

## 1.3.D.4 Restrictive Housing

### I Policy Index:



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### II Policy:

Inmates who, based upon their behavior, require greater security, supervision or control than can be afforded in general population, will be referred for Restrictive Housing status.

### III Definitions:

#### **Restrictive Housing:**

Restrictive Housing (RH) is a status for inmates whose continued presence in the general population poses a serious threat to life, property, self, staff, other inmates, or the security and/or orderly operation of the institution. Placement on RH status is based on the acts and behaviors of the inmate. Restricted housing status does not include disciplinary segregation, Investigative Purpose (IP) or protective custody status inmates. Placement on RH status will not be used as a disciplinary sanction or punitive response. RH is designed to support a safe and productive environment for staff and inmates and provides a path for inmates to successfully transition to a less restrictive setting.

#### **Status:**

A housing or management assignment other than general population.

#### **Substantial evidence:**

Defined as evidence a reasonable mind would accept as adequate to support a conclusion.

#### **Weapon:**

Any firearm, stun gun, knife, or device, instrument, material or substance which is calculated or designed to inflict death or serious bodily harm, or by the manner in which it is used is likely to inflict death or serious bodily harm.

#### **Identified member of a Security Threat Group:**

An inmate who is identified as belonging to a gang or Security Threat Group (STG). Identification can be in the form of self-report or upon a finding by the Special Investigations Unit. Examples used to identify STG involvement include but are not limited to an inmate's tattoos/ markings, past history (includes institutional and community) or incident involvement.

### **Personal Property:**

Personal property includes all property owned by an inmate or issued to an inmate that is not state or Department of Corrections property. Possession of personal property is a privilege earned by each inmate. References to personal property do not establish an ownership interest in the property superior to the policies, rules and procedures of the DOC. Failure to abide by the policies, rules and procedures of the institution may result in a loss of the privilege of possessing or accessing certain items of personal property.

## **IV Procedures:**

### **1. Referral for Restrictive Housing:**

- A. Inmates who have committed acts or behaviors consistent with the criteria listed in Section 2 (1-10) of this policy, and who are placed in disciplinary housing or administrative detention, may be referred for possible placement on restrictive housing status by the unit manager or Special Investigation Unit staff (See DOC policy 1.3.C.2 [Inmate Discipline System](#) and ACA Standard #4-4250).
- B. If admissions unit staff becomes aware a new admission inmate has exhibited any acts or behaviors contained in Section 2 of this policy while in non-DOC custody, i.e. county jail, directly prior to admission to the DOC, staff may refer the inmate for possible placement on restrictive housing status (See DOC policy 1.4.A.2 [Inmate Admission](#)).
- C. Severely Mentally Ill (SMI) inmates may be housed in the restricted housing unit, as deemed necessary by DOC and Behavioral Health staff, provided the inmate has an individualized treatment plan and placement in restricted housing does not prohibit the inmate's ability to receive or be offered behavioral health programming, treatment or services.

### **2. Criteria for Referral:**

- A. Inmates who commit one or more of the following acts or behaviors may be referred for a Restrictive Housing Hearing:
  1. Assault and related acts.
    - a. The inmate caused or attempted to cause, serious physical harm (requiring immediate medical attention, emergency treatment or hospitalization) to another person; or
    - b. The inmate compelled or coerced another person, by force or threat of serious physical harm or death, to engage in any sexual act or sexual abuse; or
    - c. The inmate compelled or coerced another person, by force or threat of serious physical harm or death, to provide anything of value to another or perform any act in violation of any DOC rule.
  2. The inmate lead, organized or incited a disturbance or riot which resulted in the taking of hostages, serious physical harm to others, loss of life or significant property damage; or
  3. The inmate possessed, conspired, or attempted to introduce dangerous contraband (Class A or B, see SDSP OM 2.3.A.16 [Contraband Handling, Reporting and Disposal](#)) into the institution, causing a serious, legitimate threat to the security of the institution and/or safety of others. Dangerous contraband includes but is not limited to:
    - a. Weapons, explosives or ammunition;

