

## Pre-Audit

### Post Notice of Upcoming Audit

*(post notice at facility with auditor's contact info 6 weeks prior to the audit for confidential communication)*

### Communicate with Community-Based or Victim Advocates

### Agency/Facility Questionnaire

*Completed by PREA Coordinator/PREA Compliance Manager with input from agency head, superintendent, etc., as necessary.*

📄 Instructions for completing

📄 Agency/facility information (name, address, contact info, etc.)

📄 Information requested by standard:

- Provide questions from audit tool and data
- Upload policies/procedures and open-text of pages/sections indicating location of specific policy information required by standard; and
- Upload documentation requested.

### Initial Auditor Review and Discussions With PREA Compliance Manager

*Auditor reviews agency/facility responses to pre-audit questionnaire and has follow-up call(s) with PREA Compliance Manager to get clarification and explain the audit process.*

### Auditor Review of Submitted Agency/Facility Questionnaire and Policies/Procedures

*Auditor begins Auditor Compliance Tool*

## Audit

### Facility Tour

📄 Instructions/guidance for conducting tour

### Additional Document Review

### Staff Interviews

📄 Agency head (or designee)

📄 PREA Coordinator

📄 PREA Compliance Manager

📄 Superintendent (or designee)

📄 Random sample of staff

📄 Specialized staff\*

### Resident Interviews\*\*

## Post-Audit

### Auditor Compliance Tool

📄 Response for each measure based on:

- Review of policies/procedures;
- Review of documentation;
- Review of data;
- Interviews with residents and staff; and
- Tour of facility.

📄 Auditor uploads additional documentation gathered onsite.

📄 Determination of compliance with each standard:

- Guidelines provided for auditors
- Auditors provide commentary with justification for decision

📄 Overall determination of compliance (guidelines provided to auditor)

### Auditor Report

*(auditor generates final report and sends it to agency no later than 30 days after completion of on-site audit)*

### Corrective Action Plan

*(180 days CA period – begins the day that the agency receives the interim report)*

### Final Report

*(final report delivered to agency within 30 days of completion of corrective action period)*

### Agency Appeal

*(agency has 90 days from receipt of final report to appeal audit findings to DOJ)*

\*Specialized Staff Interviews should include:

- The agency contract administrator;
- Intermediate- or higher-level facility staff;
- Medical and mental health care staff;
- Non-medical staff involved in cross-gender viewing or searches;
- Administrative (human resources) staff;
- SANE/SAFE staff;
- Volunteers and contractors who have contact with residents;
- Investigative staff;
- Staff who perform screening for risk of victimization and abusiveness;
- Staff who supervise residents in segregated housing;
- The incident review team;
- The designated staff member charged with monitoring retaliation;
- Security staff and non-security staff first responders; and
- Intake staff.

\*\* Resident Interviews should include:

- A random sample of residents;
- Disabled and limited English proficient residents;
- Transgender and intersex residents;
- Gay, lesbian, and bisexual residents;
- Residents at risk of sexual victimization in segregated housing;
- Residents who reported sexual abuse; and
- Residents who have disclosed sexual victimization.