



PREA Auditor Handbook

PREA Management Office
Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice

National PREA Resource Center

Version 2.1
November 2022

Available online at www.prearesourcecenter.org/audit/prea-auditors/auditor-handbook

Contents

Section I. Background and Overview	1
Chapter 1. Purpose of the PREA Auditor Handbook	1
Chapter 2. About PREA and the Standards	2
Section II. PREA Audit Assignment System	4
Section III. Contracting for a PREA Audit	7
Chapter 3. Auditing Arrangements	7
Chapter 4. Audit Contracts and Compensation	9
Section IV. Auditor Code of Conduct	14
Chapter 5. Auditor Code of Conduct Guiding Principles	15
Chapter 6. Identifying Potential Conflicts of Interest	19
Section V. Auditor Certification Requirements.....	21
Chapter 7. PREA Auditor Certification Process	21
Chapter 8. Dual Certification	24
Chapter 9. Field Training Program	26
Chapter 10. Probationary Certification Status	26
Chapter 11. Auditor Reporting Requirements	27
Chapter 12. Continuing Education Requirements	32
Chapter 13. Complaints or Concerns about Auditor Conduct	32
Section VI. PREA Audit Methodology	34
Chapter 14. PREA Audit Instrument	34
Chapter 15. Phase One: Pre-Onsite Audit	40
Chapter 16. Phase Two: Onsite Audit	54
Chapter 17. Phase Three: Evidence Review and Interim Report	79
Chapter 18. Phase Four: Corrective Action and Final Report	84
Chapter 19. Post-Audit	89
Section VII. Audit Oversight	91
Chapter 20. Audit Assessment	92
Chapter 21. Peer Review and Peer Mentoring	93
Chapter 22. Remediation	94
Chapter 23. Disciplinary Review	95
Chapter 24. Impact of Audit Oversight	97

Section VIII. Maintaining, Losing, or Giving up Certification	98
Chapter 25. Auditor Recertification	98
Chapter 26. Auditor Suspension and Decertification	104
Chapter 27. Voluntary Surrender of Certification	107
Section IX. Auditor Resources	108
Chapter 28. Training, Education, and Assistance for Auditors	108

Appendices

Auditor Certification Agreement.....	110
--------------------------------------	-----

Section I. Background and Overview

Chapter 1. Purpose of the PREA Auditor Handbook

The purposes of the PREA Auditor Handbook (Handbook) are to articulate the Department of Justice’s (DOJ’s) expectations for all DOJ-certified PREA auditors, establish requirements for auditor conduct and audit methodology, provide transparency to all stakeholders regarding the expected audit methodology, and serve as an easy-to-use reference guide for conducting **high quality, objective, comprehensive, and reliable** PREA audits. The Handbook covers the following core topics:

- Auditing contracts and compensation
- Code of conduct governing auditors
- Conflicts of interest
- Process for becoming a DOJ-certified PREA auditor
- Requirements for maintaining DOJ PREA auditor certification
- Auditor’s role and the PREA audit methodology
- The PREA Management Office’s oversight of the PREA audit function
- Auditor recertification process and disciplinary action by the PREA Management Office
- Auditor resources

IMPORTANT

PREA auditors are required to read this Handbook and should refer to it often in the course of their work. Auditors must uphold the requirements included in this Handbook in order to maintain their DOJ certification. Failure to follow the Handbook’s requirements will result in disciplinary review (see chapter 23) by the PREA Management Office, which may impact an auditor’s DOJ certification.

Although the Handbook contains much of the essential information that auditors need to know, it is a living document that will be updated over time to meet the evolving needs of DOJ, PREA auditors, and the field.

If auditors have questions about the PREA audit process, the role of an auditor, auditor certification requirements, or any issues that are not covered in the Handbook, they should refer to the frequently asked questions (FAQs) issued by the DOJ PREA Working Group, which are updated regularly on the PREA Resource Center website.¹ In addition, auditors can contact the PREA Management Office by sending an email to PREACompliance@usdoj.gov or contact the PREA Resource Center by submitting an Auditor Helpdesk Form available on the PREA Resource Center’s Training and Resource Portal.

Note on language: The PREA Management Office and the PREA Resource Center are shifting the way we identify people who are incarcerated by using person-first language that recognizes the humanity of all people, including people in confinement, in our publications, trainings and training materials, and technical assistance. This will strengthen the PREA Management Office’s and PREA Resource Center’s collective ability to work toward its mission of ending sexual abuse and sexual harassment of people in confinement. The PREA Standards use the terms “inmates,”

¹ For more information, visit www.prearesourcecenter.org/frequently-asked-questions.

“residents,” and “detainees” to refer to people confined in prisons and jails, juvenile and community confinement facilities, and lockups respectively. They were written this way to reflect the most common language used to describe people confined in those institutions by the institutions themselves. Recently, the Department of Justice issued guidance that its own communications and those made by its grantees, such as the PREA Resource Center, should replace those words with person-first language (e.g., “person confined in...,” “person who is confined,” “confined person”) to refer to people who are confined in institutional facilities. As such, this Handbook will reflect the new person-first language unless directly referring to the language in the standards.

In addition, as instructed by DOJ, the PREA Management Office and the PREA Resource Center will be using the gender-inclusive pronouns they/them/theirs in its resources, rather than “he or she,” to be inclusive of people who are nonbinary or who do not otherwise use “he” or “she” pronouns. The PREA Standards are written using “he” and “she” pronouns and assume a gender binary, so we are working on ways to make both the language and the standards implementation more inclusive. As with the change in language above, this Handbook will use “they/them/theirs” instead of “he” or “she” pronouns.

Chapter 2. About PREA and the Standards

The Prison Rape Elimination Act (PREA) (codified at 34 U.S.C. § 30301 *et seq.*), created to protect individuals from sexual abuse and sexual harassment in confinement facilities, was passed in 2003 with unanimous support from both parties in Congress. In addition to providing federal funding for research on sexual abuse in confinement facilities, a demonstration grant program for state, local, and tribal jurisdictions to establish “zero tolerance” cultures for sexual abuse and sexual harassment in confinement, and the provision of training and technical assistance, PREA mandated the development of national standards to achieve the goals set forth under the statute.

The National Prison Rape Elimination Commission (Commission) was created by PREA and charged with developing recommended national standards for reducing sexual abuse in confinement. A report containing the recommended national standards was published in June 2009 and conveyed to DOJ (34 U.S.C. § 30306(e)). After extensive public comment periods and subsequent revisions, DOJ published the final PREA Standards (Standards) in the Federal Register on June 20, 2012, at www.prearesourcecenter.org/resource/national-standards-prevent-detect-and-respond-prison-rape-final-rule. The standards became effective on August 20, 2012, and apply to adult prisons and jails, juvenile facilities, lockups, and community confinement facilities. The first 3-year audit cycle began a year later on August 20, 2013.

DOJ PREA Working Group

The DOJ PREA Working Group was first established by the Attorney General to review the Commission’s recommended standards and issue final standards “based upon the independent judgment of the Attorney General” (34 U.S.C. § 30307(a)(2)).

The DOJ PREA Working Group’s current mission is to provide guidance to auditors, agencies, and facilities on how to interpret the standards. This guidance is issued in the form of FAQs that

are posted on the PREA Resource Center website at www.prearesourcecenter.org/frequently-asked-questions.

The DOJ PREA Working Group's active members include representatives from the following DOJ components: Office of Justice Programs' (OJP's) Office of the Assistant Attorney General, Bureau of Prisons, Civil Rights Division, National Institute of Corrections, Office on Violence Against Women, Federal Bureau of Investigation, OJP's Bureau of Justice Assistance, OJP's Office for Victims of Crime, OJP's Office for Civil Rights, OJP's Office of the General Counsel, and OJP's Office of Juvenile Justice and Delinquency Prevention.

PREA FAQs and the Audit

The FAQs issued by the DOJ PREA Working Group constitute interpretive guidance that PREA auditors are to follow when conducting an agency or facility audit. All auditors are required to read, understand, and follow the FAQs issued by the DOJ PREA Working Group.

PREA Management Office

The PREA Management Office was established by the Deputy Attorney General in 2013 within OJP's Bureau of Justice Assistance and is responsible for:

- **Creating, implementing, and overseeing all aspects of the PREA audit function.** The PREA Management Office trains and certifies PREA auditors, provides continuing education and training opportunities for DOJ-certified PREA auditors, and manages PREA audit oversight.
- **Directing a robust, nationwide training and technical assistance initiative to support jurisdictions across the country with implementing the PREA Standards.** The PREA Management Office partners with the National PREA Resource Center to provide targeted training and technical assistance to state, local, and tribal jurisdictions across the nation that are working to uphold their requirements under the standards.
- **Overseeing the Bureau of Justice Assistance's competitive PREA grant program, and providing support to jurisdictions that are awarded funding under this program.** The PREA statute authorizes DOJ to create, implement, and oversee a grant program to create and enhance zero tolerance cultures for sexual abuse and sexual harassment in confinement facilities in state, local, and tribal jurisdictions, and support implementation of the standards.
- **Reviewing, verifying, and responding to certifications and assurances submitted by state and territorial governors.** Each year, state and territorial governors, and the mayor of the District of Columbia, are given the option by the PREA statute to submit to DOJ either a certification that all confinement facilities under their operational control are in full compliance with the standards or to issue an assurance that they will use not less than 5 percent of certain DOJ grant funds to come into full compliance with the standards in the future. States and territories that do not submit a certification or an assurance are subject to a 5 percent reduction in certain DOJ grant funds. Additional information can be found on the Bureau of Justice Assistance PREA page at www.bja.gov/ProgramDetails.aspx?Program_ID=76.

- **Leading the ongoing efforts of DOJ’s PREA Working Group to issue interpretative guidance related to the Standards.** The DOJ PREA Working Group has developed and made available on the PREA Resource Center website FAQs that address questions of first impression related to the PREA Standards.
- **Audit Oversight.** Implementing provisions in the 2016 and 2018 Amendments to the PREA Statute. These provisions focus on a number of important issues related to PREA implementation, including PREA Audit Oversight. The 2018 Amendment states: ““The PREA Management Office of the Bureau of Justice Assistance shall evaluate all auditors based on the criteria contained in the certification agreement. In the case that an auditor fails to comply with a certification agreement or to conduct audits in accordance with the PREA Auditor Handbook, audit methodology, and instrument approved by the PREA Management Office, the Office may take remedial or disciplinary action, as appropriate, including decertifying the auditor...” (34 USC Ch. 303, (e)(8)(A)(iii)). For more information about Audit Oversight, please refer to Section VII.

National PREA Resource Center

The National PREA Resource Center was established through a competitively awarded cooperative agreement from the Bureau of Justice Assistance in fiscal year 2010. The PREA Resource Center represents a unique, collaborative partnership that includes a wide array of national stakeholder organizations representing adult prisons and jails; juvenile facilities; community corrections; tribal facilities; lockups; and victim advocacy groups.

The PREA Resource Center provides direct support, training, and technical assistance to state, local, and tribal corrections and law enforcement professionals, victim advocates, and other key stakeholders working to eliminate sexual abuse and sexual harassment in confinement. The PREA Resource Center’s subject matter experts work to meet jurisdictions’ specific technical assistance and training needs. It maintains a full online resource library, including training curricula, resource and implementation guides, research and data, model practices and implementation tools, and webinars that focus on areas such as prevention strategies, improved reporting and detection, investigation, prosecution, and victim-centered responses.

The PREA Resource Center is also a critical partner in developing and managing the PREA audit function. Specifically, the PREA Resource Center works with the PREA Management Office to process and train PREA auditor candidates; provide additional training opportunities and continuing education resources for DOJ-certified PREA auditors; respond to auditor questions and requests for assistance; and continue to develop and enhance audit tools and resources to improve the skills and knowledge of PREA auditors and enhance the reliability and integrity of PREA audits.

Section II. PREA Audit Assignment System

On October 31, 2018, an amendment to PREA was passed by Congress and signed into law under the U.S. Parole Commission Extension Act of 2018 (2018 PREA amendment). The 2018 PREA amendment includes a number of important changes to the PREA statute related to the oversight of PREA auditors certified by DOJ. These changes include the implementation of an

audit assignment system, to be established and administered by the PREA Management Office, “for assigning certified auditors to Federal, State, and local facilities” (34 U.S.C. § 30307(e)(8)(C)).²

The PREA audit assignment system is informed by the insights and perspectives of impacted stakeholder groups—such as PREA auditors, PREA coordinators, adult and juvenile corrections directors, advocates, and other corrections and law enforcement practitioners—and serves the core goals of:

- Training and certifying highly qualified candidates to become DOJ-certified PREA auditors.
- Evaluating the work of auditors and holding them accountable for meeting high standards of audit quality and integrity.
- Increasing auditors’ awareness of, and adherence to, DOJ certification requirements, including the PREA Auditor Code of Conduct.
- Improving transparency by providing corrections practitioners, advocates, families of incarcerated individuals, and other members of the public with real-time, actionable information about upcoming audits.

The audit assignment system consists of the following five elements:

1. PREA auditor training and certification program.
2. Public, searchable database of DOJ-certified PREA auditors.
3. PREA audit oversight program designed to ensure the high quality and integrity of PREA audits.
4. Audit initiation process and rules for auditors to conduct PREA audits of local, state, and federal confinement facilities.
5. Publicly available audit information.

All elements of the audit assignment system, with the exception of the final two elements, are ongoing. The audit initiation process and rules (element 4) and public availability of information about the audit (element 5) are effective as of June 30, 2022. The PREA Management Office may amend the audit assignment system in the future based on changes to existing capacity, statutory obligations, and available resources. Any changes to the audit assignment system will be communicated in a proactive, timely fashion to all stakeholders.

Each element of the audit assignment system is described in greater detail below.

1. PREA Auditor Training and Certification Program

To be certified as a PREA auditor, auditor candidates must meet the minimum experience requirements; submit a complete and accurate application; and successfully complete all the training requirements, including:

- Attendance and full participation in the PREA Auditor Candidate Training and Field Training Program.

² The full statute is available at <https://www.congress.gov/115/plaws/publ274/PLAW-115publ274.pdf>.

- Completion of and achieving a passing score on pre- and post-training examinations.
- Passing a criminal records background check.
- Signing the Auditor Certification Agreement.
- Completion of all the probationary certification status requirements.

The full PREA auditor certification, training process, and requirements are detailed in chapter 7 of this Handbook.

2. Public, Searchable Database of DOJ-Certified PREA Auditors

Once certified by DOJ, the names of PREA auditors, including their certification dates and certification types, will continue to be made publicly available on a searchable database located on the PREA Resource Center website.³ Agencies and facilities seeking an auditor, as well as DOJ-certified PREA auditors seeking audit support staff, are able to search the database for auditors.

3. PREA Audit Oversight Program

The PREA Management Office operates under a statutory obligation to evaluate all PREA auditors for compliance with the Auditor Certification Agreement, the PREA Auditor Handbook, the DOJ Audit Instrument, and to take remedial or disciplinary action where necessary (34 U.S.C. § 30307(e)(8)(A)(iii)). To fulfill its legal obligation to evaluate an auditor's performance, the PREA Management Office, through the PREA Audit Oversight Program, monitors and reviews the work of DOJ-certified PREA auditors with the goal of ensuring the high quality and integrity of PREA audits.

Auditors who do not satisfy their certification requirements are subject to remedial or disciplinary action, up to and including suspension or decertification. Full details regarding the PREA Audit Oversight Program are provided in Section VII of this Handbook.

4. Audit Initiation Process and Rules

PREA audits are to be conducted at the request of any federal, state, local, or private confinement facility, or any agency that oversees such a facility. A facility or agency may contact an auditor directly by using the searchable database described above or seek the services of an auditor through procurement announcements, advertisements, or other means. Auditors can also solicit work from agencies and facilities.

All DOJ-certified PREA auditors are required to comply with the conditions of the Auditor Certification Agreement when procuring and conducting an audit. Specifically, the PREA Standards and this Handbook establish minimum guidelines for conducting high quality, reliable, objective, and comprehensive audits. These guidelines prohibit personal and financial conflicts of interest, require auditors to adhere to an auditor code of conduct, impose conditions on audit contracts and compensation (e.g., transparency, compliance with the PREA Standards and DOJ auditor certification requirements, restrictions on gifts), and establish a detailed PREA audit methodology that auditors are to follow.

³ www.prearesourcecenter.org/audit/auditor-search.

Effective June 30, 2022, once an agency or facility has identified and contracted with a PREA auditor, either directly or in coordination with a third-party entity (e.g., the auditor’s current employer or a consulting firm), certain steps must be taken by the auditor to initiate the audit and receive approval from the PREA Management Office to proceed with the audit. Full details regarding the audit initiation and approval process are provided in chapter 11 of this Handbook.

5. Publicly Available Audit Information

Effective September 2022, once an audit is approved by the PREA Management Office, information about the audit will be posted on the PREA Resource Center website⁴ under the “Audit” tab so that corrections practitioners, advocates, families of individuals in incarceration, and other members of the public can view a list of upcoming audits. The “Audit” page will include details about each audit, including the assigned auditor, facility and agency information, scheduled onsite audit dates, and a copy of the final PREA audit report once completed. A link is provided so that interested stakeholders can contact the auditor directly to provide information about relevant conditions at the facility.

The Audit page will also include a link to the Auditor Feedback Form where stakeholders can submit information regarding an assigned auditor to the PREA Management Office. In the event that the PREA Management Office receives credible allegations that an auditor violated their auditor certification requirements in the course of an audit, the PREA Management Office may take appropriate disciplinary action against the auditor, up to and including suspension or decertification, as described in Section VII of this Handbook. In cases where disciplinary action is taken against an auditor, depending on when the complaint is received and the timing of the audit, the PREA Management Office may notify the agency/facility so that it may identify a different auditor to conduct the audit, if warranted.

Section III. Contracting for a PREA Audit

Before an auditor enters into a contract for a PREA audit, it is important to understand the various types of auditing arrangements available to auditors, what must and must not be included in an audit contract, and rules regarding auditor compensation.

Chapter 3. Auditing Arrangements

This chapter summarizes several types of auditing arrangements that auditors may wish to use in their audit practice.

Working Independently or Through a Third-party Entity

Auditors may work as independent contractors or conduct audits through a third-party entity (e.g., their current employer, an accreditation body, or a consulting firm). Auditors working independently should consider obtaining professional liability insurance, since many facilities and agencies require auditors to hold certain minimum insurance coverage. The requirements related to insurance coverage are often described in PREA auditing requests for proposals from agencies or facilities.

⁴ <https://www.prearesourcecenter.org/audit/prea-audit-assignment-system>

Employees of correctional agencies can be certified by DOJ to conduct PREA audits. However, **an auditor may not conduct an official PREA audit for any agency or facility under the authority of that agency, including a private facility operated by contract, if the auditor is or has been employed by or otherwise received financial compensation from the agency, facility, or contractor within the past 3 years.** Employment within the same state or local government does not disqualify the auditor, so long as the auditor is not employed directly by or under the agency that operates the facility to be audited.⁵

Auditors who conduct audits through a third-party entity, whether as an employee or a contractor (e.g., for an accreditation body or consulting firm), must exercise independence and integrity when making their determinations regarding compliance with the PREA Standards. Each certified auditor, regardless of whether they work independently or through a third-party entity, is personally accountable for complying with all of the DOJ certification requirements and for the accuracy of their audit findings.

Reciprocal and Circular Auditing

Facilities or agencies may wish to engage in reciprocal auditing or circular auditing. Reciprocal auditing is when auditors employed by two different agencies or facilities audit each other's agency or facility. Circular auditing is when a consortium of three or more states or local jurisdictions agree to perform no-cost audits within the consortium.

Reciprocal auditing is only permitted if the audits are conducted 12 months or more apart.⁶ Similarly, circular audits are permissible so long as no impermissible reciprocal audits occur.

Lead and Secondary Auditors

Each PREA audit must have one lead auditor who is ultimately responsible for the conduct of the audit and all work products. A lead auditor can, however, employ other DOJ-certified PREA auditors to function as secondary auditors. The PREA Management Office strongly encourages this kind of collaboration among certified auditors. In addition, the lead auditor may employ support staff who are not DOJ-certified auditors to assist with auditing tasks. Auditors who have been decertified or are on suspension may not participate in PREA audits, including as an agent of a PREA auditor (34 U.S.C. § 30307(e)(8)(B)(i)). Therefore, auditors must ensure that any support staff they employ are eligible to participate in a PREA audit and should check the list of currently certified, previously certified, decertified, and suspended auditors on the PREA Resource Center website.⁷

IMPORTANT

Under no circumstances may individuals who are not DOJ-certified auditors participate or engage in the substantive work of a formal PREA audit unless acting under the direction of a DOJ-certified auditor.

⁵ 28 C.F.R. § 115.402(a)(1).

⁶ The full FAQ is available at www.prearesourcecenter.org/frequently-asked-questions/reciprocal-auditing-conducted-employees-two-confinement-agencies.

⁷ www.prearesourcecenter.org/audit/auditor-search.

Lead auditors must also ensure that anyone they employ to work on audits is free of any conflict of interest, as described in chapter 6.⁸ Lead auditors are responsible for any misconduct, errors, or conflicts of interest attributed to any secondary auditors or non-certified support staff they employ—actions that can impact the DOJ certifications of lead and secondary auditors.

Chapter 4. Audit Contracts and Compensation

PREA audits are conducted at the request of any federal, state, local, or private confinement facility, or any agency that oversees such a facility. A facility or agency may contact an auditor directly (the PREA Resource Center maintains a directory of DOJ-certified auditors⁹) or seek the services of an auditor through procurement announcements, advertisements, or other means. Auditors themselves can also solicit work from agencies and facilities, consistent with their underlying ethics restrictions.

Procurement and contract negotiation with agencies and facilities seeking a PREA audit are important elements of an auditor’s audit practice, and they may provide early opportunities for an auditor to gauge how ready an agency or facility is for an audit and the extent of its PREA implementation progress. In addition, during the negotiation process, it is critical for auditors and third-party entities seeking to contract for a PREA audit to ensure that the facility understands the access and auditing requirements and expectations that are imposed by DOJ and the PREA Standards so that all necessary issues can be addressed and accommodated during the audit. Additional information regarding audit contracts and compensation is detailed below.

Audit Contract Requirements for Auditors

Auditors must ensure that each audit contract complies with the following requirements.

Auditors Must Be Party to the Audit Contract

Pursuant to an FAQ issued by the DOJ PREA Working Group, auditors are required to be a party to the contract or agreement with the facility and/or agency to be audited.^{10, 11}

For purposes of complying with this requirement, auditing agreements must, at a minimum:

1. Be signed by all relevant parties, including the audited agency, lead auditor, and third-party entity (e.g., the auditor’s current employer, an accreditation body, or a consulting firm), if applicable.

⁸ The full FAQs are available at www.prearesourcecenter.org/frequently-asked-questions/can-prea-auditors-engage-support-staff-assist-completing-prea-audits and www.prearesourcecenter.org/frequently-asked-questions/do-any-conflict-rules-governing-who-can-conduct-audit-given-agencys.

⁹ For more information, visit <https://www.prearesourcecenter.org/audit/auditor-search>.

¹⁰ The term “agreement” is meant to include other binding arrangements, such as memoranda of understanding among agencies involved in auditing consortia, that guide the conduct of audits, and are submitted via the PREA audit assignment system.

¹¹ The full FAQ is available at www.prearesourcecenter.org/frequently-asked-questions/can-prea-auditors-engage-support-staff-assist-completing-prea-audits.

2. Include the following information:
 - a. The name of the lead auditor.
 - b. The facility(ies) to be audited by the auditor.
 - c. Anticipated start and end dates for the onsite phase of the audit(s).
 - d. Fees, expenses, and other forms of compensation paid to the auditor for completing the agreed upon audit(s).¹²

This condition applies whether the auditor is being compensated directly by the audited facility and/or agency or through a third-party entity (e.g., the auditor’s current employer, an accreditation body, or a consulting firm). Some facilities and/or agencies may contract with a third-party entity that assigns an auditor after the contract is executed. In such instances, prior to the submission or confirmation of the Audit Initiation Form, the auditor must ensure that the contract between the facility and/or agency and the third-party entity is amended or supplemented to include the lead auditor as one of the parties to the contract and with direct privity¹³ to the confining agency. When applying this requirement, the term “contract” is defined according to DOJ’s broad interpretation to include any memorandum of understanding or intergovernmental or interagency agreement.

As part of the PREA audit assignment system (34 U.S.C. § 30307(e)(8)(C)),¹⁴ auditors are required to submit a copy of the audit contract or agreement with the audited agency, and confirm that they are party to the contract or agreement with the audited facility and/or agency to be audited. Audit contracts or agreements will be reviewed during the approval process of the Audit Initiation Form, to determine whether the minimum conditions described above are met. If an auditor is unable to meet one or more of the conditions and/or fails to fully and accurately complete or confirm the Audit Initiation Form, the auditor will not be approved by the PREA Management Office to proceed with the audit.

IMPORTANT

Audit contracts must disclose the fees, expenses, and other compensation paid to the lead auditor. It is acceptable if contracts include more than one audit and/or list the bulk price(s) for one or more audits. However, contracts, or signed attachments/addenda to contracts, must also include the fees, expenses, and other compensation paid to the lead auditor for the specific audit being initiated in the audit assignment system. This excludes circumstances where the auditor does not receive compensation (e.g., circular auditing agreement, consortia, and other similar arrangements).

Audit Contracts Must be Transparent

The PREA Management Office strongly recommends that the contract between the auditor, or third-party entity, and the audited facility or agency address all aspects of the audit, including the specific work to be conducted during each phase of the audit (i.e., pre-onsite, onsite, evidence review and interim report, and corrective action and final report, as described in this

¹² In circumstances where the auditor does not receive compensation (e.g., circular auditing agreement, consortia, and other similar arrangements), the contract or agreement must include language that explains how the auditor’s time is being covered.

¹³ <https://www.law.cornell.edu/wex/privity>.

¹⁴ Effective June 30, 2022.

Handbook). The fees, expenses, other compensation, and payment schedule are also critical components of the contract; therefore, they must be described with specificity in writing. To promote full transparency, auditors are not permitted to receive any compensation, monetary or otherwise, not specifically provided in the contract. However, incidental items such as water, coffee, and donuts, if provided to the auditor, do not have to be specified in the contract, but larger items (such as meals) that are offered free of charge should be described in the contract.

Audit Contracts Must Describe the Role of Third Parties and Support Staff

The contract must identify the lead auditor, list the names of all other DOJ-certified PREA auditors and noncertified support staff who will assist the lead auditor during any phase of the audit, and provide brief descriptions of other staff members' roles during the audit. The contract must also disclose the nature of any third-party entity's involvement in the PREA audit. For example, an auditor who is hired by ABC PREA Auditing, LLC, to conduct a PREA audit of a facility operated by XYZ County Sheriff's Department must describe their (the auditor's) role with, and relationship to, ABC PREA Auditing, LLC, in the contract. In addition, some agencies may contract with a third-party entity that assigns an auditor after the contract is executed. In such instances, the contract between the agency and the third-party entity must be updated with an addendum that lists the name of the lead auditor and, if applicable, lists the names and describes the roles of all other DOJ-certified PREA auditors and noncertified support staff members once assigned by the third-party entity. As a reminder, the audit report must also include identifying information for the lead auditor and, if applicable, for all other DOJ-certified PREA auditors and noncertified support staff who assisted during any phase of the audit.

Audit Contracts Must Comply with the PREA Standards and DOJ Auditor Certification Requirements

Auditors and third-party entities contracting to perform an audit must ensure that auditing contracts permit, and do not restrict, auditors' obligations under the standards and the required audit methodology as outlined in this Handbook, in FAQs issued by the DOJ PREA Working Group, and in ongoing, mandatory continuing education for auditors. .

Audit Contracts Must Ensure Sufficient Time to Conduct a Thorough Audit

To ensure that auditors comply with the PREA Standards and follow the audit methodology described in this Handbook, they must consider a number of important variables before discussing how long an audit is likely to take, which will directly impact their compensation. Auditors must consider the size and characteristics of the facility, whether secondary auditors and support staff will be involved, and their level of experience. Regardless of whether an agency contracts directly with an auditor or through a third-party entity, the audit contract should address these issues and must accommodate the methodological requirements outlined in this Handbook (e.g., interviews with persons confined in the facility and staff, site review, and documentation collection and review).

Audit Contracts Must Allow for Corrective Action

The PREA Standards are complex and contain several hundred specific provisions that must be substantially met in order for a facility to be deemed in full compliance. For that reason, DOJ expects that corrective action will be required in most cases. Therefore, contracts between

auditors, or third-party entities, and agencies or facilities must allow for and support corrective action periods for auditors to work with the agencies and/or facilities to take steps to address areas of noncompliance identified during the audit, and for subsequent verification of the corrective action. As such, auditors and agencies/facilities should be aware of the limitations of using “flat fee” contracts. Such contracts pay an auditor a set fee as compensation, regardless of whether the auditor identifies any deficiencies or requires any corrective action. These flat fee contracts may have the unintended consequence of inappropriately incentivizing auditors to make full compliance findings without requiring any corrective action, even in cases where policies and/or practices are not in compliance with the PREA Standards. In addition, auditors are not permitted to accept bonus compensation contingent on the outcome of an audit.

In the event that the PREA Management Office receives credible allegations that an auditor violated the above requirements in the course of an audit, among other information, the auditor will be required to provide the PREA Management Office with a copy of the relevant audit contract(s).

Audit Contract Recommendations

To help ensure auditors are able to meet their obligation to conduct a high quality, objective, comprehensive, and reliable audit, auditors are encouraged to include the following information in the audit contract.

1. A description of the auditor’s rights and responsibilities under the contract, as described below:
 - a. The process for and conditions under which an auditor may withdraw from an audit or terminate the auditing agreement.
 - b. Recourse for the auditor for wrongful dismissal from the audit or inability to complete an audit due to inappropriate influence in the conduct or outcomes of the audit by the audited agency or a third-party entity. Examples of wrongful dismissal or inappropriate influence may include:
 - i. The audited agency or a third-party entity dismisses the auditor based on dissatisfaction or disagreement with the auditor’s compliance determinations.
 - ii. The audited agency or a third-party entity inappropriately restricts the auditor’s time onsite such that the auditor is unable to comply with the required components of the onsite phase of the audit in the PREA Standards and PREA Auditor Handbook.
 - iii. The audited agency or a third-party entity inappropriately restricts the auditor’s access to audit documentation necessary to assess compliance with the PREA Standards and complete the audit.
 - iv. The audited agency or a third-party entity inappropriately restricts the auditor’s ability to observe all areas of the facility pursuant to Standard 115.401(h).

