	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 01, 2024	<b>POLICY NO.:</b> COR.18.05
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.18.05 & 05/01/2020	
	<b>SUBJECT:</b> <b>INITIAL CLASSIFICATION AND FACILITY ASSIGNMENT OF JAIL INMATES</b>		Page 1 of 5

## 1.0 PURPOSE

To provide a system for systematically assessing the safety and security risks posed by a jail inmate/detainee housed at a Community Corrections Center (CCC).

## 2.0 SCOPE

This policy shall apply to all CCCs and the personnel authorized to work there. To the extent any individual facility's policy conflicts with the statewide policy, COR.18.05 shall control.

## 3.0 REFERENCES, DEFINITIONS AND FORMS

### .1 References

- a. Department of Corrections and Rehabilitation (DCR), Policy and Procedures (P&P), Policy and Procedures, ADM.08.08, Prison Rape Elimination Act.
- b. DCR, P & P, COR.12.03, Inmates Grievance Program.
- c. DCR, P & P, COR.14.27, Inmates with Disabilities.
- d. DCR, P & P, COR 18.01, Inmate Classification System.
- e. DCR, P & P, COR.18.07, Exception Case.
- f. Department of Corrections and Rehabilitation, Classification Coding Manual.
- g. *Meachum v. Fano*, 427 U.S. 215 (1976).

### .2 Definitions

- a. Adjustment Committee – A committee of 1-3 staff members, dictated by the size of the facility, who convene to determine guilt or innocence of an inmate/detainee, accused of facility misconduct while in custody. Committee member(s) convene once an investigation is completed and review the contents of that investigation to render a decision.

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<p>COR</p>  <p>P &amp; PM</p>	<p><b>SUBJECT:</b></p>	<p><b>POLICY NO.:</b> <b>COR.18.05</b></p>
	<p><b>INITIAL CLASSIFICATION AND FACILITY ASSIGNMENT OF JAIL INMATES</b></p>	<p><b>EFFECTIVE DATE:</b> January 01, 2024</p>
		<p><b>Page 2 of 5</b></p>

- b. Administrative Segregation (AS) – Inmates/detainees who are temporarily separated from the general population (GP) on the order of a Watch Commander or higher authority. Reasons include: when the inmate/detainee’s continued presence in GP poses an imminent threat to the safety of self, or others, jeopardizes the integrity of an internal investigation, or disrupts the good government of the facility. The Terminology “administrative segregation” is not applicable to maximum custody or protective custody inmates housed in a segregation unit.
- c. Adverse Classification Action – Any increase involving one (1) or more steps in custody level to provide a more restrictive setting, often associated with the occurrence of a misconduct or a change in sentencing status.
- d. Classification Committee – A Committee of 1-3 staff members(s) who convene when there is a need to determine an institutional classification action, including actions that result from an adjustment hearing.
- e. Custody Level – The degree of physical control and staff supervision mandated to manage inmates placed into a specific housing unit. A single facility may have more than one (1) level of security within its perimeter: a) Maximum, b) Close, c) Medium, d) Minimum and e) Community.
- f. Exception Case – Administrative request for an override of a “Comprehensive Custody Score” to assure appropriate placement of an inmate. Action is typically requested as a result of the inmate’s action/inaction and aims to provide for the safety of staff, other inmates, the community and/or the good management of the facility. Form DCR 8202 shall be used in accordance with COR.18.07, Exception Case.
- g. Jail Inmate – Any individual who is convicted of a crime and committed by the courts for a period of LESS THAN ONE (1) YEAR (this includes probation violators awaiting violation hearings, pretrial detainees, Federal/other State holds).
- h. Jail Initial Custody Instrument - A tool used to determine a jail inmate’s custody designation and recommend housing assignment; usually completed by the facility’s Intake Service Center (ISC) staff.
- i. Jail Inmate Custody Review Instrument – A tool used to record institutional adjustment that have an effect on a jail inmate/detainee’s custody

**NOT-CONFIDENTIAL**

COR  P & PM	<b>SUBJECT:</b>  <b>INITIAL CLASSIFICATION AND FACILITY ASSIGNMENT  OF JAIL INMATES</b>	<b>POLICY NO.:</b> <b>COR.18.05</b>
		<b>EFFECTIVE DATE:</b> January 01, 2024
		<b>Page 3 of 5</b>

designation: change in legal status, guilty outcome of a misconduct, new charges, State/Federal holds or detainees.

- j. PREA – Prison Rape Elimination Act.
- k. Security Designation – Determines where an inmate will be housed based on a completed classification instrument. The designation governs where an inmate will be housed, and the degree of staff supervision required.

.3 Forms

- a. DCR 0498 – Medical/Dental/Mental Health Intake Screening form.
- b. DCR 8202 – Exception Case.
- c. DCR 8314 – PREA Screening Tool.

**4.0 POLICY**

- .1 DCR shall provide systematic and objective evaluations of jail inmates/detainees for their custody levels.
- .2 Inmates shall be placed in the least restrictive environment using varying degrees of security to promote public safety and opportunities for the inmate/detainee’s reintegration.
- .3 Wardens shall be responsible for ensuring the security and safety of the inmates, DCR staff, and the public.
- 4. The Intake Services Branch Administrators will be responsible for ensuring their staff are administering the Jail Initial Custody Instrument fairly and objectively.

**5.0 PROCEDURES**

- .1 The jail Intake Service Center (ISC) staff shall be responsible for assessing each jail inmate/detainee to determine a custody level within 72 hours after arrival.
- .2 Assigned staff shall inform each inmate of the intent and purpose of the classification process.
- .3 Each inmate shall go through an initial interview by an assigned staff who shall:

**NOT-CONFIDENTIAL**


COR   P & PM	<b>SUBJECT:</b>  <b>INITIAL CLASSIFICATION AND FACILITY ASSIGNMENT OF JAIL INMATES</b>	<b>POLICY NO.:</b> <b>COR.18.05</b>
		<b>EFFECTIVE DATE:</b> <b>January 01, 2024</b>
		<b>Page 4 of 5</b>

- a. Review an inmate's entire criminal history through electronic records, legal documents, intake assessment forms, past institutional file (if previously incarcerated). Staff may initiate a records check and verification call, if warranted.
  - b. ISC staff shall complete a Jail Initial Custody Classification Instrument.
  - c. ICS staff shall complete form DCR 8314, PREA Screening Tool. If the completed DCR 8314 form indicates a victim or predator, or potential victim or predator, that information shall be considered when determining custody level in accordance with DCR, P&P, ADM.08.08, Prison Rape Elimination Act (PREA).
- .5 Jail inmates scoring maximum custody shall be housed in a Maximum Control Unit (MCU) at the respective CCC. However, a jail maximum custody may be transferred to the Halawa Correctional Facility's MCU or the Women's Community Correctional Center if the maximum custody inmate poses a serious problem or threat to the good government of the CCC. Approval is required to be obtained from the Inmate Classifications Office (ICO).
- .6 If an exception case administrative override is recommended, refer to DCR, P&P, COR.18.07, Exception Case.
- .7 If transfer to another facility is required, refer to DCR, P&P, COR.18.08, Transfer of Adult Inmates.
- .8 In accordance with DCR, P&P, COR.14.27, Inmates with Disabilities, inmates with a disability, shall be provided with all approved reasonable modifications to policies, practices, or procedures, auxiliary aids or services, and/or removal of architectural, communication, or transportation barriers.
- .9 Inmates may appeal the decision of any classification action through the inmate grievance process in accordance with DCR, P&P, COR.12.03, Inmate Grievance Program.

