Post-Audit Reporting Information

The purpose of the post-audit reporting information is to collect descriptive information regarding the characteristics of audited facilities and agencies, auditing arrangements, the methodology employed by the auditor, and audit compliance findings. The PREA Management Office (PMO) within the Bureau of Justice Assistance (BJA) at the U.S. Department of Justice (DOJ) uses data collected through post-audit reporting information to better understand the landscape of PREA audits across the country, analyze auditing trends, and support PMO's oversight responsibilities. All DOJ-certified PREA auditors must accurately and fully complete the post-audit reporting information for every audit they conduct as lead auditor.

Important note: As of November 2021, significant portions of the post-audit reporting information will be included in auditors' final audit reports. Auditors should not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Additionally, the submission of false or incomplete information, or failure to comply with these reporting requirements, may result in disciplinary action by the PREA Management Office that impacts an auditor's DOJ certification.

If you have questions concerning this form, please email PREACompliance@ojp.usdoj.gov.

Please note: Questions marked with a red asterisk (*) are required; you will not be allowed to submit this form if any of the required questions have not been answered. Your responses to questions marked with this icon (\(\beta\)), will be included in the final audit report.

GENERAL AUDIT INFORMATION

On-site Audit Dates

Start date of the onsite portion of the audit: (mm/dd/yyyy)	* 🖹
2. End date of the onsite portion of the audit:	* 🖹

Audit Notice

request, all audit documentation relied upon in making audit determinations. This includes the notice of the onsite audit and documentation gathered by the auditor to verify that the notice was properly posted (e.g., interview notes, time- stamped photos).
3. Did you request that the facility post the audit notice at least 6 weeks in advance of the onsite portion of the audit? *
○ Yes
O No
4. Did the facility post the audit notice? *
○ Yes
○ No
a. Describe why the facility did not post the notice: *
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5. What steps did you take to verify whether the notice was posted in required areas by the agreed upon deadline? Check all that apply *
☐ I requested time-stamped photos of all posted notices from the PREA Coordinator or other authorized point of contact in the facility
☐ I requested a written assurance (e.g., in an email) from the PREA Coordinator or other authorized point of contact in the facility that the notice was posted as required
☐ I visited the facility at least 6 weeks before the onsite portion of the audit and personally confirmed that the audit notice was posted as required
During the onsite portion of the audit I asked all inmate/resident/detainee interviewees about the timing and placement of the audit notice
☐ Other
If "Other," describe: *
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Confidential Correspondence

Remember that pursuant to Standard 115.401(j), auditors are required to preserve and retain, and release to DOJ upon

sexual safety in the facility? *
○ Yes
○ No
a. How many INMATES/RESIDENTS/DETAINEES corresponded with you? *
b. Enter the number of interviews conducted with INMATES/RESIDENTS/DETAINEES who corresponded with you: *
b. Enter the number of interviews conducted with intimat contesponded with you.
(per the Auditor Handbook, such interviews may be counted as random or targeted depending on the nature of the interview.)
c. Did you sample additional relevant documentation related to the confidential correspondence that you received from INMATES/RESIDENTS/DETAINEES (e.g., inmate records of the inmates who corresponded with you)? *
○ Yes
○ No
7. Did you receive any confidential correspondence from STAFF that was relevant to sexual safety in the facility? *
○ Yes
○ No
a. How many STAFF corresponded with you? *
b. Enter the number of interviews conducted with STAFF who corresponded with you: *
c. Did you sample additional relevant documentation related to the confidential correspondence that you received from STAFF? *
OV
○ Yes
○ No
No 8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to
No 8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to sexual safety in the facility? *
 No 8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to sexual safety in the facility? * Yes
No 8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to sexual safety in the facility? * Yes No
No 8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to sexual safety in the facility? * Yes No
No 8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to sexual safety in the facility? * Yes No a. How many VOLUNTEERS OR CONTRACTORS corresponded with you? *
No 8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to sexual safety in the facility? * Yes No a. How many VOLUNTEERS OR CONTRACTORS corresponded with you? *
8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to sexual safety in the facility? * Yes No a. How many VOLUNTEERS OR CONTRACTORS corresponded with you? * b. Enter the number of interviews conducted with VOLUNTEERS OR CONTRACTORS who corresponded with you: * c. Did you sample additional relevant documentation related to the confidential correspondence that you received

