

NEW MEXICO CORRECTIONS DEPARTMENT



NMCD STAFF, CONTRACTORS, AND VOLUNTEERS PREA ACKNOWLEDGMENT

I, _____
acknowledge that I have received training on the following topics:

1. The Prison Rape Elimination Act;
2. State Law 33-9-11;
3. NMCD's Policy on Zero Tolerance and how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
4. Inmates Rights to be free from Sexual Abuse and Sexual Harassment;
5. The Dynamics of Sexual Abuse in Prison;
6. How to detect and respond to signs of threatened and actual sexual abuse;
7. The five phases of sexual assault;
8. Sexual abuse prevention strategies;
9. Reporting incidents of sexual abuse;
10. The right of employees and inmates to be free from retaliation for reporting sexual abuse;
11. Investigations of Incidents of sexual abuse;
12. The common reactions of sexual abuse and sexual harassment victims;
13. How to avoid inappropriate relationships with inmates;
14. Preservation of evidence in Sexual abuse investigations; and
15. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
16. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

By signing this document, I am confirming that I understand the training I have received. I am aware that if I do not understand all or a portion of the training, it is my responsibility to speak with the PREA Compliance Manager at the facility.

Name

Date

Facility/Region Assigned _____