

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES



<b>Name of facility:</b> Life Rebuilders Midwest Challenge Genesis House			
<b>Physical address:</b> 3049 Columbus Av S Minneapolis, MN 55407			
<b>Date report submitted:</b>		05-05-2015	
<b>Auditor Information Timothy Pippo</b>			
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<b>PH 763-684-2380</b>			
<b>Date of facility visit:</b> 04/13/2015			
<b>Facility Information</b>			
<b>Facility mailing address:</b> (if different from above)			
<b>Telephone number:</b> 612-825-6871			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> XXX Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community based confinement facility	<input type="checkbox"/> Other: Work Release
	<input type="checkbox"/> XXX Halfway house		
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Mental health facility	
<b>Name of Facility Head:</b> Keely Perry		<b>Title:</b> Executive Admin	
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<b>Name of PREA Compliance Manager (if applicable):</b> Keely Perry		<b>Title:</b>	
<b>Email address:</b>		<b>Telephone number:</b>	
<b>Agency Information</b>			
<b>Name of agency:</b> Life Rebuilders Midwest Challenge Inc.			
<b>Governing authority or parent agency:</b> (if applicable)			
<b>Physical address:</b> 3049 Columbus Av S Minneapolis, MN 55407			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> 612-825-6871			
<b>Agency Chief Executive Officer Gary C Parker President/CEO</b>			

<b>Email address:</b> gary.parker@mwmn.org	<b>Telephone number:</b>	763-772-7285
<b>Agency-Wide PREA Coordinator</b>		
<b>Name:</b> Keely Perry	<b>Title:</b>	Executive Administrator
<b>Email address:</b> keely.perry@mwmn.org	<b>Telephone number:</b>	612-825-6871 ext 7

## AUDIT FINDINGS

**NARRATIVE:** Life Rebuilders Midwest Challenge is a Christian based agency providing housing programs for Adult Males. Genesis House is a Community Confinement Facility based on a premise of providing transitional housing and programs to promote and assist male offenders reentry into the community. The facility provides Work Release opportunities for recently released inmates from the Minnesota Department of Corrections. The facility operates under a license issued by the Minnesota Department of Corrections and bases their policies under the guidance of Minnesota 2920 Rules Governing Adult Community-Based Residential Correctional Facilities. All of the Residents are on a Work Release Program while still under probation with the Minnesota Department of Corrections. New Residents are placed on a "Bridge" program which allows and ensures them employment within the community with companies that are willing to employ recently released offenders. Other Residents are encouraged to seek gainful employment to assist in their reentry into society. The normal stay for a resident is 2-8 months. The residents are given Individual Service Plans that allow them more freedom as their time spent and behavior dictate. Resident may gain furloughs to Religious Services and may get overnight furloughs for some family events. Residents are given an agency issued Cell Phones to allow them to phone in their locations throughout their time out of the facility.

The facility is comprised of two houses adjacent to each other named Genesis House One and Genesis House Two. Genesis House One has 15 beds and Genesis House Two has 9 beds. Life Rebuilders 7 staff members are trained and take on numerous responsibilities of PREA Specialized Staff.

On April 13, 2015 an Audit of the facility was performed by Timothy Pippo, Certified PREA Auditor. I arrived at the facility at 7:00 AM and was met by the Program Director and was immediately given a tour of the two houses. Following the tour, I began to interview random Residents and Staff. I interviewed 6 of the 14 residents housed at Genesis House One and 4 of the 8 residents housed at Genesis House Two. I sporadically interviewed residents and staff as they were available. Throughout the day, I interviewed 5 staff members. I interviewed the President/CEO of Life Rebuilders Midwest Challenge. I also interviewed the one Maintenance Technician and the Kitchen Manager. I also conducted a phone interview with the one volunteer the facility has that has contact with the residents and the director of the "Sexual Violence Center" Minneapolis Office. The audit was conducted over a time span of 8 hours. There were 22 residents housed at the facility on the day of the audit. All of the residents are under probation and have an assigned Probation Officer from the State of Minnesota that monitors their conditions of release also. There were no LGBTI or limited English speaking residents at the facility. Life Rebuilders Midwest Challenge has had zero Sexual Harassment and zero Sexual Assault incidents within the last 12 months prior to the audit.