- b. Escape paraphernalia; or
  - c. Drugs or drug paraphernalia.
4. The inmate is an identified security threat group member who has committed a level (H)igh disciplinary infraction, or is believed to be in a leadership position of a security threat group and has coerced another inmate(s) to commit any acts or behaviors listed in #1-9 of this section ; or
  5. The inmate has escaped or attempted to escape from a secure correctional facility, or is known to have helped others escape from a secure facility, or has facilitated an escape or escape attempt from a secure facility; or
  6. The inmate has knowingly through willful, reckless or negligent conduct, exposed others to risk of contracting a blood-borne pathogen, including, but not limited to, HIV or Hepatitis; or
  7. The inmate has threatened to inflict serious physical harm or injury upon a staff member; or has threatened the life of a staff member in a deliberate, willful or reckless manner, which a reasonable person would conclude the intent of the threat was to cause the staff member fear or harm; or
  8. While detained or incarcerated, the inmate set a fire that resulted in serious physical harm or risk of serious physical harm to human life, or caused extensive damage to state property; or
  9. The inmate, on more than one occasion, compelled or coerced a staff member to engage in behavior(s) or conduct contrary to standards of staff conduct described in DOC Policy 1.1.C.1 [Staff Code of Ethics](#); or
  10. The inmate has committed a crime of exceptional violence and/or notoriety proximate to incarceration.
- B. The Unit Manager or Special Investigations Unit (SIU) staff is responsible for gathering, compiling and documenting information, evidence and facts supporting referral of the inmate for possible placement on restrictive housing status in the Case Notes in COMS and on the Restricted Housing Hearing form (See [Attachment 1](#)).
- C. The Unit Manager or Special Investigations Unit staff will forward the referral to an Associate Warden or staff member of equal rank and Correctional Behavioral Health (CBH) staff for review. Referrals supported by an Associate Warden or staff member of equal rank will be forwarded to the Restrictive Housing Manager.

### **3. Inmate Notice of Restrictive Housing Hearing:**

- A. The inmate will be served the [Restrictive Housing Notice of Initial Hearing](#) form (See [Attachment 2](#)), at least twenty-four (24) hours prior to the time and date set for the Restrictive Housing hearing. Receipt shall be acknowledged by the inmate's signature. The notice will include:
1. A statement describing the acts and/or behavior(s) exhibited by the inmate which support referral for possible placement on restrictive housing status. A minimum of one of the acts or behaviors identified in Section 2 (1-10) must be included in the statement notice.
  2. The date, time and location set for the Restrictive Housing hearing.

3. A description of the inmate's rights.

#### **4. Multi-Disciplinary Staffing:**

- A. Prior to the Restrictive Housing hearing, the multi-disciplinary team will convene to consider the referral for possible placement of the inmate on restrictive housing status.
  1. At a minimum, the multi-disciplinary team will be comprised of the Unit Manager, Case Manager assigned to the Restrictive Housing unit, Restrictive Housing Manager, and Correctional Behavioral Health (CBH) staff, if the inmate's level of functioning is greater than one (1). Additional staff may participate in the staffing as deemed appropriate by the Unit Manager and/or Restrictive Housing Manager. Members of the Restrictive Housing Hearing Board will not be part of the multi-disciplinary team staffing.
    - a. If a referral is based on the inmate committing acts/behaviors described in 4. of Section 2 of this policy, staff from the Special Investigations Unit will be present at the staffing.
  2. Factors to be considered by the team include the following:
    - a. The inmate's assigned mental health code and any recommendations or comments provided by CBH staff or health services staff regarding the inmate.
    - b. The inmate's program needs.
    - c. Any recent acts of violence committed by the inmate, or threats of violence that support the inmate poses, or may pose, a threat to the security of the institution and/or safety of others.
    - d. The inmate's history of behavior while housed in general population and the results of any past interventions or attempts by staff to move the inmate from restrictive housing status into general population.
- B. Information discussed in the multi-disciplinary staffing will be documented by the Unit Manager on the Restrictive Housing Multi-Disciplinary Staffing Review as a case note in the Comprehensive Offender Management System (COMS).
  1. The multi-disciplinary team's completed review will be provided to the Restrictive Housing Hearing Board prior to the hearing.

#### **5. Restrictive Housing Hearing Board:**

- A. The Restrictive Housing Hearing Board will consist of the following staff:
  1. One supervisory correctional officer (rank of Captain or above); and
  2. Two unit managers.
- B. If the referral includes confidential investigative information, the investigator will not be a member of the Restrictive Housing Hearing Board.

