

 <p>DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS</p> <p>POLICY AND PROCEDURE</p>	EFFECTIVE DATE:	August 17, 2018	Page 1 of 8
	SUPERSEDES:	4090.3I October 10, 2016	
	OPI:	PROGRAMS	
	REVIEW DATE:	August 17, 2019	
	Approving Authority	Quincy L. Booth Director	
	SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)	
NUMBER:	4090.3J		
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form		

SUMMARY OF CHANGES:

Section	Change
	<i>Minor changes made throughout the policy.</i>

APPROVED:



Quincy L. Booth, Director

8/17/2018

Date Signed

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 17, 2018	Page 2 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3I October 10, 2016	
		REVIEW DATE:	August 17, 2019	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3J			
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

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 an objective classification process, that starts at admission, for housing, managing, programming, serving, and separating inmates and administering the facility based upon, the agency mission, classification goals, inmate custody and program needs, and the safety, security and order of the facility.

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. Maintenance of the safety, security and order of the facility.
 - b. Initial Classification and Reclassification decisions to include custody levels, program participation and re-entry planning will be made by Correctional Treatment Specialists.
 - c. Inmates will have the opportunity to communicate directly with staff that will make decisions regarding their classification, custody and program reviews.
 - d. Inmates will be classified within appropriate time frames in accordance with their security, custody, program and re-entry planning needs.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 17, 2018	Page 3 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3I October 10, 2016	
		REVIEW DATE:	August 17, 2019	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3J			
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

5. AUTHORITY

- a. D.C. Code § 24-211.02, Powers; Promulgation of Rules

6. DIRECTIVES RESCINDED

- a. PP 4090.3I Classification (Program Review) (10/10/16)

7. DIRECTIVES REFERENCED

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

8. STANDARD REFERENCED

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

9. DEFINITIONS

- a. **Initial Classification.** An instrument that is used based on a series of questions (i.e., current offense, prior criminal history, history of institutional behavior, etc.) which determines an inmate's custody classification level (minimum, medium, maximum). Inmates are reviewed and classified within 3 business days of arrival (excluding weekends and holidays).
- b. **Reclassification.** Inmates are reviewed every ninety (90) days after 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. The Case Manager shall review and update the Jail and Community Corrections System (JACCS) screens (e.g. Classification, Social, Education, and Employment).
- c. **Juvenile.** A male or female individual who is 16 or 17 years of age who is being adjudicated as an adult.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 17, 2018	Page 4 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3I October 10, 2016	
		REVIEW DATE:	August 17, 2019	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3J			
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

10. CLASSIFICATION

- a. Classification is an objective, structured process by which every inmate entering DOC is assessed for risk of assault, escape and other security breaches, and then housed accordingly, based upon reliable and valid criteria that have been examined through empirical research. Correctional classification is intended to differentiate among inmates who pose different security risks and management issues.
- b. The classification phase begins upon the inmate's arrival at the designated institution and consists of an evaluation, orientation, custody classification and a housing unit assignment based upon age, gender, legal status, custody needs, special needs and behavior.
- c. 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.
- d. 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 and Community Corrections System (JACCS), Pretrial Realtime Information System Management (PRISM), Wales, and JUSTIS ;
 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.
- e. The classification score can then be superseded by an override of the initial custody score. Overrides are based on many factors which include:
 1. The nature and severity of the offense,
 2. The level of criminality described in the indictment including ties to local, national or international criminal organizations, and in cases that involve narcotics, weapons, etc., the quantity of the items are considered,

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 17, 2018	Page 5 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3I October 10, 2016	
		REVIEW DATE:	August 17, 2019	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3J			
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

3. Whether the inmate is held without bond,
4. Whether the inmate has any detainer(s) from any jurisdiction or law enforcement body.
5. Whether the inmate has any local ties to the community which serve as a disincentive to flee,
6. Whether the inmate is reputed to have significant financial resources, power, notoriety and/or connections to cause a disruption in operations through influence on staff and inmates.
7. Notoriety of the presenting offense(s). Other factors that may raise concerns over the security, safety and order of the facility. For instance, persons charged with crimes against children are more likely to be subjected to violence from other inmates and must be housed accordingly.
8. When appropriate, inmates shall appear in person at classification that may affect the inmate's custody status, treatment, training programs, or work assignment.
9. Inmates are not required to appear for minor or routine classification matters that may include, but are not limited to, routine award of good time credits, job screening, assignment or promotion.

11. SPECIAL HOUSING ISSUES

- a. Inmates may be placed in restrictive housing units when they are identified as sexual predators, , assaultive behavior, 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.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 17, 2018	Page 6 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3I October 10, 2016	
		REVIEW DATE:	August 17, 2019	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3J			
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

- 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 Medical 82 and 96 located at the Correctional Treatment Facility (CTF), an Acute Mental Health Unit or Step Down Unit for inmates inmates who are persons with chronic illness, physical disabilities, geriatric needs, serious mentally illness, or intellectual disabilities. .
- 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 and NexTalk Video Remote Interpreting services are also available for the deaf and hard of hearing.

12. INITIAL CLASSIFICATION

- a. Inmates shall be classified within three (3) business days of arrival, at the facility, excluding weekends and holidays.
- b. The Case Manager shall complete Initial Custody Classification (Attachment A) pursuant to PP 4090.4B, *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:
 - a) severity of current offense;
 - b) severity of prior criminal convictions;
 - c) history of escape or attempts to escape;
 - d) history of institutional violence;
 - e) prior felony convictions;
 - f) drug and/or alcohol history;
 - g) age;
 - h) education; and

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 17, 2018	Page 7 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3I October 10, 2016	
		REVIEW DATE:	August 17, 2019	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3J			
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

i) employment.

- c. The inmate shall review and sign the Initial Custody Classification form.
- d. The Case Manager shall enter the custody classification, as well as, the emergency contact, education, employment and social data that is collected and scanned into Paper Clip.
- e. If the inmate receives a new charge, the current charges are reduced or dismissed, or a conviction changes within the first ninety (90) days of incarceration, the initial classification form shall be updated rather than using the reclassification form.

13. 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 4090.4B, *Custody Classification Instruments*. The level of risk is determined by:
 - a) severity of current offense;
 - b) severity of prior criminal convictions;

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 17, 2018	Page 8 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3I October 10, 2016	
		REVIEW DATE:	August 17, 2019	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3J			
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

- c) history of escape or attempts to escape;
 - d) history of institutional violence;
 - e) prior felony convictions;
 - f) Number of Disciplinary Reports;
 - g) Most Severe Disciplinary Report;
 - h) Age;
 - i) Program Participation.
- 3) The Case Manager shall complete a Program Review form (Attachment C) at the inmate's Initial Classification and Reclassification. This report includes information on the inmate's identified needs, and it offers available programs designed to address those needs. The inmate must sign the Classification form and the Program Review form. The Case Manager shall enter the reclassification data into JACCS and scan it into Paper Clip.

14. APPEAL. In accordance with policy 4030.1K Inmate Grievance Procedure an inmate cannot file a grievance for any classification decision, however, he/she may appeal the classification decision in writing to the institution Warden.

**DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS
INITIAL CUSTODY CLASSIFICATION**

Revised 6-9-2016

Initial Classification Date: ____/____/____

I. IDENTIFICATION

DCDC#: _____

Inmate Name: _____
LAST
FIRST
M.I.

Most Serious Current Charge: _____

If Detainer/Warrant, Most Serious Detainer/Warrant Charge: _____

II. CUSTODY EVALUATION

	SCORE
A. Severity of Current Offense (Score the most severe current offense using the Offense Severity Scale.)	
Lowest	1
Moderate	3
High	5
Greatest	7
B. Severity of Prior Criminal Convictions (Score the most severe prior conviction in the past 10 years using the Offense Severity Scale.)	
None	0
Lowest	1
Moderate	3
High	5
Greatest	7
C. History of Escape or Attempts to Escape within past 10 years	
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
D. History of Institutional Violence (Score the most serious documented incident in the past 10 years.)	
None	0
Assault/behavior NOT involving a weapon or resulting in serious injury	5
Assault/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
E. Prior Felony Convictions (Count the number of prior felony convictions in the past 10 years.)	
None	0
One	1
Two or more	2
F. Drug/Alcohol History (in the past 5 years)	
No use	0
Occasional or recreational use	1
Serious dependence/alcoholic/addict	3
G. Age	
24 or younger	+1
25 to 35	0
36 or older	-2
H. Education	
High school degree or GED	-1
I. Employment	
Employed for at least 1 year at time of arrest	-1

SUBTOTAL SCORE (Add _____)

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 felony detainer/warrant	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

Non-Discretionary Over-Ride

Discretionary Over-Ride – Higher Custody

Discretionary Over-Ride – Lower Custody

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

- ____ 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) _____

- ____ 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

Custody Level

(Select code from the list below)

Code

General Population	GP	Minimum	MIN
Protective Custody	PC	Medium	MED
Medical	MD	Maximum	MAX
Mental Health Unit	MHU		
MH Stepdown Unit	MHSDU		
Administrative Restrictive Housing	ARH		
Disciplinary Restrictive Housing	DRH		
Juvenile Unit	JUV		
Special Management Unit	SMU		

Correctional Treatment Specialist Signature _____ Date _____

Inmate's Signature _____ DCDC _____ Date _____

IV. DEPUTY WARDEN FOR PROGRAMS (OR DESIGNEE) APPROVAL OF OVER-RIDE

Approve Recommended Population Assignment and Custody Level? ____ Yes (sign below) ____ No (complete remainder of section and sign below)

If no give rationale (required): _____

Final Population Assignment and Custody Level

Population Assignment

(Select code from the list below)

Code

Custody Level

(Select code from the list below)

Code

General Population	GP	Minimum	MIN
Protective Custody	PC	Medium	MED
Medical	MD	Maximum	MAX

Mental Health Unit	MHU
MH Stepdown Unit	MHSDU
Administrative Restrictive Housing	ARH
Disciplinary Restrictive Housing	DRH
Juvenile Unit	JUV
Special Management Unit	SMU

Deputy Warden for Programs and Case Management or Designee Signature _____ **Date** _____

Inmate's Signature _____ DCDC _____ Date _____

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 – H)	Custody Level	
12 or more points	Maximum	MAX
5 to 11 points	Medium	MED
4 or fewer points with felony detainer/warrant	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

Non-Discretionary Over-Ride

- 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

- Offense is less severe than indicated
- 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

Custody Level

(Select code from the list below)

Code

General Population	GP	Minimum	MIN
Protective Custody	PC	Medium	MED
Medical	MD	Maximum	MAX
Mental Health	MH		
MH Stepdown Unit	MHSDU		
Administrative Restrictive Housing	ARH		
Disciplinary Restrictive Housing	DSH		
Juvenile Unit	JUV		
Special Management Unit	SMU		

Correctional Treatment Specialist Signature _____ Date _____

Inmate's Signature _____ DCDC _____ - Date _____

IV. Deputy Warden for Programs and Case Management (OR DESIGNEE) APPROVAL OF OVER-RIDE

Approve Recommended Population Assignment and Custody Level?

ف Yes ف No

Give rationale (required): _____

Final Population Assignment and Custody Level

Population Assignment

(Select code from the list below)

Code

Custody Level

(Select code from the list below)

Code

General Population	GP	Minimum	MIN
Protective Custody	PC	Medium	MED
Medical	MD	Maximum	MAX
Mental Health	MH		
MH Stepdown Unit	MHSDU		
Administrative Restrictive Housing	ARS		
Disciplinary Restrictive Housing	DRH		
Juvenile Unit	JUV		

Special Management Unit

SMU

Inmate's Signature _____ DCDC _____ Date _____
Deputy Warden for Programs and Case Management (or Designee) Signature _____ Date _____

DISCIPLINARY REPORTS

<p>#1: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#2: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#3: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#4: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#5: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#6: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#7: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#8: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#9: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#10: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	
<p>#11: Date of incident: ____/____/____</p> <p>Description of violation: _____</p> <p>Disposition: _____</p>	<p>Severity of incident: (circle one)</p>	<p>CLASS:</p>	<p>I II III</p>	

DCDOC CLASSIFICATION AND RECLASSIFICATION PROGRAM REVIEW RECOMMENDATIONS

DCDC _____ NAME _____

DATE _____ Initial Reclassification Transfer or Release

Identified Needs:

HEALTH /MEDICAL

Major Disability/Trauma
No medical considerations
Monitoring/Education
Recurring Condition

Acute or Chronic Condition

MENTAL HEALTH

Need Referral
Receiving Counseling
Receiving Treatment

SUBSTANCE ABUSE

Intensive Program
Education
NA/AA
Other

EDUCATION

GED Preparation
Adult Basic Education
Special Education
Vocational
Title XVI Juvenile- Compulsory Education

WORK ASSIGNMENT

On Unit
Off Unit
Off Unit – Sensitive Area
Outside

REENTRY

Life Skills
Work preparedness
Community Outreach/Mentoring
Discharge Planning

Recommendations: _____

Inmate Signature _____

CUSTODY RECOMMENDATIONS:

Custody Maximum Medium Minimum Next Review Date _____

General Population Protective Custody Administrative Restrictive Housing Youthful offender Other

Case Manager' Signature