**CASE MANAGER**
**CUSTODY FACILITY PLAN JOB AID**

### CUSTODY FACILITY PLAN PREPARATION

<table>
<thead>
<tr>
<th>Activity</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Review Facility Prohibitions</strong></td>
<td>☐ ____</td>
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<tr>
<td><strong>Review Separation Issues</strong></td>
<td>☐ ____</td>
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<tr>
<td><strong>Infraction Record</strong></td>
<td>☐ ____</td>
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<tr>
<td>☐ Performance evaluations</td>
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<tr>
<td>☐ Interview work supervisor</td>
<td></td>
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<tr>
<td>☐ Refer to Offender Needs Evaluation (ONE) for priorities</td>
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<tr>
<td>☐ Review Incoming Transport/Job Screening Checklist in the electronic file and confirm eligibility for work program approvals</td>
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<tr>
<td>☐ Confirm work program eligibility with Incoming Screening Committee</td>
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<tr>
<td>☐ Initiate Incoming Transport/Job Screening Checklist for new work program referrals as appropriate</td>
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<tr>
<td><strong>Case Planning</strong></td>
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<tr>
<td></td>
<td>☐ Refer to DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</td>
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<tr>
<td></td>
<td>☐ Refer to DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments</td>
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<tr>
<td><strong>Prison Rape Elimination Assessment (PREA)</strong></td>
<td>☐ Refer to DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting</td>
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<tr>
<td></td>
<td>☐ Refer to DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments</td>
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<tr>
<td><strong>Criminal History</strong></td>
<td>☐ Impacts for custody promotions: ☐ Yes ☐ No</td>
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<td></td>
<td>☐ Risks posed by criminal behavior: ____</td>
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<tr>
<td><strong>Risk/Needs</strong></td>
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<tr>
<td></td>
<td>☐ Predatory violence</td>
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<td></td>
<td>☐ Predatory sexual offending</td>
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<td></td>
<td>☐ Review/update ONE</td>
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<td></td>
<td>☐ Refer to DOC 320.400 Risk and Needs Assessment Process</td>
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<tr>
<td><strong>Review Prior Custody Facility Plans</strong></td>
<td>☐ Confirm current custody</td>
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<td>☐ Confirm/update targeted custody</td>
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<td>☐ Compliance with prior Custody Facility Plan</td>
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<tr>
<td><strong>Update Earned Time</strong></td>
<td>☐ Refer to DOC 350.100 Earned Release Time</td>
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<td></td>
<td>☒ 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.</td>
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<tr>
<td><strong>Review/Update 10 Day Release</strong></td>
<td>☐ ____</td>
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<tr>
<td><strong>Refer End of Sentence Review</strong></td>
<td>☐ Refer to DOC 350.500 End of Sentence Review/Sexually Violent Predator Civil Commitment</td>
</tr>
<tr>
<td><strong>Identify Mutual Reentry Need</strong></td>
<td>☐ Refer to DOC 350.300 Mutual Re-Entry Program</td>
</tr>
<tr>
<td><strong>Review PULHESDXT Codes</strong></td>
<td>☐ Seek input/identify need for attendance from medical professionals for elevated medical codes (i.e., P-4, U-3, or L-3 or higher)</td>
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<td>☐ 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)</td>
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<td>☐ Seek input/identify need for attendance from Americans with Disabilities Act Coordinator (i.e., X-3 or higher)</td>
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<td>☐ Refer to Health Services if PULHESDXT codes have not been updated</td>
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</tbody>
</table>
### Interview Offender

- Community support (i.e., visitor list and visits)
- Self-report
- Verified in CePrison
- Verify approved visitors:
  - Minor aged dependent children
  - Immediate family members
  - Extended family
  - Others
- Requests for transfers
- Requests for change in custody/override
- Requests for program referrals

### CREATE 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**
- Request closure as appropriate
- Offenders may not transfer with an active hold

**Update Community Support/Release Plan**
- ____

**Edit Programming Needs**
- Address High and Moderate need areas
- Refer for programs based on need areas
- Explain why referrals are not made if need areas are not addressed

**Edit Expectations**
- ____

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