

## CASE MANAGER CUSTODY FACILITY PLAN JOB AID

CUSTODY FACILITY PLAN PREPARATION	
Review Facility Prohibitions	
Review Separation Issues	
Infraction Record	
Case Planning	<ul> <li>□ Performance evaluations</li> <li>□ Interview work supervisor</li> <li>□ Refer to Offender Needs Evaluation (ONE) for priorities</li> <li>□ Review Incoming Transport/Job Screening Checklist in the electronic file and confirm eligibility for work program approvals</li> <li>□ Confirm work program eligibility with Incoming Screening Committee</li> <li>□ Initiate Incoming Transport/Job Screening Checklist for new work program referrals as appropriate</li> </ul>
Prison Rape Elimination Assessment (PREA)	<ul> <li>□ Refer to DOC 490.800 Prison Rape Elimination Act (PREA)         Prevention and Reporting         □ Refer to DOC 490.820 Prison Rape Elimination Act (PREA)         Risk Assessments and Assignments     </li> </ul>
<b>Criminal History</b>	<ul><li>☐ Impacts for custody promotions: ☐ Yes ☐ No</li><li>Risks posed by criminal behavior:</li></ul>
Risk/Needs	<ul> <li>□ Predatory violence</li> <li>□ Predatory sexual offending</li> <li>□ Review/update ONE</li> <li>□ Refer to DOC 320.400 Risk and Needs Assessment Process</li> </ul>
Review Prior Custody Facility Plans	<ul> <li>☐ Confirm current custody</li> <li>☐ Confirm/update targeted custody</li> <li>☐ Compliance with prior Custody Facility Plan</li> </ul>
Update Earned Time	□ Refer to DOC 350.100 Earned Release Time  If terminated from a program due to negative behavior, offender will lose earned time and programming points for the month in which the behavior occurred.
Review/Update 10 Day Release	
Refer End of Sentence Review	□ Refer to DOC 350.500 End of Sentence Review/Sexually Violent Predator Civil Commitment
Identify Mutual Reentry Need	☐ Refer to DOC 350.300 Mutual Re-Entry Program
Review PULHESDXT Codes	<ul> <li>Seek input/identify need for attendance from medical professionals for elevated medical codes (i.e., P-4, U-3, or L-3 or higher)</li> <li>Seek input/identify need for attendance of mental health therapist/designee (i.e., S-3 or higher, S-2 combined with U-3, H-4, or predatory/sexual violence)</li> <li>Seek input/identify need for attendance from Americans with Disabilities Act Coordinator (i.e., X-3 or higher)</li> <li>Refer to Health Services if PULHESDXT codes have not been updated</li> </ul>

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Interview Offender	<ul> <li>□ Community support (i.e., visitor list and visits)</li> <li>□ Self-report □ Verified in CePrison</li> <li>□ Verify approved visitors:</li> <li>■ Minor aged dependent children</li> <li>■ Immediate family members</li> <li>■ Extended family</li> <li>■ Others</li> <li>□ Requests for transfers</li> <li>□ Requests for change in custody/override</li> <li>□ Requests for program referrals</li> </ul> EATE CUSTODY FACILITY PLAN
Create Plan Change Review	☐ Click "Edit"
Update Purpose of Review	Administrative segregation/Intensive Management Unit Overrides (e.g., community risk, mental health, Headquarters Classification Unit) Drug Offender Sentencing Alternative (DOSA) compliance Disciplinary/suitability Early release to deportation End of Sentence Review Extraordinary medical placement Indeterminate Sentence Review Board International Treaty Transfer Mutual Reentry Program ONE Out-of-State placement Transfer Work Release placement and/or denial Reentry Multidisciplinary Facility Risk Management Team (FRMT) custody promotion Multidisciplinary FRMT work program referral Other:
Update Previous Deportation	
Warrants/Detainers	
Update Holds	<ul><li>☐ Request closure as appropriate</li><li>☐ Offenders may not transfer with an active hold</li></ul>
Update Community Support/ Release Plan	
Edit Programming Needs	<ul> <li>☐ Address High and Moderate need areas</li> <li>☐ Refer for programs based on need areas</li> <li>☐ Explain why referrals are not made if need areas are not addressed</li> </ul>
Edit Expectations	
Confirm Custody Review Score	<ul> <li>□ Current custody level</li> <li>□ Infraction behavior</li> <li>□ Programming behavior</li> <li>❖ If terminated from a program due to negative behavior, offender will lose earned time and programming points for the month in which the behavior occurred.</li> <li>□ Detainers</li> <li>□ Escape history</li> </ul>

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Confirm/Edit Targeted Custody	☐ Click "Save"
See "PURPOSE" of review:	
Reentry Plans, if applicable	<ul> <li>□ Ensure transfer requests for appropriate Work Release are submitted</li> <li>□ Address exception to County of Origin requests</li> <li>□ Identify/confirm release plan, including address and sponsor information</li> <li>□ Determine preparation timeframes and initiate release planning per DOC 350.200 Offender Transition and Release</li> <li>□ Initial expectations of a proposed release plan</li> <li>□ Whether sponsor or others residing in the home have ever been a victim of the offender</li> <li>□ Verify completion of high school diploma, GED, offender change programs, and vocational certificates</li> <li>□ Verification of active detainers</li> <li>□ Employment skills and experience as applicable to the release plan</li> <li>□ Requirements of continuum of care per DOC 630.500</li> <li>□ Mental Health Services</li> <li>□ Any additional classifications that relate to DOC 350.200</li> <li>□ Offender Transition and Release (e.g., no contact order)</li> <li>□ Work Release eligibility. Offenders may refuse Work Release placement.</li> <li>□ Verification of End of Sentence Review process</li> <li>□ Compliance with DOSA</li> <li>□ Apply/request social security card and/or driver's license/identification card</li> </ul>
Offender Comments	☐ Capture any requests for transfer, programming, good conduct time restoration, or other comments/requests
Case Manager Comments	<ul> <li>☐ Summarize your case review</li> <li>☐ Respond to offender comments/requests</li> <li>☐ Document any verified community support concerns</li> <li>☐ Make clear recommendations for:</li> <li>■ Custody assignment</li> <li>■ Facility transfer/retain</li> <li>■ Targeted custody/facility transfer</li> </ul>
Submit Custody Facility Plan to FRMT	<ul> <li>□ Schedule multidisciplinary/FRMT review</li> <li>□ Identify and invite team members to attend, as needed</li> <li>□ Provide notice of meeting using DOC 05-794 Classification</li> <li>Hearing Notice/Appearance Waiver</li> <li>□ Ensure offender signed copy is scanned to his/her electronic imaging file</li> </ul>
POST CUSTODY FACILITY PLAN	
Provide Copy of Custody Facility Plan	☐ Ensure a copy of the Custody Facility Plan is provided to the offender. The offender is entitled to a copy once the final approval decision is entered.

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