## 6. Hearing and Decision Process:

- A. The hearing will be held no sooner than twenty-four (24) hours from the date and time the inmate was served notice of the hearing. The hearing will typically be held no later than seven (7) calendar days from the date the inmate was served.
- B. The inmate will be provided the Restrictive Housing Notice of Initial Hearing form (See [Attachment 2](#)).
- C. The inmate shall have the following rights:
  1. Right to an impartial hearing.
  2. To be present at the hearing.
  3. To remain silent.
  4. To be informed of the behaviors he is said to have committed that support the referral.
  5. To present relevant documents and/or relevant witness statements, including written statements.
- D. The inmate may be assisted throughout the hearing by a member of his unit staff. Normally this will be a case manager.
  1. The inmate is responsible for ensuring all documents and witnesses statements on his behalf have been requested and obtained prior to the hearing.
  2. The inmate will be provided sufficient time to obtain relevant documents and witness statements. The inmate may request a reasonable delay of the hearing; however, the Board retains authority to conduct the hearing as scheduled, or to set a new time and day for the hearing.
- E. The Board will consider reliable confidential information presented during the hearing. This information will be available to the inmate; however, the source of the confidential information will not be disclosed to the inmate if the Board determines such disclosure may subject the confidential informant or witness to risk or harm.
- F. The Board may require pre-identified staff members to appear at the hearing for questioning and/or provide relevant information supporting the recommendation the inmate be placed on restrictive housing status. The Board may temporarily adjourn to consider all information.
- G. By preponderance of all information, facts and evidence, the Board will determine if substantial evidence exists supporting the inmate has exhibited one or more of the acts or behaviors set forth in Section 2 (1-10) of this policy.
  1. Upon an affirmative finding, the Board will recommend the inmate be placed on restrictive housing status. The affirmative finding will be provided to the Warden or his/her designee within two (2) business days following the conclusion of the hearing.
  2. The Warden or designee will review the finding and determine if adequate justification exists to place the inmate on restrictive housing status. Inmates will not be placed unnecessarily and/or inappropriately on restrictive housing status.

3. If an affirmative finding is not reached by the Board or the affirmative finding is not supported by the Warden or designee, the inmate will not be placed on Restricted Housing status.
  4. The Board's finding will be documented as a case note in COMS.
- H. The Warden may approve or deny the Board's recommendation within three (3) business days of receipt of the recommendation (See [Restrictive Housing Hearing Board Findings and Disposition- Attachment 3](#)).
- I. The Board will provide a copy of the Restrictive Housing Hearing Board Findings and Disposition to the inmate. This will include the final determination by the Warden or his/her designee.
- J. The inmate will be advised of his right to appeal the decision through the Inmate Administrative Remedy process (See DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#) and ACA Standard #4-4248).

## 7. Level System:

- A. The Level System is commonly composed of a five-level program provided to inmates on restrictive housing status. The Level System allows inmates an opportunity to enhance and demonstrate their readiness to return to general population and/or the community through successful participation in prescribed programming and by earning progressive privileges through advancement in the established program levels.
1. Level 1 is the most restrictive level. This level is a maximum of 15 days in duration.
  2. Level 2 is the entry level for all inmates placed in Restrictive Housing. This level is a minimum of 60 days in duration.
  3. Level 3 is the intermediate level. This level is a minimum of 90 days in duration.
  4. Level 4 is the least restrictive level within Unit A. This level is a minimum of 90 days in duration.
  5. Level 5 is the final level of the program. Level 5 is located on Unit D and is a minimum of 120 days in duration.
- NOTE\*** If special circumstances warrant, an inmate's placement on a level(s) may be extended, modified or reduced. Inmates have no implied right or expectation for placement on a particular level or for transfer (See SDCL § 24-2-27).
- B. Activities, privileges and property associated with each level are identified on the [Restrictive Housing Property List by Level](#) (See [Attachment 7](#)) and [Restrictive Housing Level and Privileges Table](#) (See [Attachment 8](#)).
- C. Inmates assigned to Restrictive Housing status will typically be assigned a cell with an approved cellmate(s) who is assigned to the same level.
1. Cell assignments will be in accordance with an inmate's PREA score, AIMS code and other applicable assessments. Inmates identified as posing a direct threat to the safety of other inmates may be housed single-cell.

