**Youth Intake Screening Requirements Checklist – Explanation**

The Prison Rape Elimination Act (PREA) regulations require that within ***72 hours*** of the resident’s arrival at the facility and periodically through a resident’s confinement, the agency obtains and uses information about each resident’s personal history and behavior to reduce the risk of sexual misconduct by or upon a resident. This information may be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral health records, and other relevant documentation from the resident’s files. Staff are not required to ask youth about sensitive topics such as prior sexual abusiveness if the information can be obtained through other means (for example, an arrest records check). See 28 CFR § 115.341.

The agency must use this information to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. See 28 CFR § 115.342. The attached form can be used to document staff’s consideration and use of this information in accordance with PREA’s requirements.

**Youth Intake Screening Requirements Checklist**

1. Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Time and Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please document the collection and consideration of the following information in the chart below:

|  |  |  |
| --- | --- | --- |
|  | **Date information**  **collected** | **Source of information** |
| 1. Prior sexual victimization or abusiveness |  |  |
| 1. Gender non-conforming appearance or manner or identification as lesbian gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse |  |  |
| 1. Current charges and offense history |  |  |
| 1. Age |  |  |
| 1. Level of emotional and cognitive development |  |  |
| 1. Physical size and stature |  |  |
| 1. Mental illness or mental disabilities |  |  |
| 1. Intellectual or developmental disabilities |  |  |
| 1. Physical disabilities |  |  |
| 1. The resident’s own perception of vulnerability |  |  |
| 1. Any other specific information about the youth that may indicate need for supervision, additional safety precautions, or separation from certain other residents |  |  |

1. Does the youth require special arrangements for housing, bed, program, education, or work arrangements?

□No □ Yes (circle all that apply at right): Housing | Bed | Program | Education | Work

**By signing this form, I certify that:**

* This information was gathered within 72 hours of the youth’s arrival at the facility;
* This information was used to reduce the risk of sexual abuse by or upon a resident;
* I considered all of this information in making a decision about whether the youth needs special housing, bed, program, education or work arrangements; and
* This information was kept confidential except as needed to provide services or protect youth in the facility.

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**Name (Print and Sign) Date**

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**Position**