Inmate:

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SAMPLE - ADOPT (05/19)



CLASSIFICATION COMMITTEE CHRONO

Inmate Name: XXXX, XXXX

CDC#: XXXXX

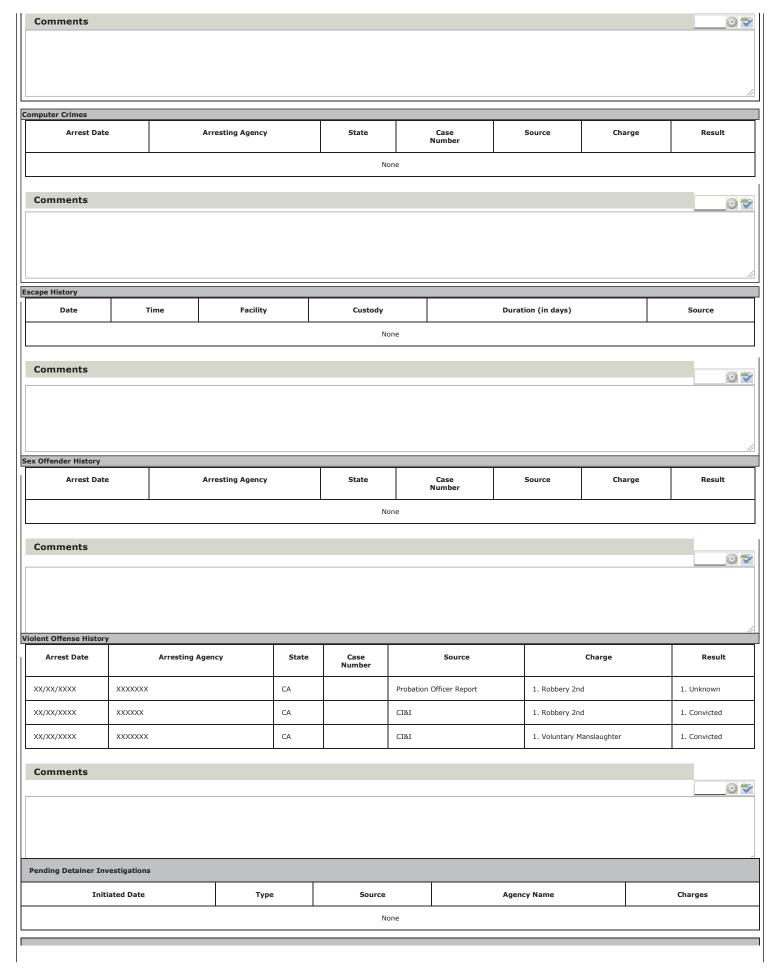
Control Pate: XX/XX/XXXX

Date: 09/25/2023

Date of Birth: XX/XX/XXXX

Control Date Type: Earliest Possible Release Date Type: Possible Release Date Type: Earliest Possible Release Date

Control Date Type: Earliest Possible Release Date Control Date:XX/XX/XXXX Hearing Date: 09/27/2023 Hearing Type: Determinate SHU Term Committee Type: Institution Cls. Committee (ASU/SHU/THU/PSU-ICC/DPU) Correctional Counselor: T. CCIII STATIC CASE FACTORS Offender Characteristics Date of Birth: XX/XX/XXXX Citizenship: Native Born Ethnicity: XXXXX County of Residence: **Education Level:** Unknown Reading Level: 07.0 Drug/Alcohol Use Assessment **Date Interviewed Primary Addiction Secondary Addiction Tertiary Addiction** 11/30/2017 Admission Summary Incarceration Begin Date: XX/XX/XXXX Admission Type: XXXX Latest PV Returned Date: XX/XX/XXXX PV Reason: XXXXXXX Parole Violation Charges: Termer: Committing County: XXXXX **Current Offenses** Crime (Statute) Offense Time Imposed **Release Date** Release Type PC192(a)[01] 03/01/2045 22y 0m 0d Determinate Sentence Law (DSL) Voluntary Manslaughter **Summary Critical Case Arrest History** Case Number **Arrest Date** Arresting Agency State Charge Result None Comments © ** Arson History Arrest Date State Source Charge Result Arresting Agency Case Number None



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Active Detainers											
Placed Date	Placed Date Agency Name Reason			1		Expiratio	Ţ	Charges			
	None										
Inmate Precautions											
Date				Iı	nstitution Plac	ed By					
xx/xx/xxxx		Administrative Segreg	ation			Ce	ntinela State F	Prison			
Offender Separation Alerts											
Separation Alerts Clear Noted											
Confidential				Clear				Noted			
STG Activity											
STG Name		STG Set	Affiliati	on Level	Т	Affiliatio	on Status		Validation Status		
II - XXXXX	XXXXXX		Suspect		Ac	tive			Suspected		
Integrated Housing Review											
Review Date		IHC Type (Ir	nmate/Staff)		Et	hnic Restrictions			Race Re	elated Incident	
XX/XX/XXXX	Racially	Eligible						No			
Serious Disciplinary History	,			,				•			
										⊚ *	
										<u> </u>	
										//	
Inmate Characteristics											
	Security Level				Cir	Last Review Date: ngle Cell Since Date					
Hous	sing Area/Bed	: UNK - UNK			511	igie Ceil Silice Date	•				
	Prior Facility:	: XXXXXXX			R	eason for Transfer:	Bed Assignn	nent (betwe	en Facilities)		
Risk:											
INMATE_0	CSRA_SCORE	: 1				Time to Serve:	37y 0m 0d				
Needs (from COMPAS):											
Sub	stance Abuse	: L				Anger:	М				
Crimin	al Personality	: L			Emp	ployment Problems:	L				
Educatio	onal Problems	: L			Sı	upport from Family:	Н				
Health Care Factors											
	nunicable Dise	ease:					Δο	of Date:			
		Code: 92-OK to Transp	oort - No Precautions Na	eeded				of Date:		10/20/2022	
Папарот	Pregna							of Date:		-,, 	
	DPP Co							of Date:			
Mod	dical Level of (of Date:		10/20/2022	
			Concultation								
		nsult: Infrequent Basic						of Date:		10/20/2022	
Fi		acity: Vigorous Activity	у					of Date:		10/20/2022	
		Risk: Low Risk						As of Date: 10/20/2022			
Nu		cuity: Basic Nursing						of Date:		10/20/2022	
		LOC: GP - General Po						of Date:		04/10/2009	
		atus: NCF-Adequate C						of Date:		04/09/2009	
Dental Priority Cls: 4 - No Dental Care Needed As of Date: 05/12/2022								05/12/2022			
Physical Limitations											
		Physical Limitation	s			Qualifier		Dur	ation	Expiration	

ining Restriction- onable to	Lift more than 19 Pounds							Permanent		lo	
Classification Scoresheet											
Action Date	Scoresheet Type	e .	Facility		Prelimina	ry Score	Р	lacement Score		Security Score	
10/20/2022	Reclassification	xxxxx		30					II		
10/25/2021	Reclassification	xxxxx		42	42			III			
10/14/2020	Reclassification	xxxxx		52			52		III	III	
10/18/2019	Reclassification	xxxxx		54			54			III	
11/01/2018	Reclassification	xxxxx	XXXXX 56						III		
11/29/2017	Initial	XXXXX 66							IV		
Special Programs Screen	ing										
Screening Date		Special Program			Eligib	ility Result		Excl	usionary Fac	tors	
10/20/2022	Alternative Custody Plac	cement			Ineligible			ime to Serve(Prima Offense Conviction			
10/20/2022	Conservation Camp Prog	gram			Ineligible		2. Long T	ication Score >= 36 ime until Release(S : Offense Conviction	econdary)	ary)	
10/20/2022	Community Correctional	Facility			Ineligible	Ineligible 1. Classification Sco 2. Violent Offense C			n Score >= 36 Pts.(Secondary) nse Conviction(Primary) ıntil Release(Secondary)		
10/20/2022	CA Out-of-State Correct	ional Facility			Eligible						
10/20/2022	Comm. Prisoner Mother	Program			Ineligible 1. Gender (M			r (Male)(Primary)			
10/20/2022	Female Rehab. Commun	nity Corr. Center			Ineligible		1. Gende	r (Male)(Primary)			
10/20/2022	Folsom Women's Facility	/			Ineligible		1. Gende	r (Male)(Primary)			
10/20/2022	Institutional Hearing Pro	ogram			Ineligible 1. No Active ICE Detainer,			ive ICE Detainer/Ho	old(Primary)		
10/20/2022	In-Custody Sex Offende	r Management Program	ı		Unknown						
10/20/2022	Modified Community Con	rrectional Facility			Ineligible 1. C 2. Lo			ication Score >= 36 ime until Release(S	5 Pts.(Primary) Secondary))	
10/20/2022	Minimum Support Facilit	у			Ineligible 1. Long Time until Release(Secondary) 2. Classification Score >= 36 Pts.(Secondary) 3. Violent Offense Conviction(Primary)			ary)			
10/20/2022	Permanent Work Crew				Ineligible 1. Classification Score >= 36 Pts.(Primary))			
10/20/2022	Reentry Program				Ineligible	ligible 1. CSRA Score = 1 (I 2. Long Time until Re					
10/20/2022	Substance Abuse Treatn	nent			Ineligible		1. COMPAS Score(Secondary) 2. CSRA Score ≈ 1 (Low)(Secondary) 3. REEP Excluded(Primary)				
Administrative Determina	ants										
Determin	ant Date		Туре				So	Source			
11/29/2017	Violent History Note	ed			Correctional Cour	nselor	selor Affixed				
Inmate Visitation Restric	tions										
Effective Date Type			Statu	s		Expira	tion Date	Comments			
				None	e						
Movement Warnings											
Placed Dat		Institution			Warning Type Expiration Date				- B-1-		