2. Housing placement will be consistent with preserving legitimate safety requirements necessary for the safe operation institution and good order of the unit.
- D. An inmate's prescribed programming may be modified or revised based on individualized assessment results (relying on current conduct, medical and/or mental health assessments and other available objective evidence) and/or the current individualized program development (IPD) established for the inmate.
1. Before modifying or revising an inmate's prescribed programming (level program), staff must assess: (1) the nature, duration and severity of risk posed by the inmate, (2) the risk of probable or potential injury to the inmate or others if the inmate's level program is or is not modified and (3) whether reasonable modifications of the inmate's level program will mitigate or eliminate these risk(s).
  2. Modifications to an inmate's level program that extend or reduce an inmate's placement on a particular level must be documented in the Alerts section in COMS.

## **8. Level Movement-Regression, Retention, Progression:**

- A. All inmates on Restrictive Housing status will receive a restrictive housing status review a minimum of every 30 days. The results of the review will be documented in the Care In Placement notes in COMS. Movement between levels will generally occur following the review.
- B. Inmates may move up a level, down a level, or be retained at their current level. Information supporting placement of the inmate on their assigned level will be documented in the Alerts section within COMS.
1. An inmate may move from level 1 to 2, or from level 2 to 1, with majority approval from the staff members assigned to review the inmate's level assignment. The review staff will include the Restrictive Housing Manager and/or Unit A Unit Manager, a case manager and Unit A Sergeant or Corporal.
  2. An inmate may move from level 2 to 3, level 3 to 2, or be retained at level 2 with majority approval from the staff members assigned to review the inmate's level assignment. The review staff shall include the Restrictive Housing Manager and/or Unit A Unit Manager, a case manager and Unit A Sergeant or Corporal.
  3. An inmate may move from level 3 to 4, or be retained at level 3, with majority approval from Level Review Committee (LRC). The LRC will be chaired by the Associate Warden (preferably Jameson Associate Warden) and will include the Restrictive Housing Manager, a Major (preferably Jameson Annex Major), a Case Manager (preferably Unit A), the Unit A Sergeant or designated officer from Unit A.
  4. An inmate may move from level 4 to 5, or be retained at level 4, with majority approval from the members of the LRC. The LRC will be composed of the staff members listed above in #3 AND the Deputy Warden. The Deputy Warden will serve as the chair person.
    - a. If the Deputy Warden does not support the majority decision to move or retain the inmate, he/she will refer the matter to the Warden for final determination.
  5. An inmate may move from level 5 to general population, or be retained at level 5, with majority approval from the LRC members AND the Warden. The Warden will serve as the chair person.

- a. If the Warden does not support the majority approval/decision of the LRC, the Warden will refer the matter to the Director of Prison Operations for final determination.
- C. If an inmate is retained at any level (1-4) beyond the minimum duration set for the respective level, or is placed on a lower level (reduced a level), the inmate may appeal the decision to the Warden through the Administrative Remedy process (See DOC policy 1.3.E.2 *Administrative Remedy for Inmates*). The maximum duration an inmate may be retained without a review by the LRC is 180 days.
1. An inmate may appeal the decision to place, or not to place him on level 5 to the Secretary of Corrections through the Administrative Remedy process (See DOC policy 1.3.E.2 *Administrative Remedy for Inmates*).
- D. If an inmate commits a category H or M Offense in Custody, the LRC will review the incident to determine if the inmate will be retained at their current level or moved to a lower level. The results of the review will be documented in the Case Notes section in COMS.
- E. If an inmate on Restrictive Housing status receives a disciplinary report, the same response/sanctions that apply to inmates in general population may be applied/issued to the Restrictive Housing status inmate.
1. When an inmate on Restrictive Housing status receives a disciplinary report that would not require a general population inmate be placed in Disciplinary Housing, the inmate will not be moved to Disciplinary Housing and the inmate's current level will not change (See DOC policy 1.3.D.1 *Disciplinary Housing*).
  2. When an inmate on Restrictive Housing status receives a disciplinary report that would require an inmate in general population be placed in Disciplinary Housing, the inmate may be transferred to Disciplinary Housing.
  3. When a Restrictive Housing status inmate receives a disciplinary report for committing an act or behavior listed in Section 2 (1-10), the inmate will be moved to a lower level or required to start the Level Program over (placed on level 1).
- F. Any inmate placed on Restrictive Housing status with a release date that makes it impossible for the inmate to complete the Level System based on the minimum number of days set for completion of each level (1-4), may have his prescribed programming in the Level Program amended (See Section 14 of this policy).
- G. Inmates will be reviewed for possible placement in general population after successful completion of all levels of the program (ACA #4-4254).
- H. Inmate levels will be maintained as an "alert" in COMS.

