

PREA Facility Audit Report: Interim

Name of Facility: Ford County Sheriff Office
Facility Type: Prison / Jail
Date Interim Report Submitted: 09/25/2016
Date Final Report Submitted: NA

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Lauren Fish	Date of Signature: 09/25/2016

AUDITOR INFORMATION	
Auditor name:	Fish, Lauren
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Date of facility visit:	2016-08-11