of incarcerated individuals, advocates) that was relevant to sexual safety in the facility? *
○ Yes
○ No
a. Select the types of OTHER INTERESTED PARTIES that sent confidential correspondence: *
Family member(s) of the incarcerated individuals
☐ Advocate(s) from local/national organization
☐ Other
b. How many OTHER INTERESTED PARTIES corresponded with you? *
, and the state of
c. Enter the number of interviews conducted with OTHER INTERESTED PARTIES who corresponded with you: *
d. Did you sample additional relevant documentation related to the confidential correspondence that you received from OTHER INTERESTED PARTIES? *
○ Yes
○ No
Outreach 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? * □ Yes No a. Identify the community-based organization(s) or victim advocates with whom you communicated: * □ ■ B I □ □ ⋮ ≡ ⋮ ≡
Research
11. Did you review mandatory reporting laws for the state where the facility is located? *
○ Yes
○ No
12. Did you review the agency and/or facility website(s) for PREA information (e.g., how to make a third-party report, PREA investigation policies, other policies, etc.)? *

○ Yes
○ No
○ NA
(N/A if the agency and facility do not have a website)
13. Did you conduct internet research regarding the audited facility (e.g., litigation related to sexual abuse or sexual harassment, federal consent decrees, etc.)? *
○ Yes
○ No
AUDITED FACILITY INFORMATION
14. Designated facility capacity: *
15. Average daily population for the past 12 months: *
16. Number of inmate/resident/detainee housing units: * □
DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? * □
○ Yes
○ No
O Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics for the 12 Months Preceding the Onsite Portion of the Audit (for documentation sampling)

	e Onsite Portion of the Audit
	number of inmates/residents/detainees who were admitted to the facility over the past 12
19. Enter the total r 12 months: *	number of youthful inmates or youthful/juvenile detainees who were in the facility over the past
20. Enter the total r past 12 months: *	number of inmates/residents/detainees with a physical disability who were in the facility over the
	number of inmates/residents/detainees with a cognitive or functional disability (including ity, psychiatric disability, or speech disability) who were in the facility over the past 12 months: *
	number of inmates/residents/detainees who are Blind or have low vision (visually impaired) who over the past 12 months: *
23. Enter the total rover the past 12 m	number of inmates/residents/detainees who are Deaf or hard-of-hearing who were in the facility onths: *
24. Enter the total r	number of inmates/residents/detainees who are Limited English Proficient (LEP) who were in the st 12 months: *
25. Enter the total r facility over the pa	number of inmates/residents/detainees who identify as lesbian, gay, or bisexual who were in the st 12 months: *
26. Enter the total r facility over the pa	number of inmates/residents/detainees who identify as transgender or intersex who were in the st 12 months: *
27. Enter the total r	number of inmates/residents/detainees who reported sexual abuse in this facility over the past 12
	number of inmates/residents/detainees who disclosed prior sexual victimization during risk re in the facility over the past 12 months: *
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31. Ente	r the	total	num	ber of	STAFF en	nployed	by the fa	cility c	over th	ne past	t 12 mo	nths: *				
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inmates/	reside	ents/d	detain	ees.												
32. Ente	r the	total	num	ber of	STAFF en	nployed	by the fa	cility v	who m	ay hav	e had	contact	with			
inmates	/resid	lents	/deta	inees	over the p	ast 12 m	nonths: *	!								
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Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the
Onsite Portion of the Audit
36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: * 🖹
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit: ★ 🖹
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: * ≜
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: * ≜
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in th facility as of the first day of the onsite portion of the audit: * ≜
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: *
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: * 🖹
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: * □
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: * □
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: * ⊜
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: * □
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation fo risk of sexual victimiziation in the facility as of the first day of the onsite portion of the audit: * 🖹

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Include	all full-	and pa	rt-time s	staff employ	ed by the fac	ncility, reg	gardless	of their	level of	contact	with			
inmates	/reside	ents/deta	ainees.		·									
50. Ente	er the	total nu	mber o	f VOLUNTE	ERS assign	ned to t	the facil	lity as of	f the firs	st day o	f the on	site po	rtion of	f the
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Random	Inmate	e/Res	sident/Detainee Interviews
3. Enter the	total num	ber of F	RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: * 🗎
Note: a single	interview o	cannot t	pe double counted as both a random and targeted interview.
i4. Select wh nterviewees			es you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE pply) ★ 🖹
Age			
Race			
Ethnicity (e.	g., Hispanic	Non-Hi	spanic)
Length of tir	ne in the fac	ility	
☐ Housing ass	signment		
Gender			
Other			
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f "Other," de ⊞ ∨ B	I 및	2 3	
f "None," ex ⊞ ∨ B	plain: * 🖹 I 및	1 2	

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? * 🖹	//
○ Yes	
○ No	
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interview	NS:
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57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (eany populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	
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Note: this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.	//
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: * 🖹	
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interview the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that a interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.	
For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detaine interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.	

