



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 300-19	PAGE NUMBER 1 OF 7
		DISTRIBUTION:	Public
		SUBJECT:	Restrictive Housing
RELATED STANDARDS:	ACA 5-ACI: 2C-05, 3D-02, 4A-06, 4B-01, 4B-04, 4B-07, 4B-08, 4B-09, 4B-10, 4B-11, 4B-12, 4B-14, 4B-15, 4B-16, 4B-17, 4B-19, 4B-20, 4B-21, 4B-22, 4B-23, 4B-24, 4B-25, 4B-26, 4B-27, 4B-28, 4B-33, 4B-34, 5C-08, 5D-12, 5D-14, 6C-07 ACA 1-HC-3A-07	EFFECTIVE DATE:	September 15, 2024
		SUPERSESION:	03/15/2024
DESCRIPTION: Facilities - Security & Management		REVIEW MONTH: February	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>

## I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to establish and provide effective restrictive housing management procedures for offenders who have demonstrated through their behavior that they pose a significant risk to the safety and security of employees and other offenders. The use of restrictive housing, which may be utilized for those offenders who are removed from population, serving disciplinary sanctions, pending reclassification, or pending protective custody review, is an offender management process requiring specific actions and reviews for placement and/or progression.

## II. PURPOSE

The purpose of this policy is to establish criteria and guidelines for the operation and supervision of restrictive housing and provide the criteria used for the placement and progression of offenders into restrictive housing.

## III. DEFINITIONS

### Central Classification Committee:

Central Classification employees will serve as liaisons to and for their assigned facilities in the areas of classification and case management. The chairperson of the Central Classification Committee will be the associate director or offender services or designee.

### Extended Restrictive Housing (ERH):

Housing that separates the offender from contact with general population while restricting and offender to his/her cell for at least twenty-two (22) hours per day and for more than thirty (30) days for the safe and secure operation of the facility.

### Multi-Disciplinary Team:

A group of representatives from multiple disciplines that include custody/control, clinical services, case management, and other disciplines as needed on a case-by-case basis, which work together to contribute to the achievement of the offender's treatment plan and program success.

### Removal from Population (RFP):

A temporary status reserved for offenders who, for security/safety reasons, must be removed from general population.

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### **Restrictive Housing:**

A placement that requires an offender to be confined to a cell for at least twenty-two (22) hours per day for the safe and secure operation of the facility.

### **Serious Mental Illness:**

The current diagnosis of any of the following DSM diagnoses accompanied by the P-code qualifier of ‘M’ or ‘O’, denoting the presence of a major mental disorder: schizophrenia, schizoaffective disorder, delusional disorder, schizophreniform disorder, brief psychotic disorder, substance-induced psychotic disorder (excluding intoxication and withdrawal), unspecified schizophrenia spectrum and other psychotic disorders (previously psychotic disorder not otherwise specified), major depressive disorders, and bipolar disorders. Offenders, regardless of diagnosis, indicating a high level of mental health needs based upon high symptom severity and/or high resource demands, which demonstrate significant impairment in their ability to function within the correctional environment.

### **Significant Functional Impairment:**

The demonstration of difficulty functioning in the community as evidenced by engaging in deliberate self-harming behaviors, such as cutting, self-mutilation, ingestion, or insertion of a foreign body, head banging, drug overdose, hanging, biting, or jumping from heights with intent to cause self-harm; demonstrating difficulty maintaining activities of daily living and/or a pervasive pattern of dysfunctional, bizarre, or disruptive social interaction as a consequence of an underlying mental health disorder. This includes offenders with a psychological (P) code 4 and/or 5 with any qualifier and offenders with intellectual and developmental needs (ID) codes 4 and 5 with any qualifier.

### **Transport Order:**

An electronic form that authorizes an offender’s movement from one permanent facility to another permanent facility on behalf of the warden or designee.