- v. The audited agency or a third-party entity inappropriately restricts the auditor's ability to verify corrective action, including onsite verification methods where necessary.
 - vi. The audited agency or a third-party entity inappropriately restricts the auditor's ability to retain and preserve all of the audit documentation relied upon to make compliance determinations pursuant to Standard 115.401(j).
- c. The auditor's required compliance with the DOJ PREA Auditor Certification Agreement in the conduct of the audit.
2. The process for and conditions under which the audited agency may dismiss the auditor or terminate the auditing agreement.
 3. If applicable, the process for and conditions under which a third-party entity may dismiss the auditor or terminate the auditing agreement.
 4. Recourse for the audited agency should the auditor fail to complete the agreed upon audits or to complete the audits in a manner consistent with the auditor's certification agreement with DOJ.

Gifts

A "gift" is anything that has monetary value such as items, food and beverages, or services. Except as provided in this chapter, no DOJ-certified PREA auditor or any noncertified support staff hired to assist an auditor may either solicit or accept a gift from any entity or party who has an interest related to the outcome of a particular PREA audit in which that person is participating. Entities and parties with such an interest are considered "prohibited sources" as it pertains to gifts.

For purposes of this restriction, the term "prohibited sources" is to be broadly construed, and will include any and all people or organizations that could be directly or indirectly substantially impacted by the outcome of an audit. This includes, for example:

- All management, employees, and contractors of the facility or agency being audited.
- All persons confined in the facility being audited.
- Direct relatives of individuals listed in the above two categories.
- State employees working in a state agency which oversees the work of the facility to be audited, as well as local employees working in a local agency which oversees the work of the facility to be audited.
- Any organization which reasonably appears to or purports at some level to represent the interests of any of the above groups (such as a correctional officers union or a law firm currently representing a person confined in the facility).

Additionally, for purposes of this restriction, certain items are excluded from the definition of a gift, including items clearly not intended to curry favor in an attempt to influence an official action of the auditor. These items include, but are not limited to:

- Items routinely provided to visitors of the facilities free of charge such as parking.
- Modest items of food and refreshments (e.g., coffee, donuts, or soft drinks) offered other than part of a meal.
- Items clearly described in the audit contract (e.g., meals or transportation provided to the auditor while at the facility).
- Items given in circumstances clearly indicated as based exclusively on a personal or family relationship. However, if there is an item received based solely on a personal relationship, it is important to note that there may be some question concerning the ability of the auditor to perform their functions in an impartial manner, consistent with the principles described in chapter 5.
- A discount or similar benefit open to all auditors or employees.
- Items based on an outside business relationship, including items provided by an auditor's spouse's employer, items provided when it is clear they were provided due to an outside business relationship, or items provided as part of an employment search by a prospective employer.
- Anything for which market value is paid by the auditor.

Section IV. Auditor Code of Conduct

PREA auditors must be independent, objective, and credible in evaluating the extent to which confinement facilities comply with the PREA Standards. In recognition of the importance of this obligation, DOJ has undertaken a training and certification program to facilitate uniform understanding of the standards by all auditors, and to oversee uniform implementation of the auditing process.

Because PREA auditors are DOJ-certified, they are in a unique position of public trust with the ability to impact public confidence in the integrity of the PREA audit function. Many stakeholders rely on this audit process and its results, including federal, state, local, and private agencies that operate or oversee confinement facilities; facility staff; treatment and service providers; community-based advocacy organizations; courts; attorneys; and people in confinement and their families.

This reliance on the ability of PREA auditors to conduct **high quality, reliable, objective, and comprehensive** PREA audits imposes a significant obligation for them to operate within general principles of integrity necessary to instill public confidence in the PREA audit process. The Auditor Code of Conduct section of the Handbook identifies general principles that govern the professional and personal conduct of auditors and the underlying rules that support these principles. As a condition of DOJ auditor certification, auditors must comply with this code of conduct. However, these principles are demonstrative of the standards to which an auditor will be held. The PREA Management Office retains the discretion to review whether certain conduct not specifically described in this section nevertheless violates the spirit and intent of this Auditor Code of Conduct and may, therefore, subject an auditor to disciplinary action.

Chapter 5. Auditor Code of Conduct Guiding Principles

This chapter discusses the core principles that auditors are expected to uphold in both their professional and personal conduct: integrity, objectivity, confidentiality, and proficiency and professionalism.¹⁵

Integrity

Integrity is the virtue of being honest, fair, and trustworthy. In the context of the PREA audit, integrity demands that auditors apply the standards fairly, consistently, and comprehensively. In taking such an approach, auditors demonstrate a firm commitment to upholding the overall intent of PREA to create or enhance a culture of zero tolerance for sexual abuse and sexual harassment inside confinement facilities, and to support policies and practices required by the standards to achieve this goal.

With these principles in mind, PREA auditors must:

1. Put forth an honest effort to execute auditing responsibilities and apply the PREA Standards in a fair, comprehensive, and consistent manner.
2. Avoid any actions which would create the appearance of a violation of any law or ethical standards to a reasonable person with full knowledge of the relevant facts.
3. Model a commitment to the elimination of sexual abuse and sexual harassment in confinement.

Auditors must not:

1. Engage in any conduct of a criminal, reckless, negligent, dishonest, deceitful, or fraudulent nature, either by act or omission, that calls their integrity into question.
2. Misrepresent their certification credentials for any purpose.

Objectivity

PREA auditors must exhibit the highest level of professional objectivity in gathering evidence and evaluating the policies, procedures, practices, and operations of an audited agency or facility. Auditors must exhibit the same level of professional objectivity in communicating information about activities and processes being examined, and in communicating their reasons for arriving at a particular finding for every standard and for every provision of a standard.

Modeling Commitment to the PREA Standards

Auditors should be able to explain each of the Standards and the underlying rationale for the obligations each Standard imposes. For more information about DOJ's rationale for individual Standards, auditors should see the preamble to the [PREA Notice of Final Rule](#) available on the PREA Resource Center Website.

Auditors may encounter resistance to PREA among some facilities and agencies—to the PREA statute overall or to particular Standards and provisions. Auditors should be prepared for such resistance and understand that the best defense is their own thorough understanding of and commitment to the Standards.

¹⁵These code of conduct principles were informed by "Code of Ethics," by The Institute of Internal Auditors North America, *Author*, n.d., retrieved from na.theiia.org/standards-guidance/mandatory-guidance/Pages/Code-of-Ethics.aspx; and "Government Auditing Standards," by United States Government Accountability Office, 2007, retrieved from www.gao.gov/new.items/d07731g.pdf.

Under no circumstances should an auditor permit anyone to inappropriately influence their professional judgment regarding any part of the conduct of a PREA audit. Auditors are obligated to report any attempt by any individual or entity, including an employee of the audited facility or agency and an auditor's own employer, to inappropriately influence the outcome of an audit. Auditors can report such information directly to the PREA Resource Center using the Urgent Helpline at 800-279-7732 (press 2 when prompted) or by sending an email to Urgent@prearesourcecenter.org. Auditors may also notify the PREA Management Office at PREACompliance@usdoj.gov.

With these principles in mind, PREA auditors must:

1. Act in an impartial manner, treating each situation and all parties objectively and giving preferential treatment to no public or private organization or individual.
2. Use reasonable care and diligence to obtain sufficient facts to support all statements, conclusions, and findings of an audit.
3. Make determinations regarding all audit findings on the basis of demonstrable evidence or lack thereof.
4. Include in their audit reports all evidence supporting compliance or noncompliance which, if not included, could distort the final compliance determination.

Auditors must not:

1. Knowingly misrepresent facts when expressing an opinion or finding in an audit report.
2. Hold personal or financial interests which a reasonable person would think would conflict with the conscientious performance of duties under an auditing contract.
3. Maintain other employment or engage in other non-auditor activities which a reasonable person would think would negatively impact the public perception of the auditor's impartiality.
4. Solicit or accept gifts from anyone associated with a particular audit (whether it is an entity or staff which is being audited, persons confined in the facility or relatives of persons confined in the facility, or any other organization, entity, or person) which would cause a reasonable person to call into question the credibility of the audit or the impartiality of the auditor.
5. Make credibility determinations based solely upon an individual's status as a person confined in the facility, staff member, or agency official.

Confidentiality

The only public aspect of a PREA audit is the final report. As discussed in greater detail below, auditors are to maintain the confidentiality of the information they collect during the course of a PREA audit with only three exceptions.

First, Standard 115.401(j) states that auditors "shall retain and preserve all documentation . . . relied upon in making audit determinations. Such documentation shall be provided to the

Department of Justice upon request.” Chapter 19 discusses the retention and preservation of audit documentation as required by Standard 115.401(j).

Second, auditors are required to provide certain information relating to audits to the PREA Resource Center in the ordinary course of business (e.g., Audit Initiation Form, post-audit reporting information), and also in conjunction with the PREA Management Office’s Audit Oversight Program as described in chapters 20–24 below.

Third, in limited circumstances, there may be a legal or professional (e.g., as a condition of a professional license or auditor certification) obligation to disclose audit-related information. In such instances, the auditor must immediately inform the audited facility and agency. The audited facility or agency may choose to challenge the requirement that the auditor provide the requested information.

Subject to the 3 exceptions above, PREA auditors must:

1. Protect the confidentiality of audit-related information to the greatest extent possible.
2. Ensure the anonymity of a person who reports sexual abuse or sexual harassment in a confinement facility, when requested, to the extent allowed by law.
3. Be prudent in using and protecting information acquired in the course of their duties.
4. Always comply with Standard 115.403(e), which prohibits the inclusion of personally identifiable staff¹⁶ or confined person information in audit reports.
5. Ensure that non-public information obtained in furtherance of an audit will not be used by the auditors for any purpose other than completion of the audit, or as required by the PREA Standards or DOJ certification requirements.
6. Abide by all confidentiality agreements signed in contract with an agency or facility for a PREA audit.

Media Inquiries

Auditors may be approached by the media to comment on the PREA audit process or to discuss an audit of a particular facility or agency. In such cases, auditors are strongly encouraged to contact the PREA Management Office or the PREA Resource Center to determine the most appropriate response. In addition, auditors should address media inquiries in their contract with the facility/agency to ensure both parties agree.

Safety and Security of Audit Documentation

Auditors must handle all audit documentation with the appropriate safeguards in order to protect information in their possession, including that which contains personally identifiable information, personal health information, investigative records, personnel records, and other types of sensitive information and documentation. These safeguards are particularly important for documents that are exchanged and stored outside of the Online Audit System as discussed in chapter 19.

Auditors are required to:

¹⁶ Certain key staff are permitted to be named in the auditor’s final report, including the agency head, facility head, PREA Coordinator, and PREA Compliance Manager.

- Protect and safeguard all PREA information in their custody, including that which contains personally identifiable information, commensurate with the sensitivity and value of the data at risk.
- Protect and safeguard all PREA information and information systems in their custody from unauthorized access, unauthorized or inadvertent modification, disclosure, damage, destruction, loss, theft, denial of service, and improper sanitization or use.
- Ensure the safekeeping and confidentiality of any and all sensitive correspondence received in the course of a PREA audit, unless otherwise required by law to disclose such information.
- Not share the passwords to their computers, laptops, or other mobile devices holding sensitive PREA audit data.
- Not leave sensitive PREA audit-related information, in either electronic or paper format, in a public place or outside of their supervision.
- Screen-lock or log-off any computers or devices holding sensitive PREA audit data when outside their supervision.
- Ensure that individuals have the proper clearance, authorization, and need to know before providing them with access to any sensitive PREA information.
- Immediately destroy when no longer needed any information not required by law or policy to be retained.

For more information on the safety and security of audit documentation, refer to the Information Security Awareness Training on the PREA Resource Center’s PREA Learning Hub.

Proficiency and Professionalism

PREA auditors must develop and apply comprehensive knowledge of the PREA Standards, FAQs issued by the DOJ PREA Working Group, and the requirements articulated in this Handbook. Moreover, auditors are expected to maintain and improve their auditing skills to ensure that their audits are **high quality, reliable, objective, and comprehensive**.

When the auditor enters a facility, they will be treated as the expert on the PREA Standards. Administrators and staff will look to the auditor for information and guidance regarding the specifics of PREA, and the meaning and implications of the standards. This serious obligation requires two core elements to be effective: first, understanding the standards; and second, knowing the limits of their knowledge.

With these principles in mind, PREA auditors must:

1. Have read and understand the PREA Standards.
2. Conduct PREA audits in accordance with those PREA Standards that apply to auditors, including, but not limited to, the requirements stated in standards 115.401-404.
3. Conduct PREA audits according to the methodology provided in this Handbook, the PREA Auditor Candidate Training, FAQs issued by the DOJ PREA Working Group, and any other continuing education and guidance provided by the PREA Management Office and

the PREA Resource Center in writing, in continuing auditor education, or through other means.

4. Audit an agency's or facility's compliance with every applicable standard and every provision of each of those standards.
5. Provide a detailed description in every audit report of the evidence used to make all compliance determinations and how this evidence was analyzed to reach the compliance determinations.
6. Continually seek to maintain and improve their professional knowledge, skills, and competence, including maintaining familiarity with all FAQs issued by the DOJ PREA Working Group and completing all continuing education requirements for auditors.

Chapter 6. Identifying Potential Conflicts of Interest

A conflict of interest arises when an individual's official responsibilities as a PREA auditor could affect their personal or financial interests or the interests of others who have been imputed to the auditor because of the closeness of their relationship. DOJ-certified PREA auditors have a responsibility to avoid any conflicts of interest, or the appearance of any such conflict. Conflicts of interest may adversely impact an auditor's ability, or perceived ability, to conduct **high quality, reliable, objective, and comprehensive** audits. Therefore, auditors should avoid any personal or financial arrangements that could create a conflict of interest, or the appearance of a conflict of interest, that would lead a reasonable person to question their objectivity during the conduct of a PREA audit. Under no circumstances should an auditor permit someone to unduly influence their professional judgment.

IMPORTANT

Auditors must consider any business or personal relationship or other interest that might significantly impair their objectivity, yield an unfair competitive advantage, or even create the appearance of impropriety. Such relationships are considered to be conflicts of interest and must be identified and avoided by auditors.

Prior to every audit, the auditor is required to certify in writing that they have no conflict of interest through any relationship to the facility to be audited or the agency overseeing that facility.¹⁷ The Auditor Report Template available on the PREA Resource Center Website at www.prearesourcecenter.org/audit/instrument/core-components includes a prompt for auditors to complete this information. In the Online Audit System, the auditor must certify no conflict of interest in order to submit the Auditor Compliance Tool and generate an interim and/or final report.

Relevant PREA Standard

In general, if an auditor has a financial, personal, or recent or current employment relationship to an agency, they must not conduct audits for that agency. Standard 115.402 is designed to minimize the risk of a PREA auditor having any such conflict of interest.

¹⁷ 28 C.F.R. § 115.403(a).

There are three provisions under Standard 115.402 that address auditor conflicts of interest. These include the following:

- 115.402(a) – “An audit shall be conducted by: (1) A member of a correctional monitoring body that is not part of, or under the authority of, the agency (but may be part of, or authorized by, the relevant State or local government); (2) A member of an auditing entity such as an inspector general’s or ombudsperson’s office that is external to the agency; or (3) Other outside individuals with relevant experience.”
- 115.402(c) – “No audit may be conducted by an auditor who has received financial compensation from the agency being audited (except for compensation received for conducting prior PREA audits) within the three years prior to the agency’s retention of the auditor.”
- 115.402(d) – “The agency shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the agency’s retention of the auditor, with the exception of contracting for subsequent PREA audits.”

Building on Standard 115.402(a), (c), and (d), the following guidance must be used by auditors when deciding whether to accept an offer to conduct a PREA audit of an agency or facility.

Personal Relationships

The principles outlined in Standard 115.402 apply to situations in which the auditor’s immediate family members or close personal friends have a conflict of interest. For example, an auditor may not conduct an audit of an agency if an immediate family member or close personal friend has been employed by the agency within the last 3 years or has a significant financial interest in any corporation or other business associated with housing of persons confined in that agency. An auditor also may not conduct an official PREA audit for an agency (or facility under the authority of that agency) if the auditor has an immediate family member (including parents, spouses, siblings, and children) or close personal friend in the custody of a facility operated by the agency under review.

Conversely, if the auditor, an immediate family member (including parents, spouses, siblings, and children), or close personal friend was previously incarcerated within a facility operated by the agency under review, the auditor may conduct an official PREA audit for the agency (or facility under the authority of that agency); however, the auditor must disclose this relationship in the post-audit reporting information section of the Auditor Compliance Tool.

The above requirements relating to personal relationships apply to the lead auditor, all secondary auditors, and all non-certified support staff who an auditor may employ to assist him or her in completing the audit.

Maintaining Impartiality

In order to maintain the objectivity of the PREA audit process, auditors should not receive both compensation from a confinement agency for performing an official PREA audit and any other paid employment (including contracts or consultation for audit preparation, training, or unrelated technical assistance) from that same entity within 3 years of each other.

- **Example 1:** PREA auditor Tony is hired by XYZ County Sheriff’s Department—either directly or through a third-party entity, ABC PREA Auditing, LLC—to conduct a PREA audit of a facility operated by the XYZ County Sheriff’s Department. The following year, Tony is contracted again to perform a food safety assessment at another facility operated by the same Sheriff’s department.
- **Example 2:** PREA auditor Tony is hired by the Sunshine Confinement Corporation—either directly or through a third-party entity, ABC PREA Auditing, LLC—to conduct a PREA audit of a juvenile facility operated by the Sunshine Confinement Corporation on behalf of the State A Department of Juvenile Justice. The following year, Tony is hired again by the Sunshine Confinement Corporation, this time to conduct a food safety assessment for a prison operated by the Sunshine Confinement Corporation on behalf of the State B Department of Corrections.
- **Example 3:** PREA auditor Tony is hired by the XYZ County Sheriff’s Department—either directly or through a third-party entity, ABC PREA Auditing, LLC—to provide PREA-related technical assistance to a facility operated by the XYZ County Sheriff’s Department. The following year, Tony is contracted again to conduct a PREA audit of that facility.

Each of these 3 examples is a problem. The first two examples above raise the possibility that the auditor might be, or appear to be, beholden to the agency where multiple employment contracts could be contingent on a successful PREA audit (i.e., full compliance). The third example above demonstrates a scenario in which the auditor would be evaluating his own work. Such relationships bias the auditor’s assessment and make it more likely that the auditor will find the facility in full compliance.

The guidance and scenarios described in this chapter are not intended to be exhaustive but rather illustrative of what an auditor should consider when deciding whether they can accept an offer to conduct a PREA audit at any particular agency or facility. Each individual case will be different and must be examined by each auditor to ensure that they can conduct an official PREA audit in a fair and objective manner. Questions regarding particular situations should be directed to the PREA Management Office at PREACompliance@usdoj.gov.

Section V. Auditor Certification Requirements

This section describes in detail the process for becoming a DOJ-certified PREA auditor and the requirements that auditors must follow in order to maintain their certification.

Chapter 7. PREA Auditor Certification Process

Standard 115.402(a) and (b) establish minimum qualifications for PREA auditors and direct DOJ to establish a process for auditor certification, as follows:

- (a) An audit shall be conducted by:
 - (1) A member of a correctional monitoring body that is not part of, or under the authority of, the agency (but may be part of, or authorized by, the relevant State or local government).

- (2) A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the agency.
 - (3) Other outside individuals with relevant experience.
- (b) All auditors shall be certified by the Department of Justice. The Department of Justice shall develop and issue procedures regarding the certification process, which shall include training requirements.

To fulfill its requirements under Standard 115.402(b), DOJ has established the following requirements for PREA auditor certification (which may be amended as needed):

1. Auditor candidates must meet the minimum experience, as follows:
 - a. Three years of significant auditing, monitoring, quality assurance, investigations, or substantially similar experience with the facility type or set of standards in which the applicant seeks certification(s); or
 - b. Three years of significant experience working to implement the PREA Standards as a PREA Coordinator or PREA Compliance Manager with the facility type or set of standards in which the applicant seeks certification(s); or
 - c. Three years of other significant professional experience related to safety in confinement facilities accompanied by a demonstrated expertise regarding facility operations with the facility type or set of standards in which the applicant seeks certification(s).

Additional details regarding the minimum experience requirement are as follows:

- a. Significant auditing experience means regular job responsibilities focused on the objective, unbiased, systematic examination of information to determine the adequacy of policies, procedures, and practices, and their compliance with established standards or guidelines. Paper-based auditing, unless it is part of a larger performance-based audit process, does not qualify as significant auditing experience. Paper-based auditing includes tasks, such as fiscal or financial reviews, examinations of accounting practices, and oversight of the work of subordinates. Preparation for audits conducted by another person or entity also does not qualify as significant auditing experience.
- b. Significant quality assurance experience entails regular job responsibilities focused on monitoring and analyzing the outcomes and effectiveness of business or enterprise procedures, processes, practices, and/or operations, and includes designated responsibility for recommending and implementing changes to these procedures, processes, practices, and/or operations to enhance outcomes and effectiveness.
- c. Significant compliance experience requires regular job responsibilities focused on monitoring and/or inspecting facility operations to ensure that a public agency or other regulated unit obeys specific laws, regulations, or other legal requirements, such as a court-ordered consent decree or other enforcement mechanism. Compliance activities may include records reviews, and responding

to internal or external requests for information. Contract monitoring, unless it is part of a larger compliance monitoring job responsibility, does not qualify as significant compliance experience.

- d. Significant investigations experience refers to regular job responsibilities focused on formal, systematic, and detailed examinations or assessments to ascertain the facts involved in a situation/incident, where there are allegations or indications of criminal or civil violations, or staff, employee, or offender misconduct.
- e. Significant experience as a PREA Coordinator or PREA Compliance Manager requires regular job duties advancing PREA implementation efforts within an agency or facility.
- f. Significant professional experience related to safety in confinement facilities accompanied by a demonstrated expertise regarding facility operations refers to regular and focused efforts on those issues related to the safety and well-being of persons confined in corrections or detention facilities. Applicants who are relying on this qualification, but do not have in-facility employment experience (e.g., technical assistance provider), must also demonstrate expertise in facility operations in their application.
- g. To clarify the meaning of “experience with the facility type or set of standards in which the applicant seeks certification(s),” it is important to know that in addition to applicants who are employed by a corrections, detention, or relevant law enforcement agency or facility, the PREA auditor training and certification process is also open to applicants with related work experience in the justice system in which exposure to a confinement agency or facility operations and contact with relevant populations of persons who are confined are regular components of the position or role. Such positions and roles include, but are not limited to, the following: probation and parole; re-entry of persons who are confined back to the community; law enforcement and public safety; legal positions, including prosecution and defense; confined persons and victim advocacy; onsite technical assistance or consultations related to corrections and/or conditions of confinement; and other settings that provide appropriate collateral exposure in confinement facilities.

When seeking both adult and juvenile certifications, an applicant must demonstrate at least 3 years of relevant experience in juvenile settings or with juvenile populations and at least 1 year of relevant experience in adult settings. Experience in an adult prison, jail, or lockup that houses youth (i.e., persons under the age of 18) does not qualify as experience with juvenile populations or juvenile settings.

- 2. A bachelor’s degree from an accredited college or university, or a high school degree and equivalent career-related experience, defined as 5 years of contemporary fulltime public safety experience in a position which requires considerable exercise of professional discretion.

3. Two references from professionals in the field related to a relevant set of standards. Individual applicants who work for a state-level auditing or compliance entity (e.g., an employee of a state inspector general's office) and PREA Coordinators may submit endorsements from their employing entities as substitutes for references.
4. Submission of a complete and accurate application for admission to the PREA Auditor Candidate Training through the PREA Resource Center.
5. Participation in a telephone interview with PREA Resource Center staff.
6. If accepted, attendance and full participation in the PREA Auditor Candidate Training provided by the PREA Resource Center. In addition, auditor candidates must complete and submit the Auditor Trainee Code of Conduct to advance through the auditor training and certification process.
7. Completion of a pre- and post-training examination with a score of 80 percent or higher.¹⁸
8. Passing a criminal records background check.¹⁹
9. Participation in and completion of all requirements for the Field Training Program.
10. Completion and submission of the Auditor Certification Agreement.²⁰

After auditor candidates successfully complete all of the above requirements, DOJ, through the PREA Management Office, will grant auditors with probationary certification status. Auditors under probationary certification status must complete all of the requirements outlined in chapter 10 in order to receive full certification.

PREA auditor certification is valid for 3 years following the auditor's original certification date.²¹ At the end of this period, an auditor's certification will expire, unless the auditor has applied for and been granted recertification by DOJ through the PREA Management Office or elected to enter inactive status. Information on the recertification process and requirements, including inactive status, can be found in chapter 25.

Chapter 8. Dual Certification

Based on an applicant's experience and work history, they may train and be certified to conduct audits of adult facilities (including prisons, jails, community confinement facilities, and lockups), juvenile facilities, or both types of facilities. Once certified by DOJ, auditors are only authorized to conduct audits for the facility type for which they are certified.

¹⁸ Auditor candidates who do not achieve a passing score on their pre- or post-training examination are granted one opportunity to retake each examination. Auditor candidates who fail the retake of the pre-training examination will not be permitted to attend the PREA Auditor Candidate Training.

¹⁹ 34 U.S.C. § 30307(e)(8)(A)(i).

²⁰ 34 U.S.C. § 30307(e)(8)(A)(ii).

²¹ The certification date for all auditors can be found under their names in the list of DOJ-certified PREA auditors on the PREA Resource Center website (see www.prearesourcecenter.org/audit/auditor-search).

Individuals interested in seeking dual certification to conduct audits in both juvenile and adult facilities are encouraged to make this designation during the application process, prior to attending the PREA Auditor Candidate Training. However, individuals may also request an additional certification type during the PREA Auditor Candidate Training, after training has been completed but prior to receiving DOJ certification, or following certification by completing a Supplemental Information Form for dual certification and receiving a passing score of 80 percent or higher on a supplemental examination that covers topics relevant to the additional certification type being requested. Requests for dual certification should be directed to the PREA Resource Center by submitting the Supplemental Information Form, which can be found under Resources in the PREA Resource Center's Training and Resource Portal.

The PREA Management Office reviews all requests for dual certification to determine whether the individual meets the minimum qualifications for the additional certification type being sought, as specified below.

- Individuals seeking adult certification must possess (in addition to the qualifications stated above) at least 1 year of significant experience related to one or more of the following in adult institutions, including prisons, jails, community confinement facilities, or lockups:
 - o Auditing, monitoring, quality assurance, investigations, or substantially similar experience
 - o PREA implementation experience as a PREA Coordinator or PREA Compliance Manager
 - o Experience related to safety in adult confinement facilities with demonstrated expertise in facility operations
- Individuals seeking juvenile certification must possess (in addition to the qualifications stated above) at least 3 years of experience related to one or more of the following in a juvenile facility setting or with juvenile populations (excluding experience in adult settings with youth confined in the facility (i.e., persons under the age of 18)):
 - o Significant auditing, monitoring, quality assurance, investigations, or substantially similar experience
 - o PREA implementation experience as a PREA Coordinator or PREA Compliance Manager
 - o Experience related to safety in juvenile confinement facilities with demonstrated expertise in facility operations

Individuals will be notified of the PREA Management Office's decision by the PREA Resource Center. If approved for dual certification, both certification types will be reflected in the list of DOJ-certified PREA auditors on the PREA Resource Center website. The additional certification type granted by DOJ will expire on the same date as the original certification type. Additional information on the recertification process and requirements can be found in chapter 25.

Chapter 9. Field Training Program

As a requirement for certification, auditor candidates are required to successfully complete a training audit as part of the Field Training Program.²² The goal of the Field Training Program is to provide auditor candidates with an opportunity to transfer the knowledge and skills they attained during the PREA Auditor Candidate Training to a field-auditing experience in a supervised and supportive environment. Specifically, the Field Training Program audit will strengthen auditor candidates' understanding of how to apply the PREA Standards, hone their auditing skills, and provide an opportunity to implement the PREA audit methodology.

Auditor candidates are assigned a specific training audit based on geographic location and will be expected to complete the full training audit (approximately 19 weeks for the pre-onsite audit, onsite, and post-onsite audit phases).²³ More information about the Field Training Program can be found on the PREA Resource Center website.²⁴

Chapter 10. Probationary Certification Status

All newly certified auditors are required to enter probationary certification status and must successfully complete all the requirements to become fully certified by DOJ.²⁵ Probationary certification status assists newly certified auditors in carrying out their auditing obligations and effectively and comprehensively communicating their audit findings.

Probationary Certification Requirements

Upon completion and submission of the Auditor Certification Agreement, newly certified auditors enter probationary certification status. While on probationary certification status, auditors are required to complete a minimum of 8 hours of probationary education that will be delivered in a variety of formats, including self-paced modules, pre-recorded videos, and one-on-one coaching with a PREA Resource Center mentor.²⁶ Small group sessions facilitated by the PREA Resource Center may also be available.

Topics to be covered through the probationary education will focus on practical information and skill building designed to help auditors as they are first starting out such as fully understanding the many requirements in the Handbook, using the Online Audit System, business information (including information on audit procurement and contracts), the PREA audit methodology, how to effectively collect and evaluate evidence, and more. Topics may also be tailored to meet the individual needs of the auditor or to reflect changes to auditor

²² The Field Training Program requirement was first instituted with auditors who attended the July 2017 PREA Auditor Candidate Training.

²³ Participation in the Field Training Program requires approximately 40-45 hours during the pre-onsite audit phase, a minimum of 50-55 "working hours" during the onsite audit phase, and approximately 45-50 hours during the post-onsite audit phase.

²⁴ www.prearesourcecenter.org/implementation/training/field-training-audit.

²⁵ Probationary certification status was first instituted with auditors who attended the March 2015 PREA Auditor Candidate Training.

²⁶ The assigned mentor will normally be the same individual that worked with an auditor during the Field Training Program, subject to PREA Resource Center staff availability.

requirements. For example, if an auditor initiates one or more audits while on probationary certification status, PREA Resource Center staff will work with the auditor to integrate discussion of their audit work into the coaching components of the probationary coursework. The probationary education requirements do not count toward meeting auditors' annual continuing education requirements as described in chapter 12.

Upon entering probationary certification status, each newly certified auditor will have access to their probationary education content in the PREA Resource Center's PREA Learning Hub and can begin completing independent, self-paced modules at any time. Some modules of the probationary education include coaching requirements, and as the auditor progresses through the coursework, they will be prompted to schedule coaching appointments with a PREA Resource Center faculty mentor. In addition, all auditors on probationary certification status are welcome to contact PREA Resource Center staff for additional support. The PREA Resource Center will provide proactive support to auditors to the greatest extent possible.