If a particular targeted population is not applicable in the audited facility, enter "0".

a. Selec	-	-	were	unab	le to c	nduct	at leas	st the m	inimum	equired	number	of targe	ted inma	tes/deta	ainees in
	xy said t es/deta			none	here" dı	ring the	onsite	portion o	of the audit	and/or the	facility w	as unable	to provide	e a list of	these
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a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: *
☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). * 🖹
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62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol: * □
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: * 🖹
Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). * \end{align*}
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63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol: *
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: * 🖹
Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other
inmates/residents/detainees). * □ ■ ∨ B I ∪ □ = :=
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol: ★
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: *
☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). *
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, o bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: ★ 늴
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: *
☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). ★
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	aber of interviews conducted with inmates/residents/detainees who identify as transgender of insgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: *
	e unable to conduct at least the minimum required number of targeted ninees in this category: * 🖹
☐ Facility said there were inmates/residents/detai	"none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these nees.
☐ The inmates/residents/o	detainees in this targeted category declined to be interviewed.
_	poration strategies to determine if this population exists in the audited facility (e.g., based on rom the PAQ; documentation reviewed onsite; and discussions with staff and other ninees). $* \stackrel{\triangle}{=}$
⊞ ∨	1— •— 2— •— 3— •—
	ber of interviews conducted with inmates/residents/detainees who reported sexual abuse in Inmates who Reported a Sexual Abuse" protocol: *
	e unable to conduct at least the minimum required number of targeted
	ninees in this category: *
inmates/residents/detai	
	detainees in this targeted category declined to be interviewed.
_	poration strategies to determine if this population exists in the audited facility (e.g., based on rom the PAQ; documentation reviewed onsite; and discussions with staff and other
⊞ ∨ B I ∪	

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening protocol: * □
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: *
☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based of information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). * 🖹
$oxed{oxed{\mathbb{B}}}$ $owed{oxed{B}}$ $oved{oxed{B}}$ $oved{oxed{B}}$ $oved{oxed{B}}$
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (fo Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: * 🖹
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: *
☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.
☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based or information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). * 🖹
lacksquare $lacksquare$ $lacksquare$ $lacksquare$ $lacksquare$ $lacksquare$ $lacksquare$
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.gany populations you oversampled, barriers to completing interviews):
$\blacksquare \lor \mid B I \lor \mid \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$

Note: this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.	
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed: * □	
Note: a single interview cannot be double counted as both a random and specialized staff interview.	
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all tapply) * 🖹	hat
Length of tenure in the facility	
☐ Shift assignment	
☐ Work assignment	
Rank (or equivalent)	
Other (e.g., gender, race, ethnicity, languages spoken)	
None	
If "Other," describe: *	
$\boxplus \vee \mid B \mid I \mid U \mid \stackrel{!}{\mathfrak{Z}} : \equiv$	
	//
If "None," explain: *	
$\boxplus \lor \mid B I \lor \mid \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	

73. We	re you	able	to co	onduc	t the minimum number of RANDOM STAFF interviews? * 🗎	
○ Yes						
○ No						
a. Select					ou were unable to conduct the minimum number of RANDOM STAFF interview	/s:
☐ Too r	nany st	taff de	clined	l to part	ticipate in interviews.	
were	•	ough	staff e		the facility to meet the minimum number of random staff interviews (Note: select this option if ed by the facility or not enough staff employed by the facility to interview for both random and	
☐ Not e	enough	staff a	availal	ble in th	ne facility during the onsite portion of the audit to meet the minimum number of random staff in	nterviews.
☐ Othe	r					
					ok to select additional RANDOM STAFF interviewees and why you were still under the still unde	able to
₩~	В	Ι	Ū	1 = 2 = =	∷	
If "Othe	or" ov	nlain	· * 🕒			
	1	I	ı. <u> </u>	1 2 3		
		1	_	3 -	· -	
		_			omments regarding selecting or interviewing random staff (e.g., any population npleting interviews, barriers to ensuring representation):	ıs you
₩~	В	I	Ū	1 — 2 — 3 —	:	
	I			I		
Note: th	nis text	t will b	be inc	luded i	in the audit report, please do not include any personally identifiable information or oth	her
					nise the confidentiality of any persons in the facility.	