**NOT-CONFIDENTIAL**

COR  P & PM	<b>SUBJECT:</b>  <b>INITIAL CLASSIFICATION AND FACILITY ASSIGNMENT  OF JAIL INMATES</b>	<b>POLICY NO.:</b> <b>COR.18.05</b>
		<b>EFFECTIVE DATE:</b> January 01, 2024
		<b>Page 5 of 5</b>

APPROVAL RECOMMENDED:

  
\_\_\_\_\_  
Deputy Director for Corrections                      **JAN 0 1 2024**  
Date

APPROVED:

  
\_\_\_\_\_  
Director    **JAN 0 1 2024**  
Date

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MEDICAL/DENTAL/MENTAL HEALTH INTAKE SCREENING

ADMISSION DATE: \_\_\_\_\_ FACILITY: \_\_\_\_\_ PRIOR ADM TO THIS FACILITY Y N

NAME: \_\_\_\_\_

SID: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

YES NO

Does the arresting or transporting officer or other custodial agency report indications that the inmate is a medical or mental health or suicide risk?

MEDICAL OBSERVATIONS:

- Are there observable signs of physical injuries? (Cuts, bruises, swollen or deformed areas)
The inmate does not know what day it is and/or where he is. (If yes, ask about recent head injury.)
Is there any sign of altered consciousness? (Not alert, non responsive to verbal commands, slow, slurred or incoherent speech, excessive sleepiness.)
Are there any signs of limitations in movement? (Limping can't move a limb or joint, obvious physical deformities or complaints of pain on movement.)
Are there any signs of body parasites? (Lice, crabs, scabies, etc.)
Are there observable signs of illness? (Blue lips, shortness of breath, hyperventilation, hacking cough, flushed skin, rashes, orange/yellow skin or eyes, excessive sweating)
Are there observable signs of intoxication or does the inmate appear to be under the influence of drugs? (Smells like alcohol, staggers, shaky, anxious, slurred speech.)
Are needle marks, "needle tracks", or a fresh tattoo visible?

QUESTIONS: (Ask inmate the Questions. Inmate may not self administer. No need to expand on yes answers health care staff will obtain history based on a yes check mark)

- Do you have any allergies?
Have you suffered a head injury within the last 48 hours?
Have you ever had an infectious or communicable disease (e.g. Hepatitis C, TB)
Do you currently have any symptoms of illness? (e.g., chronic cough, coughing up blood, tiredness, weight loss or gain of two or more pounds per week, loss of appetite, fever, night sweats, shortness of breath or fast breathing or any pain.) (Note all that apply)
Are you under a doctor's care?
Are you currently taking any medications?
Do you have any medical conditions that limit your movement?
Do you have any diet restrictions?
Have you had an organ removed or an organ transplant?
Do you use any prosthetic device(s) to aid any physical limitations? (Including eyeglasses, dentures, contact lens, hearing aid artificial eye(s), artificial limb(s).)
Do you have any dental problems? (Toothaches, mouth sores or infections.)
Have you ever been the victim of physical, psychological or sexual violence?
Have you ever been enrolled in special education classes while in school?
Have you recently been discharged from the Hawaii State Hospital?
Have you ever suffered alcohol or drug withdrawal symptoms?
Do you currently use any drugs or alcohol? (If so, what and when did you last use?)

FEMALES:

- Are you pregnant?
Do you have any current gynecological problems?

PPD DATE: \_\_\_\_\_ DATE READ: \_\_\_\_\_ RESULTS: \_\_\_\_\_ X-ray Results: \_\_\_\_\_

Nsg. Disposition: Same Day Sched. Appt. with Whom/Date: \_\_\_\_\_ MH Refer.
MH Emer. Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Gen. Pop Other: \_\_\_\_\_

REVIEWED BY RN STAFF: \_\_\_\_\_ Date/Time \_\_\_\_\_

**VERBALIZED, OBSERVABLE OR OTHER DOCUMENTED SIGNS OF MH/SUICIDE RISK?:**

YES NO

Any 3 positives to questions/observations #1 - #7 requires an SRE.

- 1.   Strong feelings of remorse or shame?
- 2.   Passive/withdrawn?
- 3.   Is the nature of the crime high profile (media or celebrity status in community, etc.)?
- 4.   Have you recently experienced a significant loss? (Relationship, death in family, job, etc.)?
- 5.   Do you *currently* feel like you have to talk or move more slowly than you usually do?
- 6.   Have there *currently* been a few weeks when you felt like you were useless or sinful?
- 7.   Has a family member or close friend ever attempted or committed suicide?

Any one positive to questions/observations #8 - #13 (gray shade) requires an SRE.

- 8.   Verbalizing hopelessness or extreme fear
- 9.   Evidence of self-mutilation
- 10.   If in jail or prison before was inmate ever placed on suicide or safety watch? (from OT alert)
- 11.   In the past have you ever tried to hurt or kill yourself?  
 When \_\_\_\_\_ Why \_\_\_\_\_ How \_\_\_\_\_ ?  
 When \_\_\_\_\_ Why \_\_\_\_\_ How \_\_\_\_\_ ?  
 When \_\_\_\_\_ Why \_\_\_\_\_ How \_\_\_\_\_ ?
- 12.   Are you thinking about hurting or killing yourself now?
- 13.   Question 1 page 1 (Arresting or Transporting Officer indicated Suicide Risk)

A positive response on any items #17 - #28 *requires referral* to the Mental Health Section.

- 14.   Loud/obnoxious behavior?
- 15.   Uncooperative behavior?
- 16.   Aggressive behavior/ Restless/over reacting?
- 17.   Bizarre behavior, confused or incoherent?
- 18.   Have you ever received mental health treatment in a correctional facility?
- 19.   Are you receiving counseling from a mental health professional or treatment center?
- 20.   Have you *ever* been hospitalized for an emotional or mental health condition?
- 21.   Are you *currently* taking any medication for an emotional or mental health disorder?
- 22.   Have you or your friends noticed that you are *currently* much more active than usual?
- 23.   Do you hear things or see things others cannot see or hear?
- 24.   Do you *currently* believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? or other people know your thoughts and can read your mind?
- 25.   Have you ever or are you currently thinking about harming another person?

The following questions are to be completed following a database search by the Intake Service Center.

- 26.   Is the inmate a client of the Adult Mental Health Division? (ISC to check Data Base)
- 27.   Has the inmate ever been on Conditional Release? (ISC to check CJIS or OT)
- 28.   Has the inmate ever presented for a 704-404 Fitness Examination? (ISC to check CJIS or OT)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Inmate's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

ISC Disposition:  Nurse Called: \_\_\_\_\_ Date/Time: \_\_\_\_\_  Med. Refer.  MH Refer  
 (Name)

MH Emer. Called: \_\_\_\_\_ Date/Time: \_\_\_\_\_  Gen. Pop  Other \_\_\_\_\_  
 (Name)

INTERVIEWER/TITLE \_\_\_\_\_ Date/Time \_\_\_\_\_

MH Disposition:  Same Day  Appt. Sched with Whom/Date: \_\_\_\_\_

MH Module  Gen Pop  Other \_\_\_\_\_

REVIEWED BY MH STAFF \_\_\_\_\_ Date/Time \_\_\_\_\_

STATE OF HAWAII  
DEPARTMENT OF CORRECTIONS AND REHABILITATION

EXCEPTION CASE FORM

Date: \_\_\_\_\_

Name of Inmate: \_\_\_\_\_

SID #: \_\_\_\_\_

Current Facility Location: \_\_\_\_\_

Computed Custody Score: \_\_\_\_\_ Recommended Custody: \_\_\_\_\_

Reason for Exception Case Recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted By:

\_\_\_\_\_  
(Facility Classification Coordinator/Designee)

\_\_\_\_\_  
Date

Reviewed By:

\_\_\_\_\_  
(Warden/Designee)

\_\_\_\_\_  
Date

Forward this from to the Department Inmate Classification Officer along with:

- 1) Completed Classification Instrument(s)
- 2) Exception Case Summary

Approved/Disapproved:

\_\_\_\_\_  
(Department Classification Officer)

\_\_\_\_\_  
Date

If disapproved, reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When disapproved by the Classification Officer, exception case to automatically be sent to the Deputy Director for appeal and review.

Exception Request Granted / Not Granted.

\_\_\_\_\_  
(Deputy Director for Corrections)

\_\_\_\_\_  
Date



**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

The process for entering the PREA Screening Tool on Offendertrak requires that you sign on and search for the relevant offender by name or SID Number. The process is similar to inputting a jail or prison classification instrument by going to the booking tab, booking management, classification, PREA Documents, PREA Screening Tool and the "New" tab button. You can begin to enter the PREA Screening Tool by following the instructions below.

**I. IDENTIFYING DATA**

**Check Box:** If no additional relevant information received within thirty (30) days of "New Intake/Admission." Enter Name, Initial, Date (mm/dd/yy) & Military Time (0000 hours). On Offendertrak, you can edit a prior PREA Screening that there was no additional relevant information within thirty (30) days.

**Date:** Enter the month, day, and year (mm/dd/yy) that the PREA Screening Tool (DCR 8314) is being completed. On Offendertrak, it is *automatically populated*.

**SID:** Enter the offender's permanent SID number. A temporary SID usually begins with an "X" or "T". On Offendertrak, it is *automatically populated*.

**Check Box:** If offender received the PREA Pamphlet, then enter the date received (mm/dd/yy).

**Name:** Enter the offender's full name by last name, first name and middle initial. This would be the name as entered into Offendertrak. On Offendertrak, it is *automatically populated*.

**Sex:** Enter the offender's sex by notating "M" for male, "F" for female, or "X" for unspecified identification / Gender X / Non-Conforming. In addition, if the offender discloses the following information based on vulnerability question #6, then notate "FT" for female transgender (male to female), "MT" for male transgender (female to male), "MI" for Male Intersex, "FI" for Female Intersex, the dominating gender is what you would select. On Offendertrak, use the drop-down menu to select the appropriate information.

**Classification:** If known, enter the offender's current security/custody classification, such as COM for community, MIN for minimum, MED for medium, CLS for close, and MAX for maximum. If the initial classification or reclassification has not been completed, then enter "NA". On Offendertrak, it is *automatically populated*.

**Custody Status:** Enter the offender's status based on court documents or facility records, such as pre-trial felon (PFT), pre-trial misdemeanor (PMT), sentenced felon probationer (SFP), sentenced felon (SF), sentenced misdemeanor (SM), pending sentence felon (PSF), pending sentence misdemeanor (PSM), and parole violator (PV). On Offendertrak, it is *automatically populated*.

**Reason for Screening, check the appropriate box and on OFFENDERTRAK use the drop-down menu to select the appropriate information.**

**New Intake Review:** Check box, if an offender is being screened as a new intake/admission, meaning that the offender is not presently under the custody or jurisdiction

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

of the Department of Corrections and Rehabilitation (DCR). This screening must be conducted within **seventy-two (72) hours** (including weekends and holidays) of arrival at the facility. *The BJA/PRC has clarified that intermittent sentences are considered one admission.* This means that the first intake/admission for the current charge/offense will require a review and subsequent intermittent sentences do not require an addition "new intake/admission" review.

If the **offender is released prior** to the seventy-two (72) hour requirement and has not been screened with the PREA Screening Tool, then you are not required to complete the Screening Tool for the released offender.

**Transfer Review:** Check box, if an offender is being reviewed based on a transfer from one facility to another facility. The receiving facility must conduct a screening or reassessment by utilizing the screening tool preferably during the facility orientation process. This screening must be conducted within seventy-two (72) hours of the offender's transfer to the receiving facility.

**Within 30-day Review for New Intake or Transfer Review:** Designated facility staff screeners (preferably Case Management or PREA Compliance Manager), shall conduct a reassessment of the offenders vulnerability or predatory factors by utilizing the PREA Screening Tool (DCR 8314), and actively inquire if there are any additional relevant information that was not consider at the seventy-two (72) hour screening that could impact the offender's designation within **thirty (30) days, but not to exceed the 30-day deadline** of the offender's new Intake/Admission/Transfer.

The reassessment is a more extensive process within 30-days, and ensures that the facility has identified those at heightened risk of being sexually victimized and those of being sexually abusive, so that it can make housing and programming decisions with the goal being to use this information to prevent sexual abuse; therefore, screeners should allow a minimum of (14) days from Intake/Arrival/Transfer to conduct the reassessment screening. This is to allow adequate time to collect or gather any additional information that was not considered at the initial screening to include observations of the inmate. This process is an affirmative reassessment of the offender's risk of victimization or abusiveness by reviewing a variety of sources, e.g., court documents, medical or mental health reports if applicable, criminal history reports, disciplinary history, newly discovered allegations of relevant threats or victimization to include consultation with the inmate and their own views of their sexual safety.

If no additional relevant information has been received, then check the box on the top left corner of Section I of the new intake/admission/transfer PREA Screening Tool (DCR 8314) that "no additional relevant information was received within thirty (30) days." On the manual form the Reviewer will print their Name, Initial, Date (mm/dd/yy) and Military Time (0000 hours). If completed in Offendertrak the screener information to include date and time will auto-populate.

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

**New Information Review:** This is not the review conducted within thirty (30) days of a New Admission (see above). Check box, if the facility receives additional relevant information that would impact the offender's screening for vulnerability and predatory factors. If conducting the 30-day Review for New Intake/Admission/Transfer and there is "additional relevant information" then the Reviewer would check this box. If checked, reassess the offender's risk of victimization or abusiveness by utilizing a new PREA Screening Tool, which is subject to all distributions. Do not modify the original Intake/Admission/Transfer PREA Screening Tool. The additional relevant information may include reported and substantiated incidents of sexual abuse as a victim or predator or change in gender identification, etc.

**II. VULNERABILITY FACTORS**

Document all sources of information or comments in the last column. If an offender refuses to participate by providing verbal responses to the PREA Screening Tool this shall be documented in the comment column.

On Offendertrak, if the information is available it will be auto filled, but you will need to verify that the information is correct and current. Also, use the drop-down menu to select the appropriate information.

**1. Victim of Prison Rape or Prison Sexual Abuse/Assault (Correctional):** Enter "Y" for yes, if the Reviewer has documentation from court records, Offendertrak, the offender's institutional file, the offender's health care file, or the PREA Coordinator etc. that the offender has a substantiated (See PREA definitions) history of prison rape, prison sexual abuse or prison sexual assault, while incarcerated in a juvenile or adult correctional facility.. Reviewer shall enter the date of incident referenced. Otherwise enter "N" for no.

If an investigation concluded that an allegation of prison rape, prison sexual abuse or prison sexual assault was unfounded or unsubstantiated (See PREA definitions), then it shall not be scored as a "Y" or yes and an "N" or no shall be entered.

If the offender self-reports an allegation of prison rape or prison sexual assault **shall not** be used to justify a "Y" or yes scoring. The offender should be referred to Medical and Mental Health staff and the Reviewer may use this information for a possible override or monitoring factor in section IV. All self-reports that have not been previously reported shall be reported through the chain of command for appropriate action and investigation.

**2. Age Factors:** Enter "Y" for yes, if on the date when the screening is conducted, the offender is under 22 years of age or over 65 years of age (65 years, 1 minute) based on the offender's official date of birth in Offendertrak or CJIS. Enter date of birth in comments. Otherwise enter "N" for no. On Offendertrak, it is *automatically populated*.

**3. Physical Stature:** Enter "Y" for yes, if the offender is a **male** of small physical stature, which means a male that is 5'2" or less in height and/or weighs less than 120 lbs. Enter "Y" for yes, if the offender is a **female** of small physical stature, which means a female that is 5' or less in height and/or weighs less than 90 lbs. The Reviewer should reconcile this with the offender's physical appearance and the information in Offendertrak or CJIS.

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

Otherwise enter "N" for no. On Offendertrak, it is *automatically populated*, but need to verify that the information is consistent with the individual's current stature.

