several checklists and facility information. The Intake Vulnerability Assessment considered Provisions (d) (1)-(9). The Transformation Coordinator meets with a new resident privately, one-on-one, in his office. The Transformation Coordinator confirmed that he meets with one resident at a time.

Determinations by Provision:

(a) Policy #8000.241 (pg. 9) states, "All residents shall be assessed during an intake screening (within 72 hours) and upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward residents." The auditor interviewed the Transformation Coordinator and (10) residents. The Transformation Coordinator and eight residents confirmed that the Intake Vulnerability Assessment was completed on the day of arrival. Two residents had been in the facility for more than 12 months.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.241 (pg. 9), intake vulnerability assessment, and interviewing the Transformation Coordinator and (10) residents.

(b) Policy #8000.241 (pg. 9) states, "All residents shall be assessed during an intake screening (within 72 hours) and upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward residents." The auditor interviewed the Transformation Coordinator and (10) residents. The Transformation Coordinator and (3) residents confirmed that the intake was completed the day of admission. Two residents had been in the facility for more than 12 months. The auditor reviewed the electronic files of (5) residents with the Transformation Coordinator to verify that Intake Vulnerability Assessments were completed on the day of admission.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.241 (pg. 9), (5) resident electronic files, and interviewing the Transformation Coordinator and (10) residents.

(c) The auditor reviewed the Intake Vulnerability Assessment and determined that it was an objective screening instrument. The screening is based on yes/no answers and the Transformation Coordinator's observations.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the Intake Vulnerability Assessment.

(d) Policy #8000.240 (pg. 9) states, "Staff shall use the PREA Intake Vulnerability Assessment form to assess the risk of being a sexual abuser or victim and make appropriate room assignments. Assessment includes the following voluntary information:

1. Whether the resident has a mental, physical, or developmental disability
2. The age of the resident
3. The physical build of the resident
4. Whether the resident has previously been incarcerated
5. Whether the resident's criminal history is exclusively nonviolent
6. Whether the resident has prior convictions for sex offenses against an adult or child

7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
8. Whether the resident has previously experienced sexual victimization
9. The resident's own perception of vulnerability"

The auditor interviewed the Transformation Coordinator, who completes the Intake Vulnerability Assessment. The Transformation Coordinator listed some assessment questions and confirmed that the same standardized assessment is used for every new intake. The Transformation Coordinator meets with a new resident privately, one-on-one, in his office. The Transformation Coordinator confirmed he meets with one resident at a time. The auditor reviewed the Intake Vulnerability Assessment and determined that it was an objective screening instrument.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), intake vulnerability assessment, and interviewing the Transformation Coordinator.

(e) The agency making a referral to Damascus Way sends a packet of information for Damascus Way to review to determine if the referral meets the criteria for the program. The packet includes the referral's history of violence, behavior in the referring agency, and any other safety concerns. The auditor interviewed the PREA Coordinator, who confirmed that the referral packet includes the referral's history of violence, behavior in the referring agency, and any other safety concerns that could disqualify the referral from Damascus Way's program.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(f) Policy #8000.240 (pg. 9) states, "Residents will be reassessed within 30 days or whenever additional information warrants." The auditor interviewed the Transformation Coordinator and 10 residents. The Transformation Coordinator confirmed that reassessments are completed within 30 days. Six residents confirmed they were reassessed within 30 days; two have been in the facility for over twelve months; one reported not being reassessed; and one reported not remembering. The auditor reviewed (5) electronic files; all files showed the 30-day reassessment as completed, and the forms included the resident's signatures.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), (5) resident reassessment files, and interviewing the Transformation Coordinator and (10) residents.

(g) Policy #8000.240 (pg. 9) states, "Residents will be reassessed within 30 days or whenever additional information warrants." The auditor interviewed the Transformation Coordinator, who confirmed that a resident would be reassessed if any additional information was reported. Except for the 30-day reassessment, Damascus Way did not have any records of a confined person who was reassessed because of additional information that bears on the risk of sexual victimization or

	abuse. The auditor interviewed ten residents, and six confirmed they were reassessed within 30 days; two have been in the facility for over twelve months; one reported not being reassessed; and one reported not remembering. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), reassessment records, and interviewing the Transformation Coordinator and (10) residents.** (h) Policy #8000.240 (pg. 9) states, "There will be no discipline for not cooperating." The auditor interviewed the Transformation Coordinator, who confirmed that the facility does not discipline residents for not cooperating with the assessment. The auditor found no evidence that the facility was not following its policy. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), and interviewing the Transformation Coordinator.** (i) Policy #8000.240 (pg. 9) states, "Results of assessment will be kept in the resident's secured case notes folder." The PREA Coordinator confirmed that the resident's case notes are secured electronically and that only the Transformation Coordinator, Director, Sr. Director, Executive Director, and he have access. The PREA Coordinator explained that staff are issued an individual password to log into the electronic system and that role-based security limits access to information within the electronic management system. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.240 (pg. 9), and interviewing the PREA Coordinator.**

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • PREA Vulnerability Assessment **Interviews Completed:** • PREA Coordinator • Transformation Coordinator **Determinations by Provision:**

	(a) Damascus Way uses the information collected on the PREA Vulnerability Assessment. Residents accepted into the program must be eligible for work release. The facility has 19 rooms (13 single and 6 double). The PREA Coordinator and the Transformation Coordinator said they use the completed assessment to determine the best placement to keep everyone safe. Residents from the Minnesota Sex Offender Program (MSOP) are assigned a single cell. In addition to the vulnerability assessment, other completed assessments help determine room assignment **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and vulnerability assessment and interviewing the PREA Coordinator and Transformation Coordinator.** (b) The vulnerability assessment identifies that an MSOP resident be placed in a single cell. If a single cell is not available, a supervisor would determine the most appropriate placement. The residents approved for the Damascus Way Program are low-risk offenders. The PREA Coordinator and Transformation Coordinator were interviewed and confirmed that they make individualized determinations for each resident. Staff will adjust bed assignments to ensure each resident's safety. The facility reported that there hasn't been a need to move residents because of being at high risk of sexual victimization or being sexually abusive. Minor bed assignments have been made due to personality differences or conflicts in work hours. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and vulnerability assessments, and by interviewing the PREA Coordinator or Transformation Coordinator.** (c) This provision is no longer applicable to the compliance finding. (d) This provision is no longer applicable to the compliance finding. (e) This provision is no longer applicable to the compliance finding. (f) This provision is no longer applicable to the compliance finding. **During the onsite review, there were no transgender or intersex confined persons in custody to interview**

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.250 (pp. 9-10))
- Prison Rape Elimination Act Policy (#8000.211(f) (pg. 5))
- Resident Handbook (pg. 5)
- PREA Orientation
- PREA Posters

Interviews Completed:

- (3) Random Staff
- (10) Residents
- PREA Coordinator

Observations:

The auditor observed PREA posters on the information boards on the first and second floors. The posters list the multiple ways a resident can report sexual abuse and sexual harassment, including external reporting. The poster includes information on contacting victim support services. The resident handbook and PREA orientation explain the different ways residents can privately and externally report sexual abuse and sexual harassment. PREA posters were posted at eye level, and the information was consistent on all the posters. PREA audit notices were posted at eye level on the information board in each pod's common area. The PREA audit notices listed current audit information and explained that letters to the auditor would be confidential and handled the same way as a private communication with their lawyer. Any PREA incident-based data would be securely stored electronically. Access to the data is role-based and password-protected.