Spec	ializ	ed	Sta	ff, √	olunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.						
75. Ente			num	ber of	f staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and	
76. Wer	e you	able	to in	tervie	ew the Agency Head? * 🖹	
○ Yes						
○ No						
a. Expla	in wh	v it w	vas n	ot pos	ssible to interview the Agency Head: * 읍	
₩ ~			Ū			
77. Wer ○ Yes	e you	able	to in	tervie	ew the Warden/Facility Director/Superintendent or their designee? ★ 🗎	
○ No a. Expla	ain wh	v it w	vas n	ot pos	ssible to interview the Warden/Facility Director/Superintendent or their designee: * 🗎	
# ~		I		1 = 2 = 3 =		
70 \\		-61-	4- :	4	www.the DDCA Coordinates 2 + D	
	e you	abie	to in	tervie	ew the PREA Coordinator? * 🖹	
○ Yes						
○ No						
a. Expla	in wh	y it w	vas n	ot pos	ssible to interview the PREA Coordinator: * 🖹	
₩ ∨	В	I	Ū	1 = 2 = 3 = 3	∷	

79. Were you able to interview the PREA Compliance Manager? * □
○ Yes
○ No
ONA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standar
a. Explain why it was not possible to interview the PREA Compliance Manager: * 🖹
⊞ ∨ B I U }
80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all apply) ★ 🖹
Agency contract administrator
Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter st
sexual abuse and sexual harassment
☐ Line staff who supervise youthful inmates (if applicable)
☐ Education and program staff who work with youthful inmates (if applicable)
☐ Medical staff
☐ Mental health staff
☐ Non-medical staff involved in cross-gender strip or visual searches
☐ Administrative (human resources) staff
Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
☐ Investigative staff responsible for conducting administrative investigations
☐ Investigative staff responsible for conducting criminal investigations
Staff who perform screening for risk of victimization and abusiveness
Staff who supervise inmates in segregated housing/residents in isolation
Staff on the sexual abuse incident review team
Designated staff member charged with monitoring retaliation
First responders, both security and non-security staff
☐ Intake staff
☐ Other
If NOVE and according a delition of an activities of a facility of the state of the
If "Other," provide additional specialized staff roles interviewed: * 🖹
$\parallel \square \ \mid \ B I \square \ \mid \ \mathrel{\mathop:}\equiv \ \mathrel{\mathop:}= \$

Note: do not include volunteers and contractors	
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	* 🕒
Yes	
○ No	
a. Enter the total number of VOLUNTEERS who were interviewed: *	
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (sethat apply) * ☐	elect al
☐ Education/programming	
☐ Medical/dental	
☐ Mental health/counseling	
Religious	
☐ Other	
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility	v? * 🖺
○ Yes	,. ⊔
○ No	
a. Enter the total number of CONTRACTORS who were interviewed: * 🖹	
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (all that apply) $* \stackrel{ o}{=} $	(select
☐ Security/detention	
☐ Education/programming	
☐ Medical/dental	
☐ Food service	
☐ Maintenance/construction	
☐ Other	
83. Provide any additional comments regarding selecting or interviewing specialized staff.	
$\boxplus \lor \mid B \mid I \mid \sqcup \mid \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	

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Note: this text will be included in the audit report, please do not include any personally identifiable information or other
information that could compromise the confidentiality of any persons in the facility.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that

includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.
84. Did you have access to all areas of the facility? * 틜
○ Yes
○ No
a. Explain what areas of the facility you were unable to access and why: ★ 🖹
$\boxplus \vee \mid B \mid I \mid \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; $
Was the site review an active, inquiring process that included the following: 85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument? * Yes No
a. Explain why the site review did not include reviewing/examining all areas of the facility: * □ ■ ∨ B I ∪ ⋮≡ ⋮≡

86. Testing and/or observing all criticial functions in the facility in accordance with the site review component of t audit instrument (e.g., intake process, risk screening process, PREA education)? ★ 🖹	he
○ Yes	
○ No	
a. Explain why the site review did not include testing and/or observing all critical functions in the facility: * 🖹	
$\boxplus \lor \mid B I $	
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? *	· 🖺
○ Yes	
○ No	
88. Informal conversations with staff during the site review (encouraged, not required)? * 🖹	
○ Yes	
○ No	
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	
$\boxplus \lor \mid B \mid I \mid \sqcup \mid \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
	_/
Note: this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.	_//
Documentation Sampling	
	.
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background chec records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; a investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? * 🖹	
○ Yes	
○ No	

