

	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 15, 2025	Page 1 of 8
	POLICY AND PROCEDURE		SUPERSEDES:	4090.3K September 20, 2023	
			OPI:	Case Management	
			REVIEW DATE:	October 15, 2026	
			Approving Authority	Thomas Faust Director	
	SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
	NUMBER:	4090.3L			
	Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

SUMMARY OF CHANGES:

Section	Change
§9. Definitions	<i>Classification and Initial Classification definitions were added to the policy.</i>
	<i>Minor changes made throughout the policy.</i>

APPROVED:



Thomas Faust, Director

10/15/2025

Date Signed

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 15, 2025	Page 2 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3K September 20, 2023	
		REVIEW DATE:	October 15, 2026	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3L			
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.** In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., (hereinafter, "the 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 intrafamily offense, or place of residence or business. Sexual harassment is a form of sexual discrimination that is also prohibited by the Act. In addition, harassment based on any of the above-protected categories is 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 Case Managers.
 - 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.
- 5. AUTHORITY**
 - a. D.C. Code § 24-211.02, Powers; Promulgation of Rules

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 15, 2025	Page 3 of 8		
POLICY AND PROCEDURE		SUPERSEDES:	4090.3K September 20, 2023			
		REVIEW DATE:	October 15, 2026			
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)					
NUMBER:	4090.3L					
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form					

6. DIRECTIVES RESCINDED

- a. PP 4090.3K Classification (Program Review) (9/20/23)

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) 5th Edition Performance- Based Standards and Expected Practices for Adult Local Detention Facilities: 5-ALDF-2A-28, 5-ALDF-2A-29, 5-ALDF-2A-30, and 5-ALDF-2A-31.

9. DEFINITIONS

- a. **Classification** is an objective, structured process by which every inmate entering the 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. **Initial Classification.** The process of evaluating and assigning newly admitted inmates to appropriate housing, custody levels, and services based on various risks and need factors. It is a critical step in maintaining safety, order and effective rehabilitation within DC DOC.
 - 1) To accomplish this, an instrument 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). All inmates including week-enders are reviewed and classified within three (3) days of arrival. Week-enders shall be classified once, unless serving 90 days or more. Weekenders serving ninety days or more shall be reclassified per policy or if there are valid legal/misconduct issues that may impact their classification.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 15, 2025	Page 4 of 8		
POLICY AND PROCEDURE		SUPERSEDES:	4090.3K September 20, 2023			
		REVIEW DATE:	October 15, 2026			
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)					
NUMBER:	4090.3L					
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form					

c. **Reclassification.** Inmates are reviewed at every eighty (80) to ninety (90) days interval after the initial classification, or whenever necessary to review institution adjustment and/or program participation and any information that will increase or decrease the inmate's custody level. However, reclassification must not exceed 90 days. The Case Manager shall review and update the Jail Management System (JMS) screens (e.g. Classification, Social, Education, and Employment).

10. CLASSIFICATION PROCESS

- a. 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.
- 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.
- 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 (document management system), BOP Form 129, court commitments, JMS, 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.
- d. 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:	October 15, 2025	Page 5 of 8		
POLICY AND PROCEDURE		SUPERSEDES:	4090.3K September 20, 2023			
		REVIEW DATE:	October 15, 2026			
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)					
NUMBER:	4090.3L					
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, or
- 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 facility Warden and Deputy Director for Education, 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

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 15, 2025	Page 6 of 8
POLICY AND PROCEDURE		SUPERSEDES:	4090.3K September 20, 2023	
		REVIEW DATE:	October 15, 2026	
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)			
NUMBER:	4090.3L			
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form			

Down Unit for inmates who are persons with chronic illness, physical disabilities, geriatric needs, serious mentally illness, or intellectual disabilities.

- c. 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) days of arrival, at the facility.
- b. The Case Manager shall complete the Initial Custody Classification form (Attachment A) pursuant to PP 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:
 - 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
 - i) employment.
- c. The inmate shall review and sign the Initial Custody Classification form.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 15, 2025	Page 7 of 8		
POLICY AND PROCEDURE		SUPERSEDES:	4090.3K September 20, 2023			
		REVIEW DATE:	October 15, 2026			
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)					
NUMBER:	4090.3L					
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review 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 the document management system.
- 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 eighty (80) to ninety (90) days interval; however, each inmate reclassification shall not exceed 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*. The level of risk is determined by:
 - a) severity of current offense;
 - b) severity of prior criminal convictions;
 - c) history of escape or attempts to escape;
 - d) history of institutional violence;

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	October 15, 2025	Page 8 of 8		
POLICY AND PROCEDURE		SUPERSEDES:	4090.3K September 20, 2023			
		REVIEW DATE:	October 15, 2026			
SUBJECT:	CLASSIFICATION (PROGRAM REVIEW)					
NUMBER:	4090.3L					
Attachments:	Attachment A - Initial Custody Classification Review Form Attachment B – Custody Reclassification Review Form Attachment C – Program Review Form					

- 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 JMS and scan it into the document management system.

