



Office of the Sheriff-Coroner Public Administrator

Douglas A. Binnewies
Sheriff-Coroner-Public Administrator

Jeremy Bries
Undersheriff

PREA Contractor/Volunteer Education and Acknowledgment

Organization: _____

Name: _____

Physical Address: _____

Mailing Address: _____

Phone number: _____

The Prison Rape Elimination Act (PREA) is the first United States Federal Law passed dealing with the sexual assault of prisoners. The Department of Justice has set forth standards to prevent, detect, and respond to sexual misconduct under this law. **The Mariposa County Sheriff's Office has a zero-tolerance policy regarding the sexual abuse and/or sexual harassment of inmates.** If at any time in the course of your duties while at this facility you believe or are told that sexual misconduct has occurred, advise the facility commander immediately. If he/she is not available, you must notify the on-duty supervisor. You may also elect to notify any other law enforcement agency, or any crises center. At NO time are you to engage in conversation with an inmate, except in the course of your duties. Sexual misconduct or abuse of an inmate can be committed by another inmate, staff member, attorney, investigator, volunteer or a contractor and will be prosecuted to the full extent of the law.

Every person who comes into the jail for any purpose is required to acknowledge receipt of this information. If you have questions regarding PREA, or your rights and responsibilities under this law please contact the Jail Lieutenant. Every person who comes into the facility must fill out, sign and return this form to the Mariposa County Adult Detention Facility.

I have been provided with a handout titled, "A Guide to the Prevention and Reporting of Sexual Abuse and/or Sexual Harassment with inmates." The handout explains the Department's zero tolerance policy, how to report, and red flags of sexual abuse and/or sexual harassment. I have had the opportunity to discuss and ask any questions with the person listed as the witness on this form.

Signature confirming receipt and acknowledgment of this information:

Date: _____