Auditors are expected to complete their probationary education requirements within 12 months of their original certification date. Auditors may complete their probationary education requirements and be granted full certification in less than 12 months; however, completion of coaching engagements will be subject to PREA Resource Center staff availability. Auditors who do not complete all the probationary education requirements within 12 months of their original certification date will remain on probationary certification status until all the requirements are completed or they reach their certification expiration date. To be recertified as a PREA auditor, the auditor must have completed all the probationary education requirements. Refer to chapter 25 for more information about the recertification process.

Upon completion of their probationary certification status requirements, auditors will be granted full certification. Auditors will normally be notified regarding their change in certification status within 5 business days of completion of their requirements.²⁷

For questions about probationary certification requirements, contact the PREA Resource Center at auditorhelp@prearesourcecenter.org.

Chapter 11. Auditor Reporting Requirements

All auditors must fulfill the reporting requirements described in this chapter. Whether an auditor is initiating or confirming an agency audit or facility audit in the Online Audit System, the reporting requirements, as detailed in this chapter, remain the same.

²⁷ In 2021, all auditors certified prior to September 2020 and still on probationary certification status were given the opportunity to opt into the new probationary coursework option instead of the original probationary process, which required an auditor to work collaboratively with PREA Resource Center staff in writing their first two audit reports. Auditors in this pool who did not opt into the probationary education coursework option are required to carry out their probationary obligations under the original probationary review process. Those auditors should contact the PREA Resource Center [auditorhelp@prearesourcecenter.org] with any questions about completing this process.

All reporting forms must be fully and accurately completed. 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.

As of June 30, 2022, auditors must use the Online Audit System to conduct all newly initiated PREA audits and complete their reporting requirements.²⁸ The conduct and reporting of audits in progress at the time of the new requirement will not be affected by this change. Full details on using the Online Audit System can be found in chapter 14 of this Handbook.

Submitting or Confirming Audit Initiations

The Audit Initiation Form must be used to initiate all audits. This form collects basic information about scheduled audits such as the expected dates for the onsite phase of the audit, the name of the facility to be audited and its parent agency, details about the audited facility (e.g., address and population information), involvement of audit support staff, contract and compensation details, and information about agency and facility users. The Audit Initiation Form may be submitted by the lead auditor or by the audited agency or facility. If the audited agency or facility submits an Audit Initiation Form for an audit and identifies the lead auditor, the lead auditor does not need to submit a duplicate Audit Initiation Form for that audit. Instead, the auditor will receive a link with instructions for confirming the audit, which must be completed at least 30 days prior to the first day of the auditor's onsite visit to the facility. If the auditor does not receive an audit confirmation link at least 30 days prior to the first day of the onsite phase of the audit (meaning the audit has not yet been initiated by the agency or facility), then the auditor must complete and submit an Audit Initiation Form to initiate the audit.

All auditors must complete and submit, or confirm, the Audit Initiation Form for each audit they conduct as lead auditor **at least 30 days** prior to the first day of the auditor's onsite visit to the facility. It is the auditor's responsibility to ensure that their reporting requirements have been met at least 30 days prior to the first day of the auditor's onsite visit to the facility—again, either by submitting an audit initiation for each audit for which they are the lead or by confirming an audit initiation submitted by an agency or facility.

As part of the Audit Initiation Form submission or confirmation, auditors are required to submit a copy of the audit contract with the audited agency and sign a confirmation attesting to the following conditions for the relevant audit:

- The auditor does not have any conflict of interest (as defined in the PREA Standards and this Handbook).
- The auditor agrees to abide by the requirements of the Auditor Certification Agreement.

²⁸ After June 30, 2022, the PREA Management Office will consider, on a case-by-case basis, rare exceptions that may require an auditor to conduct an audit using the paper audit instrument. Auditors who are approved to conduct an audit using the paper audit instrument will receive copies of the paper audit instrument from the PREA Resource Center and will be required to complete their post-audit reporting requirements using the OAS Paper Audit Reporting Portal.

- The auditor is a party to the contract or agreement with the facility and/or agency to be audited (as detailed in this Handbook and prescribed in an FAQ²⁹).

The Audit Initiation Form can be found on the PREA Resource Center website at www.prearesourcecenter.org/audit-initiation.

Instructions for Auditors Initiating an Audit in the Online Audit System

To complete the Audit Initiation Form, auditors must use their unique auditor ID number. Auditors can find their auditor ID number by logging into their account on the PREA Resource Center's Training and Resource Portal and navigating to the Auditor Information tile on their dashboard.

Auditors should be aware that the Audit Initiation Form asks for name and contact details for the agency's PREA coordinator(s), the facility's PREA compliance manager(s) (where applicable), and the supervisors for these individuals. While these fields are not required for an auditor to submit the form, the information must be submitted before an audit in the Online Audit System can proceed.

This information is necessary to verify that the identified agency and facility personnel are authorized to access the Online Audit System and provide the required materials. This vetting process is conducted by Online Audit System administrators and is required by federal guidelines governing the system; therefore, either the auditor or an authorized facility and/or agency representative must submit this information. If an auditor is submitting the Audit Initiation Form and elects not to submit the contact details for the identified agency and facility personnel, the auditor must notify the audited facility and/or agency point of contact so they can provide the information necessary for the audit to proceed. The facility and/or agency representative can complete the necessary information by submitting an Audit Initiation Form located on the PREA Resource Center website at www.prearesourcecenter.org/audit-initiation.

Auditors are strongly encouraged to collaborate closely with the audited facility and its parent agency to ensure scheduling details are appropriate and exchange of the information necessary to initiate an audit in the Online Audit System.

Instructions for Auditors Confirming an Audit in the Online Audit System

As described above, if the audited agency or facility submits an Audit Initiation Form for an audit and identifies the lead auditor, the lead auditor does not need to submit a duplicate Audit Initiation Form. Instead, the auditor will receive a link via email with instructions for confirming the audit. Auditors should click on the link to open the audit confirmation form. Auditors must complete the required information on the form and should also review the information provided by the facility to ensure the audit information is accurate (e.g., onsite dates). As a reminder, auditors must confirm the audit (by completing and submitting the audit confirmation form) at least 30 days prior to the first day of the auditor's onsite visit to the

²⁹ <https://www.prearesourcecenter.org/frequently-asked-questions/can-prea-auditors-engage-support-staff-assist-completing-prea-audits>.

facility. Confirmation by the auditor satisfies the auditor's audit initiation reporting requirement.

Approval to Proceed with an Audit

For the purposes of the Audit Assignment System, if all the required conditions are met and the auditor fully and accurately completes or confirms the Audit Initiation Form 30 days prior to the first day of the auditor's onsite visit to the agency or facility, the auditor will be approved to proceed with the audit and will receive an email notification of such (Refer to chapter 4 for details regarding the review of contracts by the PREA Management Office as a condition of the audit initiation process). Auditors may not proceed with an audit unless an approval email has been issued by the PREA Management Office granting the auditor permission to conduct the audit. This approval applies only to the auditor who is named in the Audit Initiation Form as lead auditor. If the lead auditor approved to conduct the audit is unable to complete it, another auditor may not proceed as lead auditor without first submitting or confirming an Audit Initiation Form and receiving approval to proceed from the PREA Management Office.

If an auditor is unable to meet one or more of the conditions and/or fails to fully and accurately complete or confirm the Audit Initiation Form, the auditor will not be approved to proceed with the audit. If an auditor conducts an audit without first receiving approval, they will be subject to disciplinary action by the PREA Management Office, up to and including suspension or decertification. Such disciplinary action against the auditor will not impact the validity of a completed audit for which the auditor failed to obtain prior approval.

If an auditor fails to submit or confirm the Audit Initiation Form at least 30 days prior to the first day of the onsite phase of the audit, they will be prompted to provide an explanation for the late submission. Auditors who consistently fail to submit or confirm the Audit Initiation Form by the deadline may be subject to disciplinary action by the PREA Management Office.

Audit and User Account Creation in the Online Audit System

Once an audit is approved to proceed by the PREA Management Office, the Online Audit System technical support team begins the process of validating users and creating the audit in the Online Audit System.

For auditors, the Online Audit System administrators will confirm that the auditor has an active certification and has completed the annual information security course. Note, only certified auditors can have access to the Online Audit System.³⁰

For PREA coordinators and PREA compliance managers who are new to the system, the Online Audit System administrator will complete the new user confirmation process. For PREA coordinators and PREA compliance managers with existing Online Audit System accounts, the Online Audit System administrator will check whether the user requesting access has been confirmed at their role for the facility or agency in the past year. If the user has been confirmed at their role for the facility or agency in the past year, the Online Audit System administrator does not need to complete the reconfirmation process. If the user has not been reconfirmed within the past year, the Online Audit System administrator completes the reconfirmation

³⁰ Note: Auditors on inactive status are allowed access to the Online Audit System as support staff only.

process. Finally, if a user has an existing account but has changed their role, facility, or agency, the Online Audit System administrator will need to complete the new user confirmation process.

After the verification process is complete, an Online Audit System administrator will set up the audit and users will be granted access to the Online Audit System. All users will receive emails from the Online Audit System indicating that an audit has been created and that their account has been established. Users who are new to the Online Audit System will receive a separate email from the Online Audit System with their log-in information. New users should log in to the Online Audit System as soon as possible after receiving this initial email to set up their password and two factor authentication. For more information on audit and user account creation in the Online Audit System, review the information on the PREA Resource Center website at <https://www.prearesourcecenter.org/audit/instrument/online-audit-system>.

Report Changes to Audit Information

If audit information changes following the submission of the Audit Initiation Form for an audit that is scheduled or in progress, auditors must report these changes using the Audit Information Change Form located on the PREA Resource Center's Training and Resource Portal and also available at <https://prc.tfaforms.net/4745746>.

Auditors must report the following:

- **Changes to onsite audit dates.** This includes known changes to the onsite audit dates or indefinite postponements.
- **Audit cancellation.** If an audit is canceled for any reason after work commenced on the audit (i.e., following the initiation of the pre-onsite audit phase), the auditor must report the cancellation.

All changes to audit information must be submitted by the lead auditor. Questions about reporting changes to the audit information should be sent to techsupport@preaaudit.org.

Post-Audit Reporting Requirements

For all facility audits, auditors must complete the post-audit reporting information section in the Online Audit System before the Auditor Compliance Tool can be submitted and the final report can be generated. Therefore, auditors must complete the post-audit reporting information in a timely fashion in order to meet the audit report submission deadlines. As described in chapters 17 and 18, if there is no corrective action period, auditors have 45 days following the onsite visit to the facility to submit the final report to the audited facility and/or agency. Otherwise, auditors must submit their final report to the audited facility and/or agency not more than 30 days following the final day of the corrective action period.³¹ Note: Auditors are strongly encouraged to keep accurate records related to their audit methodology so that the post-audit reporting information can be easily completed when appropriate.

³¹ Standard 115.404(a) establishes up to a 180-day corrective action period and, as emphasized in Auditor Training and this Handbook, corrective action is an expected part of the PREA audit process.

Report Changes to Auditor Contact Information

All auditors are required to provide the PREA Resource Center with a current and functioning email address, physical address, and telephone number, and to update this information as necessary by logging in to their account on the PREA Resource Center’s Training and Resource Portal, navigating to the “My Profile” tab, and clicking on the “Edit My Auditor Information” link in the left-hand menu.

Auditors must be able to receive and read all communications from the PREA Resource Center, the PREA Management Office, and DOJ in a timely fashion. To ensure auditors are able to comply with these requirements, they should regularly check their spam folder for email communications from the PREA Resource Center or PREA Management Office, adjust their spam filters to ensure emails from the PREA Resource Center and the PREA Management Office are not being blocked, and add relevant email addresses³² to their email contacts. Failure to receive or read time-sensitive correspondence that imposes an obligation on an auditor or notifies an auditor of disciplinary action is not a viable defense against steps taken by the PREA Management Office that may impact an auditor’s certification.

Chapter 12. Continuing Education Requirements

All auditor continuing education coursework is available on the PREA Resource Center’s PREA Learning Hub. Auditors can expect the required continuing education coursework of at least 10 hours per year not to exceed 12 hours in any given year (some or all of which may be fulfilled by yearly mandatory auditor refresher coursework) or a maximum of 35 hours in any given 3-year period. Auditors may not “roll over” hours in excess of 10 in one year to a subsequent year.

All the required continuing education courses are delivered in a web-based format that can be accessed at any time through the PREA Resource Center’s PREA Learning. The PREA Resource Center will provide ample notice of upcoming continuing education courses required by the PREA Management Office, and auditors must complete all the required coursework by the designated due date. Failure to comply with the auditor continuing education requirements may result in disciplinary action by the PREA Management Office that impacts an auditor’s DOJ certification.

Chapter 13. Complaints or Concerns about Auditor Conduct

All auditors are required to disclose to the PREA Management Office any information about themselves or any credible information about other auditors regarding possible misconduct or failure to follow proper procedures as outlined in this Handbook. The duty for auditors to disclose such information creates a culture of awareness and reporting that supports effective PREA implementation and accountability in the auditing process. The following two subsections describe the PREA Management Office’s expectations for self-disclosure and reporting of information related to possible misconduct of another auditor.

³² Including but not limited to: PREACompliance@usdoj.gov, auditorhelp@prearesourcecenter.org, and techsupport@preaaudit.org.

Self-Disclosure

Auditors must immediately disclose to the PREA Management Office any actions as discussed in chapters 23 and 26 that constitute grounds for disciplinary review or disciplinary action, including:

- Any arrest or criminal conviction.
- Any finding of liability for fraud or other unlawful behavior that may bear on an auditor's honesty or credibility.
- If an auditor is found culpable of, pleads guilty to, or pleads no contest to any misconduct, sexual abuse, sexual harassment, or related conduct through any criminal, civil, or administrative investigation or legal proceeding.
- If an auditor is released from or voluntarily leaves employment or contract while under criminal, civil, or administrative investigation for any misconduct, sexual abuse, sexual harassment, or related conduct.

Auditors must report such information directly to the PREA Management Office via email at PREACompliance@usdoj.gov. Given the serious nature of the behaviors listed above, such disclosures will be sent directly to disciplinary review where any appropriate remediation steps and/or disciplinary action will be determined by the PREA Management Office on a case-by-case basis.

Reporting Knowledge or Information about another Auditor

Auditors are required to report any knowledge or information pertaining to possible auditor misconduct, concerns regarding an auditor's compliance with DOJ's certification requirements, or other actions that constitute grounds for disciplinary review or disciplinary action as discussed in chapters 23 and 26. The Auditor Feedback Form, located on the PREA Resource Center's website at www.prearesourcecenter.org/audit/auditor-feedback-form, is the mechanism for submitting complaints or concerns about auditor conduct. Auditors are strongly encouraged to provide specific, factual information about the behavior or conduct of a specific auditor. Complaints that lack sufficient details will greatly limit the ability of the PREA Management Office to respond to identified issues or concerns.

In addition to auditors, corrections agencies and facilities, members of the law enforcement community, advocates, and other key stakeholders working to eliminate sexual abuse and sexual harassment in confinement are strongly encouraged to report complaints or concerns about auditor conduct using the above-discussed Auditor Feedback Form. Such information is critical for maintaining the integrity of the PREA audit function.

Where adequate information is provided, the PREA Management Office reviews and analyzes the report as part of the audit assessment process described in chapter 20. Based on the nature and severity of the report, the PREA Management Office will use the information provided, taken together with auditor performance information gathered during the assessment phase, to determine the appropriate interventions and/or disciplinary action. More detailed information regarding definitions of and sanctions for auditor misconduct is provided in chapter 23.

Section VI. PREA Audit Methodology

The PREA audit function represents an important and fundamental shift in the way that correctional audits are traditionally performed. The PREA Standards establish an audit process that is designed to assess compliance not only through written policies and procedures but also whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The PREA Standards also require persons confined in the facility to receive adequate education on accessing essential PREA services. As such, the success of the PREA audit function relies on a rigorous, practice-based audit methodology.

The audit methodology described in this section is grounded in the auditing requirements in the PREA Standards (115.401, 115.402, 115.403, 115.404) and FAQs issued by the DOJ PREA Working Group. The methodology is also informed by an analysis of PREA audit data collected from auditors as well as PREA auditing best practices and lessons learned from the field.

The purpose of this section of the Handbook is to clearly articulate DOJ's expectations for the conduct of PREA audits and establish guidelines and minimum requirements for the audit methodology during each phase of the audit. This information is also intended to enable auditors to effectively navigate the negotiation and contracting stage of audit procurement, and ensure that the agreed upon timeframes, costs, and overall audit processes reflect sound methodology and are conducive to the conduct of high integrity audits.

Each chapter listed below represents a distinct phase of the audit process and includes important information regarding specific DOJ requirements for the PREA audit methodology, a description of PREA auditing tools, auditing tips and best practices, and decision-making aids to help auditors successfully meet DOJ's expectations for **high quality, reliable, objective, and comprehensive** audits.

Chapter 14. PREA Audit Instrument

Pursuant to Standard 115.401(d), "The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit." To fulfill this requirement, DOJ developed an Audit Instrument for each set of PREA Standards, including Prisons and Jail standards, Lockup standards, Community Confinement standards, and Juvenile Facility standards. Each instrument includes a series of guiding documents and tools that auditors are required to use when conducting an audit.

For each set of standards, the Audit Instrument includes **core components** and **evidence collection components**. The **core components** of the Audit Instrument are available in the

Auditing in Teams

Because of the rigorous, practice-based audit methodology required by the PREA Standards and described in this Handbook, and the fact that auditors must assess compliance with more than 300 specific requirements or provisions in the Standards, auditors are strongly encouraged to conduct audits in teams. Working in a team allows auditors to share the work associated with the PREA audit, review each other's work products, troubleshoot issues or challenges that may arise through the course of an audit, and draw from the expertise of peer auditors.

Online Audit System.³³ The **evidence collection components** of the Audit Instrument are accessible via the PREA Resource Center website³⁴ and are intended to direct auditors on the identification and collection of the necessary evidence required to demonstrate the audited facility's compliance in practice.

The **core components** of the Audit Instrument include:

- **Pre-Audit Questionnaire.** Approximately 6 to 8 weeks prior to the auditor's onsite visit to the facility, the auditor will work with the facility to complete the Pre-Audit Questionnaire, which identifies the minimum information and supporting documents that the facility should submit to the auditor before the onsite audit begins.
- **Auditor Compliance Tool.** This tool is used during each phase of the PREA audit to guide auditors in making compliance determinations for each provision of every standard, including the evidence (documentation, interviews, and observations) auditors should collect to assess compliance.
- **Audit Report Template.** This template is used by auditors to produce a final report that will be delivered to the audited facility and ultimately published on the agency's website.

The **evidence collection** components of the Audit Instrument include:

- **PREA Audit Site Review Instructions and PREA Audit Site Review Checklist.** The PREA Audit Site Review Instructions guide auditors in conducting a comprehensive review of the audited facility, including observations, tests of critical functions, and informal conversations with persons confined in the facility, staff, volunteers, and contractors. The Site Review Checklist complements the Instructions by providing auditors with an abbreviated template to take notes and ensure they conduct a comprehensive site review. Auditors are encouraged, but not required, to use the Checklist.
- **Interview Protocols.** These protocols are used by auditors to interview staff and persons confined in the facility as part of the audit. Auditors are not limited to the interview questions included in the protocols; rather, these questions are designed to serve as a starting point for eliciting information about the facility's compliance with the PREA Standards. Auditors are strongly encouraged to use the interview protocols in conjunction with the Auditor Compliance Tool and ask additional questions based on information they collect throughout the audit process. Responses to the interview questions must be part of the auditor's compliance assessment.
- **Checklist of Documentation.** This provides a non-exhaustive list of the documentation that should, at minimum, be requested from the facility as part of an audit and is a helpful resource for both auditors and facilities.

Additional information on when and how to use the above resources is detailed in chapters 14–18.

³³ www.prearesourcecenter.org/audit/instrument/core-components.

³⁴ www.prearesourcecenter.org/audit/instrument/evidence-collection-components.

The Audit Instrument developed by DOJ is the **only** audit instrument auditors are authorized to use to conduct PREA audits. Correctional agencies and/or facilities may elect to use third-party software to assist with audit planning and preparation (e.g., document retention and organization); however, such software may not be used by auditors to replace or supersede the Audit Instrument developed by DOJ. If such software is used, auditors are still responsible for conducting high quality, objective, comprehensive, and reliable audits using DOJ-approved auditing materials and ensuring they adhere to the documentation retention requirement. DOJ does not endorse any third-party PREA auditing assistance software.

Online Audit System

As of June 30, 2022, auditors must use the Online Audit System (OAS) to conduct all audits and complete their reporting requirements.³⁵ The Online Audit System is designed to help agencies, facilities, and auditors streamline, organize, and automate much of the PREA audit process in a secure, user-friendly environment.

IMPORTANT

To access the Online Audit System, auditors must complete the Information Security course (available on the PREA Resource Center’s Training and Resource Portal) at least once a year.

The Online Audit System guides auditors through the entire audit process and provides provision-specific instructions regarding interviews with persons confined in the facility and staff, documentation collection and review, and observations made during the site review that will shape the auditor’s compliance determination for each provision of every standard. In addition, all

documentation collected through the course of the audit, including the auditor’s notes, are organized by standard and securely stored in the Online Audit System for easy reference.

The core components of the Audit Instrument—Pre-Audit Questionnaire, Auditor Compliance Tool, and Audit Report Template—are all integrated into the Online Audit System workflow, allowing auditors to easily organize audit documentation, keep track of their notes for each standard, coordinate information sharing with the audited facility and/or agency, and seamlessly complete each step in the audit process. The evidence collection components of the Audit Instrument (i.e., the Interview Protocols, Checklist of Documentation, and PREA Audit Site Review Instructions and Checklist) are available on the PREA Resource Center website at www.prearesourcecenter.org/audit/instrument/evidence-collection-components.

Additional information on how to use the Online Audit System, its features, and available training webinars on the PREA Resource Center website at <https://www.prearesourcecenter.org/implementation/training/webinars>. User guides and contact information for technology support can also be accessed at www.prearesourcecenter.org/audit/instrument/online-audit-system.

³⁵ After June 30, 2022, the PREA Management Office will consider, on a case-by-case basis, rare exceptions that may require an auditor to conduct an audit using the paper audit instrument. Auditors who are approved to conduct an audit using the paper audit instrument will be required to complete their post-audit reporting requirements using the OAS Paper Audit Reporting Portal.

Agency Audits

The Online Audit System allows users to complete facility or agency audits. The agency audit is an audit of a limited number of PREA Standards and provisions that either impose a burden solely on the confinement agency or for which the responsibility may be shared by the agency and its operated facilities. Any agency with multiple facilities can elect to conduct an agency audit.³⁶ Agency audits can be particularly beneficial for large agencies by reducing the burden on agency-level staff, facilities, and facility-level auditors and ensuring that agency-level information is consistent across facility audits within that agency. Specifically, the Online Audit System allows for the seamless sharing of specific information across audits within an agency prior to facility audits, without agency-level staff having to send that information separately to each facility. For more information regarding the functionality of agency audits in the Online Audit System, please refer to the Online Audit System User Manuals on the PREA Resource Center's website.³⁷

Agencies that Operate More than One Facility Type

Many agencies operate more than one type of facility (e.g., prisons and community confinement facilities). Since the standards vary by the type of facility, agency audits are designed to be facility-type specific. An agency may elect to have agency-level audits for all, one, or none of the facility types it operates. If an agency would like for all the facilities operated by the agency to benefit from agency audits, there must be a separate agency audit for each facility type. For example, if a large agency primarily operates a number of prisons but also operates a small number of juvenile and community confinement facilities, the agency may elect to have an agency audit for each of those facility types, or it may elect to have an agency audit of only one or two of those facility types. Auditors who conduct agency audits must be sure to use the correct standards and protocols for the conduct of the audit.

Frequency and Scope of the Agency Audit

The results of an agency audit are only valid for 1 calendar year following the completion of the agency audit final report. Any facility audits initiated during the calendar year following the agency audit final report will benefit from the agency-level findings. (Note: For a given facility audit to include the results of an agency audit, the facility audit must be initiated, but does not need to be completed, in the calendar year following the agency audit.) If the agency audit becomes out of date, those standards that are part of the agency audit will automatically become the responsibility of each facility auditor.

Where there is a current agency audit, facility audits (facility-type specific) will not include a re-audit of those standards and provisions that cover operations conducted solely by the agency or central office. However, certain standards or provisions that are part of the agency audit may be re-audited at the facility level if the facility has some responsibility separate from the agency's responsibility for those standards or provisions. For example, if an agency has a

³⁶ The PREA Standards do not require a separate agency audit; however, agencies may elect to have an agency-level audit (or audits) to reduce burden on agency-level staff, facilities, and facility-level auditors.

³⁷ See Online Audit System User Manuals at <https://www.prearesourcecenter.org/audit/instrument/online-audit-system>.

collective bargaining agreement governed by Standard 115.66 but facilities within that agency have their own collective bargaining agreements with their staff, those facility agreements will have to be audited during the facility audit. If there are no separate facility agreements (i.e., the facility has no shared responsibility for the collective bargaining agreements), as determined by the facility auditor, then that standard need not be audited at the facility level.

The agency audit includes the following limited number of PREA Standards that regulate operations and behaviors that take place solely at the agency or central office level, or that are a shared responsibility between the agency and its operated facilities. These standards are:

- 115.11(b) PREA coordinator
- 115.12 Contracting with other entities for the confinement of inmates
- 115.17 Hiring and promotion decisions
- 115.66 Preservation of ability to protect inmates from contact with abusers
- 115.87 Data collection
- 115.88 Data review for corrective action
- 115.89 Data storage, publication, destruction
- 115.401(a) and (b) Frequency and scope of audits
- 115.403(f) Audit content and findings

Agency Audits and Private Agencies

The Online Audit System agency audit function is available on a limited basis for private (nongovernmental) organizations.

Private organizations that operate facilities on behalf of a public agency are **not** themselves eligible to undergo an agency audit, as these organizations' facilities are generally controlled by an external public confining agency.³⁸ Private facilities operated on behalf of a public agency may, however, be included in the controlling public agency's agency audit, meaning that those PREA Standards audited at the agency level would not need to be re-audited during the facility-level PREA audit, so long as the facility audit is initiated within 365 days of the agency audit.

Private agencies that contract with other agencies for bed space or programming **may** be eligible for an agency audit, depending on a number of factors such as their degree of operational control over facility-level policies and procedures. The following questions are used to determine whether a private organization that contracts with public agencies for bed space or programming is eligible for an agency audit:

- Do all of the private organization's facilities operate under a consistent set of governing policies and procedures that are dictated by the private organization?
- Are any of the private organization's facilities required to comply with policies and procedures issued by a public agency?

Example

Private Organization X owns two facilities which are operated through a contract with Zed State Department of Corrections. Although Private Organization X is not eligible for the agency audit, both of its facilities may be included in the agency audit for Zed State Department of Corrections.

³⁸ <https://www.prearesourcecenter.org/frequently-asked-questions/what-distinction-between-facility-under-operational-control-states>.

- Do any of the private organization’s facilities have a dedicated (or primarily dedicated) population of persons confined in the facility who are in the legal custody of a public agency?
- Do the private organization’s facilities contract with one or more external public agencies for bed or programming space?

No single factor above is determinative, but the weight of responses to all the factors will be considered in making case-by-case determinations regarding a private organization’s eligibility to participate in the Online Audit System’s agency audit.

Guidelines for Agency Audits

- **Agency audits are only permitted in the Online Audit System.** Because of the functional nature of sharing information across facilities, agency audits cannot be conducted using a paper audit instrument. Agencies that are interested in contracting for an agency audit must do so in the Online Audit System.
- **Agency audits are valid for 1 calendar year following the completion of the agency audit final report.** The results of an agency audit are only valid for 1 calendar year following the completion of the agency audit final report. Any facility audits initiated during the calendar year following the date of the agency audit final report will benefit from the agency-level findings. If the agency audit becomes out of date, those standards that are part of the agency audit will automatically become the responsibility of each facility auditor.
- **Agency audits are facility-type specific.** Since the PREA Standards vary by the type of facility, agency audits are designed to be facility-type specific. Agencies may elect to have agency-level audits for all, one, or none of the facility types they operate. If an agency would like for all the facilities operated by the agency to benefit from agency audits, there must be a separate agency audit for each facility type.
- **Agency audits may not be conducted remotely.** While some interviews with agency-level staff may be conducted in advance of the onsite phase of the audit (e.g., to accommodate difficult schedules), the expectation is that auditors will conduct the majority of agency-level staff interviews in person. The agency should work with the auditor to schedule the audit at a time when relevant staff will be available for in-person interviews. Similarly, while some documentation sampling should be done in advance of the onsite visit, the expectation is that corroborating documentation should be self-selected by the auditor during the onsite phase of the audit.
- **Agency audits are limited in scope.** The agency audit includes a limited number of PREA Standards that regulate operations and behaviors that take place solely at the agency or central office level or are a shared responsibility between the agency and its operated facilities.
- **Agency audits and facility audits make one complete audit.** For a facility audit to be considered “complete,” it must include the audit of agency-level information. This can happen with or without an agency audit (i.e., as part of a facility audit or the result of an agency audit). Where there is an agency audit, however, the Online Audit System is designed to connect the agency and facility audit details into a single audit. Where there

are agency audits, agencies should post the agency audit final report(s) alongside facility audit final reports where these are posted or made publicly available pursuant to Standard 115.403(f). It is important to note, for the purpose of the Governor’s Certification, if the agency audit final report includes noncompliant findings, any associated facility audits will also be noncompliant.

- **Agency audits of private agencies may be permitted on a limited basis.** The agency audit function is available on a limited basis for private (i.e., nongovernmental) agencies. Private agencies that operate facilities on behalf of another agency are not eligible to undergo an agency audit but may be included in the parent agency’s agency audit. Private agencies that contract with other agencies for bed space or programming may be eligible for an agency audit depending on a number of factors (outlined above). Questions regarding agency audits of private agencies may be directed to PreaCompliance@usdoj.gov.

Chapter 15. Phase One: Pre-Onsite Audit

Prior to assessing a facility in person, there are a number of important steps for auditors to carry out during the pre-onsite audit phase. During this phase, which should last approximately 6–8 weeks, the auditor should communicate frequently with facility staff and agency leadership about the audit process, set expectations and timelines, and discuss logistics for all phases of the audit. The auditor should work with facility staff to post notices of the upcoming audit throughout the facility to ensure that persons confined in the facility have the ability to correspond with auditors in a manner that is consistent with the facility’s confidential treatment of legal mail. Auditors also use this time to review the information and documentation submitted by the facility via the Pre-Audit Questionnaire, review an auditor-selected sample of documentation, conduct research on the audited facility and its parent agency, and conduct outreach to local advocacy organizations for information relevant to PREA compliance and sexual safety at the audited facility.

