

# Initial Classification Scale

Last Name	First Name	Middle Initial
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Classification Staff	Date	Time
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## Severity of Current Charges:

(Utilize the Severity of Offense Scale)

		<b>Score</b>
Status Offense/ No charge	0	
Minimum	2	
Medium	5	
Maximum	7	

## Severity of Offense History:

(Most Serious Prior Offense/ Arrest/ Diversion - utilize the Severity of Offense Scale)

Status Offense/ No charge	0	
Minimum	1	
Medium	3	
Maximum	5	

**Escape History:** If juvenile has escaped or walked-away from any holding facility including police stations- wear orange in SS or S! This does not include flight to avoid arrest or runaway from home.

No Escape or Attempts	0	
Attempted Walkaway (wear orange only if going to SS, orange isn't needed for an attempted walkaway in S!)	1	
Walkaway {Leaving an unsecure (SS/Group Home) facility without permission}	3	
Escape or Attempted Escape from a Secure Facility	6	

## Confinement History:

No Confinement Anywhere (Do not include Group/Foster Home type places)	0	
Has been confined in Staff Secure, Detention or Corrections Facility	1	

## Prior Felony Offense History:

No Prior Felony Offenses/Arrests	0	
One Prior Felony Offense/Arrest	1	
Two or more Felony Offenses/ Arrests	2	

## Substance Abuse:

No Drug or Alcohol Abuse	0	
Current or History of Drug or Alcohol Abuse	1	

## Drug Offense History:

No Drug or Alcohol Offenses	0	
Current or History of Drug or Alcohol Offense	2	

**Total:**

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# Classification Housing Assignment

Circle the appropriate Housing Area Total Score

Staff Secure/Minimum  
Custody  
0-5

Medium (C- Side)  
Custody  
6-9

Maximum (D-Side)  
Custody  
10 or More

## Special Management and/or Override

Check Reason for Override (if needed); otherwise skip this section:

- |  |  |
|--|--|
| <input type="checkbox"/> Request Detention by Originating Authority    | <input type="checkbox"/> Court Ordered Staff Secure              |
| <input type="checkbox"/> Request Staff Secure by Originating Authority | <input type="checkbox"/> Suspected/Known Abuse or Neglect Victim |
| <input type="checkbox"/> Appropriate housing Unit is Full              | <input type="checkbox"/> Suspected/Known Gang Affiliation        |
| <input type="checkbox"/> Separation from Co-Offender                   | <input type="checkbox"/> Intoxicated or in Withdrawal            |
| <input type="checkbox"/> Separation from Negative Influence            | <input type="checkbox"/> Vulnerable to Attack                    |
| <input type="checkbox"/> Physical Size or Strength (very small or big) | <input type="checkbox"/> Administrative Instruction              |
| <input type="checkbox"/> History of Violent/Aggressive Behavior        | <input type="checkbox"/> Administrative Segregation              |
| <input type="checkbox"/> History of Behavioral Problems                | <input type="checkbox"/> Protective Custody                      |
| <input type="checkbox"/> Suicide Watch Status                          | <input type="checkbox"/> Mental Illness                          |
| <input type="checkbox"/> Suicide Warning Status                        | <input type="checkbox"/> Mental Disability                       |
| <input type="checkbox"/> Suspected/Known Sexual Aggressor              | <input type="checkbox"/> Mental Condition                        |
| <input type="checkbox"/> Suspected/Known Sexual Assault Victim         | <input type="checkbox"/> Out of State Runaway                    |
| <input type="checkbox"/> Court ordered Detention                       | <input type="checkbox"/> Escape Risk                             |
|  | <input type="checkbox"/> Physical Disability                     |

Additional Explanation for Override (if needed; otherwise skip this section):

Circle the housing Unit Override Location (if needed; otherwise skip this section):

Staff Secure/Minimum Custody

Medium (C-side) Custody

Maximum (D-side) Custody

Administrative Authorization (only needed when doing an override; otherwise skip the section):

☐ Approved

☐ Denied

Administrative Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Assignment (Room):

Staff Secure/Minimum \_\_\_\_\_

Medium/C-side \_\_\_\_\_

Maximum/D-side \_\_\_\_\_

Classification Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_