Determinations by Provision:

(a) Policy #8000.250 (pg. 10) states, "Residents may report sexual abuse or sexual harassment incidents anonymously, or to any staff member they choose or to a party that is not part of the Agency." The auditor reviewed page 5 of the resident handbook, the PREA orientation form, and posters. The handbook. PREA orientation form and posters list the multiple ways confined persons can privately report sexual abuse and sexual harassment. Residents are required to read and sign the PREA orientation form, which explains the different ways they can privately and externally report sexual abuse and sexual harassment. PREA posters were posted at eye level, and the information was consistent on all the posters. PREA audit notices were posted at eye level on the information board in each pod's common area. The PREA audit notices listed current audit information and explained that letters to the auditor would be confidential and handled the same way as a private communication with their lawyer. The agency would securely store any PREA incident-based data electronically. Access to the data is role-based and password-protected. Three staff members were interviewed; they were able to list the multiple ways residents can report sexual abuse and sexual harassment. All the staff members stated they received training to accept reports of sexual abuse or

harassment verbally, in writing, anonymously, and from third parties, and would immediately document a verbal report. The auditor interviewed 10 residents; all said they would report the information to a staff member. All residents knew multiple ways to report and cited the poster and handbook as reporting resources.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 10), PREA posters, resident handbook, PREA orientation, and observations while onsite, as well as interviews with the (3) staff members and (10) residents.

(b) Policy #8000.211(f) (pg. 5) states, "The PREA Coordinator is responsible for implementing a process by which residents may report sexual abuse and sexual harassment to a public or private entity or office that is not part of Damascus Way and that the outside entity or office can receive and immediately forward resident reports of sexual abuse and sexual harassment to Damascus Way, allowing the resident anonymity." The facility has the DOC Sexual Assault Helpline listed as the external reporting agency. The auditor used the phone number listed on the poster and in the resident handbook to call the DOC Sexual Assault Helpline. The auditor used the facility's phone, and a resident used their personal cell phone to test the hotline. The poster also lists calling "911" to contact local authorities for residents to report criminal complaints. The PREA Coordinator confirmed that the agency uses the DOC Sexual Assault Helpline as the external reporting agency. The number connects you to a recording monitored by designated Department of Corrections staff. A designated staff member would report the information to the facility. The auditor interviewed ten residents; all the residents were aware of the multiple ways they can report sexual abuse and sexual harassment. All the residents have personal cell phones and reported they would use their cell phone to report allegations of sexual abuse or sexual harassment. The residents knew they could call 911 and that the DOC hotline's external reporting number was listed on the poster and in the handbook.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.211(f) (pg. 5), resident handbook, information on the poster, testing the external reporting line on the facility phone and residents' personal cell phones, as well as interviews with the PREA Coordinator and (10) residents.

(c) Policy #8000.250 (pg. 10) states, "Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports." Residents are notified in the PREA orientation, resident handbook, and PREA posters of staff's responsibility to accept and immediately report any allegation of sexual abuse and sexual harassment. The auditor reviewed the PREA orientation, resident handbook, and PREA posters. The three staff members interviewed received training on their responsibility to accept reports verbally, in writing, anonymously, or from a third party, and to document all verbal reports promptly. All the staff members confirmed they would accept any report and document verbal reports as soon as possible. The ten residents interviewed said they would report directly to a staff member. The residents were able to list other

	ways they could report allegations of sexual abuse and sexual harassment. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 10), resident handbook, PREA orientation, posters, observations during the onsite review, and interviews with (3) staff members and (10) residents.** (d) Policy #8000.250 (pg. 9) states, "Staff may also privately report sexual abuse and sexual harassment of residents by reporting to the Program Director or Executive Director.) Staff are informed of how to privately report sexual abuse and sexual harassment during annual PREA training and policy review. Interviewed three staff members; all said they would notify the Program Director or follow the chain of command to make the report. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 9), and interviews with (3) staff members.**

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.252 (pp. 10-11) • Resident Handbook (pg. 16) **Interviews Completed:** • PREA Coordinator **Observations:** The auditor observed posters on the information board on the first and second floors. The posters clearly inform residents that Damascus Way has partnered with the Sexual Violence Center to provide emotional support services. Residents have personal cell phones; a resident called the victim services number for the auditor using their cell phone to verify it would go through. The phones in Damascus Way are landline phones that aren't recorded. The auditor called from the landline to verify the call would go through. The resident handbook and PREA orientation also provide the contact information for the Sexual Violence Center. PREA audit notices were posted on the information board on the first and second floors. The notices listed the current audit information and explained that letters to the auditor would

be confidential and handled the same way as a private contact with their lawyer.

Determinations by Provision:

(a) Policy #8000.252 (pg. 10) states, "Grievances regarding an allegation of sexual abuse shall not be considered a normal grievance and may be submitted at any time and without time limits."

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Policy #8000.252 (pg. 10).

(b) Policy #8000.252 (pg. 10) states, "Grievances regarding an allegation of sexual abuse shall not be considered a normal grievance and may be submitted at any time and without time limits. Residents may report sexual assault or abuse incidents anonymously or to any staff member they choose and should not be required to use their normal point of contact." Residents are provided this information on page 16 of the resident handbook.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and page 16 of the resident handbook.

(c) Policy #8000.252 (pg. 10) states, "Residents may report sexual assault or abuse incidents anonymously or to any staff member they choose and should not be required to use their normal point of contact." This information appears on page 16 of the resident handbook.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and page 16 of the resident handbook.

(d) Policy #8000. 252 (pg. 10) states, "Damascus Way shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, not including time consumed by residents in preparing any administrative appeal. Damascus Way may claim an extension of up to 70 days to respond if the normal time period for response is insufficient to make an appropriate decision. The resident shall be notified in writing of any such extension and provided a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level." The facility reported not receiving any grievances related to allegations of sexual abuse. The PREA Coordinator assured the auditor that the agency would adhere to the process outlined in the policy. On the dates of the onsite review, there were zero residents in custody who reported sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and interviewing the PREA Coordinator.

	(e) Policy #8000.252 (pg. 10) states, "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. In such cases, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on their behalf. It may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the resident's decision shall be documented." The facility reported not receiving any grievances related to allegations of sexual abuse. On the dates of the onsite review, there were zero residents in custody who reported sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and interviewing the PREA Coordinator.** (f) Policy #8000.252 (pg. 10) states, "Damascus Way shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The emergency grievance shall be immediately forwarded to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final decision shall document the determination of whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance." The PREA Coordinator explained that the emergency grievance would be forwarded immediately to the Director for action. Staff would take actions to keep the resident safe until a final determination is made. The facility reported not receiving any emergency grievances related to a resident alleging substantial risk of imminent sexual abuse. On the dates of the onsite review, there were zero residents in custody who reported sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and interviewing the PREA Coordinator.** (g) Policy #8000.252 (pg. 10) states, "Any resident's alleged sexual abuse grievance demonstrated to be filed in bad faith is subject to limited discipline. The facility reported not receiving any grievances related to allegations of sexual abuse. The PREA Coordinator assured the auditor that the facility would follow the policy when determining whether to discipline a resident for making a report in bad faith. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.252 (pg. 10), and interviewing the PREA Coordinator.**

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.253 (pg. 11))
- PREA Posters
- Resident Handbook
- PREA Orientation

Interviews Completed:

- (10) Residents
- Sexual Assault Center (Executive Director)
- PREA Coordinator

Observations:

The auditor observed posters on the information board on the first and second floors. The posters clearly inform residents that Damascus Way has partnered with the Sexual Violence Center to provide emotional support services. Residents have personal cell phones; a resident called the victim services number for the auditor using their cell phone to verify it would go through. The phones in Damascus Way are landline phones that aren't recorded. The auditor called from the landline to verify the call would go through. The resident handbook and PREA orientation also provide the Sexual Violence Center contact information. PREA audit notices were posted on the information board on the first and second floors. The notices listed the current audit information and explained that letters to the auditor would be confidential and handled the same way as a private contact with their lawyer. Damascus Way does not provide outgoing mail services; residents must mail their own correspondence at the post office. Staff places mail received for Damascus Way residents in each resident's sign-out card folder. Staff does not open residents' mail.

