PREA AUDIT: AUDITOR'S SUMMARY REPORT ADULT PRISONS & JAILS





Name of facility:				
Physical address:				
Date report submitted:				
Auditor Information				
Address:				
Email:				
Telephone number:				
Date of facility visit:				
Facility Information				
Facility mailing address: (if different from above)				
Telephone number:				
The facility is:	☐ Military	☐ County	☐ Federal	
	☐ Private for profit	☐ Municipal	☐ State	
	☐ Private not for profit			
Facility Type:	☐ Jail ☐ Pri	ison		
Name of PREA Complian	ce Manager:		Title:	
Manie of FREA complian				
Email address:	<u> </u>		Telephone number:	
<u> </u>	<u> </u>		Telephone number:	
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Email address: Agency Information Name of agency: Governing authority or parent agency: (if applicable) Physical address: Mailing address: (if different from above) Telephone number: Agency Chief Executive (Name: Email address:	Officer	Telephone	Telephone number:	

AUDIT FINDINGS

NARRATIVE:	
DESCRIPTION OF FACILITY CHARACTERISTICS:	

SUMMARY OF AUDIT FINDINGS:	
Number of standards exceeded:	
Number of standards met:	
Number of standards not met:	
Number of Standards Not Applicable:	

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AUDITOR CERTIFICATION:	
	port are accurate to the best of his/her knowledge or her ability to conduct an audit of the agency und
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Auditor Signature	Date