GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

PREA STANDARDS FORM
(PRISON RAPE ELIMINATION ACT)

Pursuant to the Prison Rape Elimination Act (PREA) 42 USC 15601, the D.C. Department of Corrections SHALL NOT hire or promote anyone who may have contact with inmates, and SHALL NOT enlist the services of any contractor or volunteer who may have contact with inmates who: a) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; b) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; c) has been civilly or administratively adjudicated to have engaged in the activity described.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING THE PREA STANDARDS

Please check the appropriate box:

□ I have never engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other confinement institution.

□ I have never been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

□ I have never been civilly or administratively adjudicated to have engaged in in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

On this ___________ day of _____________________ ___ 20 _________, I have completed the foregoing PREA attestation form and understand its contents. The information given is correct to the best of my knowledge and belief and does not knowingly contain any material misrepresentation of fact. Material omissions regarding misconduct or the provision of material false information shall be grounds for termination.

__________________________  ______________________
Print Name                                Signature