Determinations by Provision:

(a) Policy #8000.253 (pg. 11) states, "Damascus Way shall 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, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. Damascus Way shall 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." The auditor observed posters on the information board on the first and

	second floors. The posters clearly inform residents that Damascus Way has partnered with the Sexual Violence Center to provide emotional support services. Residents have personal cell phones; a resident called the victim services number for the auditor using their cell phone to verify it would go through. The phones in Damascus Way are landline phones that aren't recorded. The auditor called from the landline to verify the call would go through. The resident handbook and PREA orientation also provide the Sexual Violence Center contact information. The auditor interviewed ten residents; eight knew victim services were available and that the poster and handbook listed the contact information. Two residents weren't sure about services but knew there were posters with information they could review if needed. Zero residents reported sexual abuse in the facility during the onsite review. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.253 (pg. 11), PREA posters, resident handbook, PREA orientation, and interviews with (10) residents.** (b) Policy #8000.253 (pg. 11) states, "Damascus Way shall 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." Residents have personal cell phones; a resident called the victim services number for the auditor using their cell phone to verify it would go through. The phones at Damascus Way are landlines that aren't recorded. The auditor called from the landline to verify the call would go through. The auditor interviewed ten residents, all of whom reported that they use a personal cell phone to make calls that staff does not monitor. The PREA Coordinator confirmed with the auditor that each resident has their own personal cell phone that facility staff does not monitor. Zero residents reported sexual abuse in the facility during the onsite review. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.253 (pg. 11), and interviewing (10) residents and the PREA Coordinator.** (c) Policy #8000.253 (pg. 11) states, "Damascus Way shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. Copies of agreements or documentation showing attempts to enter into such agreements shall be maintained." The facility has a Memorandum of Understanding (MOU) with the Sexual Violence Center to provide residents with emotional support services related to sexual abuse. The facility attached a copy of the MOU with the Sexual Violence Center. The Executive Director confirmed the MOU with Damascus Way to provide emotional support services to residents related to sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.253 (pg. 11), the MOU with the Sexual Violence Center, and a phone conversation with the Executive Director of the Sexual Violence Center.**

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.250 (pp. 9-10)) • PREA Poster • Agency Website **Observations:** PREA posters on the information board on the first and second floors were at eye level and clearly detailed residents' internal and external reporting options, including the DOC Sexual Assault Helpline external reporting number. The poster also explained who Damascus Way partnered with for emotional support services and the contact number. All posters and handbook information were consistent and contained the same information. The auditor used the facility's landline phone to contact the external reporting agency and the Sexual Violence Center. **Determinations by Provision:** (a) Policy #8000.250 (pp. 9-10) states, "The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member." The facility posts on its website how a third party can make a report on behalf of a resident. (**https://damascusway.com/our-policy/**). The phone numbers listed for third-party reporting are for the Program Directors. The PREA posters in the facility and page 5 of the resident handbook clearly provide residents with information on third-party reporting. The PREA audit notices listed current audit information and explained that letters to the auditor would be confidential and handled the same way as a private communication with their lawyer. Informal conversations with staff and residents confirmed that the posted information was accessible and easy to read. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pp. 9-10), PREA posters, the resident handbook, and the agency website.**

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.250 (pp. 9-10))

Interviews Completed:

- (3) Random Staff Members
- Sr. Director

Observations:

The PREA Coordinator demonstrated to the auditor that any data related to sexual abuse and sexual harassment would be securely maintained electronically. Each staff member is issued an individual password to log into the computer and a role-based login for the electronic resident information system.

The PREA Coordinator confirmed that the resident's case notes are secured electronically and that only the Transformation Coordinator, Director, Sr. Director, Executive Director, and he have access. The PREA Coordinator explained that staff are issued an individual password to log into the electronic system and that role-based security limits access to information within the electronic management system.

Determinations by Provision:

(a) Policy #8000.250 (pg. 9) states, "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, neglect, or violation of responsibilities, sexual harassment, or retaliation against residents shall immediately notify a supervisor." The auditor interviewed three staff members; all said they would immediately notify the Director, PREA Coordinator/ Director of Compliance, Sr. Director, or Executive Director. The auditor observed that at least one Director is in the facility during business hours. If no Director is on duty, staff would contact the on-call Director.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 9), and interviewing (3) staff members.

(b) Policy #8000.250 (pg. 9) states, "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, neglect, or violation of responsibilities, sexual harassment, or retaliation against residents shall immediately notify a supervisor." The auditor interviewed (3) staff members who said they would immediately report the information to the Director. Both staff members said they would share the information only with the Director.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 9), and interviewing (3)

staff members.

(c) This provision does not apply to Damascus Way; Damascus Way does not contract for medical staff in the facility.

(d) Damascus Way does not house anyone under the age of 18. The PREA Coordinator confirmed that if a vulnerable adult reports an allegation, the PREA Coordinator would report it to the appropriate agency. The facility had no allegations reported by a resident considered a vulnerable adult for review.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(e) Policy #8000.250 (pg. 10) states, "Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigations." The Director confirmed that the Golden Valley Police Department would investigate allegations. Damascus Way has not had a sexual abuse or sexual harassment allegation reported in the facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.250 (pg. 10), and interviewing the Sr. Director.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire **Interviews Completed:** • Executive Director • Sr. Director • (3) staff members **Determinations by Provision:** (a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The Executive Director, Sr. Director, and (3) staff members were interviewed. All those interviewed said they would move the at-risk resident immediately and keep them

	safe. The facility reported on the pre-audit questionnaire that there have been no times when the facility determined that a resident was subject to a substantial risk of imminent sexual abuse in the past twelve months. Damascus Way is not a secured facility; if it were learned that a resident was at risk of imminent sexual abuse, law enforcement would be called. The auditor did not find any evidence that Damascus Way had received any reports that a resident was at risk of imminent sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviews with the Executive Director, Sr. Director, and (3) staff members.**

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.263 (pg. 11)) **Interviews Completed:** • Executive Director • Sr. Director **Determinations by Provision:** (a) Policy #8000.263 (pg. 11) states, "If there is an allegation that a resident was sexually abused while he was confined at another facility, the Program Director shall notify the head of that facility." The facility reported receiving zero allegations that a resident was abused while confined at another facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.263 (pg. 11).** (b) Policy #8000.263 (pg. 11) states, "The Program Director shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation." **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.263 (pg. 11).**

	(c) Policy #8000.263 (pg. 11) states, "The Program Director shall ensure that the notification has been documented." The facility provided a copy of the form "PREA Reporting to other Agencies," which Damascus Way would use to document a notification to another facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.263 (pg. 11), and the "PREA Reporting to other Agencies."** (d) Policy #8000.263 (pg. 11) states, "Damascus Way shall also receive and investigate sexual abuse allegations regarding its own facilities." The facility reported on the pre-audit questionnaire that there were zero allegations of sexual abuse that Damascus Way received from another agency. The Executive Director and Sr. Director were interviewed and confirmed that they would report the allegation to law enforcement for investigation. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.263 (pg. 11), and interviews with the Executive Director and Director.**

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.264 (pp. 11-12)) • First Responder for Incidents of Sexual Abuse **Interviews Completed:** • (3) Staff Members **Determinations by Provision:** (a) Policy #8000.264 (pg. 11) states, "If an allegation of resident sexual abuse is made, the first staff member to respond shall immediately: • Separate the parties • Request medical assistance as appropriate. Staff first responders shall take preliminary steps to protect the victim and shall immediately notify the

appropriate qualified health care and mental health professionals. Staff shall also immediately call 911 and report the allegation of sexual abuse and request emergency assistance.

- Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
- Contact your immediate supervisor and inform them of the incident. Begin taking notes as time allows and as appropriate.
- Staff shall not conduct any type of investigation or mental health evaluation. Keep the victim safe and comfortable until a professional arrives.
- If the time period allows for collection of physical evidence, request the alleged victim and verbally direct the alleged abuser to not take any actions that could destroy physical evidence. (i.e., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating).
- Once police arrive, escort them to the individual and make a private room available for the individual and other medical professionals. Be ready to make video review and any witnesses available.
- Consider whether a change in room assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of rooms.
- Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation by consulting with the community corrections agent."

The agency reported on the pre-audit questionnaire that there were zero allegations that a resident was sexually abused. Damascus Way has not had an allegation of sexual abuse reported in the facility. The facility has a PREA book readily available in the staff office that includes a "First Responder for Incidents of Sexual Abuse" section that staff can refer to if there is an incident of sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.264 (pp. 11-12), and the "First Responder for Incidents of Sexual Abuse" instruction sheet.

(b) Policy #8000.264 (pg. 12) states, "If the first responder is not a Damascus Way staff member, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a Damascus Way staff member. Three staff members were interviewed and explained that their first-responder duties include separating the parties, securing the area and any evidence, calling 911, and contacting a supervisor.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.264 (pg. 12), the First Responder for Incidents of Sexual Abuse, and interviewing (3) staff members.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Damascus Way Golden Valley Sexual Abuse Response Guide **Interviews Completed:** • Sr. Director **Determinations by Provision:** (a) Damascus Way has a response guide to coordinate the actions of first responders, supervisors, the Golden Valley Police Department, and the Executive Director. The Director would be responsible for coordinating the incident response. The facility has a PREA book readily available in the staff office that includes the Response Guide and the "First Responder for Incidents of Sexual Abuse" section that staff can refer to if there is an incident of sexual abuse. The Director confirmed he would coordinate the incident response. Damascus Way has not had a reported allegation of sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the Sexual Abuse Response Guide and interviewing the Director.**

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.250 (pp. 9-10)) **Interviews Completed:** • Executive Director

	Determinations by Provision: (a) Policy #8000.267 (pp. 12-13) states, "Nothing in this standard shall restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.272 and 115.276 or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personal file following a determination that the allegation of sexual abuse is not substantiated." The Executive Director confirmed that employees are non-union, and the agency can 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. (b) The auditor is not required to audit this provision. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pp. 12-13), and interviewing the Executive Director.**

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.267 (pg. 12)) **Interviews Completed:** • Executive Director • Sr. Director • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.267 (pg. 12) states, "All residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation." The agency has designated the Director or Transformation Coordinator to monitor for retaliation. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.267 (pg. 12).** (b) Policy #8000.267 (pg. 12) states, "Protective measures, including housing

changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for residents or staff who fear retaliation." The facility has not had any reports of sexual abuse in the facility. The PREA Coordinator would oversee monitoring to verify the agency complies with the standard. The Executive Director and Sr. Director were interviewed. They said they would take multiple measures to protect the resident or staff member, such as room changes, a single room, moving the resident closer to the staff office, and checking in with the resident. The facility does not have secured holding; the alleged abuser would be terminated from the program and returned to the referring agency. The Sr. Director would frequently check in with staff. The Executive Director said that any staff member found to be retaliating against a resident or another staff member would be grounds for termination.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pg. 12), and interviewing the Executive Director, PREA Coordinator, and Director.

(c) Policy #8000.267 (pg. 12) states, "The Executive Director or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of residents or staff who report sexual abuse or harassment and residents who were reported to have suffered sexual abuse to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. Monitoring may continue beyond 90 days if needed." The Executive Director and Sr. Director were interviewed. They said they would take multiple measures to protect the resident or staff member, such as room changes, a single room, moving the resident closer to the staff office, and checking in with the resident. The facility does not have secured holding; the alleged abuser would be terminated from the program and returned to the referring agency. The Sr. Director would frequently check in with staff. The Executive Director said that any staff member found to be retaliating against a resident or another staff member would be grounds for termination. The facility has not had any allegations of sexual abuse or sexual harassment reported.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pg. 12), and interviewing the Executive Director and Sr. Director.

(d) Policy #8000.267 (pg. 12) states, "Resident monitoring shall also include periodic status checks." The PREA Coordinator said that there would be frequent status checks. Residents meet with the Transformation Coordinator on a scheduled basis to work on their individual service plan. The facility has not had any allegations of sexual abuse or sexual harassment reported.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pg. 12), and interviewing the PREA Coordinator.

(e) Policy #8000.267 (pg. 12) states, "If any other individual who cooperates with

	an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation." The Executive Director and Director confirmed that if any individual who cooperated with an investigation expresses fear of retaliation, the facility would take protective measures. The facility has not had any allegations of sexual abuse or sexual harassment reported in the facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.267 (pg. 12), and interviewing the Executive Director and Sr. Director.** (f) The auditor is not required to audit this provision.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.000 (pg. 4)) (8000.271 (pg. 13)) **Interviews Completed:** • Sr. Director • PREA Coordinator **Observations:** The organization securely maintains vulnerability assessments, reassessments, medical records, and incident reports electronically. Each employee has a unique password to log in to the system. The computers are secured in offices behind secured doors. Role-based access controls secure access to assessments, medical records, and incident-related data. Access to the data is limited to the Executive Director, Sr. Director, Director, Transformation Coordinator, and the Director of Compliance (PREA Coordinator). **Determination by Provision:** (a) Policy #8000.000 (pg. 4) states, "Damascus Way has a zero tolerance with regard to sexual abuse and sexual harassment in its facilities and will take appropriate affirmative measures to protect all residents from sexual abuse and harassment and to promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." The auditor interviewed the PREA Coordinator, who

confirmed that if the agency identifies any criminal acts, it immediately contacts the Golden Valley Police Department. Damascus Way has not had any allegations of sexual abuse or sexual harassment reported.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.000 (pg. 4), and interviewing the PREA Coordinator.

(b) Damascus Way does not have a division licensed to conduct criminal investigations and relies on the local police department to conduct criminal investigations of allegations of sexual abuse. Damascus Way has requested in writing that the agency follow the investigative requirements in standard 115.221 paragraphs (a) through (e).

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the letter to the Golden Valley Police Department.

(c) Damascus Way is not responsible for conducting criminal sexual abuse investigations. Criminal allegations of sexual abuse are referred to the Golden Valley Police Department to investigate. Damascus Way has requested in writing that the agency follow the investigative requirements in standard 115.221 paragraphs (a) through (e). Damascus Way has not had any allegations of sexual abuse or sexual harassment reported.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the letter to the Golden Valley Police Department.

(d) Investigators from the Golden Valley Police Department would decide whether to consult with prosecutors before conducting compelled interviews.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire.

