



Name of Facility

Name of Youth

Admission Date

I have been informed regarding the ***Prison Rape Elimination Act (PREA) of 2003***, which is federal law specific to incarcerated persons, on how to report incidents of sexual abuse/assault, or possible abuse/assault, in this facility. I understand that, if I ask for it, a consultation with an independent facility attorney can be made available to me without charge.

I have been informed of and believe I understand the following specific items about the PRISON RAPE ELIMINATION ACT (PREA) listed below:

	That, Federal law requires that this facility take steps to prevent sexual contact of any type from occurring during my treatment stay and that there is a ZERO-TOLERANCE policy in place at this facility for such occurrences.
	That, it is a violation of State and Federal law for a employee or any other adult providing services to touch me or communicate with me verbally in a sexual or romantic manner while I am receiving treatment at this facility.
	That, youth-on-youth sexual contact will not take place in this facility and facility discipline or possibly criminal action could be brought against me if there is sufficient proof that I took part in such an act; and that facility discipline or possibly criminal action could be brought against other person(s) who commits such acts against me if proven.
	<p>I have received written and verbal information about PREA within forty-eight (48) hours after my arrival at this facility that included the following:</p> <ul style="list-style-type: none"> ◆ The right to be free from sexual abuse ◆ The right to be free of retaliation by employees for reporting abuse ◆ What sexual abuse means in a facility setting ◆ The common reactions of victims of sexual abuse in confinement ◆ Self Protection and how to avoid risk situations ◆ Consequences for engaging in any type of sexual activity while at this YDC ◆ How to safely report sexual abuse/assault and rape and what happens when I report abuse, and ◆ How to obtain medical and mental health treatment and counseling.

The above PREA information has been explained to me and I have had the opportunity to ask questions about this information and I understand it.

Youth's Signature

Date

If the above PREA information is read to the youth, the person who read and explained the information must sign and date this form below:

**Signature of Employee/Person Who
Read Above Information to Youth**

Title

Date



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Original: Youth's Case File / Copies: Family Service Worker – Parent(s) or Guardian(s)

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