

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: <i>(if different from above)</i>			
Telephone number:			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community based confinement facility	<input type="checkbox"/> Other:
	<input type="checkbox"/> Halfway house		
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Mental health facility	
Name of Facility Head:		Title:	
Email address:		Telephone number:	
Name of PREA Compliance Manager (if applicable):		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:			
Mailing address: <i>(if different from above)</i>			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	

Email address:	Telephone number:	
Agency-Wide PREA Coordinator		
Name:	Title:	
Email address:	Telephone 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:

- 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

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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