4. **Physical or Developmental Disability or a Documented Mental Health Condition:** Enter "Y" for yes, if the Reviewer has documentation or the offender self-report that the offender has a disability or documented mental health condition, which could make the offender vulnerable in the general population setting of a correctional facility. Otherwise enter "N" for no.

If you answer "Y" or yes to this question, you are required to select a category from the drop down list in the comments/source section. Deaf/Hard of Hearing, Blind/Low Vision, LEP-Limited English Proficient, Physical Disability, Cognitive Disability (Learning disability), Developmental Disability / Mental Health Condition. If you do not choose a category you will receive an error and not be able to save the document.

5. **First Period of Incarceration:** Enter "Y" for yes, if this is the offender's first period of incarceration when considering all periods of incarceration including at a juvenile correctional facility in any state, federal, or foreign correctional facility. This information should be obtained from Offendertrak, Pre-Sentence Report (PSI), CJIS or other reports. Otherwise enter "N" for no.

6. **Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), Gender Non-Confirm (X):** Enter "Y" for yes, if after asking the offender about whether they identify as LGBTI or unspecified, Gender X / Non-Confirming (mandatory), the offender indicates that they identify as Lesbian, Gay, Bi-sexual, Intersex, Transgender, or Gender X / Non-Confirming and/or is undergoing a transgender process. If the offender denies, but is perceived by the Reviewer to be LGBTI, then the Reviewer should identify the offender as perceived. Enter the applicable LGBTI reference. Otherwise enter "N" for no.

If you answer "Y" or yes to this question, you are required to select a category from the drop-down list in the comments/source section. Lesbian, Gay, Bi-sexual, Male Transgender, Female Transgender, Male Intersex, Female Intersex, Gender X / Non-Confirming, or Other. Other is used when the inmate does not identify with any of the listed. Notification should be sent to the facility PREA Compliance Manager for further safety reviews and follow-up.

7. **Victim of Sexual Abuse in Non-Correctional Setting:** Enter "Y" for yes, if the Reviewer has documentation from Offendertrak, CJIS, or other reports that the offender has been sexual abused in a setting, **other than in a correctional institution**, or if the **offender self-reports** as being sexually abused in a setting other than a correctional institution. Enter the date of incident referenced. Otherwise enter "N" for no.

The disclosure of non-correctional sexual abuse or sexual assault is subject to confidentiality requirements for all staff, however there are special provisions for medical and mental health professionals only.

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

8. **Criminal History is Limited to Non-Violent Offenses:** Enter "Y" for yes, if the Reviewer has documentation from Offendertrak, CJIS, or other reports that the offender does not have a criminal history of violent offenses. This is based on the final adjudicated criminal charge. Non-Violent Offenses are crimes that do not involve the use of any force or physical injury to another person. Otherwise enter "N" for no.
9. **Offender expresses a concern about their Sexual Abuse Vulnerability:** Enter "Y" for yes, if the offender responded to the question that they are concerned about their Sexual Abuse Vulnerability. Otherwise enter "N" for no. Ensure immediate notification to Warden, Chief of Security, Correctional Supervisor, PREA Compliance Manager or Housing staff to determine if separate or protective concerns are required.
10. **Prior Sexual Offense Conviction Against a Person:** Enter "Y" for yes, if the Reviewer has documentation from Offendertrak, the offender's institutional or health care file, or other reports that the offender has an adjudicated criminal history as a predator or aggressor in a sexual abuse, sexual assault, or rape. Enter the date of the referenced incident. Otherwise enter "N" for no.
11. **Detained in a DCR Facility "solely" for Civil Immigration Reasons:** Enter "Y" for yes, if the Reviewer has documentation that the offender is being held in a DCR Facility "**solely**" for Civil Immigration reasons (rare occurrence), such as a federal hold or detainer. Otherwise enter "N" for no, this includes an offender who is being held on dual-jurisdiction status (State and Federal Immigration reasons).

### III. VICTIM DESIGNATION

Based on the offender's vulnerability factors, Offendertrak will calculate the offender's vulnerability designation according to the following:

**Known Victim:** If Section II item #1 is "Y" for yes, then the offender shall be designated as a "Known Victim" of prison sexual abuse, sexual assault, or rape.

**Potential Victim:** If seven or more vulnerability factors in 2 to 11 are "Y" for yes, then the offender shall be designated as a "Potential Victim" for prison sexual abuse, sexual assault, or rape.

**No Designation:** If six or less vulnerability factors in 2 to 11 are "Y" for yes, then the offender scores a "no designation" related to the PREA Screening Tool.

On Offendertrak, the designation of "known victim" or "potential victim" will be *automatically populated* as an active alert. On Offendertrak, prior alerts will be deactivated by new information.

If an offender has a prior Offendertrak screening designation, but based on new relevant information, a transfer review, or transgender/intersex status review, a new PREA screening tool is completed, then verify that the prior alert was deactivated after processing as a new PREA Screening Tool scoring as indicated in the preceding paragraph.

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

**IV. VICTIM OVERRIDE**

Enter "no" or "yes" as to whether an override of the scoring designation in Section III is recommended: 1) A "potential victim" designation in Section III, can be overridden to a "no designation" or 2) A "no designation" in Section III, can be overridden to a "potential victim" designation.

**Recommended Monitoring:** If additional monitoring is warranted, then identify the relevant program, such as medical, mental health, security, or a referral to the Facility PREA Compliance Manager, and document a justification for the monitoring by providing a copy to the relevant program.

**Justification for Override:** When an override is recommended, document the justification citing facts in Section IV with a referral by email, fax, or telephone to the DCR PREA Coordinator. Upon receiving concurrence from the DCR PREA Coordinator, document the person's Name, Date (mm/dd/yy) and Military time (0000 hours).

**An override is prohibited when attempting to designate an offender as a "known victim." In any conflict or potential dual designation between Section III and Section VI, then Section VI or VII shall take precedence.**

**V. PREDATORY FACTORS**

Document all sources of information or comments in the last column. If an offender refuses to participate by providing verbal responses to the PREA Screening Tool this shall be documented in the comment column.

On Offendertrak, if the information is available it will be auto filled, but you will need to verify that the information is correct and current. Also, use the drop-down menu to select the appropriate information.

**1. Predatory History of Prison Rape, Prison Sexual Abuse, or Prison Sexual Assault in a Correctional Setting:** Enter "Y" for yes, if the Reviewer has documentation from court records, Offendertrak, the offender's institutional or health care file, or from the PREA Coordinator that the offender has an adjudicated history as a predatory or aggressor in a prison rape, sexual abuse, or prison sexual assault based on PREA, while incarcerated in a correctional facility as a juvenile or adult. This scores only offender on offender incidents. Enter the date of the referenced incident. Otherwise enter "N" for no. On Offendertrak, if the charges for a 6(1) misconduct was entered in the incidents screen, then it will *automatically populate*.

If an investigation concluded that an allegation of prison rape, prison sexual abuse or prison sexual assault was unfounded or unsubstantiated (See PREA definitions), then it shall not be scored as a "Y" or yes and an "N" or no shall be entered.

**MISCONDUCT VIOLATIONS (COR.13.03 POLICY)**

.2a.6(1) Sexual Assault or Sexual Abuse of another inmate/detainee, staff member, contractor, volunteer, or visitor.

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

If the offender self-reports an allegation of prison rape or prison sexual assault **shall not** be used to justify a "Y" or yes scoring. The offender should be referred to Medical and Mental Health staff and the Reviewer may use this information for a possible override or monitoring factor in section VII.

2. **Prior Sex Offense Conviction (Sexual Abuse or Sexual Assault) in a Non-Correctional Setting:** Enter "Y" for yes, if the Reviewer has documentation from Offendertrak, CJIS, the offender's institutional or health care file, or other reports that the offender has an adjudicated criminal history as a predator or aggressor in a sexual abuse, sexual assault, or rape, other than in a correctional institution, or if the offender **self-reports** as being adjudicated as a sexual predator or aggressor in a setting other than a correctional institution. Reviewer shall enter the date of incident referenced. Otherwise enter "N" for no.

