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.

More information regarding auditors' reporting requirements and the PREA audit oversight process can be found in the PREA Auditor Handbook located on the PREA Resource Center website. (see www.prearesourcecenter.org/node/5341 (https://www.prearesourcecenter.org/node/5341)).

If you have questions concerning this form, please email auditorhelp@prearesourcecenter.org (mailto:auditorhelp@prearesourcecenter.org).

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 (▤), will be included in the final audit report.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit: * ▤
(mm/dd/yyyy)

mm/dd/yyyy

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

mm/dd/yyyy

Audit Notice

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

○ 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

6. Did you receive any confidential correspondence from INMATES/RESIDENTS/DETAINEES that was relevant to 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: *

[   ]

(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? *

○ Yes

○ 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? *

[   ]

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 from VOLUNTEERS OR CONTRACTORS? *

○ Yes

○ No

9. Did you receive any confidential correspondence from any OTHER INTERESTED PARTIES (e.g., family members 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? *

[   ]

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: * 🗎

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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: * 🗎

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15. Average daily population for the past 12 months: * 🗎

<div style="border:1px solid #ccc; height:2em"></div>

16. Number of inmate/resident/detainee housing units: * 🗎

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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

○ 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)

Inmates/Residents/Detainees Population Characteristics for the 12 Months Preceding the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees who were admitted to the facility over the past 12 months: *

[   ]

19. Enter the total number of youthful inmates or youthful/juvenile detainees who were in the facility over the past 12 months: *

[   ]

20. Enter the total number of inmates/residents/detainees with a physical disability who were in the facility over the past 12 months: *

[   ]

21. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) who were in the facility over the past 12 months: *

[   ]

22. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) who were in the facility over the past 12 months: *

[   ]

23. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing who were in the facility over the past 12 months: *

[   ]

24. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) who were in the facility over the past 12 months: *

[   ]

25. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual who were in the facility over the past 12 months: *

[   ]

26. Enter the total number of inmates/residents/detainees who identify as transgender or intersex who were in the facility over the past 12 months: *

[   ]

27. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility over the past 12 months: *

[   ]

28. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening who were in the facility over the past 12 months: *

[   ]

29. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimiziation who were in the faclity over the past 12 months: *

[   ]

30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees who were in the facility over the past 12 months (e.g., groups not tracked, issues with identifying certain populations).

Staff, Volunteers, and Contractors Population Characteristics for the 12 Months Preceding the Onsite Portion of the Audit

31. Enter the total number of STAFF employed by the facility over the past 12 months: *

Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees.

32. Enter the total number of STAFF employed by the facility who may have had contact with inmates/residents/detainees over the past 12 months: *

33. Enter the total number of VOLUNTEERS who may have had contact with inmates/residents/detainees over the past 12 months: *

34. Enter the total number of CONTRACTORS who may have had contact with inmates/residents/detainees over the past 12 months: *

35. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility over the past 12 months:

Audited Facility Population Characteristics on Day One of the 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 the 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 for risk of sexual victimiziation in the facility as of the first day of the onsite portion of the audit: * 🗎

48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): 📄

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, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: * 📄

Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees.

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: * 📄

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: * 📄

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: 📄

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: *📄

Note: a single interview cannot be double counted as both a random and targeted interview.

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) *📄

☐ Age

☐ Race

☐ Ethnicity (e.g., Hispanic, Non-Hispanic)

☐ Length of time in the facility

☐ Housing assignment

☐ Gender

☐ Other

☐ None

If "Other," describe: *📄

If "None," explain: *📄

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interveiwees was geographically diverse? *📄

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 interviews: *
📄

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57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any 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 interviewing 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 an 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 risk 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/detainee 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".

59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol: * 📄

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/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/detainees.

☐ The inmates/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/detainees). * 📄

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability 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). * 📄

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) 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). * 📄

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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). * 📄

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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). * 🗎

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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: * 🗎

[text field]

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). * 🗎

[editor toolbar: ⊞ˇ | **B** *I* <u>U</u> | ≣ ☰]

65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: * 🗎

[text field]

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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66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual 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). * 📄

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a 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 on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). * 📄

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 on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). * 📄

| ⊞ ∨	**B** *I* U̲	☰ ☰

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for 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 on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). * 📄

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70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): 📄

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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.

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 that apply) * 📄

☐ 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: * 📄

If "None," explain: * 📄

73. Were you able to conduct the minimum number of RANDOM STAFF interviews? * 📄

○ Yes

○ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply) * 📄

☐ Too many staff declined to participate in interviews.

☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).

☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.

☐ Other

b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews: * 📄

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If "Other," explain: * 📄

⊞ ∨	**B**	*I*	U̲	☰	☰

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): 📄

⊞ ∨	**B**	*I*	U̲	☰	☰

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.

Specialized Staff, Volunteers, 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. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): *▤

[ ]

76. Were you able to interview the Agency Head? *▤

○ Yes

○ No

a. Explain why it was not possible to interview the Agency Head: *▤

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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? *▤

○ Yes

○ No

a. Explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee: *▤

▦ ∨	**B**	*I*	U	⅓≣	≣

78. Were you able to interview the PREA Coordinator? *▤

○ Yes

○ No

a. Explain why it was not possible to interview the PREA Coordinator: *▤

▦ ∨	**B**	*I*	U	⅓≣	≣

79. Were you able to interview the PREA Compliance Manager? * 📄

○ Yes

○ No

○ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

a. Explain why it was not possible to interview the PREA Compliance Manager: * 📄

⊞ ∨	**B** *I* <u>U</u>	⅒ ≣ ☰

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply) * 📄

☐ Agency contract administrator

☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff 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 "Other," provide additional specialized staff roles interviewed: * 📄

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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: (select all that apply) * 🖹

☐ 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? * 🖹

○ 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: (select all that apply) * 🖹

☐ Security/detention

☐ Education/programming

☐ Medical/dental

☐ Food service

☐ Maintenance/construction

☐ Other

83. Provide any additional comments regarding selecting or interviewing specialized staff. 🖹

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? * 🗎

○ Yes

○ No

a. Explain what areas of the facility you were unable to access and why: * 🗎

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: * 🗎

86. Testing and/or observing all criticial functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)? *▤

○ Yes

○ No

a. Explain why the site review did not include testing and/or observing all critical functions in the facility: *▤

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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). ▤

▦ ⌄	**B** *I* <u>U</u>	⅏ ☰

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 check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and 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

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). 📄

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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.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate-on-inmate, resident-on-resident, or detainee-on-detainee sexual abuse investigation files, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type: * 📄
Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# 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 are unable to provide information for one or more of the fields above. Explain why this information could not be provided. * 📄

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93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months prceeding the audit, by incident type: * 🗎

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	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 are unable to provide information for one or more of the fields above. Explain why this information could not be provided. * 🗎

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate-on-inmate, resident-on-resident, or detainee-on-detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit: * 🗎
Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse					
Staff-on-inmate sexual abuse					
Total					

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided. * 📄

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95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit: * 📄
Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse				
Staff-on-inmate sexual abuse				
Total				

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided. * 📄

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Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate-on-inmate, resident-on-resident, or detainee-on-detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit: * 📄
Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment					
Staff-on-inmate sexual harassment					
Total					

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided. * 📄

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97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit: * 📄
Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment				
Staff-on-inmate sexual harassment				
Total				

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided. * 📄

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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: * 🖹

---

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: * 🖹

101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? * 🖹

○ Yes

○ No

○ NA (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

○ NA (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

◯ NA (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

◯ NA (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: * 📄

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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

○ NA (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

○ NA (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

○ NA (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

○ NA (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. * 📄

○ Yes

○ 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

○ 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: *

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How many TOTAL HOURS did all other DOJ-CERTIFIED PREA AUDITORS 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 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: *

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How many TOTAL HOURS did all other DOJ-CERTIFIED PREA AUDITORS spend on the 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

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

Select all of the activities that DOJ-CERTIFIED PREA AUDITORS provided assistance with during the POST-ONSITE 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: *

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

- ○ 21-30 hours

- ○ 31-40 hours

- ○ 26-30 hours

- ○ 41-50 hours

- ○ 51 hours or more

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF 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. *

- ○ Yes

- ○ No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit: *

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: *

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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

- ☐ 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: *

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How many TOTAL HOURS did NON-CERTIFIED SUPPORT STAFF spend on the 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

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 NON-CERTIFIED SUPPORT STAFF during the POST-ONSITE portion of this audit? *

- ○ Yes
- ○ No

Select all of the activities that NON-CERTIFIED SUPPORT STAFF provided assistance with during the POST-ONSITE 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: *

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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

◯ 41-50 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

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 2 of the onsite audit: *

○ Less than 4 hours

○ 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

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 4 of the onsite audit: *

○ Less than 4 hours

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 5 of the onsite audit: *

○ Less than 4 hours

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 6 of the onsite audit: *

○ Less than 4 hours

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 7 of the onsite audit: *

○ Less than 4 hours

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 8 of the onsite audit: *

○ Less than 4 hours

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 9 of the onsite audit: *

○ Less than 4 hours

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 10 of the onsite audit: *

○ Less than 4 hours

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 11 of the onsite audit: *

○ Less than 4 hours

○ 4 to 6 hours

○ 7 to 9 hours

○ 10 to 12 hours

○ More than 12 hours

Day 12 of the onsite audit: *

○ Less than 4 hours

○ 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

○ My 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

○ Unknown - 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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