**Example:** 1=Level 1, 2 = Level 2.

## 9. Restrictive Housing Status Review:

- A. All inmates placed on Restrictive Housing status will receive a face-to-face review once a week, for the first 60 days following initial placement on Restrictive Housing status (See ACA #4-4253). The reviews will be documented in the Care in Placement in COMS.



1. All inmates will receive a face-to-face review by the Restrictive Housing Manager or Unit A Manager on day 7, 14, 21, 35, 42 and 49 following placement on Restrictive Housing status. The reviews will be documented in COMS on a Care in Placement note.
  - a. The Restrictive Housing Manager or Unit A Manager will review the appropriateness of the inmate's placement on Restrictive Housing status (meets criteria for placement, reasons for continued placement exist, etc.) and review the inmate's overall adjustment to the level program (i.e. program compliance, daily schedule/routine, disciplinary record since placement), and follow up on any additional concerns or questions the inmate may have regarding the level program.
- B. Inmates on Restrictive Housing status will receive an out-of-cell (not cell front) review by a case manager on the 28<sup>th</sup> and 56<sup>th</sup> day of placement on Restricted Housing status, and every thirty (30) days following review on the 56<sup>th</sup> day. Reviews will continue to occur every 30 days throughout the duration of the inmate's placement on Restrictive Housing status. All reviews will be documented on the [Restrictive Housing Status Review](#) form (See [Attachment 6](#)) and in COMS as a Care in Placement type "RH Monthly Status Review" (See ACA #4-4253). If the inmate chooses not to attend any review, the Unit Manager or Case Manager will document the inmate's absence on the Restrictive Housing Status Review form.
  1. The content of the reviews will include, but is not limited to:
    - a. Review the inmate's behavior logs;
    - b. Review the inmate's rule compliance, disciplinary violations and punitive responses;
    - c. Review the inmate's current program progress and compliance with prescribed programming (required and/or elective);
    - d. Note any additional recommended programming or incomplete programming. Consideration will be given to modify program practices and/or procedures for inmates whose access to, and participation in, services, programs or activities is limited due to the inmate posing a direct threat to the health and safety of others; and
    - e. Review any behavioral health concerns or needs of the inmate documented by staff since the inmate's placement on Restrictive Housing status.
  - C. The RHM will review the [Restrictive Housing Status Review](#) form (See [Attachment 6](#)) any time an inmate is retained at a at a level or moved to a lower level.
  - D. In the case an inmate's restrictive housing status is extended beyond twenty-four months (24) months, the Director of Prison Operations, or the Secretary of Corrections if the Director of Operations is the Warden at the South Dakota State Penitentiary, will review the inmate's restrictive housing status reviews and other pertinent information.
    1. The Director or Secretary will review all inmates on restrictive housing status beyond 24 months a minimum of one time each year, and will document the review in the Case Notes in COMS.
    2. The Director or Secretary will approve, modify or deny continued placement of each inmate retained on Restrictive Housing status beyond 24 months. The inmate will be informed of the decision and the decision will be documented in the Case Notes in COMS.

3. The inmate may appeal the Director's decision to retain the inmate on Restrictive Housing status to the Secretary through the Administrative Remedy process (See DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#)).

## 10. Health Services:

- A. Following the Warden's decision to support placing an inmate on Restricted Housing status, DOC staff will notify DOH Health Services staff that the inmate will be placed on Restrictive Housing status.
- B. Health Service staff will review the inmate's health record upon placement on Restrictive Housing status to ensure the continuation of medical and dental services/care. The level of medical needs monitoring provided to inmates on Restrictive Housing status will be determined by Health Services staff (See DOH Policy P-E-09 [Segregated Inmates](#)).