If the adjudicated charge for sexual abuse or sexual assault is scored in question #2, then do not overlap or double count the adjudicated charge in question #3.

3. **Criminal History of Physical Abuse in a Non-Correctional Setting:** Enter "Y" for yes, if the Reviewer has documentation from Offendertrak, CJIS, or other reports that the offender has an adjudicated criminal history of **physical abuse** towards others in a setting, other than a correctional institution, or if the offender **self-reports** physical abuse towards others in a setting other than a correctional institution. Enter the date of the referenced incident. Otherwise enter "N" for no. Review list of offenses considered as physically abusive offenses.

If the adjudicated charge was already scored in question #2, then do not score it in question #3.

4. **History of Correctional Violence:** Enter "Y" for yes, if the Reviewer has documentation from Offendertrak, a guilty finding by an adjustment committee, or other reports that the offender has been adjudicated as having been involved in correctional violence, including but not limited to, strong arming, extortion, or assaults, in any correctional setting (juvenile or adult), or if the offender **self-reports** involvement in correctional violence in any correctional setting (juvenile or adult). Enter the date of the referenced incident. Correctional Violence involves the use of force or injury to the body of another person, threats to staff, and the use of a weapon raises the seriousness of the incident. Otherwise enter "N" for no. On Offendertrak, if the misconduct was entered in the incidents screen, then it will *automatically populate*.

**MISCONDUCT VIOLATIONS (COR.13.03 POLICY)**

- .2a.6(1) Sexual Assault or Sexual Abuse of another inmate/detainee, staff member, contractor, volunteer, or visitor.
- .2a.6(2) Homicide.
- .2a.6(3) Assaulting any person ... bodily injury.
- .2a.6(4) Use of force or threats ... worker's family.
- .2a.6(5) Escape if facts indicate threat of violence towards staff.
- .2a.6(11) Rioting.

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

- .2a.6(13) Use of force or violence ... a public servant.
- .2a.6(15) Throwing or attempting to throw feces ... at or on staff.
- .2a.6 (22/23) Any lesser ... listed above (here) or any other violent criminal act ... a class A Felony
- .2a.6(17) Extortion, blackmail, ... or under threat of informing.
- .3a.7(3) Assaulting any person ... dangerous instrument.
- .3a.7(7) Adulteration of any food or drink ... result in bodily injury or sickness.
- .3a.7(20/21) Any lesser ... listed above (here) or any other violent criminal act ... class B Felony.

**5. Current or Confirmed Gang Affiliation or Security Threat Group (STG):** Enter "Y" for yes, if the Reviewer has documentation that the offender is a current or confirmed gang member or belongs to a Security Threat Group (STG) based on Offendertrak, the Gang Intelligence Officer, or other reports. Otherwise enter "N" for no. On Offendertrak if the information is in the STG report it is *automatically populated*.

**VI. PREDATOR DESIGNATION**

Based on the offender's predatory factors, Offendertrak will calculate the offender's sexual predator designation according to the following:

**Sexual Predator:** If Section V item #1 is "Y" for yes, then the offender shall be designated as a "Sexual Predator" of prison sexual abuse, sexual assault, or rape.

**Potential Sexual Predator:** If three or more predatory factors in 2 to 5 are "Y" for yes, then the offender shall be designated as a "Potential Sexual Predator" of prison sexual abuse, sexual assault, or rape.

**No Designation:** If two or less predatory factors in 2 to 5 are "Y" for yes, then the offender has "no designation" related to the PREA Screening Tool.

On Offendertrak, the designation of "sexual predator" or "potential sexual predator" " will be *automatically populated* as an active alert. On Offendertrak, prior alerts will be deactivated by new information.

If an offender has a prior Offendertrak screening designation, but based on new relevant information, a transfer review, or transgender/intersex status review, a new PREA screening tool is completed, then verify that the prior alert was deactivate after processing as a new PREA Screening Tool scoring as indicated in the preceding paragraph.

**VII. PREDATOR OVERRIDE**

Circle "no" or "yes" as to whether an override of the designation in Section VI is recommended: 1) A "potential sexual predator" designation in Section VI can be overridden to a "no designation" or 2) A "no designation" in Section VI, can be overridden to a "potential sexual predator" designation.



**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

**Recommended Monitoring:** If additional monitoring is warranted, then identify the relevant program, such as medical, mental health, security, or a referral to the Facility PREA Compliance Manager, and document a justification for the monitoring.

**Justification for Override:** When an override is recommended, document the justification citing facts in Section VII with a referral by email, fax, or telephone to the DCR PREA Coordinator. Upon receiving concurrence from the DCR PREA Coordinator document, the person's Name, Date (mm/dd/yy) and Military time (0000 hours). An example could be based on the facts available related to a pending charge.

**An override is prohibited when attempting to designate an offender as a "sexual predator." In any conflict or potential dual designation between Section III and Section VI, then Section VI or VII shall take precedence.**

**VERIFICATION OF REVIEWER AND ACTION TAKEN IN SECTIONS: I TO VII**

When an offender receives a "no designation," the Reviewer information with Name, Position, Signature, Date (mm/dd/yy), and Military time (0000 hours) will *automatically population* with "sign on" name for the Staff Member who completed Sections I-VII. The Reviewer shall save as a final document. If printing the document, the Reviewer shall maintain the confidentiality of this document and Offendertrak PREA screening distribution is not required.

When an offender receives a "victim, potential victim, predator, or potential predator" designation," the Reviewer information with Name, Position, Signature, Date (mm/dd/yy), and Military time (0000 hours) will *automatically population* with "sign on" name for the Staff Member who completed Sections I-VII. The Reviewer shall save as a final document. If printing the document, the Reviewer shall maintain the confidentiality of this document. After saving, the Reviewer should verify on the Positive Screening Report that the information has been captured and notify/print or email a confidential PDF copy for the Facility Chief of Security (COS) or the Watch Commander to enter Section VIII on Offendertrak. The Reviewer shall document who by listing the person's name (COS or WC) on the form in the line above signature required in Section VIII.

**VIII. HOUSING STATUS**

When an offender is designated as a "victim, potential victim, sexual predator, or potential sexual predator," the Reviewer of Sections I-VII shall forward/notify the Facility COS, Watch Commander, and the PREA Compliance Manager.

The Facility COS or Watch Commander shall sign on to Offendertrak to complete Section VIII: Housing Status to ensure that the offender is appropriately housed based on the PREA Screening Tool scoring designation by checking the relevant housing placement: general population, separatee status, protective custody unit, or administrative segregation.

The Facility COS or Watch Commander shall document their assessment citing key facts in section VIII comments. The Facility COS or Watch Commander shall identify the recommended housing and the final housing designation.

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

**What is appropriate housing?**

The housing assignment shall consider the offender's scoring, and LGBTI status, as the designated housing assignment shall consider how the offender's placement may impact the offender or other offenders, while ensuring the requirements of the PREA Standards. It is important that the housing assessment also considers the programmatic access the offender will encounter based on the housing assignment. The PREA screening instrument scoring is to be utilized to formulate housing assignments, cell or bed assignments, work assignments, education, and other programmatic access for the offender.

The Facility COS or Watch Commander Name, Signature, Date (mm/dd/yy) and Military time (0000 hours) will *automatically populate*, based on Offendertrak sign on. This is documentation that the offender's designation of "victim, potential victim, sexual predator, or potential sexual predator" was evaluated by the Facility COS or Watch Commander, prior to assigning housing and other programmatic issues. If printing, the Facility COS, or Watch Commander shall maintain the confidentiality of this document.

