**PREA Training and Understanding Verification Form**

For Classroom Training Only

**Not Required for Web Based Training Courses**

Under **DC-ADM 008, Section 11**, all staff, contractors, and volunteers (to include contract services providers, public visitors, or Non-Department Employees) are required to participate in and acknowledge understanding and comprehension of PREA training commensurate with the level of contact they have with inmates.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Employee (Employee #\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎 Contractor 🞎 Volunteer 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Bureau/Organization/Group/School

**Name of Training Course:**

🞎 PREA Basic Training 🞎 Level 1 🞎 Level 2 🞎 PREA Essentials 🞎 Policy Review 🞎 Gender Specific

\*Basic Training = as required by **28 C.F.R. §115.31**.

\*Level 1 Training = for those who have more than 5 hours of inmate contact on average per week.

\*Level 2 Training = for those who have less than 5 hours of inmate contact on average per week.

\*PREA Essentials = Condensed refresher, bi-annually as required by **28 C.F.R. §115.31**.

\*Policy Review = Policy updates, bi-annually as required by **28 C.F.R. §115.31**.

Specialized Training: 🞎 Medical/Mental Health **(28 C.F.R. §115.35)**

🞎 Investigative **(28 C.F.R. §115.34)**

Other (Specify):***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Date/Time/Location of Training:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I received and understand the training on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse, sexual harassment, and retaliation. I have an obligation to report **ALL** forms of sexual abuse and sexual harassment.

(Contractors and Volunteers): I acknowledge my responsibility to provide proof of training, upon request, to DOC or otherwise may be requested to repeat mandatory PREA training, to ensure compliance with PREA mandates.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_