# **CLASSIFICATION**

STANDARD NO(S): NYSSA # 152

DATE: June 1, 2007

REVISED 07/06/2010 REVISED 01/02/2014 REVISED 04/07/2014 REVISED 08/16/2019

REFER TO: Donald Borland

## <u>I.</u> <u>POLICY:</u>

It is the policy of the Seneca County Correctional Facility to adhere to a formal, objective classification process to determine appropriate housing assignments for all inmates during confinement. Compliance to this process will:

- Provide for the effective management of the inmate population and facility housing units in a safe and secure environment.
- Identify the special needs and require levels of security and supervision of each inmate.
- Separate inmates with distinct behavioral patterns.
- Prevent inmates from being segregated inappropriately on the basis of race, religion, nationality or beliefs.

#### II. DETAILS:

#### A. Initial Screening and Risk Assessment - .

- 1. Each inmate, upon admission, will undergo an initial screening and risk assessment which will consist of a screening interview, visual assessment, and review of commitment documents.
- 2. All information will be recorded using the medical key on the inmate management system and will include the following:
  - 1. Visible injuries
  - 2. Medical conditions requiring immediate treatment
  - 3. Mental or physical handicaps
  - 4. History of mental illness or treatment
  - 5. Potential for self-injury or suicide
  - 6. History of detention or incarceration including, but not limited to hostile relationships with other inmates

- 7. Medication currently being taken
- 8. Present appearance and behavior
- 9. Evidence of intoxication by alcohol or drugs or a history of alcohol or substance abuse
- 10. Criminal charge(s) and conviction(s)
- 11. Any other relevant information concerning the safety or welfare of the inmate
- 3. An immediate decision concerning the disposition of the inmate will be made, based on the information gathered during the initial screening and risk assessment.
- 4. All facility staff assigned to perform duties related to the administration and implementation of classification procedures shall be trained in classification theory and techniques by completing a training program approved by the Commission.
- 5. Only facility personnel that have completed such training shall perform duties related to the administration and implementation of classification procedures.

### B. Assignment to Housing Units -

- 1. Upon completion of the booking process, every inmate will be placed in a housing unit designated for classification purposes. Such housing unit may be utilized on a temporary or permanent basis. Cell assignments within the housing unit will be entered using the classification lab. The condition of such cell will be documented on the <a href="CF-013">CF-013</a> (Pre-Post Occupancy Cell Inspection Form) as a tracking tool to ensure each inmate is held accountable for the good repair of their cell.
- 2. Only officers who have completed the New York State Commission of Correction approved training in classification theory and techniques, will perform duties related to the classification process.
- 3. Classification and housing assignments will be completed on every inmate within five (5) business days of each inmate's admission to the facility. The Chief Administrative Officer may extend the time to complete the classification process for a particular inmate up to an additional ten (10) business days if it is determined such additional time is necessary to make a decision on appropriate housing.
- 4. The classification interview will be conducted using the inmate management Classification/Inmate Questionnaire which provides an objective means for determining the risk/victimization potential of an inmate, as well as special needs.

- 5. Prior to making classification/housing unit assignments, classification officer(s) will review the inmate's criminal history. A copy of the report will be attached to the Initial Classification Report. When possible, a review of prior classifications and/or disciplinary records will be conducted. The classification officer will attempt to gather information from any previous incarcerations in other facilities and note such attempts on the classification form.
- 6. The medical screen is reviewed by the nurse and any immediate problems are assessed and a physical is completed within 14 days of admission or sooner. If the inmate has recently been released and readmitted his most recent physical is reviewed for any changes.
- 7. The facility nurse will report to the classification officer(s) any information that may affect the safety, security or good order of the facility, such as risk of self harm, drug/alcohol withdrawal, communicable disease, disabilities or other medical problems requiring special attention.
- 8. Additionally, all inmates will be administered a tuberculosis (TB) test. Inmates do not have to be held in segregation pending the PPD results unless they have a cough with bloody sputum or other suspicious symptoms indicating a communicable disease. Inmates refusing the (TB) test will remain in segregation pending consent to the test. Inmates with a recent confirmed PPD do not have to be retested until that PPD is a year old unless they are in a high risk group and then they will be planted within the classification period.
- 9. A determination of classification and primary housing unit will be made on every inmate utilizing the formal classification point system and the following information:
  - 1. Criminal history
  - 2. Propensity for victimization
  - 3. History of medical/mental illness
  - 4. History of sex offenses
  - 5. History of hostile relationships with other inmates
  - 6. Prior attempts at self injury or suicide
  - 7. Prior escapes and attempted escapes
  - 8. Attitude and behavior during present and prior incarcerations
  - 9. Any other information which may affect the safety and welfare of the inmate or facility staff
- 10. Within one (1) business day after each classification determination is made, a classification officer will notify the inmate in writing using the Initial Classification Report and explain its implications.

