PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

NATIONAL PREA RESOURCE



| [Following information to be populated automatically from pre-audit questionnaire] | | | | | | |
|--|---|-------------|--------------------------------|--|--|--|
| 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: | | | | | | |
| | Der: | | □ Federal | | | |
| The Facility is: | | | | | | |
| | Private for profit Private not for profi | □ Municipal | | | | |
| Fa ailite True a | | | | | | |
| Facility Type: Detention Correction Other: | | | | | | |
| Name of PREA Compliance Manager: Title: | | | | | | |
| Email Address: Telephone Number: | | | | | | |
| Agency Information | | | | | | |
| Name of Agency: | | | | | | |
| Governing Authority or Parent Agency: <i>(if</i> | | | | | | |
| applicable) | | | | | | |
| Physical Address: | | | | | | |
| Mailing Address: (if | | | | | | |
| different from above) Telephone Number: | | | | | | |
| | | | | | | |
| | | | | | | |
| Agency Chief Ex | | | Title | | | |
| Agency Chief Ex Name: | | | Title: Telenhone | | | |
| Agency Chief Ex | | | Title: Telephone Number: | | | |
| Agency Chief Ex Name: Email Address: | | | Telephone | | | |
| Agency Chief Ex Name: Email Address: | cecutive Officer | | Telephone | | | |

AUDIT FINDINGS

NARRATIVE:

[Following information to be populated automatically from auditor compliance tool]

DESCRIPTION OF FACILITY CHARACTERISTICS:

[Following information to be populated automatically from auditor compliance tool]

SUMMARY OF AUDIT FINDINGS:

[Following information to be populated automatically from auditor compliance tool]

[Following information to be populated automatically from auditor compliance tool]

Number of standards exceeded:

Number of standards met:

Number of standards not met:

[Following information to be populated automatically from auditor compliance tool]

Standard STANDARD INSERTED HERE

□ 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

[space for comments extends as needed here]

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[space for comments extends as needed here]

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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