

SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE
BRRC Juvenile Housing Assignment Factors Assessment

INSTRUCTIONS: The Facility Classification Case Manager (CCM) will prepare this form and present it to the Facility Multidisciplinary Team within 5 days of the juvenile's arrival to the facility. Subsequently, the CCM will review the juvenile's housing assignment during the monthly classification status review, the quarterly reclassification review, and when circumstances necessitate (change in status, safety, security, etc.). If the CCM has a concern, he/she will prepare this form and present it to the Facility Multidisciplinary Team for review.

Type Review:			
Review upon arrival	As a result of quarterly reclassification review	Other Reason:	

Juvenile Full Name:		JJMS#:	
Present Assignment (Program, Unit, Bed):			
Hometown:		County:	
Disabilities/Handicaps/Special Needs:			
Age:	Current Height:	Current Weight:	
Stature:			
XS = Extra Small (<75 lbs. – 99 lbs.)		S = Small (100 lbs. – 124 lbs.)	
L = Large (150 lbs. – 174 lbs.)		M = Medium (125 lbs. – 149 lbs.)	
XL = Extra Large (175+ lbs.)			

Current Offense(s):	Category:
Facts/nature of the case (seriousness – weapons, violence, injuries, plead down, etc.), Comments:	

Offense(s) History:
Comments (seriousness – weapons, violence, injuries, etc.):

Escape/Runaway History:
ALERT/Separation/Caution Requirements/Notices:
Proximity to hostile co-defendants, peers, and/or victims:
Documented history of assaultive/aggressive/sexually aggressive behavior:
Documented history of victimization/sexual vulnerability by peers/others:
Intellectual functioning (e.g., seriously mentally retarded or low-functioning or referred to sub-class):
Emotional and mental stability (e.g., seriously mentally ill or referred to sub-class):
Documented history of self-destructive behavior.
Adjustment in the evaluation center and prior custodial and residential placements.
Peer gang-related indicators:

Treatment needs as identified by the clinical professionals and multidisciplinary team (e.g., substance abuse problems, and sex offender specific services).

Any other factors relevant to reducing the probability of assault, disruptive behavior, or possible victimization of the juvenile.

Name of Employee Completing this Form:

Employee's Signature:

Date:

Multidisciplinary Review, Comments, and Decision:

Date: