## PREA AUDIT: AUDITOR'S SUMMARY REPORT

### **ADULT PRISONS & JAILS**

NATIONAL PREA RESOURCE CENTER



CENTER U.S. Department of Justice						
[Following information to be populated automatically from pre-audit questionnaire]						
Name of facility:						
Physical address:						
Date report submitted						
<b>Auditor Information</b>						
Address						
Email						
Tel. no.						
Date of facility visit						
Facility Information						
<b>Facility mailing</b> <b>address:</b> (if different from above)						
Telephone number:						
The facility is:	Military		County		Federal	
	Private for profit		🗆 Municipal		State	
	Private not for profit					
Facility Type:	□ Jail □ Prison					
Name of PREA Compliance Manager: 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 C	Coordinator					
Name:			Title:			
Email address:			Telephone number:			

# **AUDIT FINDINGS**

#### NARRATIVE:

[The auditor should include a summary of the audit process including date of audit, who was in attendance, description of sampling and staff and inmates interviewed, areas of facility toured as part of the audit, etc.]

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

[The auditor should include a summary describing the facility.]

#### SUMMARY OF AUDIT FINDINGS:

[The auditor should include a summary statement of the overall audit findings. *E.g.: On March 1, 2013 X number of site visits were completed at facility XYZ in X County Maryland. The results indicate....Facility X was compliant on X% of standards; X% exceeded compliance; X% were not compliant.*] 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]

### Standard STANDARD INSERTED HERE

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□ 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]

#### **AUDITOR CERTIFICATION:**

The auditor certifies that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Auditor Signature

Date