(e) Investigators from the Golden Valley Police Department would determine the credibility of an alleged victim, suspect, or witness. Minnesota State Statute 611.A.26.S.1 prohibits the use of polygraphs on victims of sexual abuse as a condition for proceeding with the investigation, charging, or prosecution. The detective confirmed that an inmate who alleges sexual abuse would not be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. Damascus Way has not had any allegations of sexual abuse or sexual harassment reported.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Minnesota State Statute 611.A.26.S.1.

(f) Policy #8000.271 (pg. 13) states, "An administrative investigation shall be completed for all allegations of sexual abuse and sexual harassment. Administrative investigations shall include an effort to determine whether the

staff's actions or inaction contributed to the abuse. All written reports from administrative and criminal investigations pursuant to this policy shall be retained for as long as the alleged abuser is held or employed by Damascus Way, plus five years." The auditor interviewed the PREA Coordinator, who confirmed that Damascus Way documents administrative investigations. Damascus Way has not had any allegations of criminal or administrative sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.271, record storage observations, and interviewing the PREA Coordinator.

(g) Investigators from the Golden Valley Police Department would be responsible for documenting in a written report that includes a thorough description of physical, testimonial, and documentary evidence, and copies of documentary evidence where feasible. Damascus Way has not had any allegations of criminal or administrative sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and observations on record storage.

(h) Policy #8000.271 (pg. 13) states, "If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate law enforcement agency." Damascus Way does not have a division licensed to conduct criminal investigations and relies on the local police department to conduct criminal investigations of allegations of sexual abuse. Damascus Way has requested in writing that the agency follow the investigative requirements in Standard 115.221, paragraphs (a) through (e). Damascus Way has not had any allegations of criminal or administrative sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.271 (pg. 13), and the letter to the Golden Valley Police Department.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.271 (pg. 13), and the letter to the Golden Valley Police Department.

(i) Policy #8000.271 (pg. 13) states, "All written reports from administrative and criminal investigations pursuant to this policy shall be retained for as long as the alleged abuser is held or employed by Damascus Way, plus five years." Damascus Way has not had any allegations of criminal or administrative sexual abuse.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.271 (pg. 13), and observations of records storage.

(j) The auditor interviewed the PREA Coordinator, who confirmed that the departure of the alleged abuser or victim from employment or control of the facility or agency would not provide a basis for terminating an investigation. Damascus Way has not

	had any allegations of criminal or administrative sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.** (k) The auditor is not required to audit this provision. (l) The auditor interviewed the PREA Coordinator and Sr. Director, who confirmed that the Executive Director would be the point of contact for Damascus Way. At the Executive Director's request, the PREA Coordinator would follow up on the investigation's progress. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator and Sr. Director.**

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.272 (pg. 13)) **Interviews Completed:** • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.272 (pg. 13) states, "All completed investigations shall be forwarded to the Program Director or, if the allegations may reasonably involve the Program Director, to the Executive Director. The Program Director or Executive Director shall review the investigation and determine whether a preponderance of the evidence has substantiated any allegations of sexual abuse or sexual harassment." The auditor interviewed the PREA Coordinator, who confirmed that a preponderance of the evidence would substantiate investigations. Damascus Way has not had any allegations of sexual abuse or sexual harassment reported. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.272, and interviewing the PREA Coordinator.**

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.273 (pg. 14)) **Interviews Completed:** • Sr. Director • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.273 (pg. 14) states, "The Program Director or the authorized designee shall inform a victim resident whether an allegation has been substantiated, unsubstantiated, or unfounded." The facility reported having zero allegations of sexual abuse. The Sr. Director confirmed that the victim would be informed of the allegation's final disposition. The PREA Coordinator assured the auditor that the agency would follow its policy of notifying the victim. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.273 (pg. 14), and interviews with the Sr. Director and PREA Coordinator.** (b) The PREA Coordinator confirmed that the agency would request any relevant information from the Golden Valley Police Department to keep the victim informed. The facility reported having zero allegations of sexual abuse. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.** (c) Policy #8000.273 (pg. 14) states, "If a staff member is the accused (unless the Damascus Way has determined that the allegation is unfounded), the resident shall also be informed whenever: • The staff member is no longer assigned to the resident's unit or employed at the facility. • Damascus Way learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility." The facility has not had any allegations of sexual abuse reported in the facility; therefore, there were no notifications to review. **The auditor determined compliance with this provision by reviewing the**

pre-audit questionnaire, policy #8000.273 (pg. 14), and interviewing the PREA Coordinator.

(d) Policy #8000.273 (pg. 14) states, "If another resident is the accused, the alleged victim shall be notified whenever Damascus Way learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility." The PREA Coordinator assured the auditor that if there were an allegation of staff sexually abusing a resident, the proper notifications would be made. The facility has not had any allegations of sexual abuse reported in the facility; therefore, there were no notifications to review.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.273 (pg. 14), and interviewing the PREA Coordinator.

(e) Policy #8000.273 (pg. 14) states, "All notifications or attempted notifications shall be documented." The PREA Coordinator assured the auditor that if there were an allegation of staff sexually abusing a resident, the proper notifications would be made. The facility has not had any allegations of sexual abuse reported in the facility; therefore, there were no notifications to review.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.273 (pg. 14), and interviewing the PREA Coordinator.

115.276	Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (8000.272 (pp. 13-14))

Interviews Completed:

- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.272 (pg. 13) states, "The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy."

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Policy #8000.272 (pg. 13).

	(b) Policy #8000.272 (pg. 13) states, "Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse." The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no staff member has been disciplined or terminated for violating the agency's PREA policies. The PREA Coordinator assured the auditor that the agency would discipline staff members, up to termination, for violating PREA policies. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.272 (pg. 13), and interviewing the PREA Coordinator.** (c) Policy #8000.272 (pg. 13) states, "All discipline shall be 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." The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no staff member has been disciplined, short of termination, for violating agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). The PREA Coordinator assured the auditor that the agency would discipline staff members for violating PREA policies. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.272 (pg. 13), and interviewing the PREA Coordinator.** (d) Policy #8000.272 (pg. 14) states, "All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies." The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no staff members have been reported to law enforcement or licensing boards following their termination (or resignation before termination) for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator assured the auditor that the agency would report the staff member to the appropriate law enforcement agency and any relevant licensing bodies. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.272 (pg. 14), and interviewing the PREA Coordinator.**

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.277 (pg. 14)) **Interviews Completed:** • Sr. Director • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.277 (pg. 14) states, "Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with all residents of Damascus Way and their services will be permanently terminated. They shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies." The PREA Coordinator and the Sr. Director confirmed that no volunteers or contractors currently enter the facility except maintenance workers. Policy #8000.277 (pg. 14) states, "All contractors or volunteers will be educated on our zero tolerance of sexual abuse and sexual harassment. There will be signed documentation that they understand, agree, and will comply with this policy." The PREA Coordinator confirmed that the policy would be followed; contractors and volunteers will be trained before having any contact with residents. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 14), and interviewing the Sr. Director and PREA Coordinator.** (b) Policy #8000.277 (pg. 14) states, "Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with all residents of Damascus Way and their services will be permanently terminated." The PREA Coordinator confirmed that, for volunteers and contractors, there would be no remedial measures; upon any violation, the facility would terminate their access. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 14), and interviewing the PREA Coordinator.**

115.278	**Disciplinary sanctions for residents**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire
- Prison Rape Elimination Act Policy (#8000.278 (pp. 14-15))
- Resident Handbook (pp. 13-15)
- Minnesota 2920 Rules Governing Adult Community-Based Residential Correctional Facilities
- 2025 Department of Corrections Inspection Report

Interviews Completed:

- Sr. Director
- PREA Coordinator

Determinations by Provision:

(a) Policy #8000.277 (pg. 14) states, "Sexual abuse or sexual harassment violations shall be considered separately from other program violations. In these cases, following an administrative finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment, the resident shall be terminated from the program." The auditor reviewed the "Conduct Code/Minor Violations sections of the resident handbook (pp. 13-15), which explain the disciplinary process to the residents. Violations are structured into three levels of severity: Minor, Major, and Termination. Each violation level carries a specific range of sanctions. Listed under "Termination Violations" is "sexual behavior: exposing self, sexual contact with a visitor or resident, sexual language or behavior directed toward staff or residents." The resident has the right to an Administrative Hearing, if requested. The Sr. Director confirmed that violations of sexual behavior would result in termination from the program. The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no residents have been terminated for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator assured the auditor that the agency would terminate a resident from the program for violating PREA policies.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 14), resident handbook (pp. 13-15), and interviewing the Director and PREA Coordinator.