**DESCRIPTION OF FACILITY CHARACTERISTICS:** Life Rebuilders Midwest Challenge has two residential homes that are renovated to accommodate up to 24 residents. These homes are located in a residential neighborhood in South Minneapolis. Only a sidewalk separates the two homes. The **Genesis One** building is a 4 story renovated home that has 1 single room, 4 double rooms and 1 six person room. It has three bathrooms all with private showers. The laundry room is located in the basement of the building. This house also contains a full kitchen where all residents are served meals by a staff Kitchen Manager. The house contains two staff offices that are utilized for interviews and intakes for residents. At the entrance to the house is the main work station that is staffed 24/7. All residents and visitors are required to register in and out at the main office area. The secure office station is where resident records are kept and tracked using a specific software system. This office also contains video monitors that staff can utilize to observe and track resident movement in the two houses. The video equipment was recently installed and is highlighted by a Digital Video Recorder that records 30 cameras strategically mounted in blind spots throughout both of the houses. The six person room in this house is located adjacent to the

main office and is used for new arrivals. This room is utilized as a classification unit that is more closely monitored by staff. Residents that have seniority in the facility and have proven good behavior are given the first opportunity to be reassigned in smaller rooms.

The **Genesis Two** building is a 4 story residential home that is renovated to accommodate residents. This house has two single rooms, two double rooms and one 3 person room. The house has a laundry room in the basement and two bathrooms with private showers. The kitchen of this house has minimal cooking appliances. The facility has a patio area between the two houses and has a small video monitored workout area in the garage located on the premises.

**MISSION:**

To Transform Lives Through the Applications of Biblical Principles and Practices.

**GOALS:**

To Provide a Safe, Supportive Drug and Alcohol-Free Living Environment for all Residents.

To Provide Residents Support, Guidance and Preparation to Successfully Secure Full-Time, Stable Employment

To Help Re-Unite Families, Build Stronger Relationships, Self-Respect, Integrity.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:

Number of standards met: 36

Number of standards not met: 0

Number of standards not

applicable: 3

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

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

- a) The agency has a well-defined Policy and page 5 has General Expectations that address this standard. There are numerous postings and pamphlets in conspicuous areas throughout the facility. The agency PREA Compliance Guide defines the roles of staff including the PREA Coordinator.
- b) Interviews with the Agency PREA Coordinator and the President/CEO confirm compliance.

**Standard number 115.212 Contracting with other entities for the confinement of residents**

■ Not Applicable  
The agency does not contract with any outside agencies for the supervision of their residents.

**Standard number 115.213 Supervision and monitoring**

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

- a) The facility adheres to MN Rule 2920.400 defining employee qualifications. The Employee Handbook page 9 refers to essential post coverage.
- b) The staffing plan is never deviated from. Staff is mandated to stay on duty until relieved. The facility has Mandatory on call staff that must respond for emergencies. MN Rule 2920.3700 defines staffing ratios for the facility.
- c) Both the President/CEO and the PREA Coordinator confirmed that PREA considerations are viewed when determining staffing plans.

**Standard number 115.215 Limits to cross-gender viewing and searches.**

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

- a) The facility does not conduct any strip searches or body cavity searches on any residents.
- b) The facility houses only male residents, only male staff pat search male residents.
- c) The facility does not perform any strip searches of any kind.

- d) The facility utilizes a “knock and announce” procedure for female staff when they enter a resident’s room. This procedure is covered in the facility PREA Compliance Guide. The facility has private shower areas that female staff does not enter. This standard is addressed in staff training.
- e) The facility has never housed a Transgender individual. The only Transgender persons the facility would receive would be ones that identify as Male, only male officers search male residents.
- f) The only searches of transgender or intersex persons would be performed as an emergency procedure.

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

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

- a) Page 9 of Policy and page 22 of the PREA Compliance Guide covers this standard. The facility is not equipped to accommodate blind or deaf persons; the facility pre-screens all potential residents before accepting them. Accommodations for residents falling under this standard would be set up before their arrival.
- b) Interviews with staff confirmed that they would call in a certified interpreter if needed or call the resident’s Probation Officer to assist with interpretation.
- c) Per policy, the facility will take all necessary steps to provide a qualified interpreter and have information available for staff to contact an interpreter service.

**Standard Number: 115.217 Hiring and Promotion decisions**

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

- a) The Agencies Hiring Standard Policy and the PREA Compliance Guide pages 23 and 24 address this standard. The facility provided signed documents confirming compliance.

The facility PREA Compliance Guide and HR policy refer to the remainder of this standard. Interviews with Human Resource Staff confirm that background checks are completed by the Minnesota Bureau of Criminal Apprehension and or the Minnesota Department of Human Services before any new employees are hired and every 5 years on existing staff. The facility has documentation to verify checks have been completed. The facility is also required to perform background checks to comply with MN Rule 2920.400.