# C. Categories -

- 1. Inmates confined to the facility will be classified in one (1) of the following primary categories:
  - 1. Male adults Ages 18 and over
  - 2. Male minors Ages 16 to 17 inclusive
  - 3. Female adults Ages 18 and over
  - 4. Female Minors Ages 16 to 17 inclusive.

## D. Sub-Categories –

- 1. In addition to the above primary categories, all adult inmates and male minors will be further classified within the following sub-categories as determined by the formal classification point system:
  - 1. Maximum security (Close custody)
  - 2. Minimum security (General population).

#### E. Override Classification -

1. The classification officer may override the housing, predicted by the standardized scoring system. The specific reasons for all overrides will be recorded using the classification and classification review form and will be signed by the Supervisor authorizing the change in classification.

## F. Authorized Commingling -

- 1. Inmates classified in different categories may be commingled during facility program or activities that take place outside the housing unit area, at the discretion of the Shift Supervisor.
- 2. Males and females shall not be commingled in areas designated as special housing and they may not be commingled during facility programs or activities that take place outside the housing unit area.

#### G. Classification Review -

- 1. A review of an inmate's classification status may be deemed necessary when one or more of the following conditions occur:
  - a. The inmate is involved in a serious or unusual incident or exhibits adjustment problems which threaten their safety or the safety, security or good order of the facility.
  - b. An officer submits a written request using Form CF-038 (Reclassification Request) to the classification officer(s). Requests will include justifications for altering or reviewing an inmate's classification status based on new information, or the inmate has exhibited positive or negative behavior.

c. The facility nurse discloses relevant information regarding an inmate which has not already been considered in determining the inmate's classification status.

**NOTE**: When a classification status is changed, a Classification Officer will notify the inmate in writing using the Reclassification key and Add Assessment Form. A copy of the Assessment Report will be reviewed with the inmate which they must sign within one business day of such determination along with the explanation of its' implications.

#### H. Records -

- 1. With the exception of medical and mental health records, which will be maintained in a separate and confidential file located within the medial unit, all documentation pertaining to the classification process will be retained at the booking desk in the inmate's file. An additional copy of all CF-038 will be maintained in the Sergeant's Office for review.
- 2. Either a copy or written summary on a form developed for this purpose of the information noted in paragraphs (b)(2)-(4) and (8) of this section of Minimum Standards and all inmate records requested pursuant to part 7033 of this chapter shall be sent with any inmate when they are transferred to another Correctional Facility.
- 3. Whenever a written summary is sent pursuant to the requirements of subdivision (c) of this section, the names(s) of the facility staff member(s) who prepared the summarized information shall be clearly identified on the form.

# I. Quarterly Classification Report -

- 1. On or before the 15<sup>th</sup> day of February, May, August and November of each year, the Chief Administrative Officer will forward a quarterly report to the New York State Commission of Corrections relative to the housing and classification of inmates which reflects information pertaining to the preceding three-month period.
- J. The Corrections Administrator (Chief Administrative Officer) shall review with the Corrections Lieutenant and Classification Officers and verify in writing that such policies and procedures have been reviewed and updated. Such verification shall consist of:
  - 1. A list of any revisions made to the policies and procedures.
  - 2. The date(s) of all reviews completed.
  - 3. The signature of the Corrections Administrator.