

**STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES**

**Department Regulation
No. IS-A-1**



26 September 2011

**INSTITUTIONAL SERVICES / HEALTH CARE POLICIES
Reception and Orientation
Reception and Diagnostic Processing**

1. **AUTHORITY:** Secretary of the Department of Public Safety and Corrections as contained in Chapter 9 of Title 36 and La. R.S. 15:609, 15:709 through 711, 15:738, 15:824, 15:825.3, 15:827(B), 15:828, 15:832, 15:833(B)(3), 15:865, 15:892 through 894, 15:1111 and 15:1199.1.
2. **REFERENCES:** ACA Standards 4-4132, 4133, 4250, 4251, 4254, 4281, 4281-2, 4287, 4289, 4295 through 4302, 4305, 4312, 4344, 4362, 4363, 4365, 4399, 4400, 4502 and 4530 (Adult Correctional Institutions); Department Regulation Nos. AM-A-6 "Forms Management Program," IS-B-7 "Louisiana Risk Need Assessments," IS-B-1 "Assignment and Transfer of Offenders," IS-B-3 "Pre-Classification of Offenders," IS-B-4 "Custody Levels," IS-D-2 "Health Care," PS-D-1 "Academic Programs, CTE Programs, ASL Program, Tutors and Library Services," PS-C-1 "Louisiana Prisoner Reentry," OP-C-12 "DNA Protocols" IS-F-2 "Valid Identification Documents," OP-A-15 "Prison Rape Elimination Act," OP-A-13 "Security Threat Groups" and IS-A-3 "Offender Personal Property Lists, State Issued Items, Procedures for the Reception, Transfer and Disposal of Offender Personal Belongs."
3. **PURPOSE:** The purpose of this regulation is to provide guidelines for objective risk management assessment for all offenders transferred to the Department's physical custody. This assessment shall include security, medical, mental health, substance abuse, educational and cognitive risks, etc. in a manner designed to reduce the anxiety level for newly committed offenders and to ensure all offenders are properly identified and that court documents are complete and accurate.
4. **APPLICABILITY:** Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Wardens and Wardens. The Chief of Operations is responsible for the overall implementation, compliance and review of this regulation. Each Warden is responsible for ensuring that appropriate unit written policy and procedures are in place to comply with the provisions of this regulation.

5. **POLICY:** It is the Secretary's policy that the Department shall provide a standardized admissions procedure to foster consistency in processing new commitments who are transferred to the Department's custody. Each offender shall be evaluated, tested and interviewed. The offender's security level, custody level and risk need assessment shall determine the offender's permanent facility assignment in accordance with Department Regulation No. IS-B-1 "Assignment and Transfer of Offenders."

6. **DEFINITIONS:**
 - A. **ARDC Specialist:** A DPS&C employee who performs all duties and functions required for the offender classification system, including pre-classification and records management functions for all offenders sentenced to the Department's custody.

 - B. **Classification Board:** A board(s) within each institution responsible for all offender classification decisions. The board shall consist of a minimum of two institutional staff members, one representing each of the following two categories; 1) Classification, Social Services, Medical/Mental Health; and 2) Security (Captain or higher.) All offenders shall be given notice 48-hours prior to their classification review and shall be present unless precluded due to security or other substantial concerns. Such notice may be waived by the offender in writing.

 - C. **Custody Levels:** The type of housing and level of supervision required for an offender. Custody assignments shall reflect public safety as the first priority, staff and offender safety within the institution as the second priority, and finally, institutional or offender needs. Other factors including, but not limited to, offense, sentence, age, adjustment potential, excessive criminal behavior, escape history and observable behavior shall also be considered in all classification decisions. (See Department Regulation No. IS-B-4 "Custody Levels"-Section 7. for additional information.)

 - D. **DPS&C Facility:** Includes, for the purpose of this regulation, state operated prison facilities, state privately operated prison facilities and all transitional work programs under contract to or under cooperative endeavor agreement with the Department of Public Safety and Corrections.

 - E. **Earliest Release Date:** The earliest date on which the offender is legally eligible for release or release consideration (i.e., parole eligibility date, diminution of sentence, etc.)

- F. **Level of Care:** A designation which shall ensure proper placement at an institution which provides the medical, mental health and education resources required by the offender. The level of care indicates the highest level of care available at each institution; thereby including consecutively lower level of care designations. (See Department Regulation No. IS-B-4 "Custody Levels"-Sections 8., 9. and 10. for additional information.)
- G. **Louisiana Risk Need Assessment II (LARNA):** Instrument utilized by Department staff to assess risk and identify programmatic needs of offenders entering institutional settings during the initial reception and institutional intake process and annually thereafter. The instrument is also utilized by Risk Review Panels, the Parole Board and the Pardon Board to assist in their decision-making process. (See Department Regulation No. IS-B-7 "Louisiana Risk Need Assessments" for additional information.)
- H. **Reception and Diagnostic Centers:** Elayn Hunt Correctional Center (EHCC) and the Louisiana Correctional Institute for Women (LCIW) shall serve as the Department's primary reception and diagnostic centers, responsible for reception and diagnostic processing, IMPACT, transitional work program placement, transfers, escapes, apprehensions, extraditions and returns. However, other facilities may also provide reception and diagnostic processing. (See Department Regulation No. IS-B-1 "Assignment and Transfer of Offenders"-Section 6.E. for additional information.)
- I. **Reentry:** The process of transitioning an offender back into the community from incarceration, probation or parole supervision.
- J. **Special Needs:** Offenders whose mental and/or physical condition may require accommodation for appropriate correctional management. Special needs offenders may include, but are not limited to, drug or alcohol addicts or abusers, the emotionally disturbed, mentally disabled, suspected mentally ill, offenders with a recent suicide attempt, physically handicapped, chronically ill, the disabled or infirm, those with documented custody issues and those with limited academic ability or learning disability.
- K. **Technical Parole Violator:** An offender whose parole has been revoked by the Parole Board for one or more violations of parole conditions, other than a new felony conviction, or an offender who requests revocation.

7. GENERAL PROCEDURES:

- A. The appropriate institutional **Warden or designee** shall be responsible for the reception and housing assignment of offenders transferred to the Department's physical custody.
- B. **Technical parole violators** who pled guilty and waive their preliminary hearing or who are recommended or ordered to be revoked after a preliminary hearing may be transferred to EHCC or LCIW and assigned to general population, as appropriate, following case review and offender assessment.
- C. **Escape status** offenders may also be temporarily housed and processed through EHCC or LCIW. The Intake Check List (Form IS-A-1-a) shall be completed to ensure departmental staff are aware of important data, observations and comments as noted on the form.
- D. **Each offender** shall be assigned an ARDC Specialist to ensure supervision and personal contact throughout the reception and diagnostic process. The ARDC Specialist shall ensure the reception process is explained at each stage and answer and/or address any questions an offender may express.
- E. **Medical and mental health staff** shall observe each offender to ensure the offender is appropriately adjusting to the institutional setting during the screening and assessment process as detailed in Section 10.
- F. The **reception and diagnostic process**, which includes a comprehensive, multi-disciplinary screening and assessment (see Section 10. for additional information), should be completed within four weeks of arrival at a reception facility. Once completed, offenders shall receive a permanent facility assignment and be transferred in accordance with the provisions of Department Regulation No. IS-B-1 "Assignment and Transfer of Offenders" (see Section 11. for additional information.)
- G. **Youthful offenders** who are 19 years of age or younger shall be initially received and housed separately or housed with offenders who are also 19 years of age or younger. Factors such as offense type, sentence length, criminal history, escape potential etc. shall be considered in determining appropriate housing during the reception and diagnostic process. Permanent housing assignments for these youthful offenders shall be in accordance with Department Regulation No. IS-B-1 "Assignment and Transfer of Offenders."

8. **RECEPTION PROCEDURES:**

- A. ARDC Specialists shall provide offenders with information regarding the purpose of and initial evaluations they may expect to receive during the reception process.
- B. Specifically, ARDC Specialists shall be responsible for the following activities:
 - 1) Upon the offender's arrival at the facility, confirm the offender's identity utilizing the offender's Master Record and sign a Receipt for Transfer and Custody (Form IS-A-1-b.)
 - 2) Communicate with the escorting officer regarding any known significant information, e.g., special needs, suicide watch, disciplinary status, any escape or attempted escape, medical concerns, etc. by utilizing the Intake Checklist (Form IS-A-1-a.)
 - 3) Determine any gang affiliation, suspected terrorist associations, enemies and/or other security concerns in accordance with Department Regulation No. OP-A-13 "Security Threat Groups."
 - 4) Screen the offender's Master Record for scheduled court appearances. Any scheduled court dates shall be documented and submitted to the Warden or designee for approval and escorted travel arrangements.
 - 5) Advise offenders identified as foreign nationals with contact information for their foreign consulate.
- C. Security staff shall be responsible for the following activities during the initial reception process:
 - 1) Conducting a careful and thorough search of each offender and the offender's property. All offenders shall be required to relinquish any personal property in their possession. Identification documents, money and personal property shall be confiscated and processed in accordance with Department Regulation No. IS-A-3 "Offender Personal Property Lists, State Issued Items, Procedures for the Reception, Transfer and Disposal of Offender Personal Belongs."
 - 2) Photographing and fingerprinting of each offender, including notation of identifying marks or other unusual physical characteristics.

- 3) Ensuring that all offenders are showered and dressed in a clean jumpsuit provided by the facility. A shave and/or haircut shall also be provided to offenders, if required, to ensure proper identification and to prevent the possible concealment of contraband.

9. ORIENTATION PROCEDURES:

- A. All incoming offenders shall receive verbal and written orientation to the Department and the reception facility within 24 hours of arrival.
- B. A comprehensive written and verbal orientation process (see Section 9.C.) shall be completed within seven days of arrival, except when medical, mental health or behavioral issues preclude completion of the process. In these instances, orientation shall be completed immediately after the medical, mental health or behavioral issues problem has concluded. The orientation process shall stress risk reduction methods, both during incarceration and after release.
- C. Written and verbal orientation information shall be provided in the offender's own language and/or translated in the offender's own language and shall include, at a minimum, the information detailed on the Intake Information Sheet (Form IS-A-1-c.) An ARDC Specialist shall ensure each offender signs and dates the Intake Information Sheet (Form IS-A-1-c) acknowledging receipt of the written orientation materials and verbal instructions.
- D. Offenders shall be provided the opportunity to obtain access to basic programs and services during the reception and diagnostic process, unless precluded due to unusual circumstances. Basic programs and services shall include:
 - 1) Telephone use;
 - 2) Visitation;
 - 3) Mail privileges and writing materials;
 - 4) Legal materials and supplies;
 - 5) Religious services;
 - 6) Medical and mental health services;
 - 7) Exercise; and
 - 8) Grievance procedures.

10. SCREENING AND ASSESSMENT PROCEDURES:

- A. All offenders shall be evaluated to determine individual risk needs and to identify those offenders requiring further assessment and programming.

The evaluation shall consist of a standardized battery of instruments as stated in this Section. All data shall be documented in accordance with applicable Department Regulations and entered into CAJUN (Initial Assessment Screen) and/or other applicable databases. All evaluation results shall be compiled and used to determine the offender's permanent facility assignment.

- B. Evaluations shall be completed by the appropriate staff person i.e., ARDC Specialist, Medical or Mental Health and shall include the following:
- 1) A written Admission Summary (Form IS-A-1-d), which contains a comprehensive collection of information e.g., family members, residential, employment and vocational history, potential adjustment concerns, etc.

Form IS-A-1-d also includes the offender's education history. At this time, this information is self-reported by the offender. Formal, standardized testing shall occur during the admission process at the offender's permanent facility assignment in accordance with Department Regulation No. PS-D-1 "Academic Programs, CTE Programs, ASL Program, Tutors and Library Services.)"
 - 2) Initiation or amendment of local jail facility input (if initiated at the local level in accordance with Department Regulation No. IS-B-3 "Pre-Classification of Offenders") of LARNA II (to be completed at the offender's permanent facility assignment in accordance with Department Regulation No. IS-B-7 "Louisiana Risk Need Assessments.")
 - 3) Evaluation for High Risk Sexual Predator (HRSP) and/or High Risk Sexual Victim (HRSV) tendencies utilizing the results of the PREA Screening Checklist (Form OP-A-15-d) pursuant to Department Regulation No. OP-A-15 "Prison Rape Elimination Act."
 - 4) In accordance with Department Regulation No. OP-C-12 "DNA Protocols," CAJUN shall be utilized to verify whether or not a DNA sample has previously been obtained. If a sample has been obtained, it is not necessary to take another sample. If a sample has not been obtained, one shall be obtained prior to the offender's transfer to a permanent facility assignment.
 - 5) Medical screening and appraisal by a health-trained or qualified health care personnel in accordance with Health Care Policy No. HCP16 "Health Screens, Appraisals and Examinations."

- 6) Mental health screening and appraisal by a mental health-trained or qualified mental health care personnel in accordance with Health Care Policy No. HCP28 "Mental Health Screening, Appraisal & Evaluation."

11. PERMANENT FACILITY ASSIGNMENT:

The Office of Adult Services' Transfer Section shall determine the offender's permanent facility assignment based upon the initial evaluation results of the data collected during the screening and assessments process (See Section 10.)

s/James M. Le Blanc

Secretary

Forms: IS-A-1-a Intake Checklist
 IS-A-1-b Receipt for Transfer and Custody
 IS-A-1-c Intake Information Sheet
 IS-A-1-d Admission Summary
 OP-A-15-d PREA Screening Checklist

This regulation supersedes Department Regulation No. B-02-016 dated 25 February 2011.

Reviewed as of: October 1, 2019

Intake Checklist

EHCC LCIW Other _____

Offender's Name: _____ Race: _____ DOC#: _____

Date Received: _____ Parish Facility: _____

Data from Escorting Officer: Please communicate to the reception security staff any known significant information, e.g., special needs, suicide watch, disciplinary status, any escape or attempted escape, medical concerns, etc. which could affect the adjustment of the offender while in the Department's custody.

Please provide complete details: _____

Name of Escorting Officer: _____ Title: _____

Data Regarding Offender: Does the offender believe that his well-being could be threatened for any reason or by anyone (in prison, in jail or the general public) while incarcerated? Yes No

If yes, provide complete details: _____

Is offender now, or has ever been, affiliated with a gang? Yes No

If yes, provide name and location of gang, gang related alias, details which specify his actions/role, tenure within the gang and any other relevant comments: _____

Observations/Comments: _____

ARDC Specialist

Date

Louisiana Department of Public Safety and Corrections
Receipt for Transfer and Custody

EHCC LCIW Other _____

DATE: _____

RE: Offender Reception

The below listed offender(s) were received on this date from _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Delivered By (Print Name)

Received By (Print Name)

Delivered By (Signature)

Received By (Signature)

Title

Title

Facility

Facility

Original: Escorting Official
Copy: Offender Master Record

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
Intake Information Sheet

- I. I, _____, DOC# _____, do hereby request that the correctional facility to which I am assigned, launder and process my personal clothing items at no responsibility or liability to the unit. I understand that the unit will exercise normal control but cannot be responsible for the count, condition and maintenance of these personal items. I agree that the items may be marked so they can be readily identified. In consideration of the aforementioned condition, I agree to hold the unit and staff harmless and free from any monetary responsibility regarding my personal clothing items. If I do not agree with these conditions, I shall make arrangements to mail these personal clothing items home.
- II. I understand that offenders should receive receipts for personal property, canteen, mailroom and inventory sheets. The only personal items that do not receive receipts or inventory sheets are those allowed in reception centers only. I understand that it is my responsibility to retain these receipts throughout my incarceration.
- III. I hereby authorize the Warden or designee to sign my name as endorsement on all checks, money orders or bank drafts received at the unit for deposit in my personal account as long as I am an offender at the unit.
- IV. In case of an emergency or my death, I hereby direct _____ to be notified at the following address and telephone number:
Physical address (No P.O. Boxes) _____
City _____ State _____ Zip Code _____
Telephone # including area code (_____) _____ - _____
- I understand that at my death, goods and monies in my possession and accounts shall be distributed according to the terms of my lawful will. Absent a will, they shall be distributed according to the Succession Laws of the state of Louisiana.
- V. On this date, I received a copy of the Disciplinary Rules and Procedures for Adult Offenders and the Administrative Remedy Procedures. I understand that it is my responsibility to be familiar with the rules and procedures set forth in these booklets. I have also received a copy of the orientation information packet that applies to my current housing assignment. This orientation packet includes the HIV, AIDS and Hepatitis B Handout for Offenders. In addition, I have been provided written information regarding sexual abuse and sexual assault and reviewed a video on the Prison Rape Elimination Act (PREA.)
- VI. I understand that medical co-payments may be assessed for health services requested by me as indicated in Departmental Regulation No. B-06-001 "Health Care" and specific procedures at the institution to which I am assigned.
- VII. I agree to accept the delivery of mail, packages and publications sent to me through the unit. I understand that all letters and packages mailed by me must have a complete return address on the outside of the items. Mail without return addresses shall not be processed. The only exception shall be if the letter is addressed to a unit's staff member. All my incoming mail must include a complete address including my DOC number, as this is the only means of ensuring accurate offender identification. Incoming mail that does not contain my complete address shall be returned to sender.
- VIII. I understand that telephone calls in housing areas shall be recorded and are subject to monitoring. Telephone calls to my attorney(s) shall be recorded but will not be routinely monitored unless the Warden determines a security need exists. Use of the telephone system constitutes my consent to the recording and/or monitoring of the call. It is my responsibility to advise all other parties that conversations shall be recorded and are subject to monitoring.
- IX. I have completed the written and verbal Orientation Program and have received an Orientation and Information booklet and instruction in the areas of visitation, offender telephones, health care education, religion, mail, ARPs, legal aid, offender organizations, offender accounts, recreation, personal property, records, classification, reentry preparation (including information to help me prepare for a parole hearing), Offender Rule Book and Posted Policies.

Offender's Signature

Date

Voluntarily Signed in my presence:

ARDC Specialist

Date

Louisiana Department of Public Safety and Corrections
Reception and Diagnostic
Admission Summary

Name: _____ DOC#: _____ Date: _____

FAMILY:

Name	Relationship	Age	Address

Offender raised by: _____

Residential Pattern:

- Entirely in Louisiana
- Some out-of-state
- Extensively out-of-state

**Form B-02-016-D
Admission Summary
Page Two**

Recreational Preference: None Indicated

Occupational Experience: None Indicated

Occupational Interest: None Indicated

Education: Highest Grade Completed _____

Vocational Training: _____

Educational Interest: _____

Military History:

- Army
- Navy
- Air Force
- Marines
- Coast Guard
- National Guard

Type of Separation:

- Honorable
- General
- Dishonorable
- Medical
- Other: _____

Narcotic/Alcohol Usage:

- Alcohol Habitual Heavy Moderate Light Denies
Narcotics Habitual Heavy Moderate Light Denies

Medical/Dental/Mental Health History: The release of medical/dental/mental health information is restricted under La. R.S. 44:7 and Department Regulation No. B-03-004 "Access to and Release of Active and Inactive offender Records." Such data is recorded on Form HC-33-A "Authorization to Release Medical Information." These forms are kept in each offender's official medical/mental health records.

Clarified Arrests: If any, see attached Clarification Sheet.

- Detainers/Open Charges: None Indicated
 Detainer indicated in official record
 Detainer/open charge indicated. See attached Clarification Sheet

Form B-02-016-D
Admission Summary
Page Three

Escape History: None Indicated

1.

2.

Enemies: None Indicated

1.

2.

3.

4.

5.

Prior Felonies: None Indicated

1.

2.

3.

4.

**Form B-02-016-D
Admission Summary
Page Four**

Crime: _____

Sentence: _____

Offender Class: _____ JLDCC Eligible: Yes No

Date of Birth: _____

Evaluation and Recommendation - Eligible For:

Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
PCC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Medium Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
LSP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
TWP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Subject should make an adequate adjustment

Subject could be a source of adjustment concern due to:

- | | |
|---|--|
| <input type="checkbox"/> Nature of offense | <input type="checkbox"/> Physical appearance |
| <input type="checkbox"/> Length of sentence | <input type="checkbox"/> Age |
| <input type="checkbox"/> Escape history | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Detainers/open charges | <input type="checkbox"/> Employment history |
| <input type="checkbox"/> Enemy concerns | <input type="checkbox"/> Family's employment history |
| <input type="checkbox"/> Attitude/behavior during interview | <input type="checkbox"/> Conduct while incarcerated |
| <input type="checkbox"/> Possible alien status | <input type="checkbox"/> Inability to communicate |
| <input type="checkbox"/> Other: _____ | |

ARDC Specialist's Signature

Date

Source of Information:

- | | | |
|---|--|--|
| <input type="checkbox"/> Interview | <input type="checkbox"/> Post Sentence Investigation | <input type="checkbox"/> Commitment Data |
| <input type="checkbox"/> State Police Arrest Sheet | <input type="checkbox"/> Cajun 2 Database | <input type="checkbox"/> District Attorney's Statement |
| <input type="checkbox"/> FBI Arrest Sheet | <input type="checkbox"/> Clarification Data (Attached) | <input type="checkbox"/> Statement of Facts |
| <input type="checkbox"/> Arrest Information Sheet | <input type="checkbox"/> Bill of Information | |
| <input type="checkbox"/> Pre-Sentence Investigation | <input type="checkbox"/> Court Minutes | |
| <input type="checkbox"/> Other: _____ | | |

Instructions for Utilizing the PREA Screening Checklist

Section I: Identifying Data

Offender Name: Print the offender's full name.

DOC Number: Print the offender's DOC number.

Reason for Screening: Indicate the reason for the referral. The three reasons are for a new admission, the regular annual review or a special referral. The special referral is to be used at any time by either the classification officer or mental health staff due to reasons that suggest the offender's current predator/victim designation is no longer accurate.

Section II. Possible Victim Factors

This section of the form contains the factors that are to be used to determine whether the offender should be assessed as either a PREA Blue or PREA Green. For each factor, the screener must list the source(s) used to make the assessment, including self-reporting. In conducting the assessment, the screener shall review the offender's Master Record plus conduct an interview in a private setting.

- A1 **Victim of prison rape or sexual assault:** Check "yes" if there is any indication that the offender has a history of being raped or has been sexually assaulted while incarcerated in any juvenile, parish, state or federal prison. This factor includes self-reported allegations of "consensual" sex with correctional staff.
- B1 **Physical disability, developmental disability:** Offender is developmentally disabled or offender is physically disabled to the extent that assistance is required with the activities of daily living when living in a non-skilled nursing setting (dorm or cell block).
- C1 **Mental disability LOC 1, 1F, 2, 2F:** Check "yes" if the offender falls within any of the four mental health level of care codes based on mental health testing results. This assessment assumes that mental health staff completed the proper testing.
- C2 **History of past sexual abuse:** Check "yes" if there is any indication in any documents that the offender has been sexually abused in any setting. Any offender that reports prior sexual victimization will be offered mental health follow up within 14 days.
- C3 **First time incarcerated:** Check "yes" if this is the first time the offender has been incarcerated.
- C4 **Are you or do others perceive you to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming:** Check "yes" if the offender states he or she is or is perceived to be lesbian, gay, bi-sexual, transgender, intersex or gender non-conforming.
- C5 **Do you consider yourself vulnerable to sexual assault:** Check "yes" if the offender states he or she feels vulnerable to sexual assault while in a prison setting.

Instructions for Utilizing the PREA Screening Checklist

Page Two

- C6 **Youthful age (under 18):** Check "yes" if the offender is under 18 at the time of the screening based on the offender's official date of birth.
- C7 **Elderly (65 or older):** Check "yes" if the offender is 65 years or older at the time of the screening based on the offender's official date of birth.
- C8 **Small/slight physical stature:** Check "yes" if the male offender has a small physical stature (five feet six inches or less and weighs less than 140 lbs.) and female (five feet one inch or less and weighs less than 115 lbs.) that may impair the offender's ability to defend self against others.
- C9 **Detained solely for civil immigration purposes:** Check "yes" if the offender has been detained solely for civil immigration purposes.
- C10 **Has an exclusively non-violent criminal history:** Check "yes" if the offender has not committed any violent crime.
- C11 **Has a previous conviction of sex offense against an adult or child:** Check "yes" if the offender has a previous conviction against an adult or child. This does not include his/her current conviction.

PREA Blue Designation Process (High Risk Sexual Victim (HRSV))

Each factor has a point value (A=Automatic Designation; B=2 points each and C=1 point each).

If item A1 is checked "yes" the offender shall be designated as a PREA Blue.

A total score of 4 points or higher will indicate a designation for PREA Blue.

All other offenders are to be preliminarily designated as PREA Green meaning that there is no significant risk of sexual victimization.