## **IV. PROCEDURES**

### **1. Placement into Restrictive Housing:**

- A. *Written policy, procedure, and practice provide that the placement of an offender in restrictive housing shall be limited to those circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility [ACA 5-ACI-4B-01].* Removal from Population (RFP): In the event that the continued housing of an offender within general population would pose an imminent and substantial threat to the security of the institution, other offenders, employees, contract workers, volunteers, or to themselves, or for investigative purposes, the officer in charge (OIC) may order the temporary removal of the offender from general population.
- B. Restrictive housing as a disciplinary sanction: *Offenders may be placed in disciplinary detention for a rule violation only after a hearing by the disciplinary committee or hearing examiner/officer [ACA 5-ACI-4A-06].*
  1. Restrictive housing may only be imposed as a condition of confinement for up to a maximum of fifteen (15) consecutive days, unless an extension is approved by the SOC and director of Prisons in exigent circumstances.
  2. *Any time served in prehearing detention will be credited to the determinant restrictive housing sanction [ACA 5-ACI-4B-07].*
  3. *Written policy, procedure, and practice provide that new offenders assigned directly to Restrictive Housing receive written orientation materials and/or translations in their own language. When a literacy problem exists, a staff member assists the offender in understanding the material. Completion of orientation is documented by a statement signed and dated by the offender [ACA 5-ACI-4B-27].*
  4. *Confinement of offenders under the age of eighteen (18) years of age in Extended Restrictive Housing is prohibited [ACA 5-ACI-4B-33].*

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5. Offenders with serious mental illness will be referred to the behavioral health supervisor by the disciplinary officer to review *the impact that restrictive housing may have on medical and mental health conditions exhibited by the offender and the possible alternatives that may be available to compensate for such conditions* [ACA 5-ACI-4B-01]. *Within the scope of their professional credentialing, mental health staff will provide behavioral health consultations with the facility leadership and multidisciplinary staff regarding those offenders with mental illness* [ACA 5-ACI-6C-07].
    - a. A case note will be made in COMS by the disciplinary hearing officer (DHO) documenting this communication with behavioral health.
  6. ***An offender will not be placed in restrictive housing on the basis of gender identity alone*** [ACA 5-ACI-4B-34].
- C. Temporary Placement: Offenders may be placed in restrictive housing status for the following conditions:
1. Protective Custody.
  2. Pending transfer.
  3. Investigation.
  4. Serving disciplinary sanctions.
  5. Pending reclassification.
  6. Pending protective custody review.
- D. Assignments to restrictive housing for protective custody review will not exceed fifteen (15) consecutive days, unless approved in writing by the warden.
- E. All offenders who are held on temporary placement status longer than thirty (30) days are considered to be extended restrictive housing (ERH) and require written approval by the director of prisons and an out of cell behavioral health review (attachment #2 – *Approval to Extend Restrictive Housing*). ***If confinement continues beyond thirty (30) days, a behavioral health assessment by a mental health practitioner/provider is completed at least every thirty (30) days for offenders with a diagnosed behavioral health disorder and more frequently if clinically indicated*** [ACA 5-ACI-4B-10]. It is the responsibility of the unit manager to notify behavioral health employees of any necessary reviews based on the above timeline. A thirty (30) day review is required and approval by the DOP.
- F. ***Written policy, procedure, and practice provide for a review of the status of offenders in restrictive housing by the classification committee or other authorized staff every seven (7) days for the first sixty (60) days and at least every thirty (30) days thereafter*** [ACA 5-ACI-4B-08]. ***Written policy, procedure, and practice specify the review process used to release an offender from restrictive housing*** [ACA 5-ACI-4B-09]. The status of all offenders assigned to restrictive housing will be reviewed by the unit manager or Central Classification Committee every seven (7) days until released in accordance with the review process used to release an offender from restrictive housing specified above.
1. The warden and duty officer will review all restrictive housing placements each business day to ensure placement is appropriate and warranted.
  2. The warden will review all offenders in RH over thirty (30) days and the director of Prisons will approve with documentation. RH placement over sixty (60) days will be elevated to the SOC for review and approval.

## 2. General Conditions of Confinement within Restrictive Housing:

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- A. ***Restrictive housing units provide living conditions that approximate those of the general offender population; all exceptions are clearly documented [ACA 5-ACI-4B-04]. All offenders in restrictive housing are provided medication as prescribed [ACA 5-ACI-4B-14]. Offenders in restrictive housing are provided suitable clothing, and access to basic personal items for use in their cells unless there is imminent danger that an offender or any other offender(s) will destroy an item or induce self-injury [ACA 5-ACI-4B-15].***
1. No more than two (2) offenders should occupy a restrictive housing cell.
  2. ***Offenders have access to toilets and hand-washing facilities twenty-four (24) hours per day and are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas [ACA 5-ACI-2C-05].*** If running water within a restrictive housing cell creates a safety issue, the OIC will be notified and may approve for the water to be shut off temporarily. In the event that the water is shut off to a cell, the water will be turned on every two (2) hours for offender use and will be documented by staff each time. An incident report documenting the offender's behavioral reasons for shutting off the water must be written. ***Whenever an offender in restrictive housing is deprived of any usually authorized item or activity; a report of the action is filed in the offender's case record and forwarded to the warden or designee [ACA 5-ACI-4B-19].***
  3. Access to Laundry Services: ***Offenders in restrictive housing receive laundry and hair care services and are issued and exchange clothing, bedding, and linen on the same basis, once per week, as offenders in the general population [ACA 5-ACI-4B-17].*** This will include the opportunity to have three (3) complete sets of clean clothing per week, linen exchange including towels at least once each week and blanket exchange at least monthly.
  4. Offenders in restrictive housing will be ***issued suitable clean bedding and linen, including two (2) sheets, pillow and pillowcase, one (1) mattress, not to exclude mattress with integrated pillow, and sufficient blankets to provide comfort under existing temperature controls [ACA 5-ACI-5D-12].***
  5. Janitorial Cleaning Supplies: Offenders in restrictive housing will have access to janitorial supplies for individual cell cleaning. Offenders in restrictive housing are responsible to maintain their cell in a sanitary condition.
  6. Telephone Access: ***Offenders in restrictive housing are allowed at minimum telephone privileges to access the judicial process and family emergencies as determined by the unit manager unless security or safety considerations dictate otherwise [ACA 5-ACI-4B-25].***
    - a. Offenders in restrictive housing will be allowed at least one (1) personal telephone call weekly; not to exceed twenty (20) minutes, with the exception of offenders on investigative purpose (IP) status. Legal calls will not be included in this limit. Phone calls for verified family emergencies will be arranged.
  7. ***Written policy, procedure, and practice provide that offenders in Extended Restrictive Housing have access to programs and services that include but are not limited to the following: educational services, commissary services, library services, social services, behavioral health and treatment services, religious guidance, and recreational programs [ACA 5-ACI-4B-26].*** All efforts will be made to ensure offenders in ERH will have appropriate access to services and programs with consideration given to danger to life, health, or safety.
- B. Access to Counsel/Legal Calls: Offenders in restrictive housing and ERH ***will have access to counsel and will be provided assistance in making confidential contact with attorneys and their authorized representatives; such contact includes, but is not limited to, telephone, communications, uncensored correspondence, and visits [ACA 5-ACI-3D-02].*** Prior approval is not necessary for legal calls if the attorney/agency is on the offender's phone list and the call is being placed as a regularly scheduled call.
1. Telephone and Video Court Hearings: Telephone court hearings for offenders in restrictive housing and ERH shall be coordinated between central records and unit staff.
  2. Requests for legal calls will be verified and addressed in a timely manner by the unit manager or OIC.

