

**STATE OF NEVADA
DIVISION OF CHILD AND FAMILY SERVICES**

PRISON RAPE ELIMINATION ACT ACKNOWLEDGMENT YOUTH

Print Name: _____

By signing this form, you are stating that you have been provided information on the Prison Rape Elimination Act and that you understand the following:

1. Sexual activities between youth and youth or youth and staff are not allowed, even if consensual.
2. The Division of Child and Family Services has a zero tolerance policy regarding sexual abuse and sexual harassment.
3. I have a right to be free of sexual abuse and sexual harassment.
4. If I have been a victim or a witness of sexual violence, or have knowledge of any incident, I understand that I must report these incidents or seek relief again retaliation by:
 - Using a grievance or complaint process;
 - Writing a note or telling the facility superintendent;
 - Telling a teacher, counselor, case manager, probation/parole officer, medical staff, mental health staff, family member, PREA compliance manager, a member of the clergy, facility staff, or any other trusted adult;
 - Contacting the local sexual assault hotline, if applicable; or
 - Writing a letter to the Division PREA coordinator or any abuse oriented organization.
5. I have reviewed the PREA educational material upon arrival at the facility as part of the intake process.

Signature

Date

Staff Signature

Title

Date