 **Cameron County**

**Jail Division**

Cameron County Jail

Classification PREA Screening Form

Inmate Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.O.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREA – Initial Screening Instrument for at Risk

These questions are designed to assist staff in identifying two (2) types of inmates and to ensure

these two (2) types of classification are “Keep Separate”.

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

The Classification Officer in addition to current Classification Screening Procedures will consider the following questions during initial classification and during classification reviews.

1. Has Detention Medical Staff requested special housing for the inmate due to PREA for (ATRSK) or (RSKOF)?

a. Yes / No

Yes results: The inmate will be classified and housed accordingly.

1. Does the inmate have any convictions for sex offenses against an adult or child?

a. Yes / No

Yes results: The inmate will be classified and housed as (RSKOF)

1. Does the inmate have a history of known acts of sexual assaults or sexual abuse?

a. Yes / No

Yes results: The inmate will be classified and housed as (RSKOF)

1. Does the inmate have a conviction history of violent offenses involving sexual assaults or sexual abuse?

a. Yes / No

Yes results: The inmate will be classified and housed as (RSKOF)

Based on the initial Classification Screening during Admission, any special housing requests due to Medical PREA Screening and the current PREA Classification review the above named inmate’s PREA Classification is:

(ATRK) At Risk of being sexually Assaulted or Sexually abused

(RSKOF) Risk of Sexually Assaulting or Sexually Abusing

(N/A) Not Applicable for PREA (Regular Housing Classification)

Current Housing arrangements have been made based on the above classification to ensure (ATRSK) inmates are being kept separated from (RSKOF) inmates.

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Classification Officer Signature