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- C. Access to Meals: All offenders, except those prescribed a special medical diet or religious diet will be offered the same meals provided to general population offenders. ***Food/meals will not be withheld, or the standard menu varied, as a disciplinary measure for an individual offender [ACA 5-ACI-5C-08].***
- D. Visiting Privileges: Offenders in restrictive housing will have access to counsel and confidential contact with attorneys. ***Offenders in restrictive housing will have opportunities for non-contact attorney visitation unless there are substantial documented reasons for withholding such privileges [ACA 5-ACI-4B-21].***
  - 1. Visits by the attorney of record are allowed by appointment only.
- E. Mail Service: ***Offenders in restrictive housing will be allowed to write and receive letters on the same basis as offenders in the general population [ACA 5-ACI-4B-20].***
- F. Pod/Recreation Time: ***Offenders in restrictive housing will receive a minimum of one (1) hour of exercise per day outside their cells, five (5) days per week, unless security or safety considerations dictate otherwise and are documented daily [ACA 5-ACI-4B-24].***
- G. Personal Hygiene: ***Offenders in restrictive housing will have the opportunity to shave and shower at least three (3) times per week. In instances where offenders are not allowed to shave or shower, these instances must be documented and reviewed by the shift supervisor [ACA 5-ACI-4B-16].***
  - 1. Showers will be offered separately from pod/recreation time.
- H. Access to Legal Material: ***Offenders in restrictive housing will have access to legal materials [ACA 5-ACI-4B-22].*** Offenders in restrictive housing will be allowed access to the legal database by submitting a request to the unit manager.
- I. Access to Reading Materials: ***Offenders in restrictive housing will have access to reading materials [ACA 5-ACI-4B-23].***
  - 1. Offenders in restrictive housing will be allowed to have up to two (2) soft-cover books or allowable library items at a time from the deposit collection of library books.
- J. Access to Commissary: ***Articles necessary for maintaining proper personal hygiene are available to all offenders housed in restrictive housing to purchase and will be provided to those who are indigent. [ACA 5-ACI-5D-14].***
- K. Access to Religious Guidance/Publications: Offenders in restrictive housing will have access to, and the opportunity to receive, religious guidance and publications from the chaplain's office and to practice their religious faith provided the practice does not interfere with the safety and security of the unit or facility. Religious representatives visiting from outside the facility are subject to DOC policy 300-23 – *Offender Visiting*.

### 3. Restrictive Housing Operations:

- A. ***Offenders in restrictive housing will receive daily visits from the OIC, daily health care rounds from a qualified health care professional (unless medical attention is needed more frequently), and visits from members of the program staff, at least weekly [ACA 5-ACI-4B-12].***
  - 1. All persons entering RH/ERH are required to document their visit (see attachment #1) *Housing Sign In Log* by signing in upon entry and signing out when leaving. All persons other than posted security staff entering RH/ERH are required to sign themselves in and out using red ink.
  - 2. Processing offenders into restrictive housing:
    - a. Offenders will be strip searched upon entering restrictive housing and prior to being placed into restrictive housing cells.

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- b. Allowable property will be in accordance with DOC policy 500-02 – *Offender Personal Property*.
- c. A cell inspection will be conducted and documented prior to placing an offender in a restrictive housing cell, and again upon moving an offender out of a restrictive housing cell.
  - 1) Cell inspections shall be documented noting any damage to the cell.
  - 2) Mattresses and pillows will be inspected, cleaned, and sanitized prior to use.
3. Shift Logs: Employees operating restrictive housing will maintain a permanent perpetual shift log. All activity, visits, etc. in restrictive housing will be logged.
4. Observation Rounds: ***Offenders in restrictive housing units will be personally observed by a correctional officer twice per hour, but no more than forty (40) minutes apart, on an irregular schedule. Offenders who are violent or mentally disordered or who demonstrate unusual or bizarre behavior or self-harm receive more frequent observation; suicidal offenders are under continuous observation [ACA 5-ACI-4B-11].*** Rounds will be logged on the shift log and documented.