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CRITICAL CASE FACTORS									
Critical Case Factors									
Factor	Current	Committee Decision							
Security Level	NA-Not Applicable	UNKN-Unknown							
Custody Designation	Maximum	Maximum							
Custody Suffix - 1st									
Custody Suffix - 2nd									
Custody Suffix - 3rd									
Custody Suffix - 4th									
Housing Placement - 1st	GP-General Population	UNK-N/A							
Housing Placement - 2nd	UNK-N/A	UNK-N/A							
Institution (Primary)	Centinela State Prison	UNKNOWN							
Security Level/Program (Primary)	NA	1							
Institution (Alternate)		UNKNOWN							
Security Level/Program (Alternate)	NA	1							
Transfer Override	ZZZ-None	ZZZ-None							
Exceptional Placement	Z-None	Z-None							
Custody Upon Transfer	Unknown	Unknown							
Detention Procession Unit	0-N/A	0-N/A							
Housing Configuration	NA-Not Applicable	NA-Not Applicable							
Work Change Clearance	No	No							
Back Dock Clearance	No	No							
Gate Pass Clearance	No	No							
Access to Computer Clearance	No	No							
ORWD Clearance	No	No							
SVP Status Considered		No							
OMHD Status Considered		No							
Annual IHR Conducted		No							
Work Group/Privilege Group Changes									

Work Group/Privilege Group Changes											
Work Group	Privilege Group	Begin Date	End Date								
A1-Full Time Assignment		04/11/2018									
	A-Full Time Assignment										

Credit Time Restoration									
Days	Days Violation Date RVR Log #								
None									

Related RVRs				
Violation Date	Log Number	Guilty Charge		

Offender Work Skills

	1		W	ork Skill				Ye	ars		Level			
Porter			Skilled	Skilled				1 yrs Moderate						
Current Assignments														
Assigned D	Assigned Date Facility Location Code Position # As				Assignment Title Status			Retain Ren			moval Reason			
None														
Waiting List														
Priority		Date Identif	ied		Waiting L	ist Type				Referral Status			Comm	ents
None														
Related RHU Term Computations														
Violation Date		Specific Offense	ST(Nex	G us	RHU Term Type		RHU Term Start Date	1		RHU Term	RHI	J MRD		RHU Term Status
				I		N	one							
Related SHU Ter	m Computa	ations												
Violation Date	SHU Term Type		Specific Offense	SI St	IU Term art Date	SHU	J Term		How erved	Time Forfeited	Any Pending?		ERD	SHU Term Status
						N	one							
CLINICIAN C	OMMEN	T C												
COMMITTEE ACTION SUMMARY														
COMMITTEE	СОММЕ	NTS												//
INMATE INVOLVEM	ENT IN HE	Attendance							7	'2 Hour Notice Waiver	: No			
Interpreter Name: Staff Assistant Name: S/A Discharged Date:														
Agrees with Recommendations: No										med of Appeal Rights				
Inmate Com	ments													
OUTCOME		A	ctual Hearing Da	ite:							Actual Hearing 1	Time:		

Inmate:

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Continue Present Program: No Implement Changes: No RHU Extension Request: No RHU Extension Reason:

Review Status: Hearing Scheduled As of: 09/25/2023

Refer to: N/A Reason: N/A

Next Review Date: Next Hearing Type:

RECORDER	
	Date

CDCR SOMS ICCT162 - Classification Committee Chrono