**Standard Number: 115.218 Upgrades to the facilities and technologies**

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

- a) PREA Compliance Guide page 25 covers this standard. The facility installed a new surveillance system in March 2015 to assist in monitoring residents.
- b) The facility has a PREA team that has regular meetings to discuss PREA issues and facility upgrades are part of their agenda.

<b>Standard Number: 115.221 Evidence protocol and forensic medical examination</b>
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- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The PREA Compliance Guide page 26 and 27 refer to this standard. The facility has trained all staff using the curriculum from the PRC and the "Moss Group".
  - b) All Staff have been trained to follow these protocols.
  - c) Any resident that has been sexually assaulted will be immediately transported to "Hennepin County Medical Center" Minneapolis, MN. The medical center has 24/7 SANE nurses as confirmed at their web-site <http://www.hcmc.org/services/sars/index.htm>
  - d) Midwest Challenge has a documented MOU with Sexual Violence Center, Minneapolis which was confirmed by a phone interview with one of their advocates, web-site <http://www.sexualviolencecenter.org/>

<b>Standard Number: 115.222 Policies to ensure referral of allegations for investigation</b>
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- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) PREA Compliance Guide page 28 complies with this standard.
  - b) The agency has their policy posted at <http://www.lrbmn.org/programs.php#transition>
  - c) d) e) The facility will utilize Minneapolis Police Department for any criminal investigations. The facility has documented attempts to obtain a MOU with Minneapolis PD, which have a sexual assault investigative unit confirmed by [http://www.ci.minneapolis.mn.us/police/about/investigations/police\\_about\\_sexcrimes](http://www.ci.minneapolis.mn.us/police/about/investigations/police_about_sexcrimes)

There have been no sexual assaults in the facility in the last 12 months.

**Standard****Number: 115.231 Employee training**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The facility policy, Employee Handbook page 16 and the PREA Compliance Guide page 29 all refer to this standard. All employees were trained using the 5 units of curriculum from the National PREA Resource center "Moss Group".
  - b) Female staff members are trained in cross-supervision, interviews qualified this.
  - c) The facility policy dictates training requirements. The facility conducts quarterly refresher training for staff and residents and PREA considerations are included in the training. These training sessions are documented also.
  - d) The PREA Coordinator provided me documentation substantiating staff's signatures on acknowledgment of receipt of training.

**Standard****Number: 115.232 Volunteer and contractor training**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The PREA Compliance Guide page 29 refers to this standard.
  - b) Volunteers and support staff receive the same training as security staff.
  - c) The facility provided documentation of training and interviews with the one volunteer, the Maintenance staff and Kitchen Manager confirmed training.

**Standard****Number: 115.233 Resident education**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The facility trains all residents on their PREA policy during the initial intake process. Interviews with staff and residents indicated receipt of this training immediately upon arrival to the facility.
  - b) The agency has only one facility but does provide refresher training to all residents quarterly.
  - c) Residents are pre-screened before accepted into the program and facility. The facility would know in advance if the resident has special communication needs and would provide an interpreter.
  - d) The auditor was provided with copies of signed documents confirming training.
  - e) The facility excels in this portion of the standard. Educational materials are posted



conspicuously throughout both houses along with pamphlets from local sexual abuse advocacies and information is contained in the Resident Handbook.

**Standard Number: 115.234 Specialized training: Investigations**

- Not Applicable

The facility does not conduct investigations of sexual abuse allegations. The facility utilizes the Minneapolis Police Department for criminal investigations. Minneapolis Police Department has well established policies and procedures for sex crime investigations. The facility does have a PREA Team that has received training and will conduct non-criminal investigations.

There have been no criminal investigations within the facility in the last 12 months.

**Standard Number: 115.235 Specialized training: Medical and mental health care**

- Not Applicable

The agency does not employ or contract with any Medical or Mental Health providers. All residents would be referred to Hennepin County Medical Center for treatment. The PRC FAQ General # 8 exempts the facility from this standard.

**Standard Number: 115.241 Screening for risk of victimization and abusiveness**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) This standard is addressed in the facilities' policy and their use of an Intake Document that contains a Vulnerability Assessment.
  - b) Interviews with staff and residents confirmed that the screening was completed almost immediately upon arrival to the facility.
  - c) The Vulnerability Assessment tool meets these requirements.
  - d) The Vulnerability Assessment Tool coincides with all 9 requirements of this part of the standard.
  - e) Potential or Past abusiveness incidents are taken into consideration upon intake.
  - f) The facility has Service Plan for each resident. Policy page 11 refers to PREA considerations in this service plan that is completed approximately every thirty days.
  - g) h) These requirements are addressed in the policy.
  - i) Resident files are kept in a controlled, locked environment.