The important activities that should be undertaken by the auditor during the pre-onsite audit phase can be broken down into the following five core steps:

1. Audit planning and logistics
2. Posting Notice of the Audit
3. Documentation selection and review
4. Conducting research on the audited facility and parent agency
5. Conducting outreach to advocacy organizations

These steps are intended to ensure that auditors focus on multiple sources of information during the audit process and reduce the workload in later phases of the audit. Additional details are provided for each of these steps below.

Audit Planning and Logistics

As described above, the pre-onsite audit phase provides an important opportunity for auditors to communicate with facility staff and agency leadership regarding the audit process, discuss

expectations for the facility and the auditor, review key elements of the contract, and coordinate logistics for the onsite phase of the audit. It is recommended that auditors conduct an initial kickoff meeting³⁹ with key facility and agency staff and establish a schedule for continued communication throughout the audit process.

Establishing Audit Goals and Expectations

From the beginning of the audit, it is important for the auditor to establish a positive working relationship with key facility staff and agency leadership and to approach the audit as an opportunity for positive change that will benefit everyone working and living in the facility. PREA auditors have the difficult yet important job of conducting an objective audit that assesses compliance with every provision of every standard and upholds the spirit and intent of the PREA Standards, while also collaborating with facilities during the corrective action stage of the audit to reach the shared goal of PREA compliance and, more importantly, sexual safety within the facility. Auditors should use this early communication with the facility to clearly articulate their role as an auditor and what the facility can expect during each stage of the PREA audit.

It is also important to make clear that the audit, including any required corrective action, is not intended to be a “gotcha” process. While corrective action may be perceived as failure by confinement facilities and agencies seeking PREA compliance, DOJ views corrective action as an important opportunity to enhance safety and promote a zero-tolerance culture for sexual abuse and sexual harassment. In fact, the PREA audit was built on the assumption that full compliance with every discrete provision would, in most cases, require corrective action. It is important for auditors to emphasize this message throughout the audit process. By characterizing the audit as an opportunity for positive change, the auditor sets realistic expectations for the initial findings of the audit and frames the process as one that is of value to the facility or agency and will result in positive changes that enable the facility or agency to prevent, detect, and respond to sexual abuse and sexual harassment of persons confined in the facility more effectively.

Corrective Action

Because of the large number and complexity of the requirements in the PREA Standards, DOJ recognizes the challenges of achieving and maintaining compliance. As a result, DOJ included the opportunity for corrective action in the Standards to serve as a helpful tool for facilities and agencies to work in collaboration with their PREA auditors to address non-compliance and enhance sexual safety.

Communicating Key Information on the Audit Process

In contrast to traditional correctional audits, which largely focus on facility and agency policies and procedures, the PREA audit relies on a rigorous, practice-based methodology that assesses whether policies and procedures have been institutionalized. It is important for auditors to educate the facility about what it means to conduct a practice-based audit, describe each phase of the audit process and the core activities undertaken by the auditor (e.g., in-depth site review

³⁹ In most cases, the initial kickoff meeting will be held via teleconference or videoconference; however, auditors who live in close proximity to the audited facility or agency may opt to conduct this kickoff meeting in person.

to directly observe and assess relevant correctional practices), and make it clear that a PREA audit will be unlike other correctional audits the facility has received in the past.

Further, it is critical that the agency and facility understand that, under the PREA Standards, auditors are entitled to unfettered access to all areas of the facility, personnel, contractors, volunteers, and persons confined in the facility, as well as a wide variety of sensitive and confidential documentation and information (*generally*, Standard 115.401). Agencies also must understand the auditor's obligation to obtain and preserve all documentation and information relied upon in making audit compliance determinations (*generally*, Standard 115.401). This information must be communicated by the auditor to a variety of staff and administrators within an agency (e.g., medical and mental health providers, agency- and facility-based investigators, human resources personnel, agency and facility training personnel, and classification and risk screening staff). Any disagreements regarding access to relevant documentation and information within an agency or facility should be addressed and resolved prior to the onsite stage of the audit. A facility's failure to provide an auditor with access to the necessary documentation or all areas of the facility could lead to a finding of noncompliance with Standard 115.401 and any underlying substantive standards for which the facility has failed to meet its burden of demonstrating compliance. Additional information is in the callout box on page 46.

To help the facility prepare for each stage of the audit, the auditor should send the facility a copy of the Process Map. The Process Map provides a helpful visual representation of the four phases of the PREA audit process: Pre-Onsite Phase, Onsite Phase, Evidence Review and Interim Report Phase, and Corrective Action and Final Report Phase. Each phase includes a selection of facility responsibilities (e.g., completing the Pre-Audit Questionnaire) and key steps the auditor must take to conduct an objective, thorough, high-quality audit. The Process Map provides valuable information about what to expect during the PREA audit, and auditors should encourage audited agencies and facilities to access and review it as one step to prepare for their audit(s). The Process Map is available on the PREA Resource Center website at www.prearesourcecenter.org/resource/prea-audit-process-map.

Coordinating Audit Logistics

The following list provides an overview of some basic logistics that the auditor should discuss with the facility prior to the auditor's onsite visit to the facility:

- Establish a primary point of contact (POC) at the facility or agency (e.g., PREA coordinator, PREA compliance manager) who will coordinate and lead completion of the Pre-Audit Questionnaire and ensure that all of the auditor's questions are adequately addressed. They will also be responsible for responding to questions and/or requests for additional information from the auditor; coordinating and confirming posting of the audit notice; and assisting with other agreed-upon tasks. Although it is very helpful to identify a primary POC at the facility, auditors should emphasize and clearly convey the expectation that one person in a facility or agency cannot do all of the work associated with preparing for and completing a PREA audit. A team of administrators and staff at the audited agency or facility must work together to support the auditor throughout the process. To that end, auditors are encouraged to identify a secondary POC at the facility

who is involved in the audit process, can assist the primary POC, and serve as a backup should the primary POC be unavailable.

- o Encouraging this collaborative process from the beginning of the audit will prepare staff across the facility and agency for the onsite phase of the audit and create broader awareness of the importance of sexual safety and the PREA audit process.
- Agree on deadlines for key milestones in the audit process and develop an audit schedule.
 - o During the planning and logistics stage of the pre-onsite audit, the auditor and the facility should agree upon a date for the Pre-Audit Questionnaire to be completed by the facility (typically no later than 6 to 8 weeks prior to the auditor’s onsite visit to the facility). The deadline for completion should allow for adequate time in advance of the auditor’s onsite visit to the facility for follow-up questions and additional documentation requests.
- Review key elements of the audit contract (e.g., any permissible limitations on scheduling or contingencies based on facility emergencies).
- Discuss the logistics for the onsite phase of the audit, including, but not limited to, transportation to and from the facility, meals, the daily audit schedule, meeting space, workspace with internet access and adequate power outlets, permissible technology (e.g., laptop, cell phone, digital camera) and other necessary audit materials (e.g., binders, notebooks, writing utensils), dress code, and security procedures. In addition, the auditor and the facility should determine where and how interviews will be conducted with persons confined in the facility and staff and the staff coverage needed to most efficiently and effectively use facility resources while the auditor is onsite.

Posting Notice of the Audit

Standard 115.401(n) states, “Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.” To accomplish this communication with the auditor, auditors are responsible for working with the facility to ensure that persons confined in the facility are given adequate notice of the audit and the information necessary to communicate confidentially with the auditor, if they choose to do so. Auditors should inquire early in the process how the facility plans to ensure the confidentiality of such communication.

When and Where to Post the Notice

It is strongly recommended that auditors instruct facilities to post the notice of the upcoming PREA audit throughout the facility in places where it will be visible to all persons confined in the facility and staff (e.g., visiting areas, housing units, and recreational spaces) at least 6 weeks prior to the onsite phase of the audit. The callout box on the next page provides additional recommendations on ensuring accessibility to the audit notice.

What the Notice Should Include

The notice of an upcoming PREA audit should include the following information:

- Scheduled dates of the audit.
- Purpose of the audit.
- Name of the auditor.
- Up-to-date contact information for the auditor.
- An explicit and factually accurate statement regarding the confidentiality of any communication between the auditor and persons confined in the facility who respond to the notice. Specifically, the notice should include the limitations of confidentiality pursuant to any mandatory reporting laws or policies that apply to the auditor. The subsection on Navigating Mandatory Reporting Laws and Policies in chapter 15 has more information.

Due to the potential volume of correspondence, a P.O. Box is recommended for receiving confidential (i.e., legal) mail.

Auditors' Responsibility to Verify Posting of the Notice

Auditors should confirm that the notice has been properly posted by the deadline established by the auditor and the facility. One verification method is to ask the facility to take date-stamped photographs of the notice and its placement throughout the facility and send these to the auditor in advance of the onsite phase of the audit. If the auditor is not able to verify placement of the notices prior to the onsite audit, they may also use direct observations and interviews with persons confined in the facility and staff to verify the placement of and timeframe when the PREA audit notices were posted.

Confidential Correspondence

Auditors should plan to receive confidential correspondence from persons confined in the facility, staff, volunteers, contractors, and other interested parties, and they should take one or more of the following steps to adequately respond to such correspondence:

- **Interviews with Persons Confined in the Facility.** Except where such correspondence clearly does not relate to PREA or sexual safety in the audited facility, auditors must strive to include those persons confined in the facility who submit correspondence in their interview selections (using the relevant protocols), unless they are no longer in the custody of the facility.
- **Interviews with Staff.** Auditors should generally take the same approach with staff who submit correspondence and ensure that such staff are included in the interview process

Accessibility of the Audit Notice

Auditors are encouraged to work with facilities to ensure that the PREA audit notice is accessible to all persons confined in the facility, including those with disabilities, with limited reading ability, with limited English proficiency, in restrictive housing, and with mail restrictions. For example, the auditor should work with a facility to identify the most commonly spoken language other than English, so that the notice can be translated into one or more languages. It is also recommended that the notice be posted on brightly colored paper using large font and easy-to-read language. A sample audit notice in both English and Spanish can be found on the PREA Resource Center's Training and Resource Portal.

and given an opportunity to speak directly about any concerns or issues voiced in the correspondence.

- **Interviews with Volunteers, Contractors, and Other Interested Parties.** As with persons confined in the facility and staff, auditors should ensure that volunteers, contractors, and other interested parties (e.g., advocates, families of persons confined in the facility) who submit correspondence are included in the interview process and given an opportunity to speak directly about any concerns or issues voiced in the correspondence.⁴⁰
- **Reviewing Documentation.** Auditors should attempt to follow up on issues voiced by persons confined in the facility, staff, volunteers, contractors, and other interested parties during the documentation review stage of the audit to determine whether such issues are reflected in facility documentation and, where applicable, the extent to which the facility followed the appropriate policies and procedures in response to the issues or concerns identified.
- **Responding to Urgent Correspondence.** In cases where correspondence indicates that a person confined in the facility is in imminent harm or threatening self-harm or harm to others, the auditor should make any appropriate notifications. For example, when auditors are informed that a resident in a juvenile facility alleges current abuse, the auditor should determine whether there is a legal requirement to notify child protective services or another designated entity. In the absence of a legal requirement, the auditor should determine whether such a disclosure would be proper. When auditors receive information that an adult person confined in the facility is in imminent danger of abuse, auditors should promptly notify the agency PREA coordinator or other designated individual or entity. However, auditors must carefully balance the need to report with any specific requests and expectations the person confined in the facility may have regarding confidentiality or anonymity.

Pre-Onsite Documentation Selection and Review

Standard 115.401 articulates the auditor's right to access and the requirements for reviewing facility and agency documentation throughout all four phases of the PREA audit. These include the following:

- 115.401(f) – “The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.”
- 115.401(g) – “The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.”
- 115.401(i) – “The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).”

⁴⁰ Refer to Section II of this Handbook for additional details regarding the PREA Audit Assignment System and mechanisms in place for advocates, families of individuals who are incarcerated, and other interested stakeholders to view a list of upcoming audits and contact the auditor directly to provide information about relevant conditions at the audited facility.

- 115.401(l) – “The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.”

The PREA audit is not only an audit of policies and procedures. It is primarily an audit of practice. The objective for the auditor is to examine enough evidence to make a compliance determination regarding the audited facility’s actual practice. Policies and procedures do not demonstrate actual practice, although they are the essential baseline for establishing practice and should be reviewed carefully. Some facility practices may be reflected in documents, which should be sampled and reviewed appropriately. However, in order to gather sufficient evidence to make a compliance determination, the documentation must be reviewed in tandem with observations made during the site review and with information obtained during interviews with persons confined in the facility, staff, and others. Each of these sources of information—interviews, observations, and documentation—should be used to corroborate the others. This is an integral part of analyzing the evidence to make compliance determinations.

Auditors must review a variety of documents, including, but not limited to, the following: personnel files, intake and risk screening records, staff training records, documentation of education for persons confined in the facility, and sexual abuse investigation reports.

Information contained in these documents is crucial to forming an accurate impression of what a facility does to protect persons confined in the facility from sexual abuse and sexual harassment and how staff respond to incidents when prevention efforts fail. Accordingly, auditors should plan to spend a significant amount of time on documentation selection and review during the course of the audit.

Auditors are always required to select documents for review themselves and must not rely on the facility or agency to make these selections. It is the auditor’s responsibility to review all relevant documentation, and it is the responsibility of the audited agency or facility to provide complete and accurate documentation for the 12 months (or longer) prior to the date of the audit. The available relevant documentation will vary among facilities based on a number of factors such as facility size and operations, the extent of record keeping, and the record-keeping format (i.e., electronic or paper records). Auditors should carefully review the Auditor Compliance Tool to confirm that they have sampled and reviewed all the relevant documentation for each audit.

To facilitate a thorough review of facility and agency policies, procedures, and supporting documentation in advance of the onsite audit, auditors are strongly encouraged to reach out to the facility as early as 8 weeks, and absolutely no later than 6 weeks, prior to going onsite to a

IMPORTANT

If at any point during an audit, an agency/facility denies an auditor access to documentation, the audit report should reflect “Does Not Meet Standard” for Standard 115.401. In addition, if an auditor is prevented from accessing documents relevant to the facility’s compliance with a specific standard that requires policies and/or practices to promote sexual safety, the agency/facility will likely have failed to fulfill its burden of demonstrating compliance with that specific standard. If the agency fails to meet its burden, the auditor should make a finding of “Does Not Meet Standard” with respect to that standard.

facility to begin the document sampling and review process. The subsections below detail the different types of documentation auditors should be selecting and reviewing during the pre-onsite phase of the audit.

Reviewing the Pre-Audit Questionnaire Responses and Documentation

The Pre-Audit Questionnaire identifies the minimum amount of information and supporting documents that the agency and facility should provide to the auditor before the onsite phase of the audit begins. Submission of the Pre-Audit Questionnaire and the auditor's initial analysis of agency and facility documentation are critical components of the audit process. These steps lay the foundation for the audit and form the basis for the auditor's understanding of the facility's operations, terminology, structure, population, and other important information.

Once the Pre-Audit Questionnaire is submitted, the auditor should conduct a thorough review, identify gaps or issues with the submitted documentation, and follow up with the facility POC with requests for additional information and/or documentation, as needed.⁴¹

Additionally, PREA coordinators and PREA compliance managers can upload additional documentation after the Pre-Audit Questionnaire has been submitted by using the Supplemental Files Library in the Online Audit System (this library is available up until the audit is "Complete" in the Online Audit System).

It is important to remember that documents submitted by facilities through the Pre-Audit Questionnaire—typically non sensitive materials such as policies or procedures—during the pre-onsite audit phase are not suitable substitutes for auditor-selected documentation review and must not be taken as representing a complete or accurate picture of facility operations in practice. Such documents are self-selected and not always an appropriate basis for making compliance determinations.

Because most PREA Standards require some form of documentation to verify the facility's compliance, auditors are required to review a large number and variety of documents. To help facilitate this review process, auditors are strongly encouraged to begin using the Checklist of Documentation while reviewing the facility's completed Pre-Audit Questionnaire and to continue using the Checklist of Documentation throughout the audit process. Along with the Pre-Audit Questionnaire, the auditor is encouraged to send the facility's designated POC the Checklist of Documentation and any additional identified categories of documents the auditor deems relevant, so that the facility has a complete listing of the documents the auditor will need to review onsite and can prepare in advance to make them available when the auditor arrives. The volume of documentation requested can be overwhelming for facilities; therefore, auditors are also encouraged to highlight which documents listed in the Checklist of Documentation they specifically need the facility to submit as part of the Pre-Audit Questionnaire as opposed to, for example, documentation that may be typically collected during the onsite phase of the audit.

⁴¹ To facilitate and document this process, auditors are encouraged to use the Issue Log functionality in the Online Audit System and/or refer to the File Review Template available in the PREA Resource Center's Training and Resource Portal.

Reviewing an Auditor-selected Sample of Documentation

In addition to reviewing the documentation submitted through the Pre-Audit Questionnaire, the auditor should collect and review an auditor-selected sample of additional categories of substantive documents prior to the onsite phase of the audit. This may permit the auditor to work more efficiently while onsite at the facility.

As with any stage of the audit process and explained elsewhere in this Handbook, auditors must use appropriate safeguards to ensure that sensitive information is not inadvertently disclosed to unauthorized parties. Auditors are encouraged to work with agencies and facilities to use the Supplemental Files Library in the Online Audit System to securely transfer such information.

Lists for Document Sampling

In order to ensure that a representative sample of documents is selected for review, auditors should start the document sampling process by getting a comprehensive list of persons confined in the facility, staff, and relevant records. Auditors need to first understand the universe they are sampling from. Table 1 below provides a summary of important types of lists that auditors should request from the facility for the 12 months preceding the audit; however, to ensure that all relevant documentation has been reviewed, auditors should refer to the Auditor Compliance Tool.

Access to these lists is critical for determining facility compliance with the PREA Standards. It is very difficult, if not impossible, to find compliance if a facility is unable to provide some of these lists. The facility's ability to produce these lists prior to the auditor's onsite visit to the facility will provide an important early indicator of the facility's audit preparedness and level of compliance. In the event that a facility cannot produce these lists, the auditor should clearly communicate to the facility that, as a result, there is a high probability that it will be out of compliance with several other standards that rely on these lists to assess compliance, such as Standards 115.61–115.68 which describe the facility's responsibilities for responding to reports of sexual abuse and sexual harassment made by persons confined in the facility. The auditor should work with the facility to produce the necessary information but may need to find the facility out of compliance with one or more standards if pertinent information and documentation cannot be obtained.

TABLE 1: LISTS FOR DOCUMENT SAMPLING	
For the 12 Months Preceding the Audit	
List	Facility Type
Complete roster of persons confined in the facility for the 12 months preceding the audit , including lists of the following subpopulations:	All
• Confined youth (persons younger than 18)	Prisons, jails, and lockups
• Confined persons with a physical disability	All
• Confined persons with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability)	All
• Confined persons who are blind or have low vision (visually impaired)	All
• Confined persons who are deaf or hard of hearing	All
• Confined persons who are limited English proficient	All

<ul style="list-style-type: none"> Confined persons who identify as lesbian, gay, or bisexual 	Prisons, jails, juvenile, and community confinement facilities
<ul style="list-style-type: none"> Confined persons who identify as transgender or intersex 	Prisons, jails, juvenile, and community confinement facilities
<ul style="list-style-type: none"> Confined persons who reported sexual abuse in the facility 	All
<ul style="list-style-type: none"> Confined persons who disclosed prior sexual victimization during risk screening 	Prisons, jails, and juvenile, and community confinement facilities
<ul style="list-style-type: none"> Confined persons who are/were ever placed in segregated housing for risk of sexual victimization 	Prisons and jails
<ul style="list-style-type: none"> Juveniles who are/were ever placed in isolation for risk of sexual victimization 	Juvenile facilities
Complete staff roster of any staff who may have had contact with confined persons for the 12 months preceding the audit	All
All contractors who may have had contact with confined persons for the 12 months preceding the audit	All
All volunteers who may have had contact with confined persons for the 12 months preceding the audit	All
All grievances indicating a fear of sexual abuse or inappropriate handling of a sexual abuse allegation or incident for the 12 months preceding the audit	All
All incident reports related to an occurrence or suspicion of sexual abuse or sexual harassment for the 12 months preceding the audit	All
<p>All allegations of sexual abuse and sexual harassment reported for the 12 months preceding the audit, including how they were investigated (i.e., criminal and/or administrative)</p> <p>Note: This list of allegations should include those received via:</p> <ul style="list-style-type: none"> Grievances⁴² External reporting entity Third-party Other (e.g., kiosk, tablet, reported verbally to staff) 	All

Document Sampling

Each auditor’s strategy for documentation sampling may vary slightly; however, the purpose of this section is to guide auditors in selecting an adequate sample of documents.

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; education records of persons confined in the facility; medical files; and investigative files—auditors must select and review a representative sample of each type of record for the 12 months preceding the audit. It is important to remember that many types of records will require auditors to

IMPORTANT

It is the auditor’s responsibility to review all relevant documentation, and it is the responsibility of the audited agency or facility to provide complete and accurate documentation for the 12 months (or more) prior to the date of the audit.

⁴² <https://www.prearesourcecenter.org/frequently-asked-questions?standards%5B0%5D=1109>

follow the document trail to determine whether or not the facility followed the required protocol in the PREA Standards; thus, the number of records reviewed will vary by facility. For example, each person confined in the facility should have a screening record in their file. In cases where the screening record indicates that the person disclosed prior victimization, the auditor must follow that person's records to determine, for example, whether the facility provided the appropriate medical and/or mental health follow-up required under Standard 115.81(a)/115.381(a) and provided appropriate housing and programming assignments pursuant to Standard 115.42/115.242/115.342. To facilitate this review process, auditors are encouraged to use the File Review Template, which is available on the PREA Resource Center's Training and Resource Portal.

As discussed in chapter 15, auditors should review records that pertain to issues voiced by persons confined in the facility and/or staff who submitted confidential correspondence to the auditor during earlier phases of the audit to determine whether such issues are reflected in the facility's documentation and, where applicable, the extent to which the facility followed the appropriate policies and procedures in response to the identified issues or concerns.

Sexual Abuse and Sexual Harassment Allegations and Investigations

In addition to sampling the records, as described above, auditors must also conduct more targeted sampling of documentation related to sexual abuse and sexual harassment allegations. For facilities with 20 or fewer sexual abuse and sexual harassment allegations in the past 12 months, auditors should review at least 10 records that document the facility's response, including, but not limited to: grievances from persons confined in the facility, risk screening records (including re-screening), housing and programming information, first response records, investigative referrals (if appropriate), investigative files, pertinent medical and mental health records, retaliation monitoring records, sexual abuse incident review records, and records of notification to persons confined in the facility. In facilities that have more than 20 allegations of sexual abuse or sexual harassment in the past 12 months, it is recommended that auditors review at least 10 records plus an additional 10 percent of the remaining records over 20. For example, if a facility has 70 allegations of sexual abuse or sexual harassment in the past 12 months, the auditor should review a minimum of 15 investigative files. Additionally, while it is important to sample both sexual abuse and sexual harassment allegations, auditors must prioritize the review of sexual abuse allegations.

Auditors should also ensure that they review a cross-section of cases that are pending, substantiated, unsubstantiated, and unfounded; criminal and administrative; and involving both staff-on-confined person and confined person-on-confined person allegations. For investigations that are ongoing, auditors should prioritize reviewing those cases that are further along and should be mindful not to select open cases where possible criminal prosecution may be affected. Investigations that were just recently initiated before the auditor arrived onsite may not bear much substantive information for the purpose of assessing compliance with the relevant PREA Standards. When identifying allegations for review, auditors should also be aware that such files may not be labeled using language that is consistent with the standards. For example, many facilities may not refer to certain comments or behaviors that are sexually offensive as sexual harassment; therefore, auditors should work with the facility staff to

understand how such incidents are catalogued in their records and also be prepared to search the investigative files and incident logs for other common words or phrases that may meet the definition of sexual harassment. Interviews with information technology staff can often surface helpful information regarding how the facility categorizes and documents relevant allegations in electronic databases.

Conducting Research on the Audited Facility and Parent Agency

Prior to going onsite at a facility, auditors should review the audited facility and agency website(s) (e.g., for information on how to make a third-party report, PREA investigation policies, annual reports on sexual abuse data, and prior PREA audit reports), conduct a broad web search on the audited facility, and review mandatory reporting laws for the state where the facility is located (subsection below provides more detail). This research should be done in advance of the onsite phase of the audit to determine if there is any relevant information or press clippings that may shed light on the culture and history of the facility such as recent budgetary or staffing changes, legal action against the facility (e.g., litigation related to sexual abuse and sexual harassment, federal consent decree), and other information that might inform the audit.

Navigating Mandatory Reporting Laws and Policies

Each state and territory has its own mandatory reporting laws that require certain individuals to report incidents or suspicions of abuse, neglect, or maltreatment of vulnerable persons. The most familiar of these laws govern the reporting of child abuse and neglect, but there are also laws in many jurisdictions that require reporting abuse and neglect of elderly, disabled, or other vulnerable individuals, which may include persons in incarceration.

Before committing to an audit, the auditor should determine whether they qualify as a mandatory reporter in the jurisdiction where the audit will take place. Auditors should work with the requesting facility and agency to learn the mandatory reporting laws in that jurisdiction and any rules the facility or agency may have, how to comply with relevant laws and policies, and the identity of the entity or individual designated to receive such reports. Auditors are strongly encouraged to include clear and specific details regarding mandatory reporting in their contracts with facilities and agencies, as well as in the audit notices that are posted throughout the facility.

In practical terms, mandatory reporting places limits on an auditor's ability to assure confidentiality. Prior to interviewing or having informal conversations with any person confined in the facility or staff member, the auditor must explain any mandatory reporting requirements.

For more information on mandatory reporting, The Project on Addressing Prison Rape at the American University Washington College of Law maintains a repository of mandatory reporting laws in all 50 states at www.wcl.american.edu/endsilence/statesurveys.cfm.

Conducting Outreach to Advocacy Organizations

The final pre-onsite audit task for auditors is to conduct outreach to relevant advocacy organizations. Standard 115.401(o) states, "Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility."

This step in the pre-onsite audit phase is important because it provides the auditor with an opportunity to learn about issues of sexual safety and related concerns at the facility that may impact the audit. In particular, there are times when external victim advocates or advocates for persons who are confined have information about sexual abuse and sexual harassment at the facility that may not otherwise become apparent to an auditor during the course of the audit. It is also important to note that auditors may not always be successful in reaching advocacy organizations during the pre-onsite audit phase. In such instances, auditors should make multiple attempts to connect with advocacy organizations throughout the audit process to ensure their important perspectives are included in the auditors' analyses and findings.

It is important to note that an auditor's obligations under Standard 115.401(o) are not contingent upon the facility and/or agency's practices related to Standard 115.21 and 115.53. To comply with Standard 115.401(o), auditors must demonstrate that they attempted to communicate with a community-based or victim advocate to gather information about relevant conditions in the facility, whereas assessing a facility's compliance with Standard 115.21 and 115.53 requires significantly more evidence and analysis, including, but not limited to, interviews with representatives from the organization(s) providing services. The community-based or victim advocate contacted by the auditor to comply with Standard 115.401(o) may or may not be the same entity that provides services pursuant to Standard 115.21 and 115.53. Together, they could be three separate entities or possibly all the same entity.

State or local coalitions against sexual assault operate in nearly all states, are easily identified using online searches, and serve as a good place to begin learning from the information that community-based or victim advocates may have about sexual abuse and sexual harassment in a given confinement facility and/or agency.

The following is a non-exhaustive list of federal agencies and national organizations that provide online directories of state and local victim service organizations and are current as of this Handbook's date of publication:

- Office on Violence Against Women
www.justice.gov/ovw/local-resources
- Office for Victims of Crime Training and Technical Assistance Center
ovc.ncjrs.gov/findvictimservices/about.html
- Just Detention International
<https://justdetention.org/>
- The Rape, Abuse & Incest National Network
www.rainn.org/state-resources
- National Sexual Violence Resource Center
www.nsvrc.org/organizations?tid=8&

Although not required by the PREA Standards, for audits of juvenile facilities, auditors should also conduct outreach to the state and/or local department of children's services to determine

if there have been any reports of sexual abuse or sexual harassment submitted by youth confined in or staff at the audited facility that the department may permissibly share. Similarly, for audits of adult facilities, auditors should conduct outreach to state and/or local adult protective services agencies that are generally responsible for monitoring abuse, neglect, and exploitation of older adults and adults with physical or cognitive disabilities. Some states also maintain external oversight bodies that publish reports or may have useful information for an auditor.

Auditors who are unable to identify a community-based or advocacy organization may contact the PREA Resource Center for assistance. Once advocacy organizations have been identified, auditors must conduct interviews with an administrator or executive-level staff in these organizations and solicit information relevant to PREA compliance, including any knowledge staff may have about issues of sexual safety in the audited facility and any support services the organization may provide for individuals incarcerated at the audited facility. Auditors must take and preserve notes of these interviews and include relevant information obtained from these individuals or organizations in their systematic review of evidence to make determinations of facility compliance in the final phases of the audit.

Estimating Time to Complete the Pre-Onsite Audit

Auditors should be prepared to commit significant time to the pre-onsite audit phase. The actual time necessary for a given audit will depend on several factors, including the type of facility, its size, the degree to which the facility is prepared for the audit, and, importantly, the completeness, organization, and comprehensiveness of the materials the facility provides. Auditors should plan to spend 40 to 50 hours on the pre-onsite audit phase.

Auditors should also remember that less work in the pre-onsite audit phase will likely mean more work in the onsite and post-onsite phases of the audit. If the pre-onsite audit work takes less time because the facility provides little or incomplete information, then the auditor should plan to make up that work onsite doing additional documentation reviews and during the post-onsite audit phase conducting additional follow-up work. For example, documents or categories of documents that are incomplete or unavailable during any phase of the audit will necessarily require follow-up requests for the missing documents and time to review them. The auditor should provide the facility or agency with realistic estimates of the time an audit will require, and they should keep the audited facility updated on significant changes to the audit schedule.

Review of Auditor Tools for Phase One of the PREA Audit

Auditors must use the following tools to guide and inform their work during Phase One (pre-onsite phase) of all PREA audits:

- Pre-Audit Questionnaire
- Auditor Compliance Tool
- Checklist of Documentation
- Process Map

Chapter 16. Phase Two: Onsite Audit

During the onsite phase of a PREA audit, auditors conduct a thorough examination of the entire facility; observe routine activities and test critical functions; interview persons confined in the facility, staff, volunteers, and contractors; and review and retain key documents maintained by the facility. These activities can be broken down into the following three essential elements of the onsite audit:

- Site review
- Documentation selection and review
- Conducting interviews

These essential elements form the foundation of a practice-based audit methodology. An auditor's fidelity to these steps is critical for conducting a **high quality, reliable, objective, and comprehensive** audit. It is important to remember that the primary purpose of the onsite phase of the PREA audit is to assess the day-to-day practices used by facility staff to promote sexual safety. It is not appropriate to focus only or primarily on written policies and procedures when conducting a PREA audit. The importance of auditors' observations and tests of critical functions; interviews of persons confined in the facility, staff, and others; and review of facility documentation is reflected in Standard 115.401(e) that states, "The agency shall bear the burden of demonstrating compliance with the standards." Therefore, an agency must be compliant not only in policy but must also demonstrate institutionalization of the standards in its day-to-day practices. An agency or facility that is unable to provide sufficient evidence of compliance, or provides substantially conflicting information or evidence regarding compliance, has failed to meet its requirements. The unavailability of documentation or information required to adequately evaluate and demonstrate compliance requires a finding of "Does Not Meet Standard" for Standard 115.401(e). Such unavailability is also likely to have implications for compliance findings with other standards.

IMPORTANT

Auditors are strongly encouraged to request that the facility provide a diagram of the physical plant (i.e., building plan) and review it before the onsite visit to the facility. Becoming familiar with the physical plant structure allows auditors to thoroughly plan the facility site review and confirm that all areas of the facility are observed.

While working onsite, auditors should rely on the Auditor Compliance Tool to gather and organize information they will use to make compliance determinations. The Auditor Compliance Tool walks the auditor step by step through each provision of every standard, pairing the provision itself with the detailed requirements for compliance and noting how and when during the audit process the auditor should verify that the facility meets those requirements.

Auditors must keep thorough notes while working onsite. Notes are a critical element of the audit process because they help auditors recall important details when it comes time to write the audit report. They are also required under Standard 115.401(j), which states, "The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the

Department of Justice upon request.” For this reason, the Auditor Compliance Tool provides space for the auditor to describe observations, reflections, follow-up questions, and other comments. Auditors can take notes directly in the Online Audit System or upload any notes taken outside of the system (e.g., handwritten and scanned). When onsite, the auditor should also verify any information that the facility provided during the pre-onsite audit phase that may lead to a finding of noncompliance with the standards. Using the Auditor Compliance Tool consistently throughout the audit allows the auditor to keep track of the evidence collected for each standard and more easily identify those standards that may need additional follow up while onsite.

Each step in the onsite audit phase is described in greater detail below.

Site Reviews

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 phase of the onsite audit must include a thorough examination of all areas of the facility where persons confined in the facility may have access (with or without a staff person). Auditors must also review other areas of the facility where only staff may have access for the purpose of determining how these areas are monitored and secured.

IMPORTANT

Auditors are not permitted to conduct the site review portion of the onsite audit remotely.

The site review is not a casual tour of the facility. It is an active, inquiring process that includes standards-driven **observations, tests of critical functions, and informal conversations** with staff and persons confined in the facility. The purpose of the site review is to collect evidence on the audited facility’s practices to determine whether, and the extent to which, those practices demonstrate compliance with the standards. Throughout the onsite phase of the audit, auditors may need to re-inspect certain areas of the facility if information obtained from interviews, documentation review, or other sources raises questions or concerns.

The Audit Instrument includes PREA Audit Site Review Instructions to guide auditors in conducting a comprehensive site review. During the site review, auditors must document important information gathered through observations; tests of critical functions, including any issues identified with facility practices; and any other areas or practices that may require additional discussions with, or proof documentation from, the facility. This will allow the auditor to conduct a more efficient and thorough review of the evidence during the post-onsite audit phase. Auditors are encouraged, but not required, to take notes using the PREA Audit Site Review Checklist.⁴³ Additionally, if something in the site review instructions is not applicable to the facility, or it is not possible to observe or test, auditors must document these barriers to

⁴³ <https://www.prearesourcecenter.org/audit/instrument/evidence-collection-components>.

observations/testing and include them in the relevant standard specific discussions and the Post-Audit Reporting Information section of the Auditor Compliance Tool.

If allowed by the facility, the auditor is also encouraged to take photographs of facility areas that present problems with compliance (e.g., cells that allow for direct sight into toilet areas) and/or where the facility may be exceeding a standard or otherwise demonstrating a promising practice (e.g., victim-centric design and placement of PREA education materials for persons confined in the facility). With permission from the facility, photographs of promising practices may serve as useful examples for auditors to provide to staff and administrators during subsequent audits. Auditors should take care to abide by all facility restrictions on photography and should only take photographs of the physical plant.

The site review observations, tests of critical functions, and informal conversations contribute significantly to the auditor's understanding of facility practices and provide a better basis for determining where there may be issues in need of corrective action.

Observations

During the site review, auditors are expected to observe and critically evaluate signage, supervision practices, cross-gender viewing and searches, record storage, and processes for sending and receiving mail. Note: observation and critical evaluation during the site review require: (1) a clear understanding of the facility's policies and procedures; (2) observing what actually happens inside the facility, including actively reviewing all areas of the facility for evidence of practice and informal conversations with staff and persons confined in the facility where confirmation or additional clarification are needed; and (3) analyzing whether what happens in the facility aligns with the expectations in the standards.

Tests of Critical Functions

During the site review, auditors are expected to actively engage in tests of critical functions, including intake (when PREA education and PREA risk screening must occur), internal and external reporting methods, staff reporting, third-party reporting, access to outside emotional support services, comprehensive PREA education, and interpretation services. Active engagement by the auditor in testing critical functions during the site review requires:

1. A clear understanding of the facility's critical functions (e.g., how the facility provides access to outside emotional support services).
2. A thorough assessment of critical functions (e.g., call the outside emotional support service provider) using the site review instructions related to testing these functions and having informal conversations with persons confined in the facility and staff where confirmation or additional clarification is needed.
3. A comprehensive analysis of whether and how the auditor's tests of critical functions align with the requirements in the standards.

IMPORTANT

Auditors are encouraged to have informal conversations with persons confined in the facility and staff during the site review; however, these conversations do not constitute a formal interview for the purpose of complying with Standard 115.401(k) and meeting the interview requirements set forth in this Handbook.

Defining a Housing Unit

While conducting the site review, auditors should take care to accurately count the number of housing units according to the definition issued by the DOJ PREA Working Group. Facilities often define a housing unit differently from the definition in the PREA Standards; thus, auditors should not rely solely on the number of housing units the facility reports during contract negotiations or during the pre-onsite audit phase. Auditors should make an independent determination regarding the number of housing units during the site review to ensure that they are able to fully comply with the interview sampling requirements described in the next subsection and appropriately assess the facility's compliance with the standards that may be impacted by this determination. In particular, auditors should note that, according to the definition from the DOJ PREA Working Group, a single control room that connects multiple pods does not constitute a single housing unit. But rather, the "architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units."

The DOJ PREA Working Group defines a housing unit as follows:⁴⁴

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 persons confined in the facility 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 persons confined in the facility 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.

Onsite Documentation Selection

Auditors should use the onsite phase of the audit as an opportunity to supplement the documentation selection conducted pre-onsite (as discussed in chapter 15) by sampling:

- Any documents that could not be obtained prior to the onsite audit (e.g., documents that were unavailable pre-onsite, documents of allegations in the period of time

⁴⁴ www.prearesourcecenter.org/frequently-asked-questions/how-housing-unit-defined-purposes-prea-standards.

between the submission of the Pre-Audit Questionnaire and the onsite phase of the audit, documents that have been updated/ revised prior to the onsite phase of the audit).

- Relevant records for persons confined in the facility, staff, contractors, and volunteers who the auditor interviewed onsite (e.g., training records, background check records, risk screening records, education records of persons confined in the facility, medical files, and investigative files) for corroboration purposes.

Auditors are required to select the documents for review and must not rely on the facility or agency to make these selections. As a reminder, if the facility is unable to provide the information indicated, the auditor should work with the facility to produce the necessary information. The auditor may have to find the facility out of compliance with one or more standards if pertinent information and documentation cannot be obtained.

During the onsite phase of the audit, auditors should conduct a preliminary review of the documentation selected to determine whether any additional documentation should be

REMINDER

Auditors are themselves required to select the documents they will review. Auditors must not rely on the facility or agency to make decisions related to the documents to be examined.

sampled or additional questions should be asked during interviews. As described in chapter 17, auditors must conduct a systematic and comprehensive review of the selected documentation during the post-onsite phase.

Auditors must take care to ensure that any documents collected during the onsite phase of the audit are retained and preserved pursuant to the requirements under Standard 115.401(j). Chapter 19 provides additional details

regarding auditor documentation retention requirements.

Conducting Interviews

The interview process is among the most important, and most challenging, elements of a PREA audit. Interviews are also a mandatory part of the auditing process. Standard 115.401(k) states, “The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.”

Accordingly, auditors are required to conduct interviews with the following categories of persons confined in the facility, staff, volunteers, and contractors during the onsite phase of the audit:

- Persons confined in the facility, including random and targeted interviewees
- Agency head or designee
- Warden or designee
- PREA coordinator/PREA compliance manager
- Random staff
- Specialized staff

To facilitate interviewee selection, on or just before the first day of the onsite audit, auditors must obtain up-to-date rosters (or the equivalent) of staff members, volunteers, contractors,

and persons confined in the facility. The subsections below detail the information that auditors should request to facilitate interviewee selections for each type of interview.

The Audit Instrument includes six interview protocols for interviewing these different categories of persons confined in the facility and staff listed above. Each interview protocol is designed to elicit information about practices in the facility that relate to specific PREA Standards and more general attitudes about preventing and responding to sexual abuse and sexual harassment. It is important to remember that these interview protocols are just the starting point for a conversation that yields useful information. The protocol questions are not intended to provide a script for use during the interview but rather serve as a guide or checklist to ensure that auditors understand what information must be gained from the interview. If read as a script, the auditor would be asking leading questions that will not yield useful information. Additionally, the protocols do not cover every standard that auditors may need to cover during a particular interview. Auditors should use the interview protocols in conjunction with the Auditor Compliance Tool and information collected throughout the audit process to inform what additional information should be covered.

IMPORTANT

Auditors who do not take and maintain interview notes are out of compliance with Standard 115.401(j). Auditors should take comprehensive notes during all interviews with persons confined in the facility and staff. In most cases, it is not possible to rely on memory to reconstruct what was said, by whom, or at what point. Notes are the best way for auditors to guide their evaluation of interview content, and its relationship to other evidence when making compliance determinations for each provision of every PREA Standard.

The subsections below provide more detailed guidance for conducting individual interviews with persons confined in the facility and staff. This guidance is not a substitute for the interview protocols in the Audit Instrument. Auditors are required to use the appropriate protocols as the foundation for every interview.

Interviewing Persons Confined in the Facility

The perspectives of persons confined in the facility are essential to understanding the practices, procedures, and culture of a confinement facility. The objectives of interviews with persons confined in the facility are to understand the facility's practices from their perspective and determine the extent to which they are knowledgeable about the facility's obligations to keep them safe from sexual abuse and sexual harassment. Standard 115.401(m) provides the auditor the right to conduct confidential interviews, stating, "The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees." The purpose of conducting one-on-one interviews with persons confined in the facility is to provide a safe space where they can freely discuss their experiences in and perspectives of the facility on sensitive issues related to sexual safety.

IMPORTANT

Auditors are not permitted to conduct virtual interviews, either by phone or by video, with persons confined in the facility.

As required under Standard 115.401(k), auditors must interview a representative sample of persons confined in the facility and must use the information collected during these interviews to inform compliance determinations during the post-onsite audit phase.

Auditors must conduct interviews with two groups of persons confined in the facility: (1) a random sample of persons confined in the facility who are representative of the population of persons confined in the facility (referred to in the Handbook as **Random Interviewees**) and (2) a random sample of persons confined in the facility from various targeted populations (referred to as **Targeted Interviewees**). The subsections below detail specific guidance regarding the appropriate sampling methodology for each of these two groups of interviewees and the minimum number of persons that auditors are required to interview from these groups.

Representative sampling means that auditors must select a group of persons confined in the facility whose characteristics reflect the total population of persons confined in the audited facility. **Random sampling** means that auditors must select randomly (i.e., entirely by chance) from the chosen representative group of persons confined in the facility.

Interview Selection of Persons Confined in a Facility: Random Interviewees

To ensure that the sample of random interviewees is representative of the characteristics of the population of persons confined in the facility, auditors must select an interview sample that is **geographically diverse**, meaning that the interviewees should be from as many housing units as possible in different locations throughout the facility; represents both **genders** (if the facility houses both males and females); and considers **other characteristics** (e.g., race/ethnicity, age, length of stay) that reflect the population of persons confined in the audited facility.

As a reminder, to facilitate selecting random interviewees, auditors must obtain an up-to-date roster of persons confined at the facility (or the equivalent) on or just before the first day of the onsite audit, and use this roster to make representative and random interview selections. The roster should be organized by housing unit and include the gender (where applicable) and other characteristics (e.g., age, race, ethnicity, length of stay) of persons confined in the facility. Auditors are also advised to obtain a roster that is sorted alphabetically to assist, when necessary, with identifying specific interviewees and cross-referencing with other information collected during the audit.

Auditors should be aware that interview selections may be subject to change for a variety of reasons such as refusals by persons confined in the facility to be interviewed or operational factors (e.g., discharge of a selected interviewee). To minimize disruption to the audit process and to the audited facility's normal routine, alternate selections should be identified in advance. Where feasible, auditors should oversample from the roster of persons confined in the facility. Oversampling refers to the practice of selecting more individuals from a subgroup than would generally be the case if everyone in the population had an equal chance of being selected. For example, if an auditor is conducting one interview per housing unit in a facility that has 10 male housing units and 2 female housing units, the auditor would only capture interviews with 2 females. But, if the auditor oversamples by selecting four to six females for interviews, this will help to ensure their perspectives and experiences are adequately represented in the audit findings, even though women are a distinct minority in this facility. Other specialized subpopulations that may be housed together include individuals housed in

medical or mental health wings, protective custody units, and special programming units, among others.

Interview rubrics listing the required number of random interviewees by facility type and population size are presented below in tables 2–5.

Interview Selection of Persons Confined in a Facility: Targeted Interviewees

Assessing a facility’s day-to-day practices for ensuring the sexual safety of all persons confined in the facility is a crucial element of the audit. One of the ways to get a strong sense of these practices and of actual sexual safety is to interview appropriate numbers of the most vulnerable populations in custody. Auditors must ensure that these populations are adequately represented in the interview process. To accomplish this, auditors should work with the facility to obtain a list of all persons confined in the facility that fall within the prescribed target populations, including their housing units, so auditors can ensure geographic diversity. Auditors must attempt to interview a selection of persons confined in the facility belonging to each of the following targeted populations and, if feasible, should randomly select persons confined in the facility from within each of the targeted categories.

- Confined youth (persons under 18) in adult prisons, jails, or lockups
- Confined persons with a physical disability
- Confined persons with cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability)
- Confined persons who are blind or have low vision (visually impaired)
- Confined persons who are deaf or hard-of-hearing
- Confined persons who are limited English proficient (LEP)
- Confined persons who identify as lesbian, gay, or bisexual
- Confined persons who identify as transgender or intersex
- Confined persons who reported sexual abuse in the facility
- Confined persons who disclosed prior sexual victimization during risk screening
- Confined persons who are/were ever placed in segregated housing for risk of sexual victimization
- Juveniles who are/were ever placed in isolation for risk of sexual victimization

The number of interviews of individuals in the targeted populations must comport with the requirements presented in tables 2–5 below. In some facilities, auditors may be told that there are no members of one or more of the targeted populations. Auditors have a responsibility to corroborate such a statement and can do so based on information obtained from the Pre-Audit Questionnaire, documentation reviewed onsite, and discussions with screening, classification, medical, and mental health staff, among others.

Auditors should evaluate the extent to which a facility appropriately and consistently collects, maintains, and tracks relevant information about whether a person confined in the facility is a member of a targeted population. If the auditor is not persuaded that the facility is sufficiently able to consistently identify members of the targeted populations, then the auditor should not be willing to accept claims of “none here” without further probing. Auditors should also be aware of other standards that may be impacted by a facility’s inability to identify members of

IMPORTANT

Interviews with persons confined in the facility who have reported sexual abuse are not intended to gather information to determine the validity of the report. The purpose is to document, from the alleged victims' perspectives, what happened when they reported the incident, whether they feel that the report was handled properly, and whether services required by the PREA Standards were provided.

certain targeted populations. For example, a facility that is unable to provide a list of persons confined in the facility who identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming may not be meeting its obligations for screening confined individuals for risk of victimization and abusiveness under Standard 115.41. In addition, the auditor should use interviewing opportunities with other persons confined in the facility to explore whether there are members of the targeted populations in the facility not identified by facility staff. When deemed appropriate, the auditor should attempt to conduct an interview with individuals identified in this manner.

Persons confined in the facility selected randomly from these targeted populations should be interviewed first

using the Confined Persons Interview Questionnaire, followed by the appropriate targeted interviewee protocol. It may also be appropriate to interview an individual using more than one targeted interviewee protocol. For example, if a person confined in the facility identifies as lesbian, gay, bisexual, transgender, or intersex, is a victim of prior sexual abuse, and is being held in segregated housing due to risk of sexual victimization, it would be appropriate to interview that individual using four interview protocols: the Confined Persons' Interview Questionnaire; the interview protocol for Confined Persons who Identify as Transgender and Intersex; the interview protocol for Confined Persons who are Gay, Lesbian, and Bisexual; the Confined Persons Placed in Segregated Housing/Isolation (For Risk of Sexual Victimization/Who Alleged to Have Suffered Sexual Abuse) interview protocol; and the Confined Persons who Disclosed Sexual Victimization During Risk Screening interview protocol. In such circumstances, a single interviewee will satisfy multiple interview requirements, as discussed in the next subsection in greater detail.

Selecting the Minimum Number of Persons to Interview

In order to guide auditors in conducting an adequate number of interviews with persons confined in the facility, the PREA Management Office has established detailed requirements that prescribe the minimum number and types of interviews that must be conducted with persons confined in the facility according to the facility type and total population.

The interview rubrics presented in tables 2–5 below provide the minimum number of interviews that must be conducted with persons confined in the facility for each facility type: Prisons and Jails, Lockups, Community Confinement Facilities, and Juvenile Facilities. When determining the required number of interviews, auditors should first determine the total population of persons confined in the facility as of the first day of the onsite phase of the audit. This should be based on the roster and in conjunction with other information such as discharges, programming (e.g., work release, persons confined in the facility temporarily out of the facility for medical appointments or court appearances), and other factors that may impact the facility population during the audit. Auditors should then use this information to identify the interview requirements that match the type of audited facility and the population size (as of

the first day of the onsite phase of the audit) detailed in tables 2–5 below. Using the guidance presented earlier in this chapter, auditors should then select the requisite number of random and targeted interviewees.

Before using the interview rubrics in tables 2–5 below to identify the required number of interviewees, auditors must first understand how the core requirements in the rubrics are defined.

- **Overall Minimum Number of Interviewees.** This number refers to the absolute minimum number of persons confined in the facility that the auditor is required to interview during an audit. The number of random and targeted interviews should meet or exceed the overall minimum interviewee threshold. Even when an auditor is unable to conduct the minimum number of targeted interviews (e.g., the facility does not house a certain targeted population), the auditor must select additional persons confined in the facility in order to meet the minimum threshold.⁴⁵
- **Minimum Number of Random Interviewees.** This number refers to the minimum number of persons confined in the facility that the auditor is required to randomly select and interview during an audit.
- **Minimum Number of Targeted Interviewees.** This number refers to the minimum number of targeted interviewees that the auditor is required to interview during an audit. Importantly, the requirement refers to the minimum number of individuals who are required to be interviewed, not the number of protocols used. Thus, in cases where an auditor uses multiple protocols during one interview, it will only count as one interview for the purpose of meeting the overall threshold for targeted interviews. For example, if an auditor is completing an audit of a jail with fewer than 50 persons confined in the facility and conducts an interview with an individual who is LEP, reported prior sexual victimization during risk screening, and is a person under the age of 18, that interview will satisfy three of the five individual targeted interview requirements, but the auditor must still conduct four more interviews with persons confined in the facility from the other targeted populations in order to meet the overall threshold. Therefore, in many cases, the number of targeted interview protocols used will likely exceed the number of individuals interviewed from targeted populations.

IMPORTANT

The numbers presented in this Handbook’s interview rubrics represent the absolute minimum numbers of interviews that auditors must conduct during an audit. Failure to conduct the required numbers of interviews may result in disciplinary action by the PREA Management Office that impacts an auditor’s DOJ-issued certification.

Auditors are strongly encouraged to conduct more interviews that are required in this Handbook where feasible and necessary. For example, if an auditor learns of significant issues with sexual abuse or sexual harassment against a particular group of persons confined in the facility, the auditor should conduct additional interviews with persons from that group.

⁴⁵ Refer to the subsection below titled “Required Documentation when Interview Requirements Are Not Met” for guidance on how to document any deviations from the minimum threshold.

- **Breakdown of Targeted Interviews.** The breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of persons confined in the facility who fall within these special populations. As mentioned above, because individuals may fall within multiple targeted populations, in some cases one interview will likely satisfy multiple individual targeted interview requirements. Review the example above under the definition of *Minimum Number of Targeted Interviewees*.

TABLE 2: REQUIRED NUMBER OF INTERVIEWS WITH PERSONS CONFINED IN THE FACILITY

Prisons and Jails

Interview Type	Population Size* of Persons Confined in the Facility								
	0–50	51–100	101–250	251–500	501–1,000	1,001–2,500	2,501+		
Overall Minimum Number of Interviewees	At least 10	At least 16	At least 20	At least 26	At least 30	At least 40	At least 50		
Minimum Number of Random Interviewees	At least 5	At least 8	At least 10	At least 13	At least 15	At least 20	At least 25		
Minimum Number of Targeted Interviewees	At least 5	At least 8	At least 10	At least 13	At least 15	At least 20	At least 25		
Breakdown of Required Targeted Interviews									
Confined Youth (persons under 18)	At least 1	At least 2	At least 2	At least 2	At least 3	At least 3	At least 4		
Confined Persons with a Physical Disability	At least 1	At least 1	At least 1	At least 1	At least 1	At least 1	At least 1		
Confined Persons who are Blind or Low Vision (Visually Impaired)							At least 1		
Confined Persons who are Deaf, or Hard-of-Hearing									
Confined Persons who are Limited English Proficient (LEP)							At least 1	At least 1	At least 1
Confined Persons who are Cognitively or Functionally Impaired							At least 1	At least 1	At least 1
Confined Persons who Identify as Lesbian, Gay, or Bisexual	At least 1	At least 1	At least 1	At least 1	At least 1	At least 2	At least 3		
Confined Persons who Identify as Transgender or Intersex		At least 1	At least 1	At least 2	At least 2	At least 3	At least 4		
Confined Persons Who Are/Were Ever Placed in Segregated Housing for Risk of Sexual Victimization	At least 1	At least 1	At least 1	At least 1	At least 1	At least 2	At least 2		
Confined Persons Who Reported Sexual Abuse in the Facility	At least 1	At least 1	At least 2	At least 3	At least 3	At least 4	At least 4		
Confined Persons Who Disclosed Prior Sexual Victimization During Risk Screening		At least 1	At least 1	At least 2	At least 2	At least 3	At least 3		

*Population size is based on the actual population of persons confined in the facility on the first day of the onsite phase of the audit.

TABLE 3: REQUIRED NUMBER OF INTERVIEWS WITH PERSONS CONFINED IN THE FACILITY

Lockups

Interview Type	Population Size* of Persons Confined in the Facility				
	0–50	51–100	101–250	251–500	501+
Overall Minimum Number of Interviewees	At least 10	At least 16	At least 20	At least 26	At least 30
Minimum Number of Random Interviewees	At least 5	At least 8	At least 10	At least 13	At least 15
Minimum Number of Targeted Interviewees	At least 5	At least 8	At least 10	At least 13	At least 15
Breakdown of Required Targeted Interviews					
Confined Youth (persons under 18)	At least 1	At least 2	At least 3	At least 4	At least 4
Confined Persons with a Physical Disability	At least 1	At least 1	At least 1	At least 1	At least 1
Confined Persons who are Visually Impaired (Blind or Low Vision)			At least 1	At least 1	At least 1
Confined Persons who are Deaf or Hard-of-Hearing					
Confined Persons who are Limited English Proficient (LEP)			At least 1	At least 1	At least 1
Confined Persons with a Cognitive or Functional Disability	At least 1	At least 1	At least 1	At least 2	At least 2
Confined Persons Identified as Potentially Vulnerable to Sexual Victimization During Risk Screening (not otherwise identified above)**	At least 2	At least 3	At least 3	At least 4	At least 5

*Population size is based on the actual population of persons confined in the facility on the first day of the onsite phase of the audit.

**Standard 115.141 includes a limited number of criteria for assessing detainees for risk of sexual victimization; therefore, auditors must attempt to identify and interview detainees who present characteristics (not already captured in Standard 115.141) that may put them at high risk for victimization such as identification as lesbian, gay, or bisexual; identification as transgender or intersex; and detainees who experienced prior victimization. Because lockup facilities are not required to collect information on characteristics not listed in Standard 115.141, the facility may not have an official record of detainees who present these other risk factors; however, the auditor may be able to identify these detainees through interviews with other detainees and staff and review of detainee records (e.g., medical or mental health records).

**TABLE 4: REQUIRED NUMBER OF INTERVIEWS WITH PERSONS CONFINED IN THE FACILITY
Community Confinement Facilities**

Interview Type	Population Size* of Persons Confined in the Facility				
	0–50	51–100	101–250	251–500	501+
Overall Minimum Number of Interviewees	At least 10	At least 16	At least 20	At least 26	At least 30
Minimum Number of Random Interviewees	At least 5	At least 8	At least 10	At least 13	At least 15
Minimum Number of Targeted Interviewees	At least 5	At least 8	At least 10	At least 13	At least 15
Breakdown of Required Targeted Interviews					
Confined Persons with a Physical Disability	At least 1	At least 1	At least 1	At least 1	At least 1
Confined Persons who are Visually Impaired (Blind or Low Vision)					At least 1
Confined Persons who are Deaf or Hard-of-Hearing					
Confined Persons who are Limited English proficient (LEP)				At least 1	At least 1
Confined Persons with a Cognitive or Functional Disability				At least 1	At least 1
Confined Persons who Identify as Lesbian, Gay, or Bisexual	At least 1	At least 1	At least 2	At least 2	At least 2
Confined Persons who Identify as Transgender or Intersex	At least 1	At least 2	At least 3	At least 3	At least 3
Confined Persons Who Reported Sexual Abuse in the Facility	At least 1	At least 2	At least 2	At least 3	At least 3
Confined Persons Who Disclosed Prior Sexual Victimization During Risk Screening	At least 1	At least 1	At least 1	At least 2	At least 2

*Population size is based on the actual population of persons confined in the facility on the first day of the onsite phase of the audit.

**TABLE 5: REQUIRED NUMBER OF INTERVIEWS WITH PERSONS CONFINED IN THE FACILITY
Juvenile Facilities**

Interview Type	Population Size* of Persons Confined in the Facility				
	0–50	51–100	101–250	251–500	501+
Overall Minimum Number of Interviewees	At least 10	At least 16	At least 20	At least 26	At least 30
Minimum Number of Random Interviewees	At least 5	At least 8	At least 10	At least 13	At least 15
Minimum Number of Targeted Interviewees	At least 5	At least 8	At least 10	At least 13	At least 15
Breakdown of Required Targeted Interviews					
Juveniles with a Physical Disability	At least 1	At least 1	At least 1	At least 1	At least 1
Juveniles who are Visually Impaired (Blind or have Low Vision)					At least 1
Juveniles who are Deaf or Hard-of-Hearing					
Juveniles who are Limited English proficient (LEP)				At least 1	At least 1
Juveniles with a Cognitive or Functional Disability				At least 1	At least 1
Juveniles who Identify as Lesbian, Gay, or Bisexual	At least 1	At least 1	At least 1	At least 1	At least 2
Juveniles who Identify as Transgender or Intersex		At least 1	At least 2	At least 2	At least 2
Juveniles in Isolation	At least 1	At least 1	At least 1	At least 1	At least 1
Juveniles Who Reported Sexual Abuse in the Facility	At least 1	At least 2	At least 2	At least 3	At least 3
Juveniles Who Disclosed Prior Sexual Victimization During Risk Screening	At least 1	At least 2	At least 2	At least 3	At least 3

*Population size is based on the actual population of juveniles confined in the facility on the first day of the onsite phase of the audit.

Documenting when the Interview Requirements for Persons Confined in a Facility Are Not Met

Auditors must make all reasonable efforts to conduct the required numbers of interviews of persons confined in the facility and must document the number interviewed in each category in the post-audit reporting information section of the Auditor Compliance Tool. Where an auditor is unable to meet the interview requirements, the auditor must explain why it was not possible in the post-audit reporting information. For example, even after extensive probing, an auditor may be unable to meet the required number of interviews for a particular targeted population. In such a case, the auditor must describe in the post-audit reporting information the steps they took to identify an individual within the targeted population and the information they obtained through that process (e.g., the auditor’s corroboration strategy).

Additionally, for some smaller facilities (e.g., facilities with a population of 10 or fewer), auditors may be required to interview every person confined in the facility in the audited

facility, except when one or more individuals declines to be interviewed. In such circumstances, auditors should document why it was not possible to conduct the minimum number of interviews prescribed above in both their interview notes and in the post-audit reporting information.

Auditors must always be mindful, however, to ensure that those individuals who participated in an interview are not identifiable to staff and others based on the information documented.

Guidelines for Interviewing Persons Confined in the Facility

Auditors must be aware of the following guidelines regarding interviews with persons confined in the facility:

- **Formal interviews with persons confined in the facility.** The numbers presented in the interview rubrics pertain only to formal interviews conducted using the interview protocols included in the Audit Instrument. While auditors should have informal conversations with persons confined in the facility during the site review, these conversations do not count toward the number of interviews required for each audit.
- **Importance of conducting interviews with persons confined in the facility in a private setting.** It is critical that persons confined in the facility have an opportunity to speak privately with an auditor. Remember that Standard 115.401(m) provides the auditor with the right to conduct confidential interviews, stating, “The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.” As stated above, while auditors should have informal conversations with persons confined in the facility during the site review, these conversations do not count toward the number of interviews required for each audit.
- **All interviews with persons confined in the facility are voluntary.** An individual can refuse to participate without consequences. In this event, auditors must select additional interviewees, as necessary, to meet the minimum required number of interviews of persons confined in the facility. When an individual chooses not to participate in an interview, auditors are encouraged to continue speaking with the interviewee for a commensurate amount of time about topics that are unrelated to PREA (e.g., hobbies, sports, television) so that other persons confined in the facility and staff cannot detect who participated in an interview and who did not. Importantly, if the interviewee begins to discuss information related to PREA or the conversation migrates to PREA-related topics, the auditor must again ask the interviewee if they would like to answer questions related to PREA. Only if the interviewee agrees to participate in the interview should the auditor allow the conversation to continue regarding PREA and sexual safety within the facility.
- **Ensuring that persons confined in the facility are free from external pressure to participate.** Before beginning an interview, the auditor should ask the interviewee to confirm that they have not been pressured by anyone to consent to be interviewed, to refuse to be interviewed, or coached on what to say during the interview.
- **Making independent interview selections.** When selecting persons confined in the facility for interviews, auditors are required to make their own interview selections and

must not rely on the facility or agency to make these selections. The purpose of this is to ensure that all interview selections are conducted objectively.