_	nal comments regarding to selecting additional d		documentation (e.g., any È	documentation you
■ ~ B I <u>U</u>	}≡ : ≡			
		-	y personally identifiable in	formation or other
information that could co	mpromise the confidentia	lity of any persons in the	e facility.	
	IONS AND		AL HARAS IGATIONS	_
Sexual Abuse Investigation		Harassment	Allegations a	ind
Remember the number of grievances) and should rethe term "inmate" in the f	of allegations should be band to be based solely on the following questions. Audit	e number of investigation ors should provide inforn	ources of allegations (e.g ns conducted. Note: For q mation on inmate-on-inma the facility type being audi	uestion brevity, we use te, resident-on-resident,
audit, by incident type:	*	_	verview during the 12 m	
	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse				
Staff-on-inmate sexual abuse				
Total				
You indicated that you information could not be		nformation for one or m	nore of the fields above.	Explain why this
⊞∨ B I U	1= :=			

prceeding the audit, by	incident type: *		ations overview during a	
	Total number of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment				
Staff-on-inmate sexual harassment				
Total				
You indicated that you information could not be	_	formation for one or n	nore of the fields above	. Explain why this
⊞∨ B I U	1 = := 3 =			
				//
Sexual Abus	e and Sexual	Harassment	Investigation	Outcomes
Sexual Abuse Ir	nvestigation Out	comes		
prosecution and resulted double count. Note: For o	in a conviction, that inves question brevity, we use the -inmate, resident-on-resion	stigation outcome shoul ne term "inmate" in the	if a criminal investigation d only appear in the coun following questions. Audit tainee sexual abuse inves	t for "convicted.") Do not ors should provide

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit: * language in the field in the

information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudio	cated Acquitted
Inmate-on- inmate sexual abuse					
Staff-on-inmate sexual abuse					
Total					
You indicated that y information could n			for one or more of th	ne fields above. Ex	plain why this
■ ∨ B I					
95. Administrative S Instructions: If you ar information cannot be	e unable to provide i	_	_		
	Ongoing	Unfo	unded Uns	substantiated	Substantiated
Inmate-on-inma sexual abuse	te				
Staff-on-inmate sexual abuse	9				
Total					
You indicated that y information could n			for one or more of th	ne fields above. Ex	plain why this
■ B I		<u> </u>			
					,,
Sexual Haras	ssment Inves	tigation Outco	omes		

s. Criminal SEXUAL I structions: If you are u formation cannot be p	ınable to provide i	_		_		
	Ongoing		red for cution	Indicted/Court Case Filed	Convicted/Adju	dicated Acquitted
Inmate-on- inmate sexual harassment						
Staff-on-inmate sexual harassment						
Total						
■ ∨ B I ∪	}≡ : ≡					
7. Administrative SEX	KUAL HARASSM unable to provide i		•	•	•	ceding the audit: * 🖹
7. Administrative SEX	KUAL HARASSM unable to provide i	informatior	•	nore of the fields b	•	•
7. Administrative SEX	KUAL HARASSM Inable to provide i rovided.	informatior	for one or r	nore of the fields b	elow, enter an "X"	" in the field(s) where
7. Administrative SE) structions: If you are uniformation cannot be p	KUAL HARASSM Inable to provide i rovided. Ongoing	informatior	for one or r	nore of the fields b	elow, enter an "X"	" in the field(s) where
7. Administrative SEX structions: If you are uniformation cannot be pure line of the sexual harassment Staff-on-inmate	KUAL HARASSM Inable to provide i rovided. Ongoing	informatior	for one or r	nore of the fields b	elow, enter an "X"	" in the field(s) where
7. Administrative SEX astructions: If you are uniformation cannot be pure sexual harassment Staff-on-inmate sexual harassment	KUAL HARASSM inable to provide in rovided. Ongoing	rovide info	Unfoun	ded Un	substantiated	Substantiated

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review
Sexual Abuse Investigation Files Selected for Review
98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: * 🖹
a. Explain why you were unable to review any sexual abuse investigation files: * □ ■ ✓ B I □ □ ♣ ≡ ≡
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? * ☐ Yes
○ No○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: * 100
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? □
○ Yes
○ No
ONA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? *
○ Yes
○ No
ONA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: * ≧
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? *
○ Yes
○ No
ONA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? * ☐
○ Yes
○ No
ONA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: *
a. Explain why you were unable to review any sexual harassment investigation files: * ≜
$oxed{oxed{oxed{\mathbb{B}}} owed{oxed{oxed{oxed{A}}} oxed{oxed{oxed{oxed{B}}}} oxed{oxed{oxed{B}}} oxed{oxed{oxed{B}}}$
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? * ☐ Yes ☐ No
NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: *
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? ★ ○ Yes

○ No
ONA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? * □
○ Yes
○ No
ONA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: * 🖹
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? *
○ Yes
○ No
ONA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? *
○ Yes
○ No
ONA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.
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Note: this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

SUPPORT STAFF INFORMATION

IMPORTANT REMINDER: Lead auditors are required to include in their audit contracts and in their audit reports information on all other DOJ-certified PREA auditors and non-certified support staff who assisted the lead auditor during any phase of the PREA audit. For details on what information to include, refer to p. 6 and p. 66 of the PREA Auditor Handbook.

The following questions are about support staff. Please provide complete information about any assistance you received from any other DOJ-certified PREA auditors and/or non-certified support staff during each phase of this audit.

DOJ-certified PREA Auditors Support Staff 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. * 🗎 O Yes \bigcirc No a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit: * 🖹 b. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS during the PRE-ONSITE portion of this audit? * Yes \bigcirc No Select all of the activities that DOJ-CERTIFIED PREA AUDITORS provided assistance with during the PRE-ONSITE portion of this audit: * ☐ Audit logistics Meeting or briefings with agency and/or facility staff Reviewing agency and/or facility policies, procedures, and supporting documentation Conducting interviews with staff (e.g., phone interviews with certain specialized staff) Conducting interviews with external providers (e.g., law enforcement, SAFEs or SANEs, community-based organization(s) or victim advocates) Other If "Other," describe: * 1 = := How many TOTAL HOURS did all other DOJ-CERTIFIED PREA AUDITORS spend on the PRE-ONSITE portion of this audit? * ○ 10 hours or less 21-30 hours 51 or more hours

c. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS during the ONSITE portion of this audit?
○ Yes
○ No
Select all of the activities that DOJ-CERTIFIED PREA AUDITORS provided assistance with during the ONSITE portion of this audit: *
☐ Audit planning and logistics
☐ Meetings or briefings with agency and/or facility staff
Conducting all or some portion of the site review (tour), including testing of key systems and functions
Reviewing agency and/or facility policies, procedures, and supporting documentation
Conducting interviews with inmates/residents/detainees
☐ Conducting interviews with staff
Conducting interviews with external providers (e.g., law enforcement, SAFEs or SANEs, community-based organization(s) or victim advocates)
Corrective action planning
Corrective action verification
☐ Other
If "Other," describe: *
How many TOTAL HOURS did all other DOJ-CERTIFIED PREA AUDITORS spend on the ONSITE portion of this audit? *
○ 11-20 hours
○ 21-30 hours
○ 31-40 hours
○ 41-50 hours
○ 51 or more hours
Please report the number of hours other DOJ-certified PREA auditors and/or non-certified support staff were actually onsite at the facility as opposed to time spent on other offsite tasks (reviewing interview notes, general prep).
d. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS during the POST-ONSITE portion of this audit? *
○ Yes
○ No

portion of this audit: *

☐ Audit logistics
☐ Meetings or briefings with agency and/or facility staff
Reviewing agency and/or facility policies, procedures, and supporting documentation
Conducting interviews with staff (e.g., phone interviews with certain specialized staff)
Conducting interviews with external providers (e.g., law enforcement, SAFEs or SANEs, community-based organization(s) or victim advocates)
☐ Systematic review of the evidence
☐ Corrective action planning
☐ Corrective action verification
☐ Drafting the interim audit report
☐ Drafting the final audit report
□ Other
If "Other," describe: *
$oxdots V ar{eta} V ar{ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{eta} V ar{ar{eta} V ar{ar{eta} V ar{ar{eta} V ar{ar{eta} V ar{a$
How many TOTAL HOURS did all other DOJ-CERTIFIED PREA AUDITORS spend on the POST-ONSITE portion of this audit? *
10 hours or less
○ 11-20 hours
04.20 haura
○ 21-30 hours
○ 31-40 hours
○ 31-40 hours ○ 26-30 hours
○ 31-40 hours
○ 31-40 hours○ 26-30 hours○ 41-50 hours