**Transgender/Intersex Review:** The PREA Standards require that housing and programming assignment for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender. The two periodic reviews conducted annually should occur during initial classification, reclassifications, or twice within a year. The Warden and/or the Facility PREA Compliance Manager shall ensure that the bi-annual reviews are documented on the PREA Mandated Reporting Form (DCR 8317) based on a list maintained by the DCR PREA Coordinator and Facility PREA Compliance Manager (PCM).

**IX. DISTRIBUTIONS**

The PREA Screening Tool (DCR 8314) automated on Offendertrak does not require a distribution of the actual document to the DCR PREA Coordinator (Headquarters), the Facility PREA Compliance Manager, the Warden/Administrator, and the Facility Health Care Unit Clinical Section Administrator. However, to ensure that these individuals are aware of an offender scoring as a **"victim, potential victim, sexual predator, or potential sexual predator"** the Reviewer shall send a confidential email stating "Offender Joe A0000123 scored as a **"victim, potential victim, sexual predator, or potential sexual predator"** to notify them of the positive scoring for appropriate follow ups and addressment. This does not absolve these individuals of their responsibility to regularly check the PREA Reports on Offendertrak for this information.

The Warden/Administrator is responsible for ensuring the confidentiality of the form, while balancing disclosure to key Facility staff to assist with determining appropriate housing, work lines, and other programmatic issues based on the offender's designation.

**PREA REPORTS ON OFFENDERTRAK**

The process for creating and viewing PREA Reports on Offendertrak requires that you sign on and follow the steps below.

- Click on the Reports tab,
- Click reports,
- Click PREA reports,

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PREA SCREENING TOOL INSTRUCTIONS  
OFFENDERTRAK DATA INPUT**

- Click Facility Level (Enterprise is only for the DCR PREA Coordinator),
- Enter the data parameters for the appropriate report that you need to review:
  - Admission Log,
  - Admission Log with Releases,
  - Health Care Report,
  - Positive Screening Report.

You can view a prior report or create a new report by clicking on "New". Select your location and report parameters, which is the date period for reviewing any enter PREA Screening Tools, then click "OK". Your report should appear. You may print it or use authorized software (ADOBE) to save the document as a PDF.

Within 30-day Reviews can be process by editing the prior PREA "new intake" or "transfer" screening and checking the box that there was no additional relevant information. It will populate with your name and date.

To review upcoming screening deadlines, click on the Reports tab, Organization Documents, Location Based Documents, Facility Based Documents, PREA Screening Reviews, and New. You can set the date parameters as "all" or indicate a date range. In the last column under "completed" check the box for the relevant offender and save your report as a final document. You should print the document to save a hard copy, however a digital copy will be saved, if you finalize the report. It is not recommended to conduct 30-day reviews using this method and should only be used as a reference document for upcoming screening deadlines.

**PSD PREA SCREENING TOOL OFFENSES CATEGORIZED AS  
PHYSICAL ABUSE AND/OR SEXUAL OFFENSE**

HRS STATUTE	HAWAII REVISED STATUTES: TITLE/OFFENSE	STATUTE CLASS
709-0906	Abuse Of Family & Household Members	FC/MD
708-8251	Arson In The First Degree (If the facts indicate physical force or injury to a person)	FA
708-8252	Arson In The Second Degree (If the facts indicate physical force or injury to a person)	FB
708-8253	Arson In The Third Degree (If the facts indicate physical force or injury to a person)	FC
707-0712.5	Assault Against A Law Enforcement Officer In the First Degree	FA
707-0712.6	Assault Against A Law Enforcement Officer In the Second Degree	MD
707-0712.7	Assault Against An Emergency Worker	FB
707-0710	Assault In the First Degree	FB
707-0711	Assault In the Second Degree	FC
707-0712	Assault In the Third Degree	MD
707-0733.6*	Continuous Sexual Assault Of A Minor Under The Age Of 14 Years	FA
711-1109.3	Cruelty to Animals by Fighting Dogs in the First Degree	FB
711-1109.35	Cruelty to Animals by Fighting Dogs in the Second Degree	FC
711-1108.5	Cruelty to Animals in the First Degree	FC
711-1109	Cruelty to Animals in the Second Degree	MD
707-0756*	Electronic Enticement Of A Child In the First Degree	FB
707-757*	Electronic Enticement Of a Child in the Second Degree ( <b>sex offense only</b> )	FC
710-1020	Escape In the First Degree	FB
710-1021	Escape In the Second Degree (If the facts indicate physical force or injury to a person)	FC
707-0765	Extortion In the First Degree	FB
707-0766	Extortion In the Second Degree	FC
707-0767	Extortion In the Third Degree	MD
707-0768	Extortion Involving Firearms, Explosives, and Dangerous Weapons	FA
707-0741	Incest	FC
707-759*	Indecent Electronic Display to a Child ( <b>sex offense only</b> )	MD
710-1031	Intimidating A Correctional Worker (If the facts indicate physical force or injury to a person)	FB
710-1074	Intimidating A Juror (If the facts indicate physical force or injury to a person)	FB
710-1071	Intimidating A Witness (If the facts indicate physical force or injury to a person)	FC
707-0720*	Kidnapping (FB depends on Defense/*if conviction alleges intent to subject victim to a sexual offense)	FA/FB
707-0781	Labor Trafficking in the First Degree	FA
707-0702	Manslaughter (Session Laws 1996 delete Class B)	FA/FB
707-0701	Murder In the First Degree	FA
707-0701.5	Murder In the Second Degree	FA
707-0750*	Promoting Child Abuse In the First Degree	FA
707-0751*	Promoting Child Abuse In the Second Degree	FB
707-0752*	Promoting Child Abuse In the Third Degree	FC
712-1202*	Promoting Prostitution in the First Degree	FA
712-1203*	Promoting Prostitution in the Second Degree ( <b>sex offense only</b> )	FB
707-0713	Reckless Endangering In the First Degree (If the facts indicate physical force or injury to a person)	FC
707-0714	Reckless Endangering In the Second Degree (If the facts indicate physical force or injury to a person)	MD
710-1026	Resisting Arrest (If the facts indicate physical force or injury to a person)	MD
710-1075.5	Retaliating Against A Juror (If the facts indicate physical force or injury to a person)	FC
710-1072.2	Retaliating Against A Witness (If the facts indicate physical force or injury to a person)	FC
711-1103	Riot	FC
708-0840	Robbery In the First Degree	FA
708-0841	Robbery In the Second Degree	FB
708-0842	Robbery; "In The Course Of Committing A Theft"	FA
707-0736*	Sexual Abuse In the First Degree (Repealed)	FC
707-0730*	Sexual Assault In the First Degree ( <b>exception if perpetrator is under age eighteen</b> )	FA
707-0733*	Sexual Assault In the Fourth Degree	MD
707-0731*	Sexual Assault In the Second Degree	FB
707-0732*	Sexual Assault In the Third Degree ( <b>exception if perpetrator is under age eighteen</b> )	FC
707-0716	Terroristic Threatening In the First Degree (If the facts indicate physical force or injury to a person)	FC
707-0721	Unlawful Imprisonment In the First Degree	FC
707-0722	Unlawful Imprisonment In the Second Degree	MD
711-1110.9*	Violation Of Privacy In the First Degree ( <b>sex offense only</b> )	FC
712-1209.1	Commercial Sexual Exploitation of a Minor	FC

**\*Sex Offense/Offender as defined HRS 846E-1.**

DEPARTMENT OF PUBLIC SAFETY  
PREA SCREENING TOOL

No additional relevant information received in 30 days for a new intake \_\_\_\_\_

I. IDENTIFYING DATA

Date: \_\_\_\_\_ SID: \_\_\_\_\_  Offender received PREA pamphlet on \_\_\_\_\_  
Name: \_\_\_\_\_ Sex:  None Selected  \_\_\_\_\_ Classification: \_\_\_\_\_ Custody Status: \_\_\_\_\_

Screening Reason:  New Intake  Transfer Review  New Information Review

II.	VULNERABILITY FACTORS	Y/N	DOI	Comments/Source
1.	Victim of Prison Rape/Sexual Abuse (Correctional)	<input checked="" type="checkbox"/>		
2.	Age Factors (Under 22 years old or over 65 years old)	<input checked="" type="checkbox"/>		
3.	Male: 5'2" or less and/or less than 120 lbs; Female: 5' or less and/or less than 90 lbs	<input checked="" type="checkbox"/>		
4.	Physical or Developmental Disability/Mental Health Condition	<input checked="" type="checkbox"/>		None Selected <input checked="" type="checkbox"/>
5.	First Period of Incarceration (Consider any Jurisdiction)	<input checked="" type="checkbox"/>		
6.	Lesbian/Gay/Bisexual/Transgender/Intersex/Gender Non-Conform (Reported or Perceived)	<input checked="" type="checkbox"/>		None Selected <input checked="" type="checkbox"/>
7.	Victim of Sexual Abuse in Non-Correctional Setting	<input checked="" type="checkbox"/>		
8.	Criminal History is Limited to Non-Violent Offense(s)	<input checked="" type="checkbox"/>		
9.	Offender expresses concern about their Sexual Abuse Vulnerability	<input checked="" type="checkbox"/>		
10.	Prior sex offense conviction against a person (see section V, #2)	<input checked="" type="checkbox"/>		
11.	Detained in PSD facility "solely" for civil immigration reasons (Rare)	<input checked="" type="checkbox"/>		

III: VICTIM DESIGNATION

- Known Victim If factor #1 in Section II is "Y": Designate as a "Known Victim"
- Potential Victim If seven or more of the factors in Section II, #2-11 are "Y": Designate as a "Potential Victim"
- No Designation If six or less of the factors in Section II, #2-11 are "Y": Designate as "No Designation"

IV: VICTIM OVERRIDE Override Approved By (DCR PREA Coordinator): \_\_\_\_\_ Date/Time: \_\_\_\_\_

Recommend Monitoring by: \_\_\_\_\_

Justification for Override/Monitoring: \_\_\_\_\_

V.	PREDATORY FACTORS	Y/N	DOI	Comments/Source
1.	Predatory history of prison Rape/Sex Abuse/Assault (Correctional)	<input checked="" type="checkbox"/>		
2.	Prior sex offense conviction (Sexual Abuse/Assault Non-Correctional)	<input checked="" type="checkbox"/>		
3.	Criminal history of Physical Abuse (Non-Correctional)	<input checked="" type="checkbox"/>		
4.	History of Correctional Violence (Extortion, Assault, Arming)	<input checked="" type="checkbox"/>		
5.	Current or confirmed Gang Affiliation/Security Threat Group	<input checked="" type="checkbox"/>		

VI: PREDATOR DESIGNATION

- Sexual Predator If factor #1 in Section V is "Y": Classify as a "Sexual Predator"
- Potential Predator If three or more of the factors in Section V, #2-5 are "Y": Classify as a "Potential Predator"
- No Designation If two or less of the factors in Section V, #2-5 are "Y": This section is "Not Sexual Predator"

VII: PREDATOR OVERRIDE Override Approved By (DCR PREA Coordinator): \_\_\_\_\_ Date/Time: \_\_\_\_\_

Recommend Monitoring by: \_\_\_\_\_

Justification for Override/Monitoring: \_\_\_\_\_

Form provided by ISC/Program staff to: \_\_\_\_\_

Sections I-VII completed by: \_\_\_\_\_

VIII: HOUSING STATUS  (To be completed by COS/watch commander after sections I-VII have been saved as FINAL)

Comments: \_\_\_\_\_

Recommended Housing: \_\_\_\_\_ Final Housing Designation: \_\_\_\_\_

Section VIII completed by: \_\_\_\_\_

# OFFENDERTRAK – PREA Screening Tool

Offendertrak [BOOKING] TEST APPROXIMATE

File Edit Person Booking Movement Reports Miscellaneous Workflow Administration Log Window Help

Person Summary  
 Name: Primary  
 TEST APPROXIMATE  
 Housing Location

SEARCHED  
 Booking Date

Final Bookings  
 Booking Management  
 Quick Booking  
 Status  
 Induction  
 Health  
 Trust Accounting  
 Property  
 Jail Property  
 Keep Separates  
 Food Refusal  
 Mail Logging  
 Service Delivery  
 Good Time Credit  
 Grievances  
 Escape  
 Work Program/Release  
 Work Release Definition  
 Work Release On-Site Checks  
 Restrictions  
 Watch Observations

CON	SD	Sex	Race
NEW 2272	30811378	MALE	ADIAN m
HEA	Hearing Date	Court/Judge	
REL	Release Type		
PROBATION	Start	Maximum Release	Alerts (1)

Click on "Booking" from the menu bar. Then click on "Booking Management" from the drop-down menu.

Management for Booking # 201231112221

Arrest Charges Cases Case Groups Bail Conditions Bail Groups Sentences

Weekender Appeals Release Dates Release Classification Holds Court

Security Classification Documents  
 PREA Documents  
 Security Classification - Old

Click on "Classification" from the tab menu. Click on the "+" besides PREA Documents

1/1/2014 1/2/2014 1/3/2014 1/4/2014 1/5/2014 1/6/2014 1/7/2014

## PREA SCREENING TOOL

Basic inmate information (top section) has been automatically populated from Offendertrak. (If any inmate information field is blank, information will need to be inputted in "Demographics" section.)

Complete PREA Screening Tool by typing in responses and using drop-down menu using "PREA Screening Tool Instructions (DCR 8314) to complete the screening tool.

CONFIDENTIAL

### DEPARTMENT OF PUBLIC SAFETY PREA SCREENING TOOL

No additional relevant information received in 30 days for a new intake PREA, T 05/18/22 1500

**I. IDENTIFYING DATA**

Date: 03/16/2022 SID: Z0011127

Offender received PREA pamphlet on 3/16/22

Name: TEST, ADDRESS

Sex:  Female Transgender

Classification: NA

Custody Status: PTM

Screening Reason:  New Intake  Transfer Review  New Information Review

II	VULNERABILITY FACTORS	Y/N	DOI	Comments/Source
1	Victim of Prison Rape/Sexual Abuse (Correctional)	YES	3/2022	PCU case 22-0001
2	Age Factors (Under 22 years old or over 65 years old)	NO		
3	Male: 5'2" or less and/or less than 120 lbs; Female: 5' or less and/or less than 90 lbs	NO		
4	Physical or Developmental Disability/Mental Health Condition	YES		LEP Limited English Proficient
5	First Period of Incarceration (Consider any Jurisdiction)	NO		
6	Lesbian/Gay/Bisexual/Transgender/Intersex/Gender Non-Conform	YES		Female Transgender
7	Victim of Sexual Abuse in Non-Correctional Setting	NO		
8	Criminal History is Limited to Non-Violent Offense(s)	NO		
9	Offender expresses concern about their Sexual Abuse Vulnerability	YES		Referred to NCH, PCO, PPH, etc for follow
10	Prior sex offense conviction against a person (see section V, #2)	NO		
11	Detained in PSD facility "solely" for civil immigration reasons (Rare)	NO		

**III: VICTIM DESIGNATION**

- Known Victim      If factor #1 in Section II is "Y": Designate as a "Known Victim"
- Potential Victim      If seven or more of the factors in Section II, #2-11 are "Y": Designate as a "Potential Victim"
- No Designation      If six or less of the factors in Section II, #2-11 are "Y": Designate as "No Designation"

**IV: VICTIM OVERRIDE** Override Approved By (PSD PREA Coordinator): \_\_\_\_\_ Date/Time \_\_\_\_\_

Recommend Monitoring by: Facility Designer

Justification for Override/Monitoring  
No override requested, only follow up and monitoring recommended based on information given.

V	PREDATORY FACTORS	Y/N	DOI	Comments/Source
1	Predatory history of prison Rape/Sex Abuse/Assault (Correctional)	NO		
2	Prior sex offense conviction (Sexual Abuse/Assault Non-Correctional)	NO		
3	Criminal history of Physical Abuse (Non-Correctional)	YES	1/25/2020	CHS
4	History of Correctional Violence (Extortion, Assault, Arming)	NO		
5	Current or confirmed Gang Affiliation/Security Threat Group	YES	05/2022	L41

**Discussion:**

Save as Draft (need more time to complete or need a review for positive scoring)

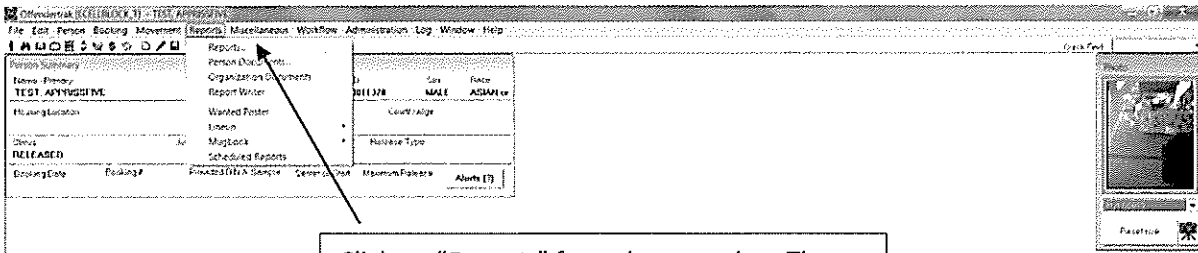
Save as Draft and send to PREA Coordinator for override

authorization Save as Final

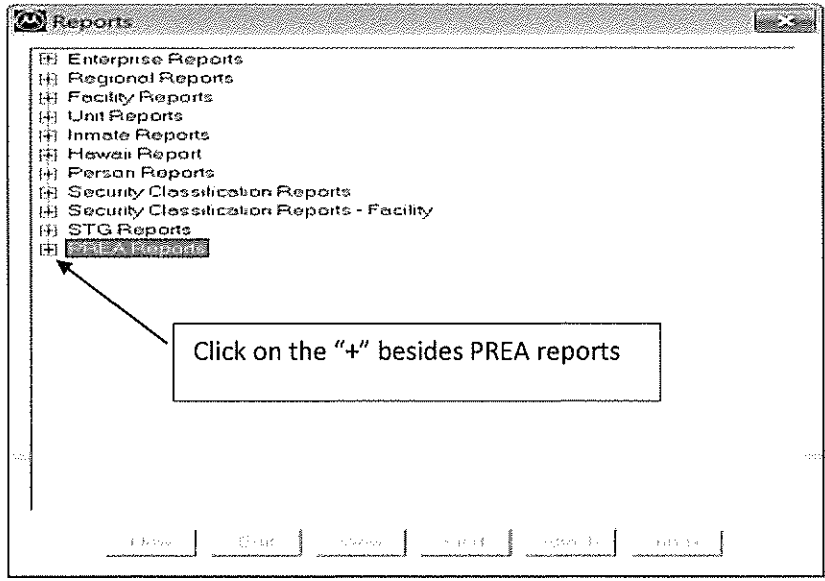




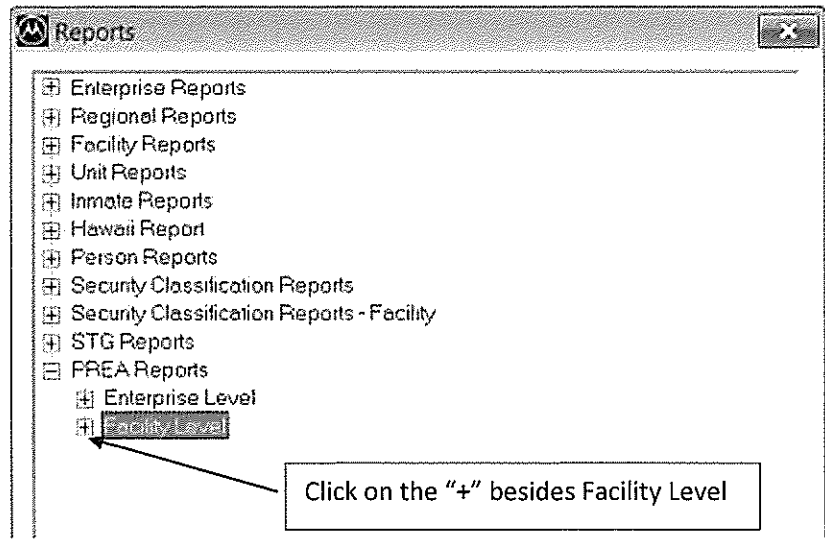
# OFFENDERTRAK – PREA Reports



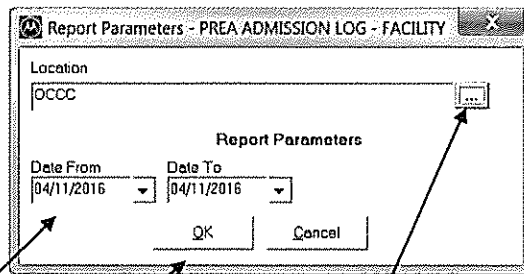
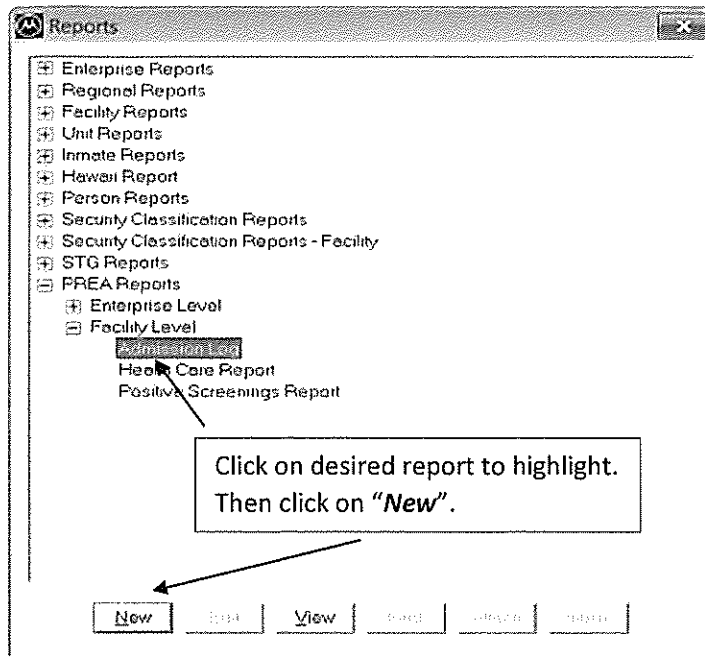
Click on "Reports" from the menu bar. Then click on "Reports" from the drop down menu.



Click on the "+" besides PREA reports

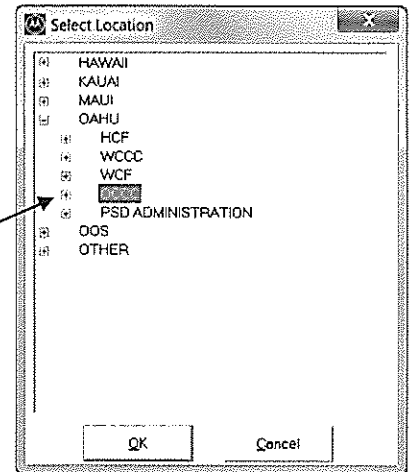


Click on the "+" besides Facility Level



Input date parameters.  
Click on "OK".

Select Location (Facility) by clicking on "...".  
Click on Location (Facility) to highlight and click "OK".



Samples of the following reports are as follows:

Admission Log

Health Care Report

Positive Screenings Report