## 11. Behavioral Health:

- A. Correctional Behavioral Health (CBH) staff will observe the inmate's adjustment to placement on restrictive housing status and note any concerns involving the inmate's behavioral health needs (ACA #4-4256).
  1. CBH staff and/or unit staff will inform inmates placed on restricted housing status of the practices and procedures to access behavioral health care services while on restricted housing status.
  2. CBH staff will conduct rounds in restrictive housing A-unit at least 3 times a week and at least one time per week in D-unit. The rounds process facilitates timely identification of inmates exhibiting acute symptoms of mental illness and the provision of appropriate clinical interventions. CBH staff will document rounds on individual logs (See DSS policy [300.10](#)).
- B. Behavioral Health staff will complete the [Inmate Mental Health Status](#) form for each inmate within 72 hours of initial placement on Restricted Housing status (See [Attachment 4](#)).
- C. Inmates must be assessed by CBH staff a minimum of every 90 days (ACA #4-4256). The assessment will be documented in the Progress Notes in COMS (See [Attachment 4](#)). Placement on Restrictive Housing status will not interfere with CBH staff's efforts to provide the inmate with care, treatment and programming.
  1. If CBH staff determines an inmate is in severe psychiatric crisis, and there is evidence to support continued placement on restrictive housing status may be detrimental to the health and wellbeing of the inmate, arrangements will be made through the inmate's unit staff to promptly remove the inmate from restrictive housing status.
- D. All inmates placed on restrictive housing status will have access to health and behavioral health services. Staff will conduct regular rounds on the units. Inmates may submit a written request (kite) to request to be seen by Health Services or CBH staff (See DOH Policy P-G-04 [Basic Mental Health Services](#), DSS policy 300.10 and ACA Standard #1-HC-3A-07).
- E. Unit staff may refer an inmate to CBH staff at any time by completing a [Mental Health Referral](#) form (See [Attachment 5](#)).

## 12. General Conditions of Confinement in Restrictive Housing:

- A. All inmates on Restrictive Housing status will receive laundry services and access to barbering/hair care services (ACA #4-4262 & #4-4263). Inmates will be issued and allowed to exchange, clothing, bedding and linen as directed in the unit plan (ACA #4-4261 and #4-4263).
  - 1. An inmate's access to certain hygiene, clothing and/or bedding items may be restricted by unit staff for safety and security reasons, i.e. the inmate is destroying property, has engaged in self harm or has harmed others utilizing certain items. All exceptions must be approved by the unit manager, documented, and justified (ACA #4-4263)
- B. All inmates on levels 2-5 will be allowed telephone privileges (See DOC policy 1.5.D.4 [Inmate Access to Telephones](#) and ACA #4-4271). An inmate's access to their attorney shall not be denied at any level.
- C. All inmates on restrictive housing status will have access to programs and services, including education, library services, legal aid, behavioral health and health services, religious services, recreation (outside their cell) and commissary (ACA #4-4273), contingent upon the level which they are assigned.
  - 1. For detailed information on programs, commissary and recreation, refer to the [Restrictive Housing Level and Privileges Table](#) (See [Attachment 8](#)).
- D. All inmates on restrictive housing status, except those prescribed a special medical diet or religious diet (See DOC policy 1.5.F.2 [Inmate Religious and Alternative Diets](#)), will be offered the same meals provided to general population inmates. Food/meals will not be withheld, or the standard menu varied, as a disciplinary sanction for an individual inmate (ACA #4-4320). Inmates on levels 1-4 will receive meals in their assigned cell.
  - 1. Alternative meal service may be provided to inmates on restrictive housing status who use food or food service equipment in a manner that is hazardous to self, staff or other inmates, or to damage or destroy property. Alternative meals are issued on a case-by-case basis and must be based on health and safety considerations. Alternative meals will meet the basic nutritional requirements set by the dietician. Alternative meals for an inmate must be approved by the Unit Manager or Restrictive Housing Manager and may not exceed seven (7) days without approval of the Warden (ACA #4-4264).
- E. All inmates on restrictive housing status, with the exception of inmates on level 1, will have access to class II visits, unless temporarily prohibited by a disciