

	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS  <b>POLICY AND PROCEDURE</b>		<b>EFFECTIVE DATE:</b>	July 6, 2015	<b>Page 1 of 7</b>
			<b>SUPERSEDES:</b>	4090.3G June 4, 2013	
			<b>OPI:</b>	CASE MANAGEMENT	
			<b>REVIEW DATE:</b>	July 6, 2016	
			<b>Approving Authority</b>	Thomas Faust Director	
	<b>SUBJECT:</b>	<b>CLASSIFICATION (PROGRAM REVIEW)</b>			
	<b>NUMBER:</b>	<b>4090.3H</b>			
<b>Attachments:</b>	Attachment A- Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form				

**SUMMARY OF CHANGES:**

Section	Change
	“Program Administrator” has been changed to “Deputy Warden for Programs and Case Management” throughout

**APPROVED:**



**Thomas Faust, Director**

7/6/2015

**Date Signed**

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1. **PURPOSE AND SCOPE.** To establish uniform procedures for initial classification and reclassification of inmates entering the DC Department of Corrections (DOC).
  
2. **POLICY.** It is DOC policy to use a formal classification process that starts at admission, for managing and separating inmates and administering the facility based upon agency mission, classification goals and inmate custody and program needs.
  
3. **NOTICE OF NON-DISCRIMINATION**
  - a. In accordance with the DC Human Rights Act of 1977, as amended, DC Official Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
  
4. **PROGRAM OBJECTIVES.** The expected results of this program are:
  - a. Initial Classification and Reclassification decisions to include custody levels, program participation and re-entry planning will be made by Correctional Treatment Specialists.
  - b. Inmates will have the opportunity to communicate directly with staff that will make decisions regarding their classification, custody and program reviews.
  - c. Inmates will be classified within appropriate time frames in accordance with their security, custody, program and re-entry planning needs.
  
5. **AUTHORITY**
  - a. DC Code § 24-211.02, Powers; Promulgation of Rules

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## 6. DIRECTIVES RESCINDED

- a. PP 4090.3G Classification (Program Review) (06/04/13)

## 7. DIRECTIVES REFERENCED

- a. TRM 4090.4 Custody Classification Instruments
- b. PS 4090.4 Custody Classification System
- c. PM 8010.1 Work Release Program

## 8. STANDARD REFERENCED

- a. American Correctional Association (ACA) 4<sup>th</sup> Edition Standards for Local Detention, Facilities: 4-ALDF-2A-30, 4-ALDF-2A-31, and 4-ALDF-2A-33.

## 9. DEFINITIONS

- a. *Initial Classification.* The inmate is reviewed by a Correctional Treatment Specialist within three (3) business days of arrival, (excluding weekends and holidays) and is given a custody level. Information concerning emergency contact, education, employment, and social data is collected and entered at this time.
- b. *Reclassification.* Inmates are reviewed within ninety (90) days of initial classification, or thereafter whenever necessary to review institution adjustment and/or program participation and any information that will increase or decrease the inmate's custody level.
- c. *Juvenile.* An Inmate who is younger than eighteen (18) years of age.

## 10. CLASSIFICATION

- a. The classification phase begins upon the inmate's arrival at the designated institution and consists of evaluation, orientation, custody classification and a housing unit assignment based upon age (juvenile offenders), gender, legal status, custody needs, special needs and behavior.
- b. Classification requires subsequent reviews and revisions of the inmate's status as needed in response to changes in the inmate's behavior or circumstances, program and re-entry needs.

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- c. Staff shall use all available data to determine custody, program needs, referrals and housing suitability. This should include but is not limited to:
  - 1) Review of the inmate's electronic record (PaperClip), BOP Form 129, court commitments, Jail Management System (JACCS), Pretrial Realtime Information System Management (PRISM), Wales, JUSTIS and Court View;
  - 2) Interviewing the inmate and obtaining input from correctional staff and other criminal justice professionals, and
  - 3) Information presented by education, vocational, work squad, medical, mental health and social service professionals.
- d. When appropriate, inmates shall appear in person at classification hearings that may affect the inmate's custody status, treatment, training programs, or work assignment.
- e. Minor or routine classification matters that would not require the inmate's presence may include, but are not limited to, routine award of good time credits, job screening, assignment or promotion.

## 11. SPECIAL MANAGEMENT ISSUES

- a. Inmates may be placed in special management units when they are identified as sexual predators, display severe medical or mental health issues, when the inmate is evaluated by mental health staff as likely to be exploited or victimized by others, or for any other documented special need that supports single occupancy housing.
- b. The juvenile offenders are housed separate from adult offenders. Classification for juvenile offenders shall determine the level of risk, housing, and program needs that are developmentally appropriate. Classification includes considerations of physical, mental, social and educational needs of the juvenile offender.
- c. The facility Warden and Deputy Warden for Programs and Case Management or designee, and the responsible clinician or designee, shall consult medical staff prior to issuing housing assignments, program assignments and transfers to the DOC infirmary located at the Correctional Treatment Facility (CTF) or medical facilities for those inmates who are chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates.

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- d. Staff translation assistance or the language line shall be utilized when there are language barriers. TTY telephone services as well as 711 relay services are also available for the hearing impaired.

## 12. **CLASSIFICATION COMMITTEE**

- a. The classification committee is a team comprised of at least three (3) members which shall include a Chief Case Manager or designee, the inmate's assigned Case Manager and, whenever possible, a representative from another discipline.
- b. The Chief Case Manager or designee shall review the recommendation of the classification committee.
- c. When classifying juvenile inmates with mental health issues or who are in intensive drug treatment programs where team treatment is emphasized, a designated senior Case Manager or Program Director shall chair the classification hearing. Appropriate education staff, mental health clinicians, other treatment team members and housing unit correctional staff may participate in the classification review.
- d. The Deputy Warden for Programs and Case Management, Chief Case Manager or designee shall periodically observe the classification committee and compliance with this directive.

## 13. **INITIAL CLASSIFICATION**

- a. Inmates shall be classified within three (3) business days of arrival, excluding weekends and holidays.
- b. The Case Manager shall complete Initial Custody Classification (Attachment A) pursuant to PS 4090.4, *Custody Classification System*, to determine the appropriate custody level and housing consistent with the inmate's risk assessment. The level of risk is determined by the offender's current offense, history of assaultive behavior, escape history and other security concerns.
- c. The Case Manager shall enter the custody classification, as well as the social information into the JACCS screen and Paper Clip.

- 14. **STATUS REPORTS.** Each inmate's sentence structure, court hearings and release status is tracked and documented each month.

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## 15. RECLASSIFICATION

### a. *Program Reviews*

- 1) All inmates shall be reclassified at least every ninety (90) days.
- 2) Case Managers shall query Crystal Reports each week to determine inmates that require reclassification.

### b. *Reclassification Procedures*

- 1) At Reclassification, the Case Manager shall review the inmate's progress and may recommend new program participation based upon the inmate's needs.
- 2) The Case Manager shall complete the Custody Reclassification Instrument (Attachment B) as part of the reclassification process in accordance with TRM 4090.4, *Custody Classification Instruments*.
- 3) The Case Manager shall complete the Program Review Form (Attachment C) and obtain the required signatures by the inmate after reviewing the inmate's current offense, prior record, social adjustment, security and custody classification, financial responsibilities, general adjustment, program participation/performance and, when appropriate, shall make recommendations for community reentry and release program placement.
- 4) The Case Manager shall enter the reclassification data into the JACCS screen and in Paper Clip.

16. **APPEAL.** An inmate may appeal any classification or reclassification decision in writing to the institution Warden.

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## Attachment

Attachment A – Initial Custody Classification Review Form  
Attachment B – Custody Reclassification Review Form  
Attachment C – Program Review Form

**DOC/PP4090.3G/7/6/2015**

# DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS INITIAL CUSTODY CLASSIFICATION

Initial Classification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I. IDENTIFICATION**

DCDC#: \_\_\_\_\_

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

LAST

FIRST

M.I. \_\_\_\_\_

Most Serious Current Charge: \_\_\_\_\_

If Detainer/Warrant/Pending Case - Most Serious Charge: \_\_\_\_\_

**II. CUSTODY EVALUATION**

	SCORE
<b>A. Severity of Current Offense</b> (Score the most severe current offense or detainer charge.)	
Lowest .....	1
Moderate .....	3
High .....	5
Greatest .....	7
<b>B. Severity of Prior Criminal Convictions</b> (Score the most severe prior conviction in the past 10 years.)	
None .....	0
Lowest .....	1
Moderate .....	3
High .....	5
Greatest .....	7
<b>C. History of Escape or Attempts to Escape</b>	
No escapes or attempts to escape .....	0
Escape (or attempt) from low security or community corrections facility	
Over 1 year ago .....	1
Within the past year .....	3
Escape (or attempt) from medium or high security OR any escape with actual or threatened violence	
Over 10 years ago .....	5
Within the past 10 years .....	7
<b>D. History of Institutional Violence</b> (Score the most serious documented incident in the past 10 years.)	
None .....	0
Behavior NOT involving a weapon or resulting in serious injury .....	5
Behavior involving a weapon or resulting in serious injury .....	7

**MAXIMUM CUSTODY SCORE** (Add items A – D. Enter score at right.)  
(If score is 10 or higher, inmate should be assigned to Maximum Custody.)

SUBTOTAL SCORE (Add Items A – D) \_\_\_\_\_

	SCORE
<b>E. Prior Felony Convictions</b> (in the past 10 years)	
None .....	0
One .....	1
Two or more .....	2
<b>F. Drug/Alcohol History</b> (in the past 5 years)	
No use .....	0
Occasional or recreational use .....	1
Serious dependence/alcoholic/addict .....	3
<b>G. Age</b>	
24 or younger .....	1
25 to 35 .....	0
36 or older .....	-2
<b>H. Education</b>	
High school diploma or GED .....	-1
<b>I. Employment</b>	
Employed for at least 1 year at time of arrest .....	-1

SUBTOTAL SCORE (Add Items E – I) \_\_\_\_\_

TOTAL CUSTODY SCORE (Add Items A – I) \_\_\_\_\_



### III. CUSTODY SCALE AND RECOMMENDATIONS

Assign Custody Level Indicated by Scale Below

MAXIMUM CUSTODY SCORE (items A - D)

10 or more points .....Maximum MAX

TOTAL CUSTODY SCORE (items A - I)

12 or more points .....Maximum MAX  
5 to 11 points .....Medium MED  
4 or fewer points with restriction listed below .....Medium MED  
4 or fewer points .....Minimum MIN

Total Custody Score  
(from first page)

Custody Level

Check (✓) All Factors that Apply to this Inmate for Purpose of Over-Riding Scored Custody Level

Minimum Custody Restrictions (4 points or less)

\_\_\_\_ Sex Offender  
\_\_\_\_ Hold w/o Bond  
\_\_\_\_ Bail Amount over \$50,000  
\_\_\_\_ Sentence Length (over 15 years)  
\_\_\_\_ Felony detainee or warrant

Discretionary Over-Ride - Higher Custody

\_\_\_\_ Known Management Problem  
\_\_\_\_ Prison Disturbance/Riot  
\_\_\_\_ Suspected Drug Trafficker inside Institution  
\_\_\_\_ Current Escape Threat  
\_\_\_\_ Serious Violence Threat  
\_\_\_\_ Known Gang Affiliation/Disruptive Group  
\_\_\_\_ Threaten Government Official  
\_\_\_\_ Other (specify) \_\_\_\_\_

Discretionary Over-Ride - Lower Custody

\_\_\_\_ Prior Good Institutional Conduct  
\_\_\_\_ Isolated Prior Institutional Misconduct

Is Over-Ride of Scored Custody Level Recommended?

ف Yes

ف No

If yes, give rationale (required): \_\_\_\_\_

#### Recommend Population Assignment and Custody Level

**Population Assignment**

(Select code from the list below)

Code

General Population GP  
Protective Custody PC  
Medical MD  
Mental Health MH  
Administrative Segregation AS  
Disciplinary Segregation DS  
Juvenile Unit JU  
Special Management SM

**Custody Level**

(Select code from the list below)

Code

Minimum MIN  
Medium MED  
Maximum MAX

Correctional Treatment Specialist Signature \_\_\_\_\_

Date \_\_\_\_\_

### IV. DEPUTY WARDEN FOR PROGRAMS APPROVAL OF OVER-RIDE

Approve Recommended Population Assignment and Custody Level?

ف Yes

ف No

If no, give rationale (required): \_\_\_\_\_

#### Final Population Assignment and Custody Level

**Population Assignment**

(Select code from the list below)

Code

General Population GP  
Protective Custody PC  
Medical MD  
Mental Health MH  
Administrative Segregation AS  
Disciplinary Segregation DS  
Juvenile Unit JU  
Special Management SM

**Custody Level**

(Select code from the list below)

Code

Housing Unit

Minimum MIN  
Medium MED  
Maximum MAX

Deputy Warden for Programs (or Designee) Signature \_\_\_\_\_

Date \_\_\_\_\_

# DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS CUSTODY RECLASSIFICATION

Reclassification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I. IDENTIFICATION**

DCDC#: \_\_\_\_\_

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

LAST

FIRST

M.I. \_\_\_\_\_

Most Serious Current Charge: \_\_\_\_\_

If Detainer/Warrant/Pending Case - Most Serious Charge: \_\_\_\_\_

**II. CUSTODY EVALUATION**

	SCORE
<b>A. Severity of Current Offense</b> (Score the most severe current offense or detainer charge.)	
Lowest .....	1
Moderate .....	3
High .....	5
Greatest .....	7
<b>B. Severity of Prior Criminal Convictions</b> (Score the most severe prior conviction in the past 10 years.)	
None .....	0
Lowest .....	1
Moderate .....	3
High .....	5
Greatest .....	7
<b>C. History of Escape or Attempts to Escape</b>	
No escapes or attempts to escape .....	0
Escape (or attempt) from low security or community corrections facility	
Over 1 year ago .....	1
Within the past year .....	3
Escape (or attempt) from medium or high security OR any escape with actual or threatened violence	
Over 10 years ago .....	5
Within the past 10 years .....	7
<b>D. History of Institutional Violence</b> (Score the most serious documented incident in the past 10 years.)	
None .....	0
Behavior not involving a weapon or resulting in serious injury .....	5
Behavior involving a weapon and/or resulting in serious injury .....	7

**MAXIMUM CUSTODY SCORE** (Add items A – D. Enter score at right.)  
(If score is 10 or higher, inmate should be assigned to Maximum Custody.)

**SUBTOTAL SCORE (Add Items A – D)** \_\_\_\_\_

	SCORE
<b>E. Prior Felony Convictions</b> (in the past 10 years)	
None .....	0
One .....	1
Two or more .....	2
<b>F. Number of Disciplinary Reports</b>	
None .....	-2
One .....	1
Two .....	2
Three or more .....	4
<b>G. Most Severe Disciplinary Report</b> (if no disciplinary reports, enter 0)	
Class IV .....	1
Class III .....	2
Class II .....	3
Class I .....	5
<b>H. Age</b>	
24 or younger .....	1
25 to 35 .....	0
36 or older .....	-2
<b>I. Program Participation</b>	
Successful Completion and/or Participation in Treatment/Education/Vocational Program .....	-1
Satisfactory Performance on Work Assignment /Work Detail .....	-1
Unsatisfactory Work Performance or Unsuccessful Termination from Vocational /Education/Treatment Program .....	1

**SUBTOTAL SCORE (Add Items E – I)** \_\_\_\_\_

**TOTAL CUSTODY SCORE (Add Items A – I)** \_\_\_\_\_

### III. CUSTODY SCALE AND RECOMMENDATIONS

Assign Custody Level Indicated by Scale Below

Total Custody Score  
(from first page)

MAXIMUM CUSTODY SCORE (items A – D)		Custody Level	
10 or more points .....	Maximum	MAX	
TOTAL CUSTODY SCORE (items A – I)		Custody Level	
12 or more points .....	Maximum	MAX	
5 to 11 points .....	Medium	MED	
4 or fewer points with restriction listed below .....	Medium	MED	
4 or fewer points .....	Minimum	MIN	

Custody Level

Check (✓) All Factors that Apply to this Inmate for Purpose of Over-Riding Scored Custody Level

Minimum Custody Restrictions (4 points or less)

- ☐ Sex Offender  
☐ Hold w/o Bond  
☐ Bail Amount over \$50,000  
☐ Sentence Length (over 15 years)  
☐ Felony detainer or warrant

Discretionary Over-Ride – Higher Custody

- ☐ Known Management Problem  
☐ Prison Disturbance/Riot  
☐ Suspected Drug Trafficker inside Institution  
☐ Current Escape Threat  
☐ Serious Violence Threat  
☐ Known Gang Affiliation/Disruptive Group  
☐ Threaten Government Official  
☐ Other (specify) \_\_\_\_\_

Discretionary Over-Ride – Lower Custody

- ☐ Prior Good Institutional Conduct  
☐ Isolated Prior Institutional Misconduct

Is Over-Ride of Scored Custody Level Recommended?

ف Yes

ف No

If yes, give rationale (required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommend Population Assignment and Custody Level

**Population Assignment**

(Select code from the list below)

Code

General Population GP  
Protective Custody PC  
Medical MD  
Mental Health MH  
Administrative Segregation AS  
Disciplinary Segregation DS  
Juvenile Unit JU  
Special Management SM

**Custody Level**

(Select code from the list below)

Code

Minimum MIN  
Medium MED  
Maximum MAX

Correctional Treatment Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

### IV. DEPUTY WARDEN FOR PROGRAMS APPROVAL OF OVER-RIDE

Approve Recommended Population Assignment and Custody Level?

ف Yes

ف No

If no, give rationale (required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Population Assignment and Custody Level

**Population Assignment**

(Select code from the list below)

Code

General Population GP  
Protective Custody PC  
Medical MD  
Mental Health MH  
Administrative Segregation AS  
Disciplinary Segregation DS  
Juvenile Unit JU  
Special Management SM

**Custody Level**

(Select code from the list below)

Code

Housing Unit

Minimum MIN  
Medium MED  
Maximum MAX

Deputy Warden of Program (or Designee) Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISCIPLINARY REPORTS**

#1: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#2: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#3: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#4: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#5: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#6: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#7: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#8: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#9: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#10: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

#11: Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity of incident: (circle one) CLASS:      I            II            III            IV

Description of violation: \_\_\_\_\_

Disposition: \_\_\_\_\_

### PROGRAM REVIEW RECOMMENDATIONS

DCDC \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

☐ Initial ☐ Reclassification ☐ Transfer or Release

#### HEALTH/MEDICAL

No medical considerations  
Monitoring/Education  
Recurring Condition  
Acute or Chronic  
Major Disability/Trauma

☐  
☐  
☐  
☐

#### EDUCATION

GED Preparation  
Adult Basic Education  
Title I Special Education  
Vocational

☐  
☐  
☐  
☐

#### MENTAL HEALTH

Needs Referral  
Receiving Counseling  
Receiving Treatment

☐  
☐  
☐

#### WORK ASSIGNMENT

On Unit  
Off Unit  
Off Unit – Sensitive Area  
Outside

☐  
☐  
☐  
☐

#### SUBSTANCE ABUSE

Intensive Program  
Education  
NA/AA  
Other

☐  
☐  
☐  
☐

#### REENTRY

Life Skills  
Work Preparedness  
Community Outreach/Mentoring  
Discharge Planning

☐  
☐  
☐  
☐

#### COMMENTS:

#### RECOMMENDATIONS

Custody ☐ Maximum ☐ Medium ☐ Minimum Next Review Date \_\_\_\_\_

☐ General Population ☐ Protective Custody ☐ Administrative Segregation ☐ Youthful Offender ☐ Other

#### COMMITTEE MEMBERS

_____	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	_____
_____	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	_____
_____	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	_____
_____	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	_____
_____	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	_____
_____	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	_____
_____	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	_____
Approving Authority's Signature		_____