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

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS
INITIAL CUSTODY CLASSIFICATION

Revised October 2025

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 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)	Custody Level	Total Custody Score (from first page)
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

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

<u>Non-Discretionary Over-Ride</u>	<u>Discretionary Over-Ride – Higher Custody</u>	<u>Discretionary Over-Ride – Lower Custody</u>
<input type="checkbox"/> Sex Offender	<input type="checkbox"/> Known Management Problem	<input type="checkbox"/> Prior Good Institutional Conduct
<input type="checkbox"/> Hold w/o Bond	<input type="checkbox"/> Prison Disturbance/Riot	<input type="checkbox"/> Isolated Prior Institutional Misconduct
<input type="checkbox"/> Bail Amount over \$50,000	<input type="checkbox"/> Suspected Drug Trafficker inside institution	
<input type="checkbox"/> Sentence Length (over 15 years)	<input type="checkbox"/> Current Escape Threat	
<input type="checkbox"/> Felony Detainer or Warrant	<input type="checkbox"/> Serious Violence Threat	
	<input type="checkbox"/> Known Gang Affiliation/Disruptive Group	
	<input type="checkbox"/> Threaten Government Official	
	<input type="checkbox"/> Other (specify) _____	

Is Over-Ride of Scored Custody Level Recommended?

Yes 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		
Special Management Unit	SMU		

Correctional Treatment Specialist Signature _____ **Date** _____

Inmate's Signature _____ DCDC _____ Date _____

IV. DEPUTY DIRECTOR FOR EDUCATION, PROGRAMS & CASE MANAGEMENT (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
Special Management Unit	SMU

Deputy Director for Education, Programs and Case Management or Designee Signature _____ **Date** _____

Inmate's Signature _____ DCDC _____ 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, 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.)

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. Number of Disciplinary Reports

None.....	-2	
One.....	-1	
Two.....	2	
Three or more.....	4	

G. Most Severe Disciplinary Report (if no disciplinary reports, enter 0)

Class III.....	2	
Class II (score substance abuse violations here).....	3	
Class I.....	5	

H. Age

24 or younger.....	+1	
25 to 35.....	0	
36 or older.....	-2	

I. Program Participation

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/Educational/Treatment Program.....	+1	

SUBTOTAL SCORE (Add Items E – I) _____**TOTAL CUSTODY SCORE (Add Items A – H)** _____

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

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?

Yes 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		
Special Management Unit	SMU		

Correctional Treatment Specialist Signature _____ Date _____

Inmate's Signature _____ DCDC _____ - Date _____

IV. Deputy Director for Education, Programs and Case Management (OR DESIGNEE) APPROVAL OF OVER-RIDEApprove Recommended Population Assignment and Custody Level? Yes 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		
Special Management Unit	SMU		

Inmate's Signature _____ DCDC _____
Deputy Director for Education, Programs and Case Management (or Designee) Signature _____

Date _____

Date _____

DISCIPLINARY REPORTS**#1:** Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#2: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#3: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#4: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#5: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#6: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#7: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#8: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#9: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#10: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

#11: Date of incident: ____/____/____Severity of incident: (circle one) CLASS: I II III

Description of violation: _____

Disposition: _____

DCDOC CLASSIFICATION AND RECLASSIFICATION PROGRAM REVIEW RECOMMENDATIONS

DCDC _____ NAME _____

DATE _____ Initial Reclassification Transfer or Release

Identified Needs:

HEALTH /MEDICAL	
Major Disability/Trauma	<input type="checkbox"/>
No medical considerations	<input type="checkbox"/>
Monitoring/Education	<input type="checkbox"/>
Recurring Condition	<input type="checkbox"/>
Acute or Chronic Condition	<input type="checkbox"/>
MENTAL HEALTH	
Need Referral	<input type="checkbox"/>
Receiving Counseling	<input type="checkbox"/>
Receiving Treatment	<input type="checkbox"/>
SUBSTANCE ABUSE	
Intensive Program	<input type="checkbox"/>
Education	<input type="checkbox"/>
NA/AA	<input type="checkbox"/>
Other	<input type="checkbox"/>
EDUCATION	
GED Preparation	<input type="checkbox"/>
Adult Basic Education	<input type="checkbox"/>
Special Education	<input type="checkbox"/>
Vocational	<input type="checkbox"/>
Title XVI Juvenile- Compulsory Education	<input type="checkbox"/>
WORK ASSIGNMENT	
On Unit	<input type="checkbox"/>
Off Unit	<input type="checkbox"/>
Off Unit – Sensitive Area	<input type="checkbox"/>
Outside	<input type="checkbox"/>
REENTRY	
Life Skills	<input type="checkbox"/>
Work preparedness	<input type="checkbox"/>
Community Outreach/Mentoring	<input type="checkbox"/>
Discharge Planning	<input type="checkbox"/>

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 _____