#### 4. Clinical Care, Monitoring, and Reviews:

- A. When an offender is transferred into restrictive housing, clinical services will be informed immediately and will provide an initial screening and review as indicated by the protocols established by the health authority. If the screening indicates any of the following: need for emergency medical services, risk for serious self-harm, risk for suicide, or symptoms/signs of debilitating significant mental illness, a healthcare professional will be contacted for appropriate assessment and treatment.
  1. ***Unless medical attention is needed more frequently, each offender in restrictive housing status will receive a daily visit from a qualified health care professional. The visit ensures that the offenders have access to the health care system and all offenders in restrictive housing are provided medication as prescribed [ACA 1-HC-3A-07][ACA 5-ACI-4B-14].*** The presence of a health care professional in restrictive housing is announced and recorded in the unit shift log and sign-in sheet by indicating medical rounds. The frequency of provider visits with restrictive housing offenders is determined by the health authority.
  2. Unless behavioral health attention is needed more frequently, each offender in restrictive housing shall receive a weekly visit from behavioral health employees to ensure that offenders have access to the behavioral health system. The presence of behavioral health employees in restrictive housing is announced and recorded. ***When an offender is transferred to restrictive housing, health care personnel will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority [ACA 5-ACI-4B-28].***
  3. The ***qualified mental health professional completes a mental health appraisal/psychological assessment/evaluation and shall personally interview the offender and complete a written report of finding in the electronic health record within seven (7) days of placement [ACA 5-ACI-4B-10].***
  4. Behavioral health assessments/evaluations will not be completed at the cell front; the assessment must be completed outside of the offender’s cell and in a location where confidential information will not be overheard. If the offender refuses to come out of their cell and/or participate in the behavioral health contact, documentation will be made in the behavioral health record and the clinician will still visit the offender cell-side.
  5. Other counseling activities, psychiatric services on a routine basis, individual mental health treatment, and twenty-four (24) hour a day emergency crisis intervention are also available.
- B. Sick call request slips will be picked up daily by clinical services during medication rounds to ensure offenders have access to the health care system. Employees will announce the presence of the health care professional or behavioral health employees in restrictive housing and make a notation on the unit’s shift log. Medication distribution will be scheduled two (2) times daily. Offenders will be allowed to maintain certain prescribed emergency medications, such as emergency inhalers and nitro glycerin tablets, within their restrictive housing cell. Prescribed medications will be delivered during medication delivery to restrictive housing offenders. Any restrictions on medications in restrictive housing will be determined by clinical services.

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- C. Offenders with health care appliances, Americans with Disabilities Act (ADA) assistive devices, accommodations, or medical restrictions will be allowed to retain possession of the appliance, accommodation, and/or restriction.
- D. Appropriate medical or behavioral health employees or contract workers will be notified immediately of any physical or behavioral health emergencies. Medical and behavioral emergency care will be available on a twenty-four (24) hour basis.

## V. RESPONSIBILITY

The director of Prisons is responsible for the annual review and revision of this policy.

## VI. AUTHORITY

- A. SDCL § [24-2-1](#) **Inmates under custody of secretary of corrections--Delegation of powers.**
- B. SDCL § [24-2-9](#) **Disciplinary sanctions authorized--Corporal punishment prohibited.**
- C. SDCL § [24-2-12](#) **Punitive confinement--Forfeiture of good conduct time.**

## VII. HISTORY

September 2024  
 March 2024  
 May 2021  
 March 2017  
 August 2015  
 September 2014  
 April 2013  
 August 2012

## ATTACHMENTS *(\*Indicates document opens externally)*

1. Housing Sign In Log\*
2. Approval to Extend Restrictive Housing\*
3. DOC Policy Implementation / Adjustments

### Housing Sign In Log

Unit: \_\_\_\_\_

Date	DOC Employee / Title (Print Legibly)	Reason For Visit	Time In	Time Out



### APPROVAL TO EXTEND RESTRICTIVE HOUSING

Restrictive Housing Extension of (select one):       >15 Days     >30 Days     >60 Days

**Restrictive Housing Extended over 15 Days – Requires approval from warden:**

Approved by:

\_\_\_\_\_  
Warden Signature

\_\_\_\_\_  
Date

**Restrictive Housing Extended over 30 Days (Extended Restrictive Housing) – Requires approval from the Director of Prisons:**

1. The offender has a diagnosed behavioral health disorder:     Yes     No

If yes to #1 above, an out of cell Behavioral Health review is required.

Out of cell review completed and staffed by the Chief of Behavioral Health on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Behavioral Health Name

\_\_\_\_\_  
Chief of Behavioral Health Signature

Approved by:

\_\_\_\_\_  
Director of Prisons Signature

\_\_\_\_\_  
Date

**Extended Restrictive Housing over 60 Days – Requires approval from the Secretary of Corrections:**

1. The offender has a diagnosed behavioral health disorder:     Yes     No

If yes to #1, an out of cell Behavioral Health review is required.

Out of cell review completed and staffed by the Chief of Behavioral Health on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Behavioral Health Name

\_\_\_\_\_  
Chief of Behavioral Health Signature

Approved by:

\_\_\_\_\_  
Secretary of Corrections Signature

\_\_\_\_\_  
Date