- **Allowing enough time to conduct interviews with persons confined in the facility.** Auditors should plan to spend at least 20 minutes on each random interview in order to elicit useful information. While conducting these interviews, auditors should also be prepared to ask additional follow-up questions from the targeted interview protocols where appropriate. Interviews with persons confined in the facility in the targeted interview populations will likely require additional time. The amount of time will vary depending on the particular protocol, as well as the volume and type of information shared by the individual. Auditors should plan for and schedule their time accordingly.
- **Ensuring a geographically diverse sample of persons confined in the facility.** When selecting persons confined in the facility for interviews, whether targeted or random, auditors must ensure that the sample is geographically diverse, meaning that the individuals an auditor selects should be from as many housing units as possible in different locations throughout the facility. In cases where the number of housing units is greater than the number of required interviews, there should ideally not be any interviewees selected from the same housing unit, although this may be constrained by the number and location of certain targeted populations. Conversely, where the number of housing units is less than the number of required interviews, auditors should select at least one individual from each housing unit for an interview.
- **Ensuring adequate gender representation.** In facilities that house both males and females, auditors must ensure that both genders are represented in their interview sample.
- **Ensuring adequate representation of other characteristics.** Auditors must also consider other characteristics (e.g., race/ethnicity, age, length of stay) that reflect the population of persons confined in the facility when selecting interviewees.
- **Documenting how geographic diversity, gender representation, and representation of other characteristics was achieved.** In the post-audit reporting information section of the Auditor Compliance Tool, auditors are expected to discuss how geographic diversity was achieved in the interview selection process and select which characteristics were considered in selecting random interviewees. If an auditor is unable to achieve geographic diversity or select a representative sample, they must explain why this was not possible in the post-audit reporting information section of the Auditor Compliance Tool.
- **How to count random and targeted interviews.** A single interview cannot be double counted as both a random and a targeted interview. If it becomes apparent during the course of an interview with an individual selected at random that they fall within one or more of the required targeted populations and the auditor uses additional protocols to capture the relevant information, the auditor can count the interview as either a random interview or as a targeted interview but not both.

- **How to meet the minimum threshold for targeted interviews.** If an auditor is unable to identify an individual from one of the targeted populations (e.g., the facility does not house youths under 18) or an individual belonging to a targeted population does not wish to participate in an interview, the auditor must select interviewees from other targeted populations in order to meet the minimum number of targeted interviews. If the auditor is unable to interview an adequate number of individuals to meet the minimum threshold for targeted interviews, they should then conduct additional random interviews of persons confined in the facility in order to comply with the overall minimum number of interviews. As stated above, these additional random interviews cannot count toward meeting the targeted interview requirements. Rather, in the post-audit reporting information section of the Auditor Compliance Tool, auditors must thoroughly document why the required number of targeted interviews could not be met and their strategy for conducting additional random interviews in order to meet the overall minimum number of required interviews. By way of example, if an auditor is completing an audit of a jail with fewer than 50 persons confined in the facility, and they are only able to conduct 3 targeted interviews, that auditor will then need to conduct 2 additional random interviews (for a total of 7 random interviews) to meet the overall minimum threshold of 10 interviews.
- **Interviewing persons confined in the facility who submit confidential correspondence.** As stated in the previous chapter, in their interview selections, auditors must strive to include any persons confined in the facility who submit confidential correspondence unless an individual is no longer in the custody of the facility or the correspondence clearly does not relate to PREA or sexual safety in the audited facility. For the purpose of meeting the minimum number of interviews, such interviews may be counted as random or targeted, depending on the nature of the interview.

Interviewing Staff

Staff interviews are another important element of a PREA audit. Standard 115.401(k) requires that “the auditor shall interview a representative sample of . . . staff, supervisors, and administrators” in each audited facility. The primary purpose of interviewing facility staff is to determine whether and to what extent they understand their responsibilities under the PREA Standards as well as the obligations imposed on the facility and agency. In addition, interviews of staff provide information on the extent to which a zero tolerance culture for sexual abuse and sexual harassment has been implemented in the facility and agency.

Although not specifically required by the standards, private interviews with staff also help to uncover information and perspectives that may not surface when individuals are speaking in the company of others. For this reason, auditors are strongly encouraged to conduct interviews with only one staff member at a time in a private setting to ensure they are accurately capturing that individual’s knowledge of the PREA Standards, sexual safety in confinement, and their specific roles and responsibilities.

Similar to interviewing persons confined in the facility, auditors must conduct interviews with a random sample of staff that represent the characteristics of staff in the facility as well as targeted interviews with staff who have specialized roles and responsibilities within the facility.

The Audit Instrument includes interview protocols for both random and specialized interviews with staff.

The subsections below detail guidance regarding the appropriate sampling methodology and the minimum number of staff that auditors are required to interview.

Interview Selection: Random Staff

As stated above with regard to conducting interviews with persons confined in the facility, **representative sampling** means that auditors must select a sample that adequately represents the full complement of staff in the audited facility.

To accomplish this, auditors must use the sampling guidance prescribed in the random staff interview protocol.

Auditors must randomly select line staff representing a diverse cross-section of work assignments and must also ensure that they interview at least one staff member from each shift. Auditors should also consider other characteristics of staff such as gender, length of service/tenure, rank or equivalent, race, ethnicity, and language(s) spoken, among others. As with selecting persons confined in the facility to interview, to ensure that auditors select a representative interview sample, it is highly recommended that auditors obtain a complete roster of current staff on or just before the first day of the onsite phase of the audit. The roster should include the kinds of characteristics and information listed immediately above.

Once the auditor has a roster that delineates these staff characteristics, they must select staff to interview at random from different work assignments, shifts assignments, and, if feasible, other staff characteristics. Auditors are required to conduct at least 12 interviews with randomly selected staff during the onsite phase of the audit. Importantly, auditors should be aware that 12 random staff interviews represent the absolute minimum number of interviews that auditors must conduct during an audit. Auditors are strongly encouraged to conduct more interviews where feasible and necessary.

Interviews with Specialized Staff and Leadership

In addition to random staff interviews, auditors must conduct targeted interviews with staff who have specialized roles and responsibilities. These interviews are designed to help the auditor determine whether or not particular roles and responsibilities outlined in the PREA Standards are operational in the facility. Interviews must include all of the following specialized staff, where applicable:

- 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 in prisons and jails who supervise confined youth (i.e., youth under 18), where applicable
- Education and program staff in prisons and jails who work with confined youth, where applicable
- Medical and mental health staff

IMPORTANT

Auditors are required to make their own staff interview selections, and must not rely on the facility or agency to determine which staff members will be interviewed.

- Nonmedical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff, if forensic medical exams are conducted at the facility
- Volunteers and contractors who have contact with persons confined in the facility
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff in prisons and jails who supervise persons confined in the facility in segregated housing
- Staff in juvenile facilities who supervise confined youth in isolation
- Staff on the sexual abuse incident review team
- Staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

Interviews with the following facility and agency leadership are required:

- Agency head or designee
- Warden/facility director/superintendent or designee
- PREA coordinator
- PREA compliance manager

Auditors must interview the staff as indicated by the specialized staff interview protocols in the Audit Instrument. Importantly, specialized staff selected for an interview do not also count toward satisfying the minimum threshold for random staff interviews discussed above. Auditors should be aware that specialized staff interviews should generally be conducted independently of the random staff interviews. These are distinct staff, and the interview protocols should be used separately. However, some staff randomly selected for interviews may serve in one or more of the specialized roles listed above, such as first responder, intake staff, staff who supervise persons in segregated housing, staff who perform screenings for risk of victimization and abusiveness, non-medical staff involved in cross-gender strip or visual searches, and line staff who supervise confined youth (i.e., persons under 18). If, during the course of an audit, it becomes apparent that the line staff who have been chosen randomly also serve in one or more of these roles, it is recommended that the auditor include the relevant protocols when interviewing the randomly selected staff. For example, if the randomly selected line staff person is responsible for supervising persons confined in segregated housing, it is recommended that the auditor use both the Interview Guide for a Random Sample of Staff protocol and the Staff Responsible for Supervising Persons Confined in Segregated Housing protocol when interviewing that staff person. In such circumstances, the auditor may count these interviews toward satisfying the requirement for both the applicable specialized staff interviews and random staff interviews.

In addition to the specialized staff listed above, there may be other staff who the auditor should speak with in order to understand the facility's operations and to conduct a comprehensive audit. Although there are no specialized staff interview protocols for these staff positions, auditors are strongly encouraged to conduct interviews with mailroom staff, staff who develop

and/or deliver training, the chaplain, classification staff, designated union representative or members of bargaining units (when applicable), information technology staff who can assist with relevant data collection, and other positions deemed necessary.

Specialized staff interviews will vary in different settings. Depending on the size and characteristics of the facility, certain specialized staff roles envisioned in the PREA Standards will not exist, and the auditor must determine which member(s) of the current staff to interview. Additionally, 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. For example, if an auditor selects a nurse who conducts screenings for risk of sexual victimization or abusiveness and who is employed through an organization that contracts with the facility for medical services, the auditor should use three interview protocols: Medical and Mental Health Staff, Volunteers and Contractors who Have Contact with Persons Confined in the Facility, and Staff who Perform Screening for Risk of Victimization and Abusiveness.

Auditors must plan to interview a diverse cross-section of both volunteers and contractors who perform different roles in the facility such as religious, education, medical, mental health, programming, and maintenance. Auditors must conduct two to four interviews with volunteers and another two to four interviews with contractors who have contact with persons confined in the facility. Auditors must also conduct interviews with approximately two investigative staff who are responsible for conducting criminal investigations of sexual abuse and sexual harassment and approximately two investigative staff who are responsible for conducting administrative investigations of sexual abuse and sexual harassment. The investigators selected for interview must include those responsible for conducting investigations of alleged incidents of staff-on-confined persons and confined persons-on-confined persons.

If one staff member conducts both of these investigation types, then their interview can serve as the interview for all applicable investigative types, but in no case should the auditor interview fewer than two different investigative staff. These investigative staff may be facility-level investigators, agency-level investigators, or employed by an external investigative entity (e.g., local police department, state police), depending on the facility. Auditors are encouraged to interview more than one staff member serving in other specialized roles, when deemed necessary and feasible.

Documenting when the Staff Interview Requirements Are Not Met

Auditors must make all reasonable efforts to meet the staff interviewing requirements outlined above. The PREA Management Office recognizes, however, that it will not always be possible to achieve the requisite number of staff interviews due to a number of factors (e.g., number of staff, facility operations). This may be particularly relevant for audits of smaller facilities where there are fewer staff in the facility than the required number of interviews. If, for any reason, regardless of facility size, an auditor does not conduct the minimum number of staff interviews prescribed above, they must thoroughly document this in their notes and include a discussion of why this was not possible in the post-audit reporting information section of the Auditor Compliance Tool.

Guidelines for Staff Interviews

Auditors must be aware of the following guidelines regarding staff interviews:

- **Formal interviews with staff.** The requirement to conduct interviews with at least 12 random staff persons pertains only to formal interviews conducted using the Random Staff interview protocol. Informal conversations with staff during the site review, while strongly encouraged, do not count toward the required minimum of 12 random staff interviews.
- **Importance of conducting interviews with staff in a private setting.** Although the standards do not explicitly require privacy during staff interviews, it is critical that auditors are able to provide a safe space where staff can freely discuss their experiences with sensitive issues related to sexual safety in the facility. Supervisory and administrative/leadership staff, because of their positions of authority and access to private locations such as secure offices, are typically more likely to be able to speak privately and freely to auditors than non-supervisory and non-administrative staff. As a result, auditors are permitted to conduct virtual interviews, including by both phone and video, of supervisors and administrators, as well as certain specialized staff (review the listing above). Auditors are not permitted to conduct non-supervisory and non-administrative staff interviews remotely, either by phone or by video, as these staff may be less able to speak privately and freely to auditors than supervisory and administrative staff.
- **All staff interviews are voluntary.** Remember that, like interviews of persons confined in the facility, interviews conducted with staff are also voluntary. However, in cases where staff opt not to participate in the interview or respond to certain questions, auditors should inform them that their decision not to participate may impact the audit findings, and the auditor may have to find the facility out of compliance with certain Standards if they are unable to adequately corroborate information through interviews with staff. If this occurs, the auditors must select additional staff, as necessary, to meet the minimum number of interviews required, as described above.
- **Ensuring that staff are free from external pressure to participate.** Before beginning an interview, the auditor should ask the staff member to confirm that they have not been pressured by anyone to consent to be interviewed, to refuse to be interviewed, or coached on what to say during the interview.
- **Making independent interview selections.** As with interviews of persons confined in the facility, to ensure that all staff interview selections are conducted objectively, auditors are required to make their own staff interview selections and are not to rely on the facility or agency to make these selections.
- **Allowing enough time to conduct staff interviews.** Random staff interviews require approximately 20 minutes but may go significantly longer depending on the amount of information staff have to contribute. In general, auditors should develop an interviewing practice that enables them to elicit as much useful information from staff as possible. The callout box below provides useful interviewing tips).

Due to the diverse nature of specialized staff's roles, and the need to combine or adapt the relevant protocols when staff serve in multiple specialized roles, the time necessary to interview these staff may range from 30 minutes to 1.5 hours; thus, auditors should be prepared to change the audit schedule as needed to accommodate these interviews. When necessary, auditors may also opt to conduct interviews with certain specialized staff by phone, such as with agency investigators located in a different region of the state.

- **Ensuring adequate representation of staff characteristics.** When selecting staff for interviews, auditors must select staff whose characteristics reflect the full complement of staff in the audited facility. To accomplish this, auditors must randomly select line staff representing a diverse cross-section of work assignments and must also ensure that they interview at least one staff member from each shift. Auditors may also consider other characteristics of staff such as gender, length of service/tenure, rank or equivalent, race, ethnicity, and language(s) spoken.
- **Documenting how representation was achieved.** In the post-audit reporting information section of the Auditor Compliance Tool, auditors must select which characteristics were considered in selecting the random staff interviewees. If an auditor is unable to achieve a representative sample of staff to be interviewed, they must explain why this was not possible in the post-audit reporting information section of the Auditor Compliance Tool.
- **How to count random and specialized staff interviews.** If it becomes apparent during the course of an interview with a staff member selected at random that they are responsible for one or more of the specialized staff roles, the auditor should use the additional protocols to capture the relevant information. In such circumstances, the auditor may count these interviews toward satisfying the requirement for both the specialized and random staff interviews. However, as stated above, specialized staff selected for an interview do not also count toward satisfying the minimum threshold for random staff interviews because they would not have been randomly selected.
- **How to meet the minimum threshold for staff interviews.** In rare circumstances, such as in very small facilities, there may not be 12 staff employed to interview. Auditors should identify and interview all of the staff, or as many as possible, in these circumstances and explain in the post-audit reporting information section of the Auditor Compliance Tool why it was not possible to interview 12 staff.
- **Interviewing staff who submit confidential correspondence.** As stated in chapter 15, auditors must strive to include any staff in their interview selections who submit confidential correspondence, unless a staff person is no longer employed at the facility or the correspondence clearly does not relate to PREA or sexual safety in the audited facility. For the purpose of meeting the minimum number of staff interviews, such interviews may be counted as random or specialized, depending on the nature of the interview.

Effective Strategies for Interviewing Staff and Persons Confined in the Facility

- Use open-ended rather than “yes/no” questions.
- Keep an open mind; listen carefully to everything the person is saying; and take the person’s comments seriously.
- Work to establish a positive rapport and trust with the person being interviewed.
- Be sure that the person being interviewed fully understands the purpose of the interview.
- Schedule interviews to be minimally disruptive to facility operations, without cutting short individual interviews or reducing the total number of interviews.
- Request a private, quiet location to conduct the interviews (e.g., classroom, attorney/client visitation room). It is preferable to identify an interview space where facility staff can observe the interview through a window and to position the person confined in the facility with their back to the window.
- Never allow other staff members or persons confined in the facility to participate or sit in on an interview.
- Never conduct group interviews.
- Do not re-ask questions that have already been answered by the person being interviewed.
- Take notes during each interview for use later when information that has been collected is synthesized and the compliance determinations are made.

Estimating the Time to Complete an Onsite Audit

The time to complete the onsite phase of the audit will vary depending on a number of factors such as facility type, population size, physical plant layout and size, facility organization, and preparedness level. Thus, the PREA Management Office does not prescribe a minimum amount of time auditors must spend during the onsite phase of the audit. Rather, the duration of the onsite audit must provide adequate time for the auditor to thoroughly evaluate compliance with the PREA Standards in practice and assess the facility’s commitment to sexual safety and zero tolerance for sexual abuse and sexual harassment.

Auditors must use information obtained about the facility, coupled with the methodological requirements articulated in this Handbook, to determine the appropriate number of days needed for the onsite phase of the audit. To assist auditors with estimating the duration of the onsite audit based on the parameters above, table 6 provides a breakdown of the minimum time estimated to complete the required number of interviews with persons confined in the facility and staff, based on facility type and population size.

TABLE 6: ESTIMATED TIME TO COMPLETE INTERVIEWS WITH CONFINED PERSONS AND STAFF

Facility Type	Confined Persons Population Size*						
	0–50	51–100	101–250	251–500	501–1,000	1,001–2,500	2,501+
Prisons and Jails	2.0 days (20.3 hours)	2.2 days (22.3 hours)	2.4 days (23.7 hours)	2.6 days (25.7 hours)	2.7 days (27.0 hours)	3.0 days (30.3 hours)	3.4 days (33.7 hours)
Lockups	1.7 days (16.8 hours)	1.9 days (18.8 hours)	2.0 days (20.2 hours)	2.2 days (22.2 hours)	2.4 days (23.5 hours)		
Community Confinement Facilities	1.7 days (17.3 hours)	1.9 days (19.3 hours)	2.1 days (20.7 hours)	2.3 days (22.7 hours)	2.4 days (24.0 hours)		

TABLE 6: ESTIMATED TIME TO COMPLETE INTERVIEWS WITH CONFINED PERSONS AND STAFF

Juvenile Facilities	1.9 days (19.3 hours)	2.1 days (21.3 hours)	2.3 days (22.7 hours)	2.5 days (24.7 hours)	2.6 days (26.0 hours)	
----------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--

Note: These estimates are based on a 10-hour workday, the assumptions being that there is only one auditor working onsite with no support staff and there is no waiting time between interviews or breaks. The actual time to complete interviews with persons confined in the facility and staff may vary considerably depending on deviations from these assumptions.

*Population size is based on the actual population on the first day of the onsite phase of the audit.

In addition to the time estimated to complete the interviews with persons confined in the facility and staff, auditors must also account for a thorough site review (observations, tests of critical functions, and informal conversations with individuals confined in the facility and staff), supplemental documentation selection and review, and in-briefs and out-briefs with facility/agency staff. The time required for a thorough site review will range depending on the size of the facility, the complexity of the facility and its processes, and the number of support staff involved. Auditors must allow adequate time to perform all the required activities necessary to complete a thorough site review.

The time necessary for documentation selection and review while onsite will also vary considerably, based on the level of documentation the auditor collects during the pre-onsite audit phase, facility size and operations, availability of relevant documentation, the extent of recordkeeping, and the record-keeping format (i.e., electronic or paper records).

The estimates above are intended to serve as a helpful reference point for auditors during contract negotiations with agencies and while planning the onsite phase of the audit. They do not include an auditor’s daily review of their work, transcribing and compiling interview notes, further evidence review, analysis of evidence, and corrective action planning that the auditor may engage in while onsite.

Review of Auditor Tools for Phase Two of the PREA Audit

Auditors must use the following tools to guide and inform their work during Phase Two (onsite phase) of all PREA audits:

- Auditor Compliance Tool
- Site Review Instructions
- Interview Protocols
- Checklist of Documentation

Chapter 17. Phase Three: Evidence Review and Interim Report

After the last day of the onsite phase of the audit, the auditor has 45 days⁴⁶ to systematically review all the evidence collected, write an interim report—or final report if there is no corrective action⁴⁷—and submit the report to the audited facility and/or agency. At this stage, auditors still have a significant amount of work ahead of them and should never provide facilities with compliance findings at the conclusion of the onsite phase of the audit. Once an auditor has concluded the onsite visit to the facility, this initiates the systematic evidence review phase of the PREA audit in which the auditor must review all of the evidence collected—including policies and procedures, the auditor’s observations of routine practices and tests of critical functions in the facility, what the auditor learned in the course of interviewing individuals confined in the facility and staff, and information contained in the documentation (e.g., medical/mental health files, investigation files, training logs)—in order to make a compliance determination for each standard. The 45-day window required by DOJ to submit the audit report to the audited facility and/or agency reflects the significant time and effort needed to carefully review the evidence collected for each provision of every standard and write a professional and thorough audit report.

Systematic Review of the Evidence

As a reminder, PREA audits are intended to robustly probe the practices, policies, and procedures of each audited agency and facility and to produce a trustworthy assessment of its compliance with the PREA Standards in practice. This requires auditors to develop rigorous methods to collect evidence, review and evaluate the evidence, corroborate and assess the consistency of evidence from multiple sources and address any contradictory evidence, and persuasively connect the evidence to your compliance determinations. This systematic review of the evidence collected during the audit plays a vital role in each auditor’s decision making and is at the heart of accurately assessing an audited facility’s compliance in practice.

IMPORTANT

The goals of the auditor’s systematic review of evidence are to determine the completeness, quality, and applicability of each type and piece of evidence that is collected, and to make an accurate and reliable compliance determination for every provision of each PREA Standard. compliance.

Systematic review of the evidence is the process of:

- **Aggregating and reviewing.** Pulling together all the pieces of evidence you have collected during the course of the audit and reviewing the evidence to make sure you have all the relevant pieces and that there are no gaps.
- **Analyzing.** Analyzing what the evidence tells you.
- **Determining compliance.** Making a determination about the facility’s compliance based on your findings.

⁴⁶ Refer to the full FAQ at www.prearesourcecenter.org/frequently-asked-questions/should-auditors-final-report-reflect-deficiencies-were-found-interim.

⁴⁷ As emphasized elsewhere in this Handbook, corrective action is an expected part of the PREA audit process.

In most circumstances, these activities are ongoing, often recurring throughout the full lifecycle of an audit.

Each auditor is strongly encouraged to develop a consistent, objective, and reliable method for their systematic review of evidence. In addition, each auditor should continue to hone the skills and knowledge necessary to conduct reliable assessments of the evidence used to identify deficiencies and make compliance determinations, recommend corrective action steps, and apply appropriate techniques for re-evaluation of compliance where corrective actions steps have been taken by an audited agency and/or facility.

Aggregating and Reviewing the Evidence

The goal of this step is for auditors to gather and review all of the information they have collected for each provision of every standard to determine its completeness for making compliance determinations. The Auditor Compliance Tool, an essential part of the Audit Instrument, walks auditors through the requirements, criteria, and the types of evidence relevant to each standard and provision. All auditors must use the Auditor Compliance Tool as a reference as they aggregate and review all of their evidence, including documentation provided by the agency/facility, documentation self-selected by the auditor, and notes on observations, tests of critical functions, and interviews. The Auditor Compliance Tool is a crucial roadmap to guide auditors on what evidence to consider for each provision of every Standard. The evidence collection components of the audit instrument, as outlined in the Auditor Compliance Tool, are available on the PREA Resource Center’s webpage.⁴⁸

As auditors aggregate and review evidence, they may identify gaps in their evidence base. When this occurs, it is important for each auditor to try to fill in those gaps. Auditors should remember that it is their responsibility to effectively communicate with the facility during all phases of the audit. This responsibility does not end once the onsite phase of the audit is concluded.

Auditors are strongly encouraged to set a deadline for the facility to provide additionally requested documentation or information during this phase to ensure that the auditor can comply with the timeline for report submission. As noted previously, in the Online Audit System, the PREA coordinator and PREA compliance manager can upload additional documentation after the Pre-Audit Questionnaire has been submitted by using the “Supplemental Files” library (this library is available up until the audit is “Complete” in the Online Audit System).

IMPORTANT

During evidence review, it is expected that the auditor will be in frequent communication with the facility to obtain additional documentation and information, and when necessary, coordinate interviews with staff that could not be completed onsite. Remember that evidence review typically happens throughout the audit lifecycle—before, during, and after the onsite phase of the audit.

⁴⁸ The evidence collection components of the audit instrument can be found on the PREA Resource Center website at <https://www.prearesourcecenter.org/audit/instrument/evidence-collection-components>.

Analyzing the Evidence

Once the auditor has aggregated and reviewed the evidence for completeness, they must analyze the quality and applicability of each type and piece of evidence to determine whether or not it supports compliance with each provision of the standard. The quality of evidence means the extent to which the auditor is confident that the evidence collected supports their analysis of compliance with each provision in every standard. Applicability means the extent to which the evidence relates to the criteria of a given standard or provision.

For each provision of every standard, auditors should determine if:

- The agency's and/or facility's documentation supports compliance with the provision.
- The information learned through interviews with staff and persons confined in the facility support compliance with the provision.
- Observations of practice and tests of critical functions support compliance with the provision.

As with aggregating and reviewing the evidence, auditors should determine if any pieces of evidence are missing or if additional information is necessary (e.g., information that is inconsistent, additional questions for staff and/or persons confined in the facility).

To aid in analysis of the evidence, auditors should reference any relevant interpretive guidance provided by DOJ (i.e., FAQs) and any additional resources provided by the National PREA Resource Center (e.g., Standards in Focus, webinars, auditor training resources).

Determining Compliance

After all of the evidence has been aggregated and reviewed, additional evidence has been collected (where necessary), and each piece of evidence has been analyzed to determine whether the evidence supports compliance with each provision of every standard, auditors must make an overall determination of compliance for each standard. To make an overall determination of compliance, auditors must have confidence that the agency/facility has demonstrated substantial compliance with each provision of every standard. To do so, auditors must determine that all pieces of evidence collectively support substantial compliance with each provision; per Standard 115.403(c), substantial compliance is defined as "complying in all material ways with the standard for the relevant review period." Pursuant to an FAQ issued by the DOJ PREA Working Group, auditors also need to determine that compliance with a

IMPORTANT

If a facility is out of compliance with any provision of a PREA Standard, the facility is out of compliance with the entire Standard.

particular standard is institutionalized at the facility.⁴⁹ As a reminder, while auditors may make provisional judgments about compliance during earlier phases of the audit by noting comments in the Auditor Compliance Tool, the auditor's actual compliance findings captured in the interim (or final) report to the facility should be based on a systematic review of the evidence collected pre-onsite, on-site, and post-onsite..

⁴⁹ Refer to the full FAQ at www.prearesourcecenter.org/frequently-asked-questions/how-long-must-agency-and-facility-be-compliance-particular-standard-or.

Careful decision making is essential to the PREA audit in general, but it is especially important when making the determination about compliance with each provision of the standards. Auditors are called upon to evaluate the evidence in light of their experience, specialized training, and ongoing education to reach a decision about compliance for each provision of every standard and be able to clearly explain and justify the reasoning underlying each finding. Auditors must be able to defend their findings in their written reports and in any other communications with facility/agency leadership and DOJ. In addition, while identifying any deficiencies in policy, procedure, and practice is essential, auditors should be careful not to overlook aspects of the facility that contribute to building and sustaining a zero tolerance/reporting culture (e.g., identifying staff who are PREA champions within the institution, strong commitment to and investment in PREA among facility/agency leadership). These assets are important to consider because they will serve as the foundation for improvements during the corrective action phase that may bring the facility into full compliance with the standards.

Remember, systematically reviewing the evidence collected during the course of an audit ensures that compliance determinations are transparent, verifiable, and reproducible (i.e., by a peer reviewer or using the same evidence). Systematic review of the evidence as described in this section reduces the likelihood of bias or inaccuracy, and it improves the likelihood of objectivity, quality, and comprehensiveness.

Interim Report

There are five provisions under Standard 115.403 that address the auditor requirements for audit report content and findings. These include the following:

- 115.403(a) – “Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.”
- 115.403(b) – “Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA Standards.”
- 115.403(c) – “For each PREA Standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.”
- 115.403(d) – “Audit reports shall describe the methodology, sampling sizes, and basis for the auditor’s conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.”
- 115.403(e) – “Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.”

The auditor's initial report to the facility is known as the interim report. Unless the facility is found to be in full compliance with all PREA Standards,⁵⁰ this report is the basis for collaboration between the auditor and the facility to address specific deficiencies in policy and practice. As stated above, the interim report must be submitted to the audited facility and/or agency not more than 45 days after the last day of the onsite phase of the audit.

IMPORTANT

On occasion, minor or technical violations of the PREA Standards may be remedied prior to the 45-day deadline for the auditor to issue the interim audit report when the Standard at issue does not implicate other related Standards.

When an auditor finds that a facility has not initially met the requirements of one or more standards, submission of the Auditor Compliance Tool in the Online Audit System will automatically generate the interim report with the information provided by the agency and facility (i.e., agency profile and facility information) and the auditor (i.e., overall compliance determinations and provision findings). Auditors can then access the system-generated interim report at any time to print, download, or review, as necessary. It is important to know that the Online Audit System does not send a copy of the audit report to the agency or facility.⁵¹ It is the auditor's responsibility to send the interim report to the agency and facility.

In addition to conveying the auditor's findings for each of the PREA Standards, the auditor's interim report must include the following elements:

- **Evidence that supports every finding.** In order to justify and support each compliance finding (compliance, noncompliance, and exceeds standards), the auditor must provide detailed information on all evidence gathered and considered (i.e., observations, interviews, documentation). If there are contradictions in the evidence (i.e., one type of evidence supports compliance while another does not), the auditor must describe how they resolved those discrepancies to reach a finding.
- **Noncompliance and corrective action.** The interim report must identify the deficiencies and recommended corrective action steps. Following issuance of the interim report, the auditor must work collaboratively with the facility to develop a corrective action plan, specific deliverables, timeframes, and steps the auditor will take to re-assess and verify the facility's compliance at various stages throughout the process.

As an important reminder, auditors must make certain that the interim report does not include any personally identifiable information (PII) or private health information (PHI), with the exception of the names and titles allowed per the chapter 5, Confidentiality subchapter. This is critically important to ensure that the information gained from interviews, any correspondence, and documentation cannot be attributed to an individual confined in a facility or staff.

⁵⁰ As explained elsewhere in this Handbook, including in chapter 18 below, corrective action is an expected part of the PREA audit process. Standard 115.404 defines the steps associated with corrective action.

⁵¹ Agency- and facility-based users are able to access the interim report in the Online Audit System 15 days after the auditor submits the interim Auditor Compliance Tool and the system generates the interim report.

Review of Auditor Tools for Phase Three of the PREA Audit

Auditors must use the following tools to guide and inform their work during Phase Three (post-onsite phase) of all PREA audits:

Auditor Compliance Tool
Audit Report Template

Chapter 18. Phase Four: Corrective Action and Final Report

Noncompliance and corrective action are normal and expected parts of the PREA audit. Recognizing there are several hundred specific requirements in the PREA Standards, it is expected that very few confinement facilities will be in full compliance with all the PREA standards without undergoing some corrective action. For this reason, the auditor's role goes beyond identifying deficiencies in policy, procedure, and practice and includes recommending corrective actions and serving as a guide to facilities and agencies as they make the changes necessary to become fully PREA compliant.

Noncompliance and Corrective Action

Issuance of the interim report to the audited facility triggers a corrective action period, which may last up to 180 days. Standard 115.404 details the following auditor's requirements during this stage of the audit:

- 115.404(b) – “The auditor and the agency shall jointly develop a corrective action plan to achieve compliance.”
- 115.404(c) – “The auditor shall take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility.”
- 115.404(d) – “After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.”

While it is the responsibility of the audited agency and/or facility to implement new policies and practices, the auditor is a collaborator in that process by consulting with staff and administrators, providing information and guidance, and directing administrators to seek additional information and technical assistance available from the PREA Resource Center, where necessary. In particular, the auditor should help the facility develop a corrective action plan that includes:

- All deficiencies and recommended corrective action steps identified in the auditor's interim report
- A list of required deliverables and changes the auditor must verify to determine that the facility is in compliance with all PREA Standards
- A proposed methodology for how the auditor will verify compliance
- An agreed upon timeline for implementing all the required actions

Facilities have up to 180 days to undertake the agreed upon corrective actions; provide the evidence the auditor requires to verify that the facility has fully addressed all deficiencies identified in the interim report; and is in compliance with all PREA Standards. Depending on the nature and extent of the deficiencies, auditors may have to employ a range of strategies to verify compliance. Remember that a change in policy often impacts the day-to-day practices within a facility and may require curriculum development and training to fully implement it; thus, even seemingly minor changes to a policy may require more extensive verification methods. When corrective action verification methods include a site review or interviews with staff, auditors are encouraged to use the guidelines for conducting components of the onsite audit remotely, as described in chapter 16, to determine whether, and to what extent, it is appropriate to conduct these verification methods remotely. Remember, auditors are not permitted to conduct virtual interviews, either by phone or by video, with persons confined in the facility in order to verify corrective action.

During the corrective action phase, the auditor must revisit the process outlined in the Systematic Review of Evidence section and ensure that the evidence provided by the facility addresses areas of noncompliance and the institutionalization of the specific steps and actions to achieve and maintain compliance. At the conclusion of the corrective action period, the audited facility should have taken all the steps agreed upon with the auditor, and the auditor should have conducted all the necessary verification procedures.

Final Audit Report

Following the conclusion of the corrective action period, the auditor has an additional 30 days to complete and submit the final report to the audited facility and/or agency.

Where there is corrective action, the final report is an updated version of the auditor's interim report to the facility. If no corrective action is required, the final report will be the only report issued to the facility. In either instance, the final report must comply with all of the requirements for audit report content and findings under Standard 115.403 as well as the requirements detailed for the interim report in chapter 17 of this Handbook.

Standard 115.403(d) requires that each audit report describes the basis for the auditor's conclusions with regard to each provision of every standard and includes recommendations for any required corrective action. The final report must also describe the auditor's method of assessing whether or not the facility was able to remedy each of the deficiencies and the outcomes of this verification process. The auditor's final report updates the interim report by documenting all corrective action and how the auditor determined whether or not those actions were sufficient to bring the facility into full compliance with the standards. If there are any corrective actions recommended by the auditor in the interim report that the facility did not implement, the

IMPORTANT

In the final audit report, the auditor must detail all corrective actions and the methods used to verify implementation of the corrective actions, regardless of when a corrective action occurred in the audit process.

auditor must also identify these in the final report and, when possible, explain why they were not implemented.⁵²

Importantly, confinement facilities and agencies differ in many ways and, as a result, auditors will identify unique issues, challenges, and strengths related to implementing the PREA Standards. Audit reports must reflect these important differences. Although it is permissible for an auditor to use some template language to organize and structure the audit report, the auditor's discussion of issues such as methodology used to carry out the audit, barriers to completing the audit, evidence relied upon, the process used to collect and examine evidence, and compliance determinations must be specific to the audited facility/agency.

As stated above, for each PREA Standard, auditors must determine whether the facility Exceeds Standard, Meets Standard, or Does Not Meet Standard, bearing in mind that if a facility is out of compliance with any provision of a standard, the facility is out of compliance with the entire standard. Drawing on all of this information, the final report provides the auditor's determination of whether or not the facility is in full compliance with all of the PREA Standards.

Post-Audit Reporting Information

In order to submit the final Auditor Compliance Tool and generate the final report, auditors must complete the required post-audit reporting information section of the Auditor Compliance Tool. The post-audit reporting information section includes details regarding the characteristics of the audited facility and/or agency, the dates for the onsite phase of the audit, the audit location, the auditor's methodology (e.g., interviewee selection criteria and number of persons interviewed, documentation selection criteria), and sexual abuse and sexual harassment allegations and investigations, among other details. Additionally, the post-audit reporting information asks questions about the lead auditor (e.g., time spent onsite, payor, amount paid) and, if applicable, DOJ-certified PREA auditors and noncertified support staff who assisted the lead auditor during any phase of the audit.⁵³

In addition to the required questions in the post-audit reporting information, there are also a number of text fields that allow auditors to provide critical information, when necessary. These fields are not required, but auditors are encouraged to use these spaces to provide context, additional details, and other information pertinent to the audit. Note, auditors should use these text fields to document any obstacles or challenges the auditor encountered at the facility such as any unwarranted delays in accessing areas of a facility, individuals, or facility records; any access that was prohibited; and any pressure from the facility or parent agency to ignore or understate policies or practices that fall short of the PREA Standards. This information is very important, even if the auditor was able to complete the audit.

⁵² Auditors should update the interim Auditor Compliance Tool to reflect any changes made during the corrective action period. For more information regarding the Online Audit System, refer to the user manuals at <https://www.prearesourcecenter.org/audit/instrument/online-audit-system>.

⁵³ Note, as above in chapter 4, audit contracts must transparently disclose all information regarding support staff, including any DOJ-certified and non-certified support staff, and the nature of any third-party entity's involvement in the PREA audit. For example, an auditor who is hired by ABC PREA Auditing, LLC., to conduct a PREA audit must disclose its role and the auditor's relationship to the third-party.

Sections of the post-audit reporting information that populate the Final PREA Audit Report are denoted by this icon:  .

Important Reminders: Final Audit Report

When completing the final audit report in the Online Audit System, auditors should remember the following:

- Auditors must make certain that the final report does not include any personally identifiable information (PII) or private health information (PHI), with the exception of the names and titles allowed per the chapter 5, Confidentiality sub-chapter. This is critically important to ensure that the information gained from interviews, correspondence, and documentation reviews cannot be attributed to an individual in confinement or staff.
- Auditors must submit their final report to the audited facility and/or agency no more than 30 days following the final day of the corrective action period. However, if all corrective action is addressed before the interim report would be due to the facility, or no corrective action is required, the auditor has 45 days following the onsite visit to the facility to submit the final report to the audited facility and/or agency.
- As with the interim report, to generate the final report, auditors submit the Auditor Compliance Tool in the Online Audit System. After this step is taken, the Online Audit System will automatically populate the final report template with the information provided by the auditor and audited agency/facility, including some of the material provided in the post-audit reporting section of the Auditor Compliance Tool.
- The Online Audit System does not send a copy of the audit report to the agency or facility. It is the auditor's responsibility to send the final report to the facility and/or agency. Agency- and facility-based users will be able to access the audit report 15 days after the audit report is completed in the Online Audit System. However, this does not relieve auditors of their obligation to submit the final report to the audited facility and/or agency.
- Auditors may also choose to upload documentation relied upon to make compliance determinations into the Online Audit System. Although not required, the PREA Management Office strongly recommends that auditors take advantage of this feature of the Online Audit System, so that audit documentation can be retained in a secure environment. Auditors who choose to upload all documentation they relied upon to make their compliance determinations, including their notes, will meet the documentation retention requirements under Standard 115.401(j). As such, auditors who upload all audit documentation into the Online Audit System do not need to store this documentation in a separate location.
- The Online Audit System preserves a copy of the final audit report and notifies the PREA Resource Center upon completion; therefore, auditors do not need to submit their final audit report separately to the PREA Resource Center or to the PREA Management Office.

The final audit report is the official, public record of the auditor’s findings. As such, auditors are strongly discouraged from creating additional documentation of their audit findings, such as a printed certificate of compliance with the PREA Standards. Such documentation is not a valid notice of PREA compliance.

Final Report Formatting

Audit reports generated by the Online Audit System are compliant with Section 508 of the Rehabilitation Act (29 U.S.C. § 794d) and in a searchable PDF format. Auditors are strongly discouraged from making any changes to the audit report generated by the Online Audit System. If an auditor edits a PDF audit report generated from the Online Audit System, the auditor must ensure that the audit report maintains 508 compliance and is in a searchable PDF format prior to submitting it to the audited facility and/or agency.

“Searchable PDF format” means that the text in the PDF can be searched using the Adobe Reader “search” functionality,⁵⁴ selected, and copied. Searchable PDFs are typically created using software such as Microsoft Word or Excel by saving or printing the file as a PDF.⁵⁵ By contrast, scanned PDFs are those that are created by scanning hard copy documents to a PDF or other file format that creates a static image of the text that cannot be searched, selected, or copied. Auditors are not permitted to submit audit reports that have been scanned.

The above formatting requirements are necessary to ensure that final audit reports posted to agency websites pursuant to Standard 115.403(f) and submitted to DOJ as part of the annual governor’s certification and assurance process are accessible to people with disabilities.

Why Objective, Thorough, High Quality Audit Reports Are Important

An auditor’s report constitutes the official record of the audit and its findings. And in the case of the auditor’s final report, it is the official public record. While the confinement agency/facility is the auditor’s client, a PREA audit is intended to inform a wide array of stakeholders, including persons confined in the facility and their families; organizations that advocate on behalf of persons in confinement; people employed in confinement facilities, their families, and the unions that represent them; elected officials in the jurisdiction where the facility is located; the general public; and DOJ. Through the final audit report, a PREA auditor is speaking to all of these audiences.

To be understandable and valuable, an auditor’s report must describe the facility and audit process, their findings about compliance with the PREA Standards, and the evidence upon which each finding is based. It is important that the audit report clearly and thoroughly describes the evidence relied upon to make all compliance determinations such that a third-party reading it will understand how the auditor came to their conclusions about each provision of every standard. In their final reports, auditors should also explain frequently used terms that may be unfamiliar to some readers (e.g., describe the differences between “disciplinary segregation,” “administrative segregation,” and “protective custody”).

⁵⁴ Additional instructions are available at <https://helpx.adobe.com/acrobat/using/searching-pdfs.html>.

⁵⁵ Additional instructions are available at <https://support.microsoft.com/en-us/office/save-or-convert-to-pdf-or-xps-in-project-desktop-d85416c5-7d77-4fd6-a216-6f4bf7c7c110?ui=en-us&rs=en-us&ad=us>.

The final audit report is also the primary source of information for understanding and resolving any issues or concerns that arise regarding the findings of a PREA audit. Therefore, auditors should take care to ensure that their audit findings are clearly and adequately supported and described in the final audit report.

It is in every auditor's own best interest to produce strong, high quality audit reports. These documents are accessible by the public and are a reflection of the auditor's professional standards, skills, and expertise. In sum, final audit reports impact the reputation of the auditors.

Chapter 19. Post-Audit

Even after issuance of an auditor's final report, there are several PREA Standards that apply in the post-audit stage. This chapter will primarily discuss auditors' obligations for document preservation and retention, followed by a brief discussion of the audit appeal process.

Documentation Retention

The PREA Standards require not only that documentation be reviewed and used to make compliance determinations, but they also require auditors to retain and preserve all audit documentation and information relied upon to make the compliance determinations. Standard 115.401(j) states, "The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request." An FAQ issued by the DOJ PREA Working Group on March 24, 2014, states that all documentation must be retained by the auditor for 15 months following the issuance of the final report.⁵⁶ Auditors conducting audits of Federal Bureau of Prisons facilities should also be aware of requirements related to the disclosure of PREA audit documentation in the PREA statute (34 U.S.C. § 30307(e)(8)(D))

The DOJ PREA Working Group released additional guidance on March 18, 2015, which provides extensive detail on the scope of an auditor's requirements under Standard 115.401(j).⁵⁷ Auditors are required to follow this official guidance in order to meet their obligations under the standard. Importantly, the guidance states that auditors are required to preserve and retain ". . . both documentation relied upon in finding that a facility does not comply with a standard, as well as documentation relied upon in finding that a facility does meet or exceed a standard." Thus, regardless of an auditor's audit findings, they must be prepared to provide to DOJ, upon request, all of the evidence relied upon to make the compliance determinations for up to 15 months following the issuance of the final report.

This requirement includes all audit documentation, whether stored in hardcopy, electronic, or digital formats (e.g., video footage of the facility). Auditors must take notes to document the audit process—including notes for all interviews, site review observations, tests of critical functions, and documentation review—and the auditors' notes must be preserved and

⁵⁶ The complete FAQ is at www.prearesourcecenter.org/frequently-asked-questions/how-long-must-documents-auditors-relied-making-audit-determinations-be.

⁵⁷ The complete FAQ is at www.prearesourcecenter.org/frequently-asked-questions/what-scope-requirement-standard-115401j-what-extent-can-and-will.

retained, pursuant to the official DOJ guidance referenced above. An auditor’s notes are critical for documenting the audit process and the evidence relied upon to make compliance determinations; thus, an auditor’s notes should be comprehensive, organized, and adequately convey the important points or key takeaways from interviews, observations of practice, and review of documentation. Auditors are strongly encouraged to develop a good note-taking system and to maintain that system for every audit. If, upon request by DOJ, auditors are unable to provide their notes for any component of the audit (i.e., interviews, site review, documentation review), they run the risk of being out of compliance with their obligations under Standard 115.401(j) and may be subject to disciplinary action by the PREA Management Office that impacts their DOJ-issued certification.

It is important to note that some types of documentation should be retained in their entirety, namely logs or lists (e.g., logs of unannounced rounds, lists of all sexual abuse or sexual harassment allegations). Other forms of documentation, like records of individuals confined in the facility or personnel files, do not need to be retained and preserved in their entirety; instead, auditors must retain and preserve the portions/sections of these files that are applicable to their compliance determinations. For example, medical and mental health files, investigative records, and personnel files may have more information than is necessary to support a compliance finding. In such instances, auditors must only retain those pages that contain information relevant to the requirements of the standard(s) to which the documents apply. Similarly, for policy and procedures documents, auditors may preserve and retain excerpts that are relevant to the standard(s) they address.

As emphasized above, auditors are strongly encouraged to upload to the Online Audit System all documentation they relied on to make their compliance determinations. Auditors who choose to upload all documentation, including their notes, will meet their documentation retention requirements under Standard 115.401(j) and do not need to store audit documentation in a separate location outside of the Online Audit System. By uploading all documentation to the Online Audit System, auditors ensure that the documentation required to be retained and preserved by Standard 115.401(j) are maintained in a secure environment. The Online Audit System meets the requirements of the Federal Information Security Management Act of 2002. Another noteworthy benefit of uploading all audit documentation into the Online Audit System is that the system retains it securely in one place, which eliminates the risks and challenges associated with losing paper-based sensitive documentation, the theft of such documentation, and intercepted electronic communications containing it. Auditors may choose to upload documentation while completing the Auditor Compliance Tool or they may upload documentation via the Supporting Documentation Library after the audit is completed.

Standard 115.401(j) gives DOJ the authority to request audit documentation from auditors, stating, “Such documentation shall be provided to the Department of Justice upon request.” If

IMPORTANT
Auditors who choose to upload all documentation, including auditor notes, relied upon to make compliance determinations for their audits to the Online Audit System will meet their documentation retention requirements under Standard 115.401(j), and do not need to store audit documentation in a separate location outside of the Online Audit System.

requested by DOJ, an auditor's documentation should be organized and complete so as to provide a roadmap for DOJ to reconstruct an auditor's compliance determinations for each provision of every standard. As previously described, this documentation must include all the evidence relied upon to make a compliance determination, which includes an auditor's notes. Auditors who receive a documentation request from DOJ must ensure that all documentation and other materials relied upon in making their compliance determinations are uploaded to the Online Audit System. DOJ will not accept hardcopies, emailed documents, or documents provided on a flash drive or via other media. Auditors who receive a documentation request from DOJ will receive more detailed instructions on how to provide documentation through the Online Audit System.

Consistent with the guidance issued by the DOJ PREA Working Group, auditors who do not comply with Standard 115.401(j) may be subject to disciplinary action by the PREA Management Office that impacts their DOJ-issued certification.

The Agency's Right to Appeal

Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect.⁵⁸ The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of their work or answer questions upon request by DOJ.

Section VII. Audit Oversight

Per 34 U.S.C. § 30307(e)(8)(A)(iii), the PREA Management Office operates under a statutory obligation to evaluate all PREA auditors for compliance with the Auditor Certification Agreement, this Handbook, the DOJ Audit Instrument, and to take remedial or disciplinary action where necessary. To fulfill its obligation to evaluate an auditor's performance, the PREA Management Office, through the PREA Audit Oversight Program, monitors and reviews the work of DOJ-certified PREA auditors with the goal of ensuring the high quality and integrity of PREA audits.

The value and effectiveness of any PREA audit largely depends on the auditor's skills and thoroughness. This includes an auditor's understanding of the standards, mastery of the audit methodology, and the ability to help agencies and facilities to change in ways that lead to successful implementation of the PREA Standards. As the primary means by which a facility's compliance with the standards is assessed by an objective third-party, the PREA audit represents an important catalyst for meaningful PREA Standards implementation and adoption of zero tolerance cultures for sexual abuse and sexual harassment of persons in confinement. In order to accomplish these goals, the PREA Audit Oversight Program is designed to promote **high quality, reliable, objective, and comprehensive** audits that hold agencies and facilities accountable for keeping individuals in their custody and care safe from sexual abuse and sexual harassment.

⁵⁸ 28 C.F.R. § 115.405(a).

Audit Oversight begins with an assessment of auditors' performance and conduct that guides many of the interventions employed under the oversight umbrella. The audit assessment serves as a diagnostic tool to tailor interventions and sanctions to the individual needs of and the challenges identified by an auditor's work. The assessment is also informed by each auditor's performance in these interventions to form a continuous feedback loop of information that allows the PREA Management Office to proactively provide support to auditors and respond with appropriate disciplinary action(s) when necessary.

Based on the results of the audit assessment, there are several interventions that may be used by the PREA Management Office to support auditors, provide technical assistance, and critically review their work. These interventions include an auditor peer review program, peer mentoring program, and remediation. The PREA Resource Center coordinates these interventions and provides ongoing guidance and coaching to auditors in these programs. Auditors are expected to engage productively with PREA Resource Center staff to complete all components of these processes.

In some instances, the audit assessment also helps to identify auditors who fail to meet their obligations as described in the PREA Standards, this Handbook, and the Auditor Certification Agreement. In these circumstances, the PREA Management Office may schedule the auditor for disciplinary review. Additionally, where an auditor does not adequately engage with the PREA Resource Center for technical assistance and support under peer review, peer mentoring, and remediation processes, the PREA Management Office may elect to schedule the auditor for disciplinary review.

These interventions may impact an auditor's DOJ certification. A full description of these interventions and the audit assessment phase can be found in chapters 20–24 below.

Chapter 20. Audit Assessment

Auditors are expected to comply with the PREA Standards that govern auditor conduct as well as the auditor requirements articulated in the PREA Auditor Candidate Training, this Handbook, required auditor continuing education, FAQs issued by the DOJ PREA Working Group, and the Auditor Certification Agreement. On a regular basis, the PREA Management Office uses information collected from auditors through audit reporting forms, audit reports, complaints submitted by third-party sources, their performance and engagement during oversight interventions, and the requested audit documentation to evaluate an auditor's performance and identify targeted interventions and/or sanctions that are responsive to the needs of and/or deficiencies identified in the auditor's work. These interventions and sanctions may directly impact an auditor's DOJ certification.

The audit assessment phase of the audit oversight process is the starting point for all interventions under the oversight umbrella, and consists of a systematic, objective, and data-driven process for holding all auditors accountable for high standards of audit quality. The chapters below provide additional information on how the audit assessment phase connects with each intervention, the nature of these interventions, and their potential outcomes.

Chapter 21. Peer Review and Peer Mentoring

In peer review, an auditor's professional peers evaluate the extent to which the auditor complies with the requirements in the standards and properly conforms to the principles and methods of the PREA audit described in this Handbook. A team of two peer reviewers is charged with conducting a rigorous examination of all the evidence and documentation relied upon by an auditor to determine the extent to which they have made accurate compliance findings. The primary goals of peer review are to enhance the reliability and integrity of PREA audits, encourage high standards for audit quality, and promote accountability within the PREA auditor community.

Additional information regarding peer review outcomes is detailed later in this chapter.

Peer Review Process

The PREA Management Office oversees peer review and, as such, is responsible for making all final decisions regarding the selection of both auditors to be peer reviewed and auditors to serve on peer review teams, and determining needed follow-up steps with auditors who are peer reviewed. The PREA Resource Center is responsible for managing and coordinating the peer review process, with direction from the PREA Management Office.

An auditor will be selected to undergo a peer review based on the result of the PREA Management Office's standardized audit assessment process (as described in chapter 20). Once selected, peer reviewers are asked to assess an audit to determine whether:

1. The auditor collected and retained sufficient documentation.
2. The audit documentation and other relevant evidence support the auditor's compliance findings.
3. The audit report conforms to the requirements articulated in the PREA Auditor Candidate Training, this Handbook, required auditor continuing education, and FAQs issued by the DOJ PREA Working Group.
4. The audit report complies with the PREA Standards that govern auditors, including:
 - a. "Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review." (28 C.F.R. § 115.403(a))
 - b. "Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA Standards." (28 C.F.R. § 115.403(b))
 - c. "For each PREA Standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirements of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level." (28 C.F.R. § 115.403(c))

- d. “Audit reports shall describe the methodology, sampling sizes, and basis for the auditor’s conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.” (28 C.F.R. § 115.403(d))

5. The audit report exhibits excellent performance or auditing best practices.

At the conclusion of the peer review assessment, peer reviewers are asked to provide the PREA Management Office with a summary report of their findings, including information on the criteria used to evaluate the auditor’s compliance determinations and a description of any significant variation between peer reviewers’ scores. A copy of the summary peer review report is also made available to the reviewed auditor.

Peer Review Outcomes

Determining outcomes and next steps for auditors who undergo a peer review is the sole responsibility of the PREA Management Office. Peer reviewers have no role in recommending next steps for auditors who undergo peer review.

If the peer review findings indicate that an auditor’s compliance determinations, application of the standards, corrective action requirements, or other elements are significantly deficient, peer review may lead to a disciplinary review by the PREA Management Office. Disciplinary review may also be a consequence for auditors who fail to comply with all of the peer review requirements (refer to chapter 23) and may impact an auditor’s DOJ certification. If, however, the peer review findings reveal only limited deficiencies, the PREA Management Office may require the auditor to complete certain remediation steps to address the identified challenges (refer to chapter 22).

Peer Mentoring Process

Auditors identified as needing additional training and support may be referred to peer mentorship by the PREA Management Office. Referred auditors participate in a one-on-one coaching experience with their assigned peer mentor who provides tailored assistance in areas where the auditor needs additional support. A key benefit of participation in the peer mentoring process is the opportunity to engage in peer networking and to develop a supportive professional relationship with another auditor.

Auditors who are selected to be peer mentors are chosen by the PREA Management Office and receive specialized, focused training to assist auditors referred to the process.

Chapter 22. Remediation

The objective of remediation is to provide an alternative to disciplinary review and/or disciplinary action (i.e., suspension, decertification) in cases where auditors may have demonstrated some deficiencies in their audit conduct and/or performance but do not meet the threshold for disciplinary action. Depending on the nature and scope of the identified deficiencies, the PREA Management Office may impose one or more remediation conditions on an auditor, including, but not limited to, requiring the auditor to:

- Provide an up-to-date and comprehensive list of all ongoing and scheduled audits.

- Participate in continuing education courses, practical skill-building exercises, and/or training opportunities.
- Complete testing to confirm knowledge, understanding, or skills.
- Engage with the PREA Resource Center to receive ongoing support and technical assistance.
- Participate in one-on-one coaching with a peer mentor.
- Provide all documentation used to make compliance determinations in a given audit.
- Submit a draft audit report for a forthcoming audit to the PREA Management Office, prior to submitting it to the audited facility and/or agency.
- Undergo continued monitoring by the PREA Management Office to assess compliance with the auditor obligations outlined in the PREA Standards and this Handbook.

The auditor may be required to notify agencies and facilities they audited (or are currently auditing) of the remediation steps imposed by the PREA Management Office. The PREA Management Office, at its discretion, may also communicate with the audited agency's and/or facility's leadership to ensure that the required remediation steps have been taken by the auditor and to ensure that the agency's and/or facility's leadership is aware of the impact of the required remediation steps on the audit (e.g., extended time necessary to receive an audit report). The PREA Management Office always strives to limit the impact of remediation on the conduct and timing of audits.

The PREA Management Office will closely monitor auditors to verify compliance with the requirements imposed under remediation. Auditors who fail to comply with the remediation steps may be subject to disciplinary action by the PREA Management Office.

Chapter 23. Disciplinary Review

Under federal law, the "PREA Management Office of the Bureau of Justice Assistance shall evaluate all auditors based on the criteria contained in the certification agreement. In the case that an auditor fails to comply with a certification agreement or to conduct audits in accordance with the PREA Auditor Handbook, audit methodology, and instrument approved by the PREA Management Office, the Office may take remedial or disciplinary action, as appropriate, including decertifying the auditor..." (34 U.S.C. § 30307(e)(8)(A)(iii)). The PREA Management Office places auditors under disciplinary review when there are significant or pervasive concerns regarding an auditor's compliance with the following:

- The PREA Auditor Code of Conduct
- The PREA Auditor Certification Agreement
- PREA Standards governing auditor conduct
- FAQs issued by the DOJ PREA Working Group
- The PREA Auditor Handbook
- PREA auditor requirements articulated in the PREA Auditor Candidate Training
- Required PREA auditor continuing education
- PREA auditor reporting requirements

- Peer review requirements
- Remediation steps required by the PREA Management Office

Disciplinary review is also used in cases where the PREA Management Office has obtained information regarding auditor misconduct, or an auditor has demonstrated serious misapplication or misinterpretation of one or more PREA Standards.

In some cases, the PREA Management Office may determine that remediation steps (as described in chapter 22) are more appropriate than requiring the auditor to proceed through the full disciplinary review process, and there are actions that the auditor can take to successfully address the concerns and issues that were identified in the PREA Management Office's audit assessment (as described in chapter 20). In other cases, the PREA Management Office may determine that a disciplinary review is warranted without engaging in remediation steps. The disciplinary review process may impact an auditor's DOJ-issued certification.

Disciplinary Review Process

Auditors placed on disciplinary review by the PREA Management Office will receive written notice from the PREA Management Office that includes a description of the identified concerns and issues related to the auditor's work, any allegations of auditor misconduct, and detailed instructions for proceeding through the disciplinary review process.

Auditors under disciplinary review will generally be instructed to:

- Provide a written response to the issues and concerns detailed in the Notice of Disciplinary Review issued by the PREA Management Office (including all relevant supporting documentation)
- Submit the underlying audit documentation for one or more audits conducted by the auditor
- Provide a list of all audits that are currently underway, and that are planned in the future, but have not yet begun

Depending on the nature of the deficiencies identified with an auditor's practices and/or conduct, the PREA Management Office may also recommend that an auditor under disciplinary review voluntarily suspend their auditing activity for the duration of the disciplinary review period. Or the PREA Management Office may impose a mandatory suspension on an auditor for the duration of disciplinary review.

If the PREA Management Office receives information indicating that an auditor has engaged in criminal conduct, malfeasance, gross negligence, fraud, conflict of interest, or other unlawful behavior that bears on an auditor's credibility or integrity, the PREA Management Office will determine next steps on a case-by-case basis, depending on the circumstances and the nature of the allegation. Where warranted, the PREA Management Office will refer the case to the appropriate local, state, or federal agency for investigation and disposition. Depending on the severity of the allegation, the PREA Management Office may require the auditor to suspend all auditing activity pending the outcome of the investigation. Certain confirmed cases of serious auditor misconduct may result in immediate decertification. Refer to chapter 23 for more information on disciplinary action by the PREA Management Office.

Disciplinary Review Outcomes

The outcome of the disciplinary review process will vary depending on the nature and scope of the issues identified.

- **Case Resolution.** In cases where an auditor complies with all the requirements imposed by the PREA Management Office and is able to adequately address and remedy all the identified issues, their case will be considered resolved. However, the PREA Management Office may require additional remediation steps and/or continue to monitor the auditor's work to ensure that they continue to meet the auditor obligations outlined in the PREA Standards and the Auditor Handbook. Refer to chapter 22 for more information on remediation.
- **Disciplinary Action.** Where auditors fail to adequately address the issues raised by the PREA Management Office or where there is sufficient evidence of serious auditor misconduct or failure to meet auditor certification requirements, the PREA Management Office may impose disciplinary action, up to and including suspension or decertification. Additional information regarding decertification and suspension can be found in chapter 26.

