

OFFICE OF THE CHIEF OF POLICE

NOTICE
18.2.2

July 27, 2018

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: INMATE CLASSIFICATION QUESTIONNAIRE AND RECORD OF MEDICAL SCREENING, FORM 05.36.00 – RENAMED AND REVISED; INMATE CLASSIFICATION QUESTIONNAIRE, FORM 05.37.00 – DEACTIVATED

The Inmate Classification Questionnaire and Record of Medical Screening, Form 05.36.00, has been revised and renamed as the Los Angeles Police Department Classification Assessment, Form 05.36.00. The Los Angeles Police Department Classification Assessment form has been revised to include information that was previously included within the Inmate Classification Questionnaire, Form 05.37.00, which has been deactivated by this Notice.

The Los Angeles Police Department Classification Assessment form is attached and will not be available electronically. The original Los Angeles Police Department Classification Assessment form shall only be obtained and completed at the Custody Services Division facilities and not at the Areas/divisions. All other versions of the formerly-named Inmate Classification Questionnaire and Record of Medical Screening form, and the deactivated Inmate Classification Questionnaire form shall be marked "obsolete" and placed into the Area/divisional recycling bin. The occupation titles "detention officer" and "jailer" have been renamed as "custody officer" on the Los Angeles Police Department Classification Assessment form. The use, completion, and distribution of the Los Angeles Police Department Classification Assessment form remain unchanged.

If you have any questions or require additional information, please contact Principal Detention Officer Mark Walker, Officer in Charge, Jail Operations and Training/Recruitment, Custody Services Division, at (213) 356-3450.


MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION "D"

LOS ANGELES POLICE DEPARTMENT CLASSIFICATION ASSESSMENT

Name: _____ Charge: _____ MISD FEL

Booking No.: _____ Gender: M F Height: _____ Weight: _____ DOB: _____

Step - 1: Arresting Officer Completes Questions 1-10, titled Arrestee Questionnaire; and 1-9, titled Arresting Deputy/Officer Observation, from the LA County Unified Arrestee Medical Screening Form, SH-R-422, and Part A of this Form.

Part - A	
Arresting Officer Completes:	1 If the answer was "yes" to Question No. 1 or 2 from the Arrestee Questionnaire Section of the LA County Arrestee Medical Screening Form, contact MEU. MEU Officer Notified: _____ Serial No.: _____ MEU Report No.: _____
	2 If the answer was "yes" to Question No. 5 from the Arrestee Questionnaire Section of the LA County Arrestee Medical Screening Form, provide the reason for the medication: _____
	3 What was the nature of the call? Radio call (e.g., DV, 415, mental), Observation arrest (e.g., 415 fight, stolen vehicle)? Explain: _____
	4 Was the arrestee combative with anyone or was any violence involved? No ___ Yes ___ If yes, explain: _____
	5 Criminal Record: Battery or ADW on a PO/CUSTODY OFFICER ___ Escape Risk ___ Gang associate ___ Gang: _____
	6 Does the arrestee have a prior conviction for a sexual offense against an adult or child? Yes ___ No ___ What was the Charge?: _____
	7 Any prior arrest(s) for a violent offense? Yes ___ No ___

Step - 2: Custody Officer Completes Questions 1-7, titled Jailer Observations, from the LA County Unified Arrestee Medical Screening Form, and Parts B and D of this Form.

Part - B		Yes	No	Refuse
Custody Officer Completes:	1 What is your sexual orientation? Heterosexual ___ Gay ___ Lesbian ___ Bisexual ___ Non-Binary ___			
	2 If you identify as transgender, what gender do you identify with? Trans male F to M Trans female M to F Neither	----	----	
	3 Have you ever assaulted a police officer or a custody officer?			
	4 Have you ever been in a jail or prison?			
	5 Do you have any concerns while in this jail? If yes, why?			
	6 Do you have any religious articles you would like to keep? Description: _____			
	7 Are you experiencing homelessness? If yes, for how long?			
	8 Have you served in the United States Armed Forces or are you a veteran? Branch of Service: _____			
	9 Have you been the victim of previous sexual victimization or institutional sexual abuse? If yes, when and where? _____			
Arrestee's Signature: _____		<input type="checkbox"/> REFUSED		

Step - 3: If Medical Treatment is required, Medical Services Division Personnel Completes Part C of this form.

MEDICAL TREATMENT PROVIDED? Yes ___ No ___	
Part - C	
RECORD OF MEDICAL SCREENING - medical instructions for persons in custody	
MSD Dispensary Personnel Complete:	1 Under the influence of drugs and/or alcohol: No ___ Yes ___ Last 48 hours ___ Unable to determine ___
	2 Has the patient been diagnosed with a mental illness? No ___ Yes ___ Type: _____
	3 Suicide Precautions: Safety Cell ___ Transfer to: Twin Towers (TT) ___ Century Regional Detention Facility (CRDF) ___
	4 Safety Criteria: Safety Cell ___ Sobering Cell ___ Low Bunk ___ (Advise the patient to use low bunk)
	5 Developmentally disabled or intellectually disabled - Place in Administrative Segregation Yes ___ No ___
	6 Special Diet: Pregnant/Lactating (Two portions of milk with meals) ___ Diabetic ___ Lactose Intolerant ___ Soft ___
	7 Community Reintegration: <input type="checkbox"/> Homelessness <input type="checkbox"/> History Substance Abuse <input type="checkbox"/> Veteran <input type="checkbox"/> Mental Illness
	8 NO medical treatment needed ___ Patient refused medical treatment ___
DISPOSITION: OK to Book? YES ___ NO ___	
TRANSFER TO: Contract Hospital ___ Twin Towers ___ USC Medical Center ___ CRDF ___	
MD RN PA NP Date: _____ Time: _____	
SIGNATURE _____ CC: A copy is to be maintained with the Medical Services Division individual's medical record.	

Part - D	
Does the arrestee appear to be vulnerable, LGBT, intersex or gender non-conforming? No ___ Yes ___ If yes, which? _____	
Does the arrestee's behavior, condition or answers to the LAPD classification assessment and the LA County Form SH-R-422 indicate the need for other than general housing? No ___ Yes ___ If yes, what reason: Sobering ___ Suicidal ___ Mental Health ___ Segregation ___ Other: _____	
HOUSING CLASSIFICATION - GENERAL <input type="checkbox"/> SEGREGATION <input type="checkbox"/> SOBERING <input type="checkbox"/> SAFETY CELL <input type="checkbox"/>	
REPORTING EMPLOYEE (Last, First Initial) NAME:	SERIAL NO.: _____ DATE: _____ TIME: _____
SUPERVISOR APPROVING SIGNATURE:	SERIAL NO.: _____ DATE: _____ TIME: _____