(b) The auditor interviewed the Sr. Director, who confirmed that any resident who is found to have violated the sexual behavior violation will be terminated from the program. The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no residents have been terminated for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator assured the auditor that the agency would terminate a resident from the program for violating

PREA policies.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and resident handbook and interviewing the Director and PREA Coordinator.

(c) To be accepted into Damascus Way's program, a resident must be able to be part of the community. Residents are expected to find and maintain employment, build a support network in the community, secure appropriate housing before release, and attend community appointments. Generally, residents with more severe mental disabilities or mental illness would not be eligible for the program.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, program requirements, and observations during the onsite review.

(d) This provision does not apply to Damascus Way; the agency does not contract with onsite medical providers.

(e) Policy #8000.278 (pg. 14) states, "Damascus Way will terminate a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact." The facility reported on the pre-audit questionnaire, which the PREA Coordinator confirmed, that no residents have been terminated for violating agency sexual abuse or sexual harassment policies. The PREA Coordinator assured the auditor that the agency would terminate a resident from the program for violating PREA policies.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.278 (pg. 14), and interviewing the PREA Coordinator.

(f) Policy #8000.277 (pg. 15) states, "A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegations." The facility reported on the pre-audit questionnaire that no residents were disciplined for reporting sexual abuse. The auditor found no evidence that any residents were disciplined for reporting sexual abuse or harassment.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.277 (pg. 15), and observations during the onsite review.

(g) Policy #8000.277 (pg. 14) states, "All sexual activity between residents is prohibited and will result in a violation and sanction up to and including termination from the program. If the sexual activity is determined to be consensual, it will not be deemed to constitute sexual abuse but still subject to program termination." Residents are made aware of this policy on page 15 of the resident handbook.

The auditor determined compliance with this provision by reviewing the

	pre-audit questionnaire, policy #8000.277 (pg. 14), and the resident handbook (pg. 15). The Minnesota Department of Corrections Inspection and Enforcement Unit (DOC) inspected the facility on April 8, 2025, and found it to comply with rule 2920.5700, which states: • (I) Written policy and procedures must ensure supervisory review of major violations and disciplinary actions.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • PREA Handbook - Prison Rape Elimination Act Policy (8000.264) (pg. 11) **Interviews Completed:** • PREA Coordinator • (2) Random Staff **Findings by Provision:** (a) Resident victims of sexual abuse will be transported to St. Mary's Hospital in Rochester, Minnesota, to ensure timely, unimpeded access to emergency medical treatment and crisis intervention services; community medical and mental health providers will determine the nature and scope based on their professional judgment. The facility does not have a contract to provide medical services. The agency reported that they have not had an incident of sexual abuse in its facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire.** (b) Policy #8000.264 (pg. 11) states, "Staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals. Staff shall also immediately call 911 and report the allegation of sexual abuse and request emergency assistance." The auditor interviewed (2) random staff members from different shifts who confirmed they would keep the victim safe until the police department arrived. The facility

	keeps a PREA resource book in the office, readily available to staff. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.264 (pg. 11), and interviews with (2) random staff members.** (c) The agency does not contract for medical services. Victims would receive the information from treating medical professionals at St. Mary's Hospital, Rochester, MN. The agency reported that they have not had an incident of sexual abuse in its facility. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire.** (d) The jurisdiction holding the resident would be responsible for any medical charges. The PREA Coordinator confirmed that Damascus Way is not responsible for paying medical bills. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire.**

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Minnesota State Statute (609.35 (a)) **Interviews Completed:** • PREA Coordinator **Determinations by Provision:** (a) The facility does not contract for medical services in the facility. Residents would be referred to a community provider for medical or mental health evaluation and, as appropriate, treatment if they have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. To be approved for the program, a resident must apply for and maintain their own health insurance. The PREA Coordinator reviewed the program requirements for each resident.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(b) The evaluation and treatment of residents, such as follow-up services, treatment plans, and, when necessary, referrals for continued care, would be determined by community providers.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(c) Community providers provide all medical and mental health services to the residents.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(d) This provision does not apply to Damascus Way; the facility is approved to house male residents only.

(e) This provision does not apply to Damascus Way; the facility is approved to house male residents only.

(f) Testing for sexually transmitted infections would be determined by the community provider treating the resident.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and interviewing the PREA Coordinator.

(g) Treatment services will be provided to the victim without financial cost. The resident must maintain their own health insurance. Minnesota State Statute 609.35 *(a) Costs incurred by a hospital or other emergency medical facility or by a physician, sexual assault nurse examiner, forensic nurse, or other licensed health care provider for the examination of a victim of criminal sexual conduct that occurred in the state shall be paid by the state. These costs include, but are not limited to, the cost of the medical forensic examination, associated tests and treatments relating to sexually transmitted infection, and* pregnancy *status, including emergency contraception. A hospital, emergency medical facility, or health care provider shall submit the costs for examination and any associated tests and treatment to the Office of Justice Programs for payment. Upon receipt of the costs, the commissioner shall provide payment to the facility or health care provider. Reimbursement for an examination and any associated tests and treatments shall not exceed $1,400. Beginning on January 1, 2024, the maximum amount of an award shall be adjusted annually by the inflation rate.* The resident is under the authority of the agency that referred the resident to the program.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and Minnesota State Statute and interviewing the PREA Coordinator.

(h) This provision does not apply to Damascus Way; Damascus Way is a community

	confinement facility.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.286 (pg. 15)) • Incident Review Packet **Interviews Completed:** • PREA Coordinator • Sr. Director **Determinations by Provision:** (a) Policy #8000.286 (pg. 15) states, "An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded." The facility reported that there have been zero sexual abuse investigations completed where the disposition was substantiated or unsubstantiated. The facility had no current or historical investigation files for the auditor to review. The PREA Coordinator assured the auditor that Damascus Way would conduct an incident review of any substantiated or unsubstantiated allegations of sexual abuse. The PREA Coordinator provided a copy of a "sexual assault incident review packet" to be completed during the incident review. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), incident review packet, and interviewing the PREA Coordinator.** (b) Policy #8000.286 (pg. 15) states, "The review should occur within 30 days of the conclusion of the investigation." The facility reported that there have been zero sexual abuse investigations completed where the disposition was substantiated or unsubstantiated. The facility had no current or historical investigation files for the auditor to review. The PREA Coordinator assured the auditor that Damascus Way would conduct an incident review within 30 days of the investigation's conclusion. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), and interviewing the**

PREA Coordinator.

(c) Policy #8000.286 (pg. 15) states, "The review shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and/or mental health professionals, as appropriate." The PREA Coordinator confirmed that the incident review team would include the Executive Director, Sr. Director, Director, and the PREA Coordinator. If appropriate, the review team may include the investigator and other staff who may have information about the incident. The facility has not conducted an incident review, but did provide a copy of the sexual assault incident review packet that would be completed.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), incident review packet, and interviewing the PREA coordinator.