**Standard Number: 115.242 Use of screening information**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) b) Page 37 of the PREA Compliance Guide covers this standard; the facility has a practice of placing new residents in a room adjacent to the main office for higher observation purposes.
  - b) d) e) f) The facility has single bedrooms available, all the shower areas are private with locks on the doors. The facility has not had any residents that have been determined to be in the LGBTI classification in the last 12 months. If they did, interviews with staff determined that Transgender or Intersex residents would be housed appropriately.

**Standard Number: 115.251 Resident reporting**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The PREA Compliance Guide page 5 and 38, the Resident Handbook page 5 along with staff and resident interviews show compliance.
  - b) There are 11 different agencies with phone numbers posted in the facility and contained in the Resident Handbook for residents to report to.
  - c) Staff members are trained to receive reports in any manner and report such immediately to supervisors.
  - d) Staff interviews reflect their knowledge of reporting privately if needed.

**Standard Number: 115.252 Exhaustion of administrative remedies**

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

The facility is required to have a grievance policy per MN Rule 2920.5200. Residents are informed of the grievance procedure in the Resident Handbook page 24. Staff are informed that any sexual assault/harassment grievance would be treated as an emergency grievance per the PREA Compliance Guide page 40. Staff would report emergency grievances to their superiors immediately. There have been no sexual assault/harassment grievances submitted by residents in the last year.

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

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The facility has phone numbers available for residents for "Sexual Violence Center" "HCMC Sexual Assault Resource Service", "Crime Victims Reparations Board" and "Hennepin County Victim/Witness Unit". A phone interview with staff member from "Sexual Violence Center Minneapolis" confirmed that they would act as victim advocates for residents of Life Rebuilders Midwest Challenge.
  - b) This information is on page 5 of the Resident Handbook and confirmed by resident interviews.
  - c) The agency has a signed MOU with Sexual Violence Center Minneapolis.

**Standard****Number: 115.254 Third-party reporting**

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

Life Rebuilders Midwest Challenge has contact information, phone numbers and e-mail addresses posted on their web-site for third-party reports. Interviews with staff indicate they would accept third-party reports and interviews with residents indicated they were aware they could have a person make a report on their behalf.

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

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) Staff training along with PREA Compliance Guide page 43, House Policy and Employee Handbook page 8 requires staff to report immediately.
  - b) Training, Policies and Employee Handbook page 14 and 15 relate to data privacy.
  - c) The agency would only use outside Medical and Mental Health Professionals.
  - d) The facility only house adult males.
  - e) Staff members are directed to report immediately to supervisors and interviews with staff confirm them following this procedure.

**Standard****Number: 115.262 Agency Protection duties**

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

The PREA Compliance Guide page 44 covers this standard. After interviews with staff, this auditor is certain that staff members are well trained on this standard and will do everything possible to keep the victim safe.

**Standard****Number: 115.263 Reporting to other confinement facilities**

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

The PREA Compliance Guide page 45 addresses these issues. All residents of the facility are post release from the Minnesota Department of Corrections. The facility must follow contractual language and comply with notifying the Department of Corrections and the resident's probation officer. The procedure for notifying the other facilities is outlined in the Vulnerability Assessment Tool used at intake.

**Standard****Number: 115.264 Staff first responder duties**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) PREA Compliance Guide pg 46 and Employee Handbook pg 21 along with training from the PRC Moss Group unit 3 part 2 outline staff's response and duty to preserve a crime scene. Staff members are directed to call 911 immediately upon discovery. All staff members are trained as first responders. Interviews confirmed that staff have been trained
  - b) Non security staff received the same training as security staff under this standard.

**Standard****Number: 115.265 Coordinated response**

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

The PREA Compliance Guide page 47 covers this standard. The agency has created a PREA Team that is responsible to respond to incidents. Criminal Investigators from Minneapolis Police Department would respond to sexual assault.

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

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

Agency employees are "At Will" employees and not covered by a collective bargaining agreement. The PREA Compliance Guide page 48 refers to this along with Employee Handbook page 12, 13 and 17. The agency would terminate employees adjudicated for sexual abuse.

