

PREA Risk Assessment

Confidential

Offender Name: _____ Offender #: _____

Reason for PREA Risk Assessment:

- Initial booking (to be completed ordinarily within 72 hours)
- Transfer assessment (Sentenced offenders upon transfer)
- Receipt of additional information that impacts the offender's risk.

SECTION I: Nursing/Medical Staff (or Correctional Officer if no medical staff on duty)
To be completed in conjunction with the Booking Screening Form.

Victimization Potential:

- Yes No Vulnerable Adult (physically disabled, mentally disabled, elderly)
- Yes No Under 20 years of age.
- Yes No Small stature. (Males: Under 5'6" and less than 140 lbs. Females: Under 5' and less than 100 lbs.)
- Yes No Have you ever been sexually abused, sexually assaulted or sexually victimized?
- Yes No If yes, did this occur while you were incarcerated? (If yes, refer to mental health.)
- Yes No Are you concerned about your ability to defend yourself while incarcerated?
- Yes No Do you identify as gay, lesbian, bisexual, transgender or have you been diagnosed with gender identity disorder? (if yes, circle the response)

Violence/Abusiveness Potential:

- Yes No Did inmate openly demonstrate discrimination of gay, lesbian, bisexual or transgender people?

Medical staff signature

Date

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SECTION II: Probation Staff
To be completed ordinarily within 72 hours of arrival at this facility.

Victimization Potential:

- Yes No First time offender/incarceration.
Yes No Detained solely for civil immigration purposes.
Yes No Criminal history is exclusively nonviolent.

Violence/Abusiveness Potential:

- Yes No Currently charged or previously convicted of a sex crime(s) against an adult or child.
Yes No Current or prior criminal conviction(s) for violent offense(s): (to include Manslaughter; Robbery I; Riot; Burglary I; Assault I, II, III, and all unclassified felonies excluding MICS I)
Yes No Prior guilty disciplinary findings within the last 3 years for Major and High-Moderate Infractions for institutional violence or has ever been the aggressor in prior substantiated institutional sexual abuse incidents.

Four (4) or more "yes" responses in the Victimization Potential sections (I & II) requires special placement consideration, documentation in ACOMS as a Potential Victim and the Superintendent's signature.

Two (2) or more "yes" responses in the Violence/Abusiveness Potential sections (I & II) requires special placement consideration, documentation in ACOMS as a Potential Aggressor and the Superintendent's signature.

HOUSING ASSIGNMENT:

Probation officer signature

Date

Superintendent signature

Date