(d) Policy #8000.286 (pg. 15) states, "The review team shall include upper-levelmanagement officials and seek input from line supervisors, investigators, and qualified health care and/or mental health professionals, as appropriate.

- Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, or lesbian, gay, bisexual, transgender, or intersex identification status or perceived status, by gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.
- Assess the adequacy of staffing levels in the area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a written report of the team's findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Program Director and PREA Coordinator."

The facility had no current or historical investigation files for the auditor to review. The facility has not conducted an incident review, but did provide a copy of the sexual assault incident review packet that would be completed. The PREA Coordinator and Sr. Director confirmed they would complete the incident review packet, including the team's findings and any recommendations.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), incident review packet, and interviewing the PREA Coordinator and Sr. Director.

(e) Policy #8000.286 (pg. 15) states, "The Program Director or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so." The facility had no current or historical investigation files

	for the auditor to review. The facility has not conducted an incident review, but did provide a copy of the sexual assault incident review packet that would be completed. The incident review packet includes a section to document whether the recommendation was implemented or the reasons it was not. The PREA Coordinator assured the auditor that the packet would be completed. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.286 (pg. 15), incident review packet, and interviewing the PREA Coordinator.**

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.287 (pg. 15)) • Prison Rape Elimination Act Policy (#8000.288 (pg. 15)) • Spreadsheet (Data Collection Instrument) **Interviews Completed:** • PREA Coordinator **Determinations by Provision:** (a) Policy #8000.288 (pg. 15) states, "Damascus Way shall conduct an annual review of collected and aggregated incident-based sexual abuse data. Policy #8000.287 (pg. 15) states, "The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice." The data collection instrument is a spreadsheet that lists every report of sexual abuse and sexual harassment and follows the set of definitions outlined in the PREA standards for Community Confinement Facilities. The auditor reviewed the spreadsheet with the PREA Coordinator. The facility has not had an allegation of sexual abuse or harassment reported. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 15), policy #8000.287 (pg. 15), the audit instrument, and information provided by the PREA Coordinator.**

	(b) Policy #8000.288 (pg. 15) states, "Damascus Way shall conduct an annual review of collected and aggregated incident-based sexual abuse data." The PREA Coordinator confirmed with the auditor that there have been no reported sexual abuse or sexual harassment allegations at Damascus Way. The PREA Coordinator reviewed the spreadsheet with the auditor, which listed each year and showed the facility reported zero allegations. The PREA Coordinator assured the auditor that incident-based sexual abuse data would be reviewed annually. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 15), spreadsheet, and interviewing the PREA Coordinator.** (c) Policy #8000.287 (pg. 15) states, "The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice." **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and the spreadsheet.** (d) Policy #8000.287 (pg. 15) states, "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with privacy laws." **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire and policy #8000.287 (pg. 15).** (e) This provision does not apply to Damascus Way. Damascus Way does not contract with private facilities to confine its inmates. (f) This provision does not apply to Damascus Way during this audit cycle. The Department of Justice (DOJ) did not request data from the facility for the previous calendar year.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.288 (pp. 15-16)) • Annual PREA Report

Interviews Completed:

- Executive Director
- PREA Coordinator

Determinations by Provisions:

(a) Policy #8000.288 (pp. 15-16) states, "Damascus Way shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training by:

- Identifying problem areas
- Identifying corrective actions taken
- Recommending corrective actions
- Comparing current annual data and corrective actions with those from prior years
- Assessing Damascus Way's progress in addressing sexual abuse."

The Executive Director and PREA Coordinator confirmed that an annual review of sexual abuse data would be completed for any reported allegations of sexual abuse or sexual harassment. Damascus Way has not had any reported allegations of sexual abuse or sexual harassment in the facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pp. 15-16), and interviews with the Executive Director and PREA Coordinator.

(b) The auditor reviewed the annual statistical report on the agency's website: **https://damascusway.com/our-policy/**. Damascus Way has not had any reported allegations of sexual abuse or sexual harassment in the facility.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, the Damascus Way policy, and annual statistical information.

(c) Policy #8000.288 (pg. 16) states, "The report shall be approved by the Program Director and made available to the public at least annually through the office website." The Executive Director confirmed that he gives final approval before the report is made public.

The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), agency website: https-://damascusway.com/our-policy/, and interviewing the Executive Director.

(d) Policy #8000.288 (pg. 16) states, "Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated."

	The PREA Coordinator confirmed that the redacted information is listed in the report. The report is available on the agency's website: **https://damascusway.-com/our-policy/** **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), the agency website (https://damascusway.com/our-policy/), and interviewing the PREA Coordinator.**

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (8000.287 (pg. 15)) • Prison Rape Elimination Act Policy (8000.288 (pg. 16)) **Interviews Completed:** • PREA Coordinator **Observations:** The PREA Coordinator demonstrated to the auditor that any data related to sexual abuse and sexual harassment would be securely maintained electronically. Each staff member is issued an individual password to log into the computer and a role-based login for the electronic resident information system. **Determinations by Provision:** (a) Policy #8000.287 (pg. 15) states, "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with privacy laws." The PREA Coordinator assured the auditor that all records related to sexual abuse and sexual harassment allegations would be securely maintained electronically. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.287 (pg. 15), observations of electronic records security, and interviewing the PREA Coordinator.**

	(b) Policy #8000.288 (pg. 16) states, "All aggregated sexual abuse data from Damascus Way facilities shall be made available to the public at least annually through the office website. The auditor reviewed the agency website: **https://damascusway.com/our-policy/** **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), and the agency website.** (c) Policy #8000.288 (pg. 16) states, "Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed." Policy #8000.288 (pg. 16) states, "All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise." The auditor reviewed the agency website (**https://damascusway.com/our-policy/)** and verified that the report included no personal identifiers. The facility has not had any allegations of sexual abuse or sexual harassment reported. Therefore, no historical data exists. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), and the annual report.** (d) Policy #8000.288 (pg. 16) states, "All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise." The facility has not had any allegations of sexual abuse or sexual harassment reported. Therefore, no historical data exists. The PREA Coordinator assured the auditor that any sexual abuse data would be stored according to this policy. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.288 (pg. 16), and interviewing the PREA Coordinator.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.401 (pp. 16-17)) • Damascs Way Golden Valley 2022 PREA Audit **Determinations by Provision:**