**Standard****Number: 115.267 Agency protection against retaliation**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The PREA Compliance Guide page 49 along with an agency "Whistler Blower" policy and the Employee Handbook page 17 outline protections for staff and residents against retaliation.
  - b) Residents who perpetrate retaliation will be removed from the program and remanded to their probation officer. Staff would be terminated.
  - c) d) Program Directors are prompted to monitor retaliation. The whole facility is tight knitted and all staff would be considered monitors to some extent.

Agency policy covers the remainder of this standard. There have been no reports of retaliation by staff or residents in the last 12 months.

**Standard****Number: 115.271 Criminal and administrative agency investigations**

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

Criminal investigations will be conducted by the Minneapolis Police Department, their protocols are defined at their web-site

[http://www.ci.minneapolis.mn.us/police/policy/mpdpolicy\\_10-100\\_10-100](http://www.ci.minneapolis.mn.us/police/policy/mpdpolicy_10-100_10-100)

The agency PREA Team will only be involved in administrative investigations. Team members have been trained on investigating in confinement settings. The PREA Compliance Guide page 51 relates to this standard. Interviews with the PREA Coordinator indicated the agency will make every effort to remain informed of any criminal investigations. There have been no Criminal or Administrative investigations within the last 12 months.

**Standard****Number: 115.272 Evidentiary standard for administrative investigations**

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

PREA Compliance Guide page 53 refers to this standard. Interviews with staff indicate that they would inform the resident of the outcome of an investigation.

There have been no allegations of sexual abuse by residents in the last 12 months.

**Standard****Number: 115.276 Disciplinary sanctions for staff**

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

PREA Compliance Guide page 54 and Employee Handbook page 12, 13 and 17 outline the sanctions for offending staff. The agency has an At Will Policy and would terminate an employee. The agency is obligated to inform the Minneapolis Police Department. There have been no sanctions for staff concerning sexual abuse/harassment in the last 12 months.

**Standard****Number: 115.277 Corrective action for contractors and volunteers**

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

This standard is covered by PREA Compliance Guide page 55. The agency will not tolerate misconduct by volunteers or contractors and would terminate them and notify Minneapolis Police Department. There have been no incidents by volunteers or contractors in the last 12 months.

**Standard****Number: 115.278 Disciplinary Sanctions for residents**

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

PREA Compliance Guide page 56 also Resident Handbook page 23 refers to discipline for residents. MN Rule 2920.5700 also refers to discipline for residents. The facility has no means of confining residents to a secure area, so residents would be removed from the facility and transported back into custody at a Minnesota Correctional Facility or Hennepin County Jail for confinement. The resident would be removed from the program at Midwest Challenge. There have been no residents disciplined for sexual abuse/harassment in the last 12 months.

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

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

PREA Compliance Guide page 57 covers this standard. The facility does not have medical or mental health staff. Interviews confirmed that staff would treat and keep residents safe until they were transported to Hennepin County Medical Center.

**Standard****Number: 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

The PREA Compliance Guide page 58 is in accordance with this standard. The agency will use Hennepin County Medical Center and their protocols for ongoing care. Agency policy spell out that there will be no cost to the resident for cared stemming from a sexual assault in the facility.

**Standard****Number: 115.286 Sexual abuse incident reviews**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The PREA Compliance Guide page 59 establishes procedures for implementation of this standard.
  - b) The facilities plan is to add any incidents to a PREA review calendar to ensure completion of a review within 30 days.
  - c) The Review Team is made up by the Program Director, Supervisor of Residential Affairs and the Executive Administrator.
  - d) The Review Team is mandated to follow the PREA standard.
  - e) The Team is to consider physical plant improvements. There have been no incidents to review within the last year

**Standard****Number: 115.287 Data Collection**

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - a) The agency has a method for collection of data per PREA Compliance Guide page 50.
  - b) The facility has a documented annual report.
  - c) The collected data complies with the standard.
  - d) The facility follows this procedure.
  - e) The PREA Coordinator will review all data collected.
  - f) Policy dictates providing this report if requested.

**Standard**

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

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

The PREA Compliance Guide page 61 follows this standard. The agency has an annual report including incident logs on its web-site <http://www.lrbmn.org/programs.php#transition>. The report meets all the requirements of the standard.

**Standard**

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

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

MN Rule 2920.4800 requires the facility to secure any data on residents safely. The PREA Compliance Guide page 62 spells out these requirements also. Minnesota state statutes also define data retention and what is Public, Private and or Confidential data. The agency follows state guidelines.





**AUDITOR CERTIFICATION:**

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

\_Timothy Pippo\_\_\_\_\_ May 2, 2015 \_\_\_\_\_

Auditor Signature

Date