PREA AUDIT: AUDITOR'S SUMMARY REPORT COMMUNITY CONFINEMENT FACILITIES





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	☐ Federa	al	
	☐ Private for profit	☐ Municipal	☐ State		
	☐ Private not for pro	fit			
Facility Type:	☐ Community treatment center ☐ Halfway house ☐ Alcohol or drug rehabilitation center	☐ Community base confinement facility ☐ Mental health fac	,	☐ Other:	
Name of Facility Head:				Title:	
Email address:				Telephone number:	
Name of PREA Compliant applicable):	nce Manager (if			Title:	
Email address:				Telephone number:	
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	Officer				
Name:		Title:			

Email address:	Telephone number:	
Agency-Wide PREA Coordinator		
Name:	Title:	
Email address:	Telephone	
Linan address.	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:	
The auditor certifies that the contents of the report a no conflict of interest exists with respect to his or her review.	,
Auditor Signature	 Date