	(a) Policy #8000.401(a) (pg. 16) states, "During the three years starting on August 20, 2013, and during every three years thereafter, the agency shall ensure that each facility operated by the agency is audited at least once." This is Damascus Way-Golden Valley's fourth PREA Audit. The agency was audited in May 2015, August 2018, and August 2022. The 2022 PREA Audit is posted on the Damascus Way website: **https://damascusway.com/wp-content/uploads/2026/04/PREA--Audit.pdf.** The agency experienced unexpected personnel changes that required transferring the PREA Coordinator duties to another staff member, delaying scheduling of the PREA audit. In the future, the PREA Coordinator will schedule the audits every three years. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(a) (pg. 16), agency website, and previous final audit reports.** (b) Policy #8000.401(b) (pg. 16) states, "The agency operates two facilities and schedules both facility audits during the same year." The agency scheduled both facility audits in August 2022. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(b) (pg. 16), agency website, and the 2022 final audit reports.** (h) Policy #8000.401(h) (pg. 16) states, "The auditor shall have access to, and shall observe, all areas of the audited facility." On the first day of the onsite review, the auditor toured the entire facility. The facility has three floors. The main entrance to the building is located on the first floor. There is a lobby and staff work area upon entry. The kitchen, dining room, staff offices, conference room, three 2-bed resident rooms with a curtain that separates the room down the middle, one single resident room, and two individual toilets and showers are located on the first floor. The facility also has a dayroom, conference room, four showers with privacy curtains, and five toilet stalls with doors in a large restroom, and ten 2-bed resident rooms with a curtain that separates the room down the middle on the second floor. The Executive Director and Sr. Director's offices are located in the basement, along with a resident gym and laundry room. The auditor accessed and observed all areas of the facility. No modifications to the facility or additions of electronic surveillance equipment have occurred since the last PREA audit. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(h) (pg. 16), and observations during the facility tour.** (i) Policy #8000.401(i) (pg. 16) states, "The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information)." The PREA Coordinator uploaded documents (for example, policies, the resident handbook, and vulnerability assessments) in the pre-audit questionnaire and provided them as requested during the onsite review and post-review. The PREA Coordinator provided the auditor access to electronic employee and training records for review. The Transformation Coordinator provided the auditor access to

	electronic resident records and training records. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(h) (pg. 16), and copies of, and access to, policies, the handbook, and electronic employee and resident records.** (m) Policy #8000.401(m) (pg. 17) states, "The auditor shall be permitted to conduct private interviews with residents." The auditor was given a private office on the first floor to interview staff members and residents. The agency did not prohibit the auditor from interviewing any residents the auditor selected. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(m) (pg. 17), and interviewing the requested residents in a private office.** (n) Policy #8000.401(n) (pg.17) states, "Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel." The agency confirmed via email that it posted the audit notice posters six weeks before the audit. While onsite, the auditor saw the audit notices posted in each pod in the facility. The auditor interviewed ten residents; all confirmed the audit notices had been posted for a while. The auditor did not receive any confidential mail during the review process. The facility has no process for outgoing mail. Page 12 of the resident handbook under **"*Mail*"** states, "You may take care of your own mailing needs at the Post Office. Damascus Way does not supply stamps or envelopes." Each resident has a personal cell phone they can use to email the auditor. The facility does not monitor personal cell phones. Several residents reported that they would use their phones to send emails. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.401(n) (pg. 17), observing posted audit notices, and interviewing (10) residents.**

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documents Reviewed:</u> • Pre-Audit Questionnaire • Prison Rape Elimination Act Policy (#8000.403(f) (pg. 18)) • Damascus Way Website **<u>Determinations by Provision:</u>**

	(f) Policy #8000.403(f) (pg. 18) states, "The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public." This is Damascus Way's fourth PREA Audit. The most recent audit, completed in August 2022, is posted on the agency's website: **https://damascusway.com/wp-content/uploads/2026/04/PREA-Audit.pdf** The auditor includes a reminder in the email attaching the final report that the report must be posted within 90 days of receipt. The contract agreement also states that the final report must be publicly available within 90 days of receipt. **The auditor determined compliance with this provision by reviewing the pre-audit questionnaire, policy #8000.403(f) (pg. 18), and the agency website.**

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	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 adopt and 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.)	na
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	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.)	na
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	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	na

	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.)	
	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.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 the facility does not have female inmates.)	na
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	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
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	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
	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
	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
	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
	Does the agency take appropriate steps to ensure that residents	yes

	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?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	**Residents with disabilities and residents who are limited English proficient**	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident	yes

	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?	
115.217 (a)	**Hiring and promotion decisions**	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	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
115.217 (f)	**Hiring and promotion decisions**	
	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
	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

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	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
115.218 (a)	**Upgrades to facilities and technology**	
	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.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	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	yes

	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.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	**Policies to ensure referrals of allegations for investigations**	

(b)		
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	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
115.232 (b)	**Volunteer and contractor training**	
	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
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	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
115.234 (a)	**Specialized training: Investigations**	
	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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	**Specialized training: Investigations**	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	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.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	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
	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

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	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
	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
	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
	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
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	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
	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
	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
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	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
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	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
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	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

115.241 (i)	**Screening for risk of victimization and abusiveness**	
	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
115.242 (a)	**Use of screening information**	
	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
	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
	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
	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
	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
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	**Resident reporting**	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	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.	no
115.252 (b)	**Exhaustion of administrative remedies**	
	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
	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
115.252 (c)	**Exhaustion of administrative remedies**	
	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
	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
115.252	**Exhaustion of administrative remedies**	

(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
	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 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
	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
115.252 (e)	**Exhaustion of administrative remedies**	
	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
	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
	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
115.252 (f)	**Exhaustion of administrative remedies**	
	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	yes

	exempt from this standard.)	
	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
	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
	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
	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
	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
	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
115.252 (g)	**Exhaustion of administrative remedies**	
	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
115.253 (a)	**Resident access to outside confidential support services**	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	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
115.253 (c)	**Resident access to outside confidential support services**	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	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
	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
	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
115.261 (b)	**Staff and agency reporting duties**	

	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
115.261 (c)	**Staff and agency reporting duties**	
	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
	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
115.261 (d)	**Staff and agency reporting duties**	
	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
115.261 (e)	**Staff and agency reporting duties**	
	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
115.262 (a)	**Agency protection duties**	
	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
115.263 (a)	**Reporting to other confinement facilities**	
	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
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	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
	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
	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
	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
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	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
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	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
115.267 (a)	**Agency protection against retaliation**	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	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
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	**Agency protection against retaliation**	
	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
115.271 (a)	**Criminal and administrative agency investigations**	
	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).)	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).)	na
115.271 (b)	**Criminal and administrative agency investigations**	
	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
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	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

115.271 (e)	**Criminal and administrative agency investigations**	
	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
	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
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	**Criminal and administrative agency investigations**	
	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
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	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
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	**Criminal and administrative agency investigations**	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	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
115.273 (a)	**Reporting to residents**	
	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
115.273 (b)	**Reporting to residents**	
	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
115.273 (c)	**Reporting to residents**	
	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
	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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	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
	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
115.273 (d)	**Reporting to residents**	
	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
	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
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	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
115.276 (d)	**Disciplinary sanctions for staff**	
	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
	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
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	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

115.278 (a)	**Disciplinary sanctions for residents**	
	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
115.278 (b)	**Disciplinary sanctions for residents**	
	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
115.278 (c)	**Disciplinary sanctions for residents**	
	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
115.278 (d)	**Disciplinary sanctions for residents**	
	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
115.278 (e)	**Disciplinary sanctions for residents**	
	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
115.278 (f)	**Disciplinary sanctions for residents**	
	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

115.278 (g)	**Disciplinary sanctions for residents**	
	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
115.282 (a)	**Access to emergency medical and mental health services**	
	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
115.282 (b)	**Access to emergency medical and mental health services**	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	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
115.282 (d)	**Access to emergency medical and mental health services**	
	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
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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	yes

	facility?	
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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?	no
115.286 (a)	**Sexual abuse incident reviews**	
	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
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	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
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	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
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	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
115.287 (d)	**Data collection**	
	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
115.287 (e)	**Data collection**	
	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.)	na

115.287 (f)	**Data collection**	
	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.)	na
115.288 (a)	**Data review for corrective action**	
	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
	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
	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
115.288 (b)	**Data review for corrective action**	
	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
115.288 (c)	**Data review for corrective action**	
	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
115.288 (d)	**Data review for corrective action**	
	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	yes

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	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
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	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
115.401 (a)	**Frequency and scope of audits**	
	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
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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

	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.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency 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, there has never been a Final Audit Report issued.)	yes