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Contract Provider Confirmation Receipt  
For Contractors without Direct Contact with Youth  
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received and understand information on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ The Prison Rape Elimination Act: Overview of the Law and Your Responsibilities

I further acknowledge that if I have any questions or need assistance with guidelines regarding the elimination, reduction, prevention reporting procedures for PREA I will seek guidance from the Facility Director or designee.

\_\_\_\_\_  
Contract Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Provider (printed)

\_\_\_\_\_  
Training ID/Personnel Number

\_\_\_\_\_  
Location

C: Contract Provider File