Section III. Possible Predatory Factors

This section of the form contains the factors that are to be used in assessing whether the offender should be designated PREA Red or PREA Green. For each factor, the screener must list the source(s) used to make the assessment. In conducting the assessment, the screener shall review the offender's Master Record plus conduct an interview in a private setting.

- A1 **History of predatory sexual behavior or sexual intimidation in an institutional setting:** Check "yes" if there is any documented evidence in the offender's Master Record or self-reporting indicating involvement in institutional sexually predatory behavior such as sexual assault, rape or related acts. All Rule 21. violations should not be seen as "sexually predatory behavior." Generally, there should be a victim of this documented sexual predatory behavior not just "obscenity."
- B1 **Current conviction for sex offense against an adult or child:** Check "yes" if the offender has a current conviction of sex offense.

Instructions for Utilizing the PREA Screening Checklist
Page Three

- B2 Prior conviction for sex offense against an adult or child:** Check "yes" if the offender has any prior convictions of sex offense against an adult or child.
- B3 Current conviction for non sexual violent offense against an adult or child:** Check "yes" if the offender has a current conviction for a non sexual violent offense against an adult or child.
- B4 Prior conviction for non sexual violent offense against an adult or child:** Check "yes" if the offender has a prior conviction for a non sexual violent offense against an adult or child.
- B5 History of institutional violence:** Assault is defined as physical confrontation at a high level with intent to cause harm or coercion. Striking an offender with a lock in a sock would be an assault. For PREA screening purposes, a simple fight due to a disagreement while engaged in activities such as a basketball game would not be an assault. (Common sense should prevail).

PREA Red Designation Process (High Risk Sexual Predator (HRSP))

Each factor has a point value (A=Automatic Designation; B=1 point each)

If item A1 is checked "yes" the offender shall be designated as a PREA Red.

A total score of 4 points or higher will indicate a designation for PREA Red.

All other offenders are to be preliminarily designated PREA Green meaning that there is no significant risk of sexually predatory behavior.

Override Instructions:

An instance may arise when a designation may be overridden due to unscored factors or information not queried within the assessment. In these instances, an administrative override may be used at the discretion of the Warden of the facility. It is the expectation that the reason for override will be thoroughly documented on the bottom of the screening form.

Completed By: Print name of person completing the screening.

Facility: Print the facility at which the screening was conducted.

Date Completed: Print the date the screening form was completed.

PREA SCREENING CHECKLIST

I. Identifying Data

Offender's Name (Print): _____ DOC Number: _____
Reason for Screening: New Admission Regular Review Special Referral

II. Possible Victim Factors (A – Automatic; B – 2 points each; C – 1 point each)

#	Factor	Yes/No	Source
A1	Victim of prison rape or sexual assault?		
B1	Physical disability, developmental disability?		
C1	Mental disability (LOC 1, 1F, 2, 2F)?		
C2	History of past sexual abuse?		
C3	First time incarcerated?		
C4	Are you, or do others perceive you to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming?		
C5	Do you consider yourself vulnerable to sexual assault?		
C6	Youthful age – under 18?		
C7	Elderly – age 65 or older?		
C8	Small/slight physical stature (see instructions)?		
C9	Detained solely for civil immigration purposes?		
C10	Has an exclusively non-violent criminal history?		
C11	Has a previous conviction of a sex offense against an adult or child?		

Automatic Total Points _____

III. Possible Predatory Factors (A – Automatic; B – 1 point each)

#	Factor	Yes/No	Source
A1	History of predatory sexual behavior or sexual intimidation in institutional setting?		
B1	Current conviction for sex offense against an adult or child?		
B2	Prior conviction for sex offense against an adult or child?		
B3	Current conviction for non sexual violent offense against an adult or child?		
B4	Prior conviction for non sexual violent offense against an adult or child?		
B5	History of institutional violence? (see instructions)		

Automatic Total Points _____

IV. Scored Designation:

- HRSV (BLUE) Automatic, or 4 or more pts.
- HRSP (RED) Automatic, or 4 or more pts
- No significant risk indicated (GREEN)

Override Comments: _____

Warden's Signature for override: _____

Completed By _____ **Facility** _____ **Date Completed** _____

Original: Offender's Medical Record
Copy: Offender's Master Record