



INITIAL INTAKE PREA SCREENING FORM

Inmate Name: _____ C.I.D. #: _____ Date: _____

PREA – Initial Intake Screening Instrument for at Risk

These questions are designed to assist staff in identifying two (2) types of inmates and to ensure these two (2) types of classification are "Keep Separate".

1. At Risk of being Sexually Assaulted or Sexually Abused (ATRSK)
2. Risk of Sexually Assaulting or Sexually Abusing (RSKOF)

Initial Intake Computer Screening (Booking Detention Deputies):

D/D Bk/Question: Does the inmate show any warning signs such as; build, age, current mental or physical disabilities, or sexual orientation that could place them at risk of being sexual assault during their incarceration?

Yes – Result: The inmate will be housed alone until reviewed by classification.

D/D Bk/Question: Does the inmate have any past record that would lead you to believe that they would instigate a sexual assault against another inmate?

Yes – Result: The inmate will be housed alone until reviewed by classification.

D/D Bk/Question: Does the inmate have a history of any convictions for sex offenses against an adult or child?

Yes – Result: The inmate will be housed alone until reviewed by classification.

D/D Bk/Question: Does the inmate have any prior acts of sexual abuse and/or prior convictions for violent offenses?

Yes – Result: The inmate will be housed alone until reviewed by classification.

D/D Bk/Question: Has the inmate provided any information concerning prior victimization or that through the inmates own perception he or she is in fear of being sexually assaulted or abused during incarceration?

Yes – Result: The inmate will be housed alone until reviewed by classification.