Chapter 24. Impact of Audit Oversight

The Audit Oversight interventions employed by the PREA Management Office, with ongoing support from the PREA Resource Center (refer to chapters 20–24), are not designed or intended to challenge or overturn the findings of auditors. Rather, the purpose of Audit Oversight is to evaluate auditor performance, provide meaningful support and technical assistance to auditors to improve their auditing practices, and, where necessary, impose disciplinary action on auditors who fail to fulfill the requirements of their DOJ-issued PREA auditor certification. In such instances, Audit Oversight may impact an auditor's DOJ certification.

Through the Audit Oversight process, however, the PREA Management Office may identify auditing deficiencies, such as serious misapplication or misinterpretation of one or more standards, misconduct, conflicts of interest, and failure to follow the PREA audit methodology defined in this Handbook and in the PREA Standards, among others, that cast significant doubt on the accuracy of an auditor's findings. Thus, while an auditor's compliance findings are considered final and will not be impacted as a result of the PREA Management Office's Audit Oversight, there are other potential implications that should be considered by auditors. These considerations are detailed below.

Impact on the Governors' Annual Certification Determination

DOJ reviews all certifications of full compliance submitted by states, territories, and the District of Columbia, and seriously considers any issues related to auditor conduct and their implications on the veracity of an auditor's compliance findings. If DOJ identifies information as part of this review that raises questions about or contradicts a governor's certification submission, DOJ will contact that state or territory to request additional information. By way of example, if an agency has received findings of full compliance for all of its facilities, but DOJ is aware of an agency-wide policy that is out of compliance with the PREA Standards, this

incongruity will be brought to the governor's attention and should be considered when determining whether to submit a certification or assurance to DOJ.

The DOJ PREA Working Group issued formal guidance in February 2013⁵⁹ indicating that audits represent just one piece of information a governor can use to determine compliance with the standards. Neither the PREA statute nor the standards restrict the sources of information that governors may use in deciding whether to certify full compliance with the standards. Thus, if a state has facilities with fully compliant PREA audits, but the governor is in possession of information that contradicts full compliance in those facilities, that information may impact the governor's ability to certify full compliance with the PREA Standards.

Additionally, where there is a PREA audit finding that is incongruent with an agency's or facility's interpretation of compliance, either in policy or practice, the auditor should be prepared to answer questions from the audited agencies and facilities regarding their evaluation of compliance with the standard(s) in question.

Impact on the Safety and Wellbeing of Persons Confined in Facilities

Beyond the ramifications that incongruent audit findings can have on a governor's certification determination, auditors' compliance determinations have real implications for the safety and wellbeing of persons confined in the facility who are very vulnerable to sexual abuse and sexual harassment. It is DOJ's expectation and an auditor's responsibility to rigorously evaluate a facility's and agency's compliance with each provision of every standard. And where areas of noncompliance are identified, it is the auditor's responsibility to work collaboratively with facility and agency staff on a corrective action plan that will put them on a path towards compliance.

Section VIII. Maintaining, Losing, or Giving up Certification

Chapter 25. Auditor Recertification

As described in chapter 7, PREA auditor certification is valid for 3 years following the auditor's original certification date.⁶⁰ At the end of this period, an auditor's certification will expire, unless the auditor has applied for and been granted recertification by DOJ through the PREA Management Office or elected to enter inactive status.

Auditors have three options at the conclusion of their 3-year certification:

1. Apply for recertification.
2. Voluntarily let their certification expire.
3. Elect to enter inactive status.

Details regarding each of these options are provided below.

⁵⁹ Access the full FAQ at www.prearesourcecenter.org/frequently-asked-questions/what-basis-can-governor-make-certification-decision-it-audit-finding.

⁶⁰ The certification date for all auditors can be found under their names in the list of DOJ-certified PREA auditors on the PREA Resource Center website at www.prearesourcecenter.org/audit/auditor-search.

Recertification Application Process

To become recertified as a PREA auditor, all PREA auditors must successfully complete all the recertification requirements (described below) prior to the expiration of their current 3-year certification.

The seven recertification requirements are:

1. Submission of a complete recertification application.
2. Fulfillment of all audit reporting requirements.
3. Fulfillment of all auditor continuing education requirements.
4. Fulfillment of all probationary certification requirements.
5. Achieving a passing score on the online recertification exam.
6. Signing and submitting the Auditor Certification Agreement.
7. Completion of a criminal records background check.

If recertified, auditor certification will be valid for 3 years following the auditor's recertification date.

Recertification Requirements

Information regarding each of the six recertification requirements appears below.

Recertification Application

Auditors must submit a complete application for recertification by the specified deadline. The application is available as an online form located on the PREA Resource Center's Training and Resource Portal.

Auditor Reporting Requirements

Auditors must fulfill the following reporting requirements:

- Complete and submit, or confirm, Audit Initiation Forms for all audits (including completed audits, audits in progress, and scheduled audits) for which an auditor served or will serve as lead auditor.
- Complete and submit post-audit reporting information for all audits for which an auditor served as lead auditor. Auditors are only required to submit post-audit reporting information for audits that were completed at least 6 months prior to their recertification application deadline. For example, an auditor whose certification was set to expire in December 2019, who applied for recertification by the October 3, 2019 deadline, must have submitted post-audit reporting information for all audits they completed as lead auditor on or before March 31, 2019. This cutoff date will be made clear for each auditor recertification cohort.

Auditors who have kept up to date with their reporting requirements do not need to submit duplicate forms. Questions regarding the status of their reporting requirements may be sent to the PREA Resource Center by submitting an Auditor Helpdesk Form available on the PREA Resource Center's Training and Resource Portal.

Continuing Education Requirements

Auditors must complete all mandatory webinars and coursework assigned by the PREA Resource Center. Auditors with questions about their continuing education requirements should refer to their Auditor Welcome Packets or contact the PREA Resource Center by submitting an Auditor Helpdesk Form available on the PREA Resource Center’s Training and Resource Portal.

All archived webinars and coursework are available on the PREA Resource Center’s Training and Resource Portal. Auditors who want to learn if they have completed all the mandatory courses should log into the PREA Learning Hub and navigate to their learner transcripts. Any incomplete webinars and coursework will be included in the course list in “My Courses” or can be found in the “Catalog.”

It is important to note that the continuing education requirements may vary slightly for each auditor recertification cohort. Auditors will be made aware of all required coursework in advance of their recertification application deadlines.

Probationary Certification Requirements

To be recertified as a PREA auditor, the auditor must have completed all probationary education requirements.⁶¹ As described in more detail in chapter 10, to achieve full certification status, all newly certified auditors are required to complete a minimum of 8 hours of probationary education that is delivered in a variety of formats, including pre-recorded videos, one-on-one coaching and support with a PREA Resource Center mentor, and small group sessions facilitated by the PREA Resource Center. One-on-one coaching and small group sessions will require advance planning and scheduling between the auditor and the PREA Resource Center; therefore, auditors approaching the end of their initial 3-year certification who have not completed their probationary education requirements and are planning to seek recertification should plan to complete their probationary education requirements well in advance of their certification expiration date.

Recertification Exam

Auditors must complete the auditor recertification exam with a score of 85 percent or higher. The topics covered on the exam include the following:

- The PREA Standards.
- Mandatory auditor continuing education webinars and coursework.
- FAQs issued by the DOJ PREA Working Group.

⁶¹ For auditors who entered probationary certification status prior to the September 2020 PREA Auditor Candidate Training and have not yet fulfilled their probationary certification requirements, this requirement only applies if they elect to complete the new probationary requirements. Auditors who elect to complete the new probationary requirements who have less than 12 months until their certification expires will be required to complete the probationary education requirements by their following 3-year certification expiration date in order to be recertified.

Auditor Certification Agreement

Auditors must read, sign (or resign), and submit the Auditor Certification Agreement.⁶²

Criminal Background Check

Auditors are required to pass a criminal background records check.⁶³ Specific details on how to begin this process will be included in the recertification application instructions.

Auditors not Seeking Recertification

Auditors may elect not to seek recertification and voluntarily let their certifications expire. There is an option to indicate this on the application form. When an auditor selects this option, their voluntary surrender of certification will be effective on their certification expiration date. Once the voluntary expiration of certification takes effect, an auditor's name will be listed as no longer certified on the PREA Resource Center website.

Auditor Inactive Status

Auditors who elect to enter inactive status maintain their certification but are not permitted to procure or conduct audits as a lead auditor for a minimum of 3 years and their name will be listed as inactive on the PREA Resource Center website. Auditors may only enter, or remain on, inactive status at the conclusion of their 3-year certification by submitting the recertification application by the specified deadline and selecting the option to enter inactive status. Additionally, auditors may only elect to enter, or remain on, inactive status if they have not yet started the recertification exam. Once auditors begin the recertification exam, they no longer have the option to enter inactive status and must either continue with the recertification process or elect to not seek recertification.

Auditors who have not completed all their probationary education requirements are not eligible to enter inactive status.⁶⁴

Conditions of Inactive Status

While on inactive status, auditors are exempt from the annual continuing education requirement, but may still elect to participate in continuing education coursework. Inactive auditors may also provide PREA implementation support, auditing consulting services, and serve as a secondary auditor. With the exception of the continuing education requirement, auditors on inactive status must abide by the Auditor Certification Agreement. Auditors on inactive status who fail to comply with the conditions of the Auditor Certification Agreement are subject to disciplinary action by the PREA Management Office that impacts their DOJ certification.

⁶² 34 U.S.C. § 30307(e)(8)(A)(ii).

⁶³ 34 U.S.C. § 30307(e)(8)(A)(i).

⁶⁴ For auditors who entered probationary certification status prior to the September 2020 PREA Auditor Candidate Training and have not yet fulfilled their probationary certification requirements, this requirement only applies if they elect to complete the new probationary requirements. Auditors who elect to complete the new probationary requirements who have less than 12 months until their certification expires will be required to complete the probationary education requirements by their following 3-year certification expiration date in order to be recertified or be eligible to enter inactive status.

To ensure they remain compliant with the terms of the Auditor Certification Agreement, auditors on inactive status must remember to provide the PREA Resource Center with a current and functioning email address, physical address, and telephone number, and to update this information as necessary by submitting an Auditor Contact Information Change Form, which is available in the Resources section of the PREA Resource Center's Training and Resource Portal. Auditors on inactive status must be able to receive and read all communications from the PREA Resource Center, the PREA Management Office, and DOJ in a timely fashion.

Reactivating Auditor Certification

Auditors on inactive status may only reactivate their certification every 3 years when their certification is scheduled to expire by completing the recertification application process described above. Auditors seeking recertification after a period on inactive status are required to complete all mandatory continuing education and review FAQs issued by the DOJ PREA Working Group from the entire period of inactivity. These auditors are also encouraged to review requirements announced via PREA Resource Center newsletters from the entire period of inactivity. Auditors may be tested on this information during the recertification exam and are also expected to have read and understand it as a condition of their Auditor Certification Agreement.

Failure to Meet Recertification Requirements

Failure to complete all the recertification requirements by the specified deadline will result in denial of auditor recertification. Once the expiration of an auditor's certification takes effect, the auditor will no longer be authorized to conduct PREA audits, and the auditor's name will be listed as no longer certified on the PREA Resource Center website.

Within 30 days of the date of Notice of Denial of Recertification from the PREA Management Office (unless the PREA Management Office specifies a different due date), auditors have the option to appeal the PREA Management Office's determination. Written appeal must be made to the PREA Management Office by email at PREACompliance@usdoj.gov and must:

- Consist entirely of directly relevant written materials.
- Include all necessary explanations, information, or other materials in response to the allegations described in the Notice of Denial of Recertification.

Any false statements made in support of an appeal may be subject to criminal prosecution, including under 18 U.S.C. § 1001, and are subject to review by the Office of Justice Programs Office of the General Counsel and the DOJ Office of the Inspector General.

The PREA Management Office may amend the Notice of Denial of Recertification at any time prior to its final disposition. If such amendment includes any new material allegations of fact, the auditor will have the opportunity to appeal the new allegations in the amended Notice of Denial of Recertification. An auditor's appeal of the new allegations in the amended Notice of Denial of Recertification must be written and provided to the PREA Management Office in accordance with the procedures outlined above no later than 30 days after the PREA Management Office provides the PREA auditor with the amended Notice, unless the PREA Management Office establishes a different due date.

If no appeal is received by the PREA Management Office within 30 days after the date of the Notice of Denial of Recertification (without reasonable justification or excuse) such:

1. Constitutes a waiver of the right to contest the allegations in the Notice of Denial of Recertification.
2. Will result in the denial of recertification of the PREA auditor without further notice to the PREA auditor.
3. The denial of recertification will be considered to be final as of the date indicated in the Notice of Denial of Recertification.

If an appeal is received by the PREA Management Office within 30 days after the date of the Notice of Denial of Recertification, it will be carefully considered by the PREA Management Office. The PREA Management Office will make its determination and provide written notice of its decision to:

- Confirm the denial of recertification (including the reasons therefor); or
- Rescind the denial of recertification, which may include mandatory remediation steps or other requirements

Denial of recertification will remain in effect while the appeal is under consideration.

Auditor Guidance Following Expiration of Certification

If an auditor has any contractual obligations to conduct audits for which the onsite phase is scheduled on or after their certification expiration date, the auditor must immediately notify the appropriate officials in the facility or agency of the pending expiration of their certification to discuss contract termination, as appropriate. If an auditor has any in-progress audits for which they have completed the onsite phase, the auditor must immediately notify the appropriate officials in the facility or agency of the pending expiration of their certification and ask those officials for instruction regarding completion of the contracted tasks. If the officials from the agency or facility expect the auditor to complete the post-onsite audit work, the auditor will remain authorized through their certification expiration date to complete the audit through the final report. If an auditor has an in-progress audit and believes they will not be able to complete the final report by the auditor's certification expiration date, the auditor must contact the PREA Management Office at PREACompliance@usdoj.gov to request authorization to conduct the post-onsite audit work beyond the certification expiration date.

Unless otherwise specified by the PREA Management Office, auditors who elect not to seek recertification and auditors who are denied recertification are permitted to apply again to become certified as PREA auditors, but they must go through the regular application and training process. During the application review process, the circumstances of an auditor's denial of recertification and their past auditing performance and conduct will be considered in evaluating their suitability to become certified and to conduct PREA audits. Auditors who elect not to seek recertification and auditors who are denied recertification may serve as non-certified support staff for DOJ-certified PREA auditors.

Questions about Recertification

For questions about auditor-specific recertification application requirements, auditors may contact the PREA Resource Center *before the application deadline*. If given sufficient notice, PREA Resource Center staff will assist auditors with identifying any missing requirements.

Chapter 26. Auditor Suspension and Decertification

Decertification or suspension⁶⁵ may be a consequence for an auditor if the PREA Management Office determines through a preponderance of evidence that the auditor has demonstrated a significant or consistent failure to comply with the following:

- The PREA Auditor Code of Conduct.
- The PREA Auditor Certification Agreement.
- PREA Standards governing auditor conduct.
- FAQs issued by the DOJ PREA Working Group.
- The PREA Auditor Handbook.
- PREA auditor requirements articulated in the PREA Auditor Candidate Training.
- Required PREA auditor continuing education.
- PREA auditor reporting requirements.
- Peer review requirements.
- Remediation steps required by the PREA Management Office.

Decertification or suspension may also be a consequence in cases where an auditor engages in misconduct (including, but not limited to negligence, criminal conduct, malfeasance, gross fraud, and conflict of interest) or demonstrates serious misapplication or misinterpretation of one or more PREA Standards.

An auditor who is decertified or suspended will receive notice of the decision from the PREA Management Office. This notice will contain important information regarding the grounds for decertification or suspension, a description of the evidence upon which the allegations are based, a description of the appeal process, and the effective date of the decertification or suspension. The process for suspension and decertification is described below.

Process for Suspension of Certification

The duration of a suspension will be determined by the PREA Management Office and may be extended for cause. During the period of suspension, auditors may not conduct any audits or audit-related activity, including as an agent of a certified auditor, and their names will be listed as suspended on the PREA Resource Center website (34 U.S.C. § 30307(e)(8)(B)(i)). Within 30 days of the date of Notice of Suspension (unless the PREA Management Office specifies a different due date), auditors have the option to appeal the PREA Management Office's determination. A written appeal must be made to the PREA Management Office by email at PREACompliance@usdoj.gov. An auditor's appeal must:

- Consist entirely of directly relevant written materials.

⁶⁵ 34 U.S.C. § 30307(e)(8)(A)(iii) and 34 U.S.C. § 30307(e)(8)(B)(i).

- Include all necessary explanations, information, or other materials in response to the allegations described in the Notice of Suspension.

Any false statements made in support of an appeal may be subject to criminal prosecution, including under 18 U.S.C. § 1001, and are subject to review by the Office of Justice Programs Office of the General Counsel and the DOJ Office of the Inspector General.

The PREA Management Office may amend the Notice of Suspension at any time prior to its final disposition. If such an amendment includes any new material allegations of fact, the auditor will have the opportunity to appeal the new allegations. An auditor's appeal of the new allegations in the amended Notice of Suspension must be written and provided to the PREA Management Office in accordance with the procedures outlined above no later than 30 days after the PREA Management Office provides the PREA auditor with the amended Notice, unless the PREA Management Office establishes a different due date.

If no appeal is received by the PREA Management Office within 30 days after the date of the Notice of Suspension (without reasonable justification or excuse) such:

1. Constitutes a waiver of the right to contest the allegations in the Notice of Suspension, and
2. Will result in the decertification of the PREA auditor without further notice to the PREA auditor, and
3. The decertification will be considered to be final as of the date indicated in the Notice of Decertification.

If an appeal is received by the PREA Management Office within 30 days after the date of the Notice of Suspension, it will be carefully considered by the PREA Management Office. The PREA Management Office will make its determination and provide written notice of its decision to:

- Convert the suspension to a decertification;
- Rescind the suspension; or
- Take other appropriate action such as remediation or maintaining the suspension.

The suspension will remain in effect while the appeal is under consideration.

Process for Decertification

Within 30 days of the date of Notice of Decertification from the PREA Management Office (unless the PREA Management Office specifies a different due date), auditors have the option to appeal the PREA Management Office's determination. Written appeal must be made to the PREA Management Office by email at PREACompliance@usdoj.gov and must:

- Consist entirely of directly relevant written materials.
- Include all necessary explanations, information, or other materials in response to the allegations described in the Notice of Decertification.

Any false statements made in support of an appeal may be subject to criminal prosecution, including under 18 U.S.C. § 1001, and are subject to review by the Office of Justice Programs Office of the General Counsel and the DOJ Office of the Inspector General.

The PREA Management Office may amend the Notice of Decertification at any time prior to its final disposition. If such an amendment includes any new material allegations of fact, the auditor will have the opportunity to appeal the new allegations. An auditor's appeal of the new allegations in the amended Notice of Decertification must be written and provided to the PREA Management Office in accordance with the procedures outlined above no later than 30 days after the PREA Management Office provides the PREA auditor with the amended Notice, unless the PREA Management Office establishes a different due date.

If no appeal is received by the PREA Management Office within 30 days after the date of the Notice of Decertification (without reasonable justification or excuse) such:

1. Constitutes a waiver of the right to contest the allegations in the Notice of Decertification.
2. Will result in the decertification of the PREA auditor without further notice to the PREA auditor.
3. The decertification will be considered to be final as of the date indicated in the Notice of Decertification.

If an appeal is received by the PREA Management Office within 30 days after the date of the Notice of Decertification, it will be carefully considered by the PREA Management Office. The PREA Management Office will make its determination and provide written notice of its decision to:

- Confirm the decertification (including the reasons therefor); or
- Rescind the decertification, which may include mandatory remediation steps or other requirements

The decertification will remain in effect while the appeal is under consideration.

If decertified, the auditor will no longer be authorized to conduct PREA audits, and the auditor's name will be listed as decertified on the PREA Resource Center website, including the reason for decertification. Auditors who have been decertified may not participate in PREA audits, including as an agent of a PREA auditor (34 U.S.C. § 30307(e)(8)(B)(i)). Pursuant to the above requirement, auditors who have been decertified will not be eligible to apply again to become certified as a PREA auditor. Additionally, following decertification, the PREA Management Office is required under the PREA statute to notify each facility and/or agency at which the decertified auditor conducted an audit during the relevant 3-year audit cycle, and may recommend that the agency repeat any affected audits if deemed appropriate (34 U.S.C. § 30307(e)(8)(B)(ii))

Audit Contract Guidance Following Decertification

If an auditor has any contractual obligations to conduct audits for which the onsite phase is scheduled on or after the effective date of decertification, the auditor must immediately notify the appropriate officials in the facility or agency of their decertification to discuss the contract's termination, as appropriate. If an auditor has any in-progress audits for which they have completed the onsite phase, the auditor must immediately notify the appropriate officials in the facility or agency of their decertification and ask those officials for instruction regarding completion of the contracted tasks. Auditors must report all in-progress audits to the PREA Management Office at PREACompliance@usdoj.gov and provide the date when those audits

are expected to conclude (i.e., the final report has been submitted to the audited facility and/or agency). If the officials from the agency or facility expect the auditor to complete post-onsite audit work, the auditor must request authorization from the PREA Management Office to complete the audit through the final report.

Chapter 27. Voluntary Surrender of Certification

Auditors may voluntarily surrender their certifications. To do so, auditors should notify the PREA Management Office via email at PREACompliance@usdoj.gov. This notification should include the auditor's name and contact information, including a current email address.

An auditor's voluntary surrender of their certification will take effect on the date the notification is received by the PREA Management Office from the auditor. The auditor's name will then be listed as no longer certified on the PREA Resource Center website.

Auditors are not permitted to voluntarily surrender their certifications if they are currently under contract to conduct one or more PREA audits. In limited circumstances, however, the PREA Management Office may allow an auditor to voluntarily surrender their certification while under contract for a PREA audit. In such cases, the auditor must adhere to the following guidelines for audit contracts following voluntary surrender of certification.

- If an auditor has any contractual obligations to conduct audits for which the onsite phase is scheduled on or after the effective date of voluntary surrender of certification, the auditor must immediately notify the appropriate officials in the facility or agency of their voluntary surrender of certification to discuss the contract's termination, as appropriate.
- If an auditor has any in-progress audits for which they have completed the onsite phase, the auditor must immediately notify the appropriate officials in the facility or agency of their voluntary surrender of certification and ask those officials for instruction regarding completion of the contracted tasks.
- If the officials from the agency or facility expect the auditor to complete the post-onsite audit work, the auditor will be temporarily authorized to complete the audit through the final report. In such instances, auditors must report all in-progress audits to the PREA Management Office at PREACompliance@usdoj.gov and provide the date when those audits are expected to conclude (i.e., the final report has been submitted to the audited facility and/or agency).

Unless otherwise specified by the PREA Management Office, auditors who voluntarily surrender their certifications are permitted to apply again to become certified as PREA auditors, but they must go through the regular application and training process. During the application review process, an individual's past auditing performance and conduct will be considered in evaluating their suitability to become certified and to conduct PREA audits. Auditors who voluntarily surrender their certification may serve as non-certified support staff for DOJ-certified PREA auditors.

Section IX. Auditor Resources

Chapter 28. Training, Education, and Assistance for Auditors

Auditor Newsletter and E-Blasts

The PREA Resource Center publishes a newsletter, typically monthly, that provides useful information on auditing, new PREA developments, and related topics. The newsletter is sent to auditors and other stakeholders via email only and can be accessed by auditors at any time in the Resources section of the PREA Resource Center's Training and Resource Portal. The PREA Resource Center also issues occasional e-blasts to convey important and often time-sensitive information to auditors. Auditors are responsible for information conveyed in newsletters and e-blasts and must provide the PREA Resource Center with their current email addresses to ensure that they are able to receive these and other important communications.

The PREA Resource Center's Training and Resource Portal

The Training and Resource Portal (training.prearesourcecenter.org) is a one-stop shop for auditors to access important auditing resources and tools, read past newsletters and e-blasts issued by the PREA Resource Center, and submit required auditor reporting forms. The Training and Resource Portal is also where auditors can access the PREA Learning Hub which houses probationary curriculum courses and continuing education courses.

The PREA Resource Center's Communities of Practice

One of the key features of the PREA Resource Center's engagement strategy is to develop and provide Communities of Practice for key PREA stakeholders. The goal of Communities of Practice is to enable information sharing, collaboration, and networking among PREA Coordinators, auditors, community-based advocates, and other stakeholders. Stakeholders are invited to join all relevant communities to which they belong and take advantage of the opportunities to connect with peers and others doing the important work of PREA implementation and auditing. To get started, contact the PREA Resource Center's Training and Resource Portal Technical Support.⁶⁶ Once you have a Community of Practice account, you can login here. For easy reference, the PREA Resource Center's website includes the Communities of Practice Terms of Use (<https://www.prearesourcecenter.org/support/rules-of-behavior>) and the Code of Conduct (<https://www.prearesourcecenter.org/support/code-of-conduct>).

The PREA Resource Center Website

The PREA Resource Center website at www.prearesourcecenter.org is a central repository for all things related to PREA and PREA audits. The site hosts training curricula and archived webinars; a database of FAQs issued by the DOJ PREA Working Group; a virtual library, including legal resources; PREA-related news and other timely information; a list of DOJ-certified PREA auditors; information on the PREA audit process, auditor trainings, PREA implementation trainings; an Auditor Feedback Form; and much more. The website also

⁶⁶ To access the PREA Resource Center's Training and Resource Portal Technical Support visit <https://www.prearesourcecenter.org/support/contact>.

includes a [Contact Us](#) page where auditors and others can submit inquiries about PREA, the audit process, training for auditors, and any other issues of concern.

Helplines

For answers to non-urgent questions about PREA, the audit process, or related issues while preparing for an upcoming audit or following the onsite phase of an audit, contact the Non-Urgent Helpline by calling 800–279–7732 and press 1 when prompted, or submit an Auditor Helpdesk Form available on the PREA Resource Center’s Training and Resource Portal. The PREA Resource Center typically responds within 3 business days.

For answers to more urgent issues while working onsite at a facility, contact the Urgent Helpline by calling 800–279 –7732 and press 2 when prompted, or submit an Auditor Helpdesk Form available on the PREA Resource Center’s Training and Resource Portal. The PREA Resource Center makes every effort to respond within 24 hours during the work week.

Contacting the PREA Management Office

Auditors may contact the PREA Management Office by email at PREACompliance@usdoj.gov.

Auditor Certification Agreement

In order to obtain (or maintain) your certification from the Department of Justice (DOJ) to conduct PREA audits, you must read and sign this agreement by the specified deadline. 34 U.S.C. § 30307(e)(8)(A)(ii). These conditions of your certification are designed to ensure that auditors conduct PREA audits according to the requirements set forth by DOJ, and by signing this agreement, the signatory acknowledges that failure to comply with any provisions in this agreement could lead to disciplinary action by the PREA Management Office within DOJ's Bureau of Justice Assistance, up to and including suspension or decertification.

I. General Responsibilities

- a. I have read and understand the PREA Standards.
- b. I have read, understand, and agree that I will conduct PREA audits in accordance with those PREA Standards that apply to auditors, including, but not limited to, the requirements stated in Standards 115.401-404.
- c. I have read, understand, and agree that I will conduct PREA audits according to the methodology provided in the PREA Auditor Handbook, the PREA Auditor Candidate Training, FAQs issued by the DOJ PREA Working Group, and any other continuing education and guidance provided by the PREA Management Office and the PREA Resource Center in writing, in continuing auditor education, or through other means.

II. Contracting for a PREA Audit

- a. I have read, understand, and agree to abide by the requirements in the PREA Auditor Handbook regarding auditing arrangements.
- b. I have read, understand, and agree to abide by the requirements in the PREA Auditor Handbook regarding audit contracts and compensation.
- c. I have read, understand, and agree to abide by all restrictions placed on my ability to solicit or accept gifts as described in the PREA Auditor Handbook.

III. Auditor Code of Conduct

- a. I have read, understand, and agree to abide by the Auditor Code of Conduct described in the PREA Auditor Handbook.

IV. Conflicts of Interest

- a. I have read, understand, and agree to abide by all restrictions placed on my ability to conduct audits that raise a conflict of interest, or the appearance of a conflict of interest, as described in the PREA Auditor Handbook and PREA Standard 115.402.

Auditor Certification Agreement

V. Auditor Certification Requirements

- a. I have read, understand, and agree to abide by all of the requirements in the PREA Auditor Handbook regarding probationary certification status (effective since the March 2015 PREA Auditor Candidate Training).
- b. I have read, understand, and agree to abide by all of the auditor reporting requirements in the PREA Auditor Handbook.
- c. I have read, understand, and agree to abide by all of the auditor continuing education requirements in the PREA Auditor Handbook.
- d. I have read, understand, and agree to abide by the requirements in the PREA Auditor Handbook regarding voluntary surrender of my PREA auditor certification from DOJ.
- e. I have read, understand, and agree to abide by the requirements in the PREA Auditor Handbook regarding auditor recertification should I choose to become recertified as a PREA auditor.
- f. I agree to inform the PREA Management Office immediately of any actions that constitute grounds for disciplinary review or disciplinary action as described in the PREA Auditor Handbook, including: if I am arrested or convicted on criminal charges; found liable for fraud or other unlawful behavior that may bear on my honesty or credibility; found culpable of, plead guilty to, or plead no contest to any misconduct, sexual abuse, or sexual harassment, or related conduct through any criminal, civil, or administrative investigation or legal proceeding; and/or if I am released from or voluntarily leave employment or contract while under criminal, civil, or administrative investigation for any misconduct, sexual abuse, sexual harassment, or related conduct.
- g. I agree to report any knowledge or information pertaining to possible auditor misconduct (including, but not limited to negligence, criminal conduct, malfeasance, gross fraud and conflict of interest), concerns regarding an auditor's compliance with DOJ's certification requirements, or other actions that constitute grounds for disciplinary review or disciplinary action as described in the PREA Auditor Handbook. I understand that reports may be submitted via the Auditor Feedback Form on the PREA Resource Center website.

VI. PREA Audit Methodology

- a. I have read, understand, and agree that I will conduct audits according to the PREA Audit Methodology described in the PREA Auditor Handbook.

Auditor Certification Agreement

VII. Audit Oversight

- a. I have read, understand, and agree to abide by the requirements in the PREA Auditor Handbook regarding Peer Review, if selected for participation.
- b. I have read, understand, and agree, if directed by the PREA Management Office, to abide by the requirements in the PREA Auditor Handbook regarding Remediation.
- c. I have read, understand, and agree, if directed by the PREA Management Office, to abide by the requirements in the PREA Auditor Handbook regarding Disciplinary Review.
- d. I have read and understand the auditor suspension and decertification processes described in the PREA Auditor Handbook, and I understand that I may be subject to disciplinary action by the PREA Management Office, up to and including decertification.
- e. In the event of my suspension or decertification, I agree to abide by all relevant instructions from the PREA Management Office including, but not limited to, cancellation of planned audit activity.

Print Name

Signature

Date