b. Did you receive assistance from NON-CERTIFIED SUPPORT STAFF during the PRE-ONSITE portion of this audit?
* Yes
○ No
Select all of the activities that NON-CERTIFIED SUPPORT STAFF provided assistance with during the PRE-ONSITE portion of this audit: *
☐ Audit logistics
☐ Meeting or briefings with agency and/or facility staff
Reviewing agency and/or facility policies, procedures, and supporting documentation
Conducting interviews with staff (e.g., phone interviews with certain specialized staff)
Conducting interviews with external providers (e.g., law enforcement, SAFEs or SANEs, community-based organization(s) or victim advocates)
☐ Other
If "Other," describe: *
■ B I U I E IE How many TOTAL HOURS did NON-CERTIFIED SUPPORT STAFF spend on the PRE-ONSITE portion of this audit? * 10 hours or less 11-20 hours 21-30 hours
○ 31-40 hours
○ 41-50 hours
○ 51 or more hours
c. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF during the ONSITE portion of this audit? *
○ Yes
○ No
Select all of the activities that NON-CERTIFIED SUPPORT STAFF provided assistance with during the ONSITE portion of this audit: *
☐ Audit planning and logistics
☐ Meetings or briefings with agency and/or facility staff
☐ Conducting all or some portion of the site review (tour), including testing of key systems and functions
Reviewing agency and/or facility policies, procedures, and supporting documentation
☐ Conducting interviews with inmates/residents/detainees
Conducting interviews with staff

Condu	ucting inte ates)	erviews v	with exte	ernal pro	viders (e	e.g., law	v enforc	cement	nt, SAFI	Es or S	SANE	s, comr	nunity-	based	orga	nizatio	n(s) or	victim
☐ Corre	ctive actic	n plann	ing															
	ctive actic	•	-															
☐ Other																		
If "Othe			1_															
Ⅲ ∨	B 1	, n	2 = 3 =	:=														
How ma	ny TOTA	AL HOU	JRS di	d NON-	CERTIF	FIED SI	UPPOI	RT ST	TAFF :	spend	on t	he ON	SITE	porti	on of	this	audit?	*
○ 10 ho	urs or less	3																
<u> </u>	hours																	
<u></u>	hours																	
○ 31-40	hours																	
41-50	hours																	
○ 51 or	more hou	rs																
Please r at the fa	eport the												•			ere a	ctually	onsite
d. Did y audit? *		ve ass	stance	from N	ION-CE	ERTIFIE	ED SU	JPPOF	RT ST	AFF d	uring	g the F	OST-	ONSI	TE p	ortion	ı of th	is
○ Yes																		
○ No																		
	ıll of the of this a		es tha	t NON-C	CERTIF	FIED SU	UPPOF	RT ST	TAFF p	orovid	ed a	ssista	nce w	ith dı	ıring	the P	OST-0	ONSITE
☐ Audit	logistics																	
☐ Meetii	ngs or brie	efings w	ith ager	ncy and/c	or facility	/ staff												
Revie	wing ager	ncy and/	or facili	ty policie	s, proce	dures, a	and sup	pportin	ng docu	ımentat	tion							
☐ Condu	ucting inte	erviews	with stat	ff (e.g., p	hone inte	terviews	s with ce	ertain :	special	lized st	aff)							
Condu	ucting inte ates)	erviews	with exte	ernal pro	viders (e	e.g., law	v enforc	cement	nt, SAFI	Es or S	SANE	s, comr	nunity-	based	orga	nizatio	n(s) or	victim
Syste	matic revi	ew of th	e evide	nce														
☐ Corre	ctive actio	n plann	ing															
☐ Corre	ctive actic	n verific	ation															
☐ Draftir	ng the inte	erim aud	it repor	t														
☐ Draftir	ng the fina	al audit r	eport															

Other
If "Other," describe: *
oxdots extstyle oxdots extstyle B I $oxdots$ $oxdots$ $oxdots$
How many TOTAL HOURS did NON-CERTIFIED SUPPORT STAFF spend on the POST-ONSITE portion of this audit?
○ 10 hours or less
○ 11-20 hours
○ 21-30 hours
○ 31-40 hours
○ 41-50 hours
○ 51 hours or more
LEAD AUDITOR TIME SPENT AUDITING THIS FACILITY 117. How many HOURS did you (the lead auditor) spend on the PRE-ONSITE portion of this audit? * 10 hours or less 11-20 hours 21-30 hours 31-40 hours 51 or more hours
For the following question, please account for all days spent at the audited facility, regardless of the amount of time you were onsite on a particular day. For example, if you were onsite for only 2 hours on the last day of the onsite portion of the audit, count this as one day. Remember, the number of days you indicate here should match the number of days indicated in your Audit Start Date and Audit End Date entries above.
118. How many DAYS did you (the lead auditor) spend conducting the ONSITE portion of this audit? *
○ 1 day
○ 2 days
○ 3 days
○ 4 days
○ 5 days
○ 6 days
○ 7 days

