

SCALE SUMMARY & RECOMMENDATIONS

8 or More Points on Items 1-3 Maximum
12 or More Points on Items 1-7 Maximum
7-11 Points on Items 1-7 Medium
6 or Fewer Points on Items 1-7 Minimum

CUSTODY LEVEL INDICATED BY SCALE

1 - Minimum 2 - Medium 3 - Maximum SCORE _____

CUSTODY LEVEL OVERRIDE FACTORS

MANDATORY OVERRIDE: An offender cannot be reclassified to minimum if current offense is: (Unless approved by an Administrator)

_____ Murder – First Degree _____ Homicide by Abuse _____ Murder – Second Degree
_____ Assault – First Degree _____ Kidnapping – First Degree _____ Rape – First Degree

DISCRETIONARY OVERRIDES – TO INCREASE CUSTODY LEVEL

_____ Current Charge or Previous Conviction for Sex Crime _____ Weapons Charges
_____ Current Charge or Previous Conviction of Domestic Violence _____ Known Gang Affiliation
_____ Known Management Problems _____ Suspected/Known Drug Trafficker
_____ Nature of Offense More Severe Than Charge Would Indicate _____ Serious Violence Threat
_____ Severe Felony Arrest History Beyond 5 Years (Cumulative) _____ Substance Abuse Problem
_____ Previous Prison Time _____ Suspected Escape Threat
_____ Warrant/Detainer USM / INS

DISCRETIONARY OVERRIDES – TO LOWER CUSTODY LEVEL

_____ Description of Offense Not as Severe as Scale Would Indicate _____ Good Institutional Behavior
_____ Prior Record Not as Severe as Scale Would Indicate Short Time Remaining to Serve
_____ Sentenced / Short term

SPECIAL HOUSING FACTORS

_____ Medical Problem(s) _____ Sexual Orientation
_____ Psychological Impairment _____ Protective Custody
_____ Suicide Risk _____ Physical Impairment
_____ Cannot be Housed with Co-Defendant(s) _____ Developmentally Disabled
_____ Previous Law Enforcement Employment
_____ Other (Explain) _____

RECOMMEND CUSTODY / HOUSING PLACEMENT LEVEL

Custody Housing

1 – Minimum	1 – General Population	4 – Administrative Segregation
2 – Medium	2 – Protective Custody	5 – Mental Health
3 – Maximum	3 – Medical	6 – Other _____

OFFICER'S SIGNATURE: _____ DATE: _____

FINAL CUSTODY AND HOUSING LEVEL

Custody Housing

1 – Minimum	1 – General Population	4 – Administrative Segregation
2 – Medium	2 – Protective Custody	5 – Mental Health
3 – Maximum	3 – Medical	6 – Other _____

REASON(S) FOR PLACEMENT IF THIS DEPARTS FROM RECOMMENDED LEVELS:

SUPERVISOR'S REVIEW / APPROVAL: _____ DATE: _____

INMATE SIGNATURE _____ DATE: _____