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





Name of facility:				
Physical address:				
Date report submitted:				
<b>Auditor Information</b>				
Address:				
Email:				
Telephone number:				
Date of facility visit:				
<b>Facility Information</b>				
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			Telephone number:	
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## **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:	
The auditor certifies that the contents of the report no conflict of interest exists with respect to his or he review.	
Auditor Signature	Date