○ 8 days
○ 9 days
○ 10 days
○ 11 days
○ 12 days
119. In the questions below, select the number of HOURS you spent onsite at the facility conducting the audit (e.g., conducting interviews, site review, and documentation review) for EACH DAY of the ONSITE portion of the audit.
Day 1 of the onsite audit: *
○ Less than 4 hours
O 4 to 6 hours
O 7 to 9 hours
○ 10 to 12 hours
O More than 12 hours
Day 2 of the onsite audit: *
○ Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
○ More than 12 hours
Day 3 of the onsite audit: *
○ Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
O More than 12 hours
Day 4 of the onsite audit: *
○ Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
○ More than 12 hours
Day 5 of the onsite audit: *
Cless than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
○ 10 to 12 hours ○ More than 12 hours

Day 6 of the onsite audit: *
C Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
O More than 12 hours
Day 7 of the onsite audit: *
○ Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
O More than 12 hours
Day 8 of the onsite audit: *
C Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
O More than 12 hours
Day 9 of the onsite audit: *
C Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
O More than 12 hours
Day 10 of the onsite audit: *
C Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
O More than 12 hours
Day 11 of the onsite audit: *
○ Less than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
O More than 12 hours
Day 12 of the onsite audit: *

Cless than 4 hours
O 4 to 6 hours
○ 7 to 9 hours
○ 10 to 12 hours
○ More than 12 hours
120. How many HOURS did you (the lead auditor) spend on the POST-ONSITE portion of this audit - including evidence review, interim audit report (if applicable), corrective action planning and verification (if applicable), and final audit report? *
○ 10 hours or less
○ 11-20 hours
○ 21-30 hours
○ 31-40 hours
○ 26-30 hours
○ 41-50 hours
○ 51 hours or more
AUDITING ARRANGEMENTS AND COMPENSATION
For the following questions, the PREA Management Office is collecting information on auditing arrangements and compensation for trend analysis so that better information and guidance can be provided to the field in the future.
121. Who paid you to conduct this audit? * 🗎
○ The audited facility or its parent agency
OMy state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
A third-party auditing entity (e.g., accreditation body, consulting firm)
○ Other
Identify your state/territory or county government employer by name: * □
Identify the name of the third-party auditing entity *
Identify the entity by name: * 🖹
Was this audit conducted as part of a consortium or circular auditing arrangement? * ■
○ Yes
○ No
122. How much were you paid to conduct this audit? Please indicate the dollar amount for the compensation received for your time to complete audit-related tasks (e.g., documentation review, report writing, interviews, onsite observations). Do not include reimbursements for airfare, per diem rates, or non-personnel costs. *

○ \$5,001 or more
○ \$4,001-\$5,000
○ \$3,001-\$4,000
○ \$2,001-\$3,000
○ \$1,001-\$2,000
○ \$1- \$1,000
○ \$0 - I conducted this audit as part of a consortium or circular auditing arrangement
○ \$0 - I was unpaid for a reason other than a consortium or circular auditing arrangement
123. Does the amount indicated above reflect the amount you were paid to conduct the audit of the single facility named above (i.e., not the amount you were paid to conduct multiple audits under a single contract)? *
○ Yes
○ No
a. How many facility audits are included in the amount paid above? *
124. What was the total cost of this audit? Total cost refers to the TOTAL AMOUNT THAT THE AUDITED AGENCY PAID for this audit, including the auditor's compensation, travel costs, per diem costs, and so on. *
○ \$7,001 or more
○ \$6,001-\$7,000
○ \$5,001-\$6,000
○ \$4,001-\$5,000
○ \$3,001-\$4,000
○ \$2,001-\$3,000
○ \$1,001-\$2,000
○ \$1-\$1,000
○ \$0 - This audit was conducted as part of a consortium or circular auditing arrangement
○ \$0 - There was no cost for this audit for a reason other than a consortium or circular auditing arrangement
Ounknown - I was not responsible for procuring this audit, and do not know the total amount paid by the audited agency
125. Is there any other information you would like to provide about this audit? The PREA Management Office is interested in hearing from auditors about particular challenges associated with this audit, as well as examples of important achievements by the audited agency or facility. Please provide a brief description here.
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