1.0 PURPOSE

To establish a uniform process for the classification review of jail inmates detained at the Community Correctional Center (CCC).

2.0. REFERENCES

.1 References

a. Hawaii Revised Statutes (HRS), Chapter 26, Section 26-14.6, Department of Public Safety (PSD); and Chapter 353, Section 353C-2, Director of Public Safety, Powers and Duties.

b. American Correctional Association (ACA) Standards for Adult Local Detention Facilities.

c. PSD Policy and Procedures (P&P), COR 18.01, Inmate Classification System

3.0 POLICY

Subsequent to the initial jail custody screening, when a jail inmate’s status changes to sentenced, custody level land program needs shall be reviewed and assessed on a 6-month interval. Inmates shall be placed in the least restrictive capacity consistent with their security and custody needs and public safety. The Jail Inmate Custody Review instrument will be used for this purpose.

.1 At the minimum, the following documentation is required in order to complete the classification review:

a. Jail Initial Custody Instrument

b. Previously completed Jail Inmate Custody Review Instrument(s)

c. Other available documents shall be used such as: legal documents, PSI, CJIS report, detainers, holds, institutional file from any previous incarceration, and any other reports of disciplinary violations or program involvement.

.2 The inmate shall receive an Administrative Program Action form (PSD 8702) notifying the inmate of the assigned custody level.
Classification actions that may have a significant effect on the inmate’s custody level and housing will require a Notice of Hearing specifying the proposed action and the reasons for such action.

Inmates shall appear before the Jail Classification Committee and shall have explained to them the purpose of the hearing and the classification process. Inmates shall be given the opportunity to be heard and to present documentation specific to the classification process.

The Jail Classification Committee may convene without the inmate present if he/she refuses to appear or represents a danger to the security of the facility. In such cases, where the inmate does not appear or is not present, the reasons shall be clearly stated on the Notice of Programming form (PSD 8701).

The assigned case manager shall complete the Jail Inmate Review Instrument.

The Jail Classification Committee shall use the institutional file, Jail Initial Custody Instrument, any previously completed Jail Custody Review Instrument(s) and the information presented by the inmate in the formulation and documentation of the classification decision.

The facility classification review committee shall evaluate the present adjustment of the inmate and, if appropriate, make classification recommendations concerning custody changes to the Warden.

The Warden/designee shall approve or disapprove the facility classification recommendations within five (5) working days of submittal.

If the Warden/designee disagrees with the facility classification review committee recommendations, the case may be returned to that committee for further consideration.

If Warden/designee approves a recommendation requiring Inmate Classification Office approval, the related documents pertaining to Inmate Transfer/Exception Case shall be forwarded.

If the department classification officer disapproves, all materials shall be forwarded back to the referring branch with a memo stating reason(s) for disapproval.
.13 If Warden contests disapproval of reclassification by department classification officer, he/she may appeal to the Deputy Director for Corrections for final resolution.

.14 Following department classification officer's action, the Chairperson shall advise the inmate of the final decision by forwarding the inmate a copy of the completed reclassification forms.

.15 PSD policy on Transfers and Out-of-State inmates shall be adhered to in all cases where transfer is contemplated.

.16 All of the above classification actions shall be documented on the Notice of Programming form.

.17 Results of the Committee hearing are to be documented by a chronological entry on the institutional file. The documentation shall include but not limited to: date of hearing, assigned custody level, and next review date.

.18 The classification recommendations listed below require review and approval of the department classification officer. Approval may be given verbally; however, in all cases verbal approval shall be followed and confirmed by the department classification officer's signature on the respective Inter-Departmental Communication Form.

a. All cases involving the use of exceptions (administrative overrides).

b. Transfer between institutions

c. Transfer to the custody of other jurisdictions both local and out-of-state.

.19 Inmates shall be scheduled for formal classification review as follows:

a. Upon status change from pretrial to sentenced

b. Inmates may have additional classification reviews at the discretion of the Warden or a designee at any time after a status change.

c. Inmates may, upon recommendation of the Adjustment Committee, have a classification review subsequent to a disciplinary hearing.

.20 Sentenced misdemeanants, petty misdemeanants, and felon probationers may be considered for community custody.
.21 Programs and activities may be afforded to jail inmates in accordance with their custody level and the good management of the facility.

.22 Inmates may appeal the decision of any committee action through the inmate grievance process.

4.0 RESPONSIBILITY

The Wardens have the responsibility of administering the Jail Inmate Classification Review policies and procedures.

5.0 SCOPE

This policy shall apply to all the CCC.

6.0 IMPLEMENTATION

Jail Inmate Classification Reviews shall be performed in accordance with the instructions contained within this policy.

APPROVAL RECOMMENDED:

Deputy Director for Corrections

Date

APPROVED:

Director

Date
STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

EXCEPTION CASE FORM

Date: __________________

Name of Inmate: __________________________ SID No.: __________________

Current Facility Location: ________________________________

Computed Custody Score: ______________ Recommended Custody: ____________

Reason for Exception Case Recommendation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Submitted by:

__________________________________________ Date
(Facility Classification Coordinator/Designee)

Reviewed by:

__________________________________________ Date
(Warden/Designee)

Forward this form to the Inmate Classification Office along with:
1) Completed Classification Instrument(s)
2) Exception Case Summary

Approved/Disapproved:

__________________________________________ Date
(Department Classification Officer)

If disapproved, reasons:

________________________________________________________________________
________________________________________________________________________

When disapproved by the Department Classification Officer, exception case to automatically be sent to the Deputy Director for Corrections for appeal review.

Exception Request Granted/Not Granted:

__________________________________________ Date
(Deputy Director for Corrections)
STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
CORRECTIONS DIVISION
NOTICE OF PROGRAMMING

Facility: ____________________________

Name ____________________________ Number ____________________________

You are herein informed that your correctional program is scheduled to be heard by an administrative committee. You are to be present at:

_______________________________, at ____________ on the ____________

(Location) (Time) (Date)

Reason for hearing:

You may □ may not □ retain legal counsel for the hearing.

__________________________________________________________

Committee Chairman

RECEIPT OF NOTICE:
I acknowledge receipt of the above notice. I understand that I have a right to 24-hour notice prior to the hearing. (If given less than 24 hours, by signing this receipt I am waiving my right to the 24-hour notice.)

_______________________________ _________________________________

(Date) (Time) Signature: ____________________________ (Inmate)

RESULT OF HEARING: (Summary)

_______________________________ _________________________________

Committee Chairman Date

I have reviewed the committee's findings and hereby: □ approve □ reject □ hold in abeyance □ in whole □ in part □, their recommendation.

_______________________________ _________________________________

Administrator Date

You have the right to seek administrative review of the decision through the grievance process within 14 calendar days from receipt of the final decision.

Receipt of results: Date ____________________________ Signature: ____________________________ (Inmate)

INMATE ACTIVE FILE

PSD 8701 (11/2009)