

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



<b>Name of facility:</b>			
<b>Physical address:</b>			
<b>Date report submitted:</b>			
<b>Auditor Information</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Telephone number:</b>			
<b>Date of facility visit:</b>			
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>			
<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"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>			<b>Title:</b>
<b>Email address:</b>			<b>Telephone number:</b>
<b>Agency Information</b>			
<b>Name of agency:</b>			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b>			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Email address:</b>		<b>Telephone number:</b>	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Email address:</b>		<b>Telephone number:</b>	

# 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:

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

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Not Applicable

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**AUDITOR CERTIFICATION:**

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

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date