



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS**

**COMPREHENSIVE PREA TRAINING ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (*print name*), acknowledge that I have received and understand comprehensive PREA training, to include (*please initial each item*):

- \_\_\_ (1) The Department's zero-tolerance policy for sexual abuse and sexual harassment;
- \_\_\_ (2) How to fulfill my responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- \_\_\_ (3) Inmates' right to be free from sexual abuse and sexual harassment;
- \_\_\_ (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- \_\_\_ (5) The dynamics of sexual abuse and sexual harassment in confinement;
- \_\_\_ (6) The common reactions of sexual abuse and sexual harassment victims;
- \_\_\_ (7) How to detect and respond to signs of threatened and actual sexual abuse;
- \_\_\_ (8) How to avoid inappropriate relationships with inmates;
- \_\_\_ (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- \_\_\_ (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

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Signature

Date