

GENDER-SPECIFIC NEEDS SCREENING

Minnesota Rules, part 2960.0070, subpart 5(B)(2)

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REQUIRED CONTENT AND OBSERVATION INSTRUCTIONS

Minnesota Rules, part 2960.0070, subpart 5(B)(2): The screening must identify the resident's psychosocial needs and the resident's needs regarding the gender of staff.

STAFF MUST RECORD THEIR OWN DIRECT OBSERVATIONS AND ASK THE CHILD TO STATE THEIR PREFERENCE FOR EACH APPLICABLE AREA. Begin within 3 working days and complete within 6 working days of admission. Each area provides three date/time entries. Use a repeated copy as an addendum for additional documentation if needed.

1 RESIDENT AND SCREENING INFORMATION

RESIDENT FULL NAME

DATE OF BIRTH

RESIDENT ID

FACILITY / PROGRAM

ADMISSION DATE

ADMISSION TIME

SCREENING START DATE

SCREENING START TIME

☐ Addendum used for additional documentation

YOUTH IDENTITY QUESTION

ASK THE YOUTH:

How do you identify? You may describe your gender identity, sexual orientation, or both.

LGBTQIA2S+

An acronym referring to people who identify as Lesbian, Gay, Bisexual, Transgender, Gender expansive, Queer, Intersex, Asexual, and/or Two-Spirit.

Source: <https://mn.gov/lgbtqia2s>

CHILD'S DIRECT RESPONSE

FACILITY STAFF OBSERVED	OBSERVATION AREAS	DOCUMENTED OBSERVATIONS	CHILD'S STATED PREFERENCE	OBSERVATION DATE / TIME	STAFF MEMBER RECORDING
PEER GENDER PREFERENCE	How the child relates to male and female peers.			1 2 3	

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FACILITY STAFF OBSERVED	OBSERVATION AREAS	DOCUMENTED OBSERVATIONS	CHILD'S STATED PREFERENCE	OBSERVATION DATE / TIME	STAFF MEMBER RECORDING
STAFF GENDER PREFERENCE	How the child relates to male and female staff.			1 2 3	
GENERAL SOCIAL BEHAVIORS	The child/youth's general behaviors toward others: being physically aggressive, verbally aggressive, boundary issues, withdrawn, passive, social, or other examples of how the child/youth interacted with others.			1 2 3	
GENERAL SOCIAL NEEDS	What the child/youth needs in order to feel safe with others: e.g. more 1:1 time with staff, opportunities for self-regulation (sensory room, reading, etc.), or physical activity with peers.			1 2 3	

2 SCREENING COMPLETION

STAFF PERSON COMPLETING SCREENING - PRINTED NAME / TITLE

SIGNATURE / ELECTRONIC SIGNATURE

COMPLETION DATE

COMPLETION TIME