

CT DCF Juvenile Justice PREA-Compliant Screening for Assaultive and Sexually Aggressive Behavior and Risk for Sexual Victimization

Facility:	Admitted/Transferred from:	Adm./Trans. Date:	Adm./Trans. Time:
Juvenile:	Conduit #:	LINK #:	DOB:
Interviewer:	Title:	Interview Date:	Interview Time:

Has the Offense History and Juvenile File Been Screened? Yes No

Current Charges:
(if above not available, use commitment charges)

Offense History:

Assaultive/Violent Behavior:

- No reports of violent behaviors
- Adjudicated for violent offense(s)
- Reports/arrests for violent behavior - no adjudication
- Bullying/physical intimidation of others
- Threatening/harassing people
- Violent and willful destruction of property
- Displaying a weapon
- Fire setting
- Animal cruelty

Comments:

Prior Charged Sexual Offense(s)

- None
- One offense
- More than one offense

Comments:

Sexual Abuse History:

- No report of sexual abuse
- Reports of sexual abuse. There is no evidence of sexual penetration or excessive force or physical injury of juvenile.
- The juvenile was a victim of sexual abuse. There is evidence of sexual penetration or excessive force or physical injury.

Comments:

Any allegations of abuse must be reported to DCF Hotline in accordance with Conn. Gen. Stat. §17a-101.

Psychotic Disorder or Major Affective Disorder:

Yes No

Level of Emotional Development:

(MAYSI 2) Significant Not Significant

Level of Cognitive Development:

On Target Delayed

Intellectual or Developmental Disabilities:

Yes No

[determined by one or more of following:
Special ed status; 504 status; FSIQ under 70; impaired
ADL functioning]

Physical Size:

- Large for Age
- Typical for Age
- Small for Age

Stature:

- Tall for Age
- Typical for Age
- Short for Age

Comments:

Physical Disabilities:

Yes No

Gender Conformity (as perceived by the reviewer):

Gender **conforming** appearance, manner or identification
 Gender **non-conforming** appearance, manner or identification

Identification as Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex:

Gay/Lesbian Bisexual
 Transgender Questioning
 Intersex

Self-Reported Perception of Vulnerability or Risk:

Yes No

Intake Screens Completed:

MAYSI-2
 GAIN-SS
 SIQ

Records Reviewed:

Court Records
 Behavioral Health
 Other Relevant Information
(e.g., gang status)

Comments:

Interpretation of information indicates that juvenile is at risk to be (check all that apply):

Physically *Assaultive*
 Physically *Victimized*
 Sexually *Aggressive*
 Sexually *Victimized*

The following accommodations are recommended for initial placement in Intake, Assessment and General Housing:

Not Applicable
If applicable:
 Single Room Occupancy
 Safety Watch
 Direct Observation Status

Follow-up clinical appointment (date):

With (clinician):

Signature: _____ Date: _____

Youth on a safety watch must be seen by a clinician no later than the next calendar day. All others must be seen no later than the next business day.

Original Form Shall be Placed in the Juvenile's Record

Review of information upon Transfer:

Receiving Institution:

Date of Transfer:

Form reviewed by:

Title:

Special housing required: Yes No

If "yes," juvenile assigned:

Referral to Clinical required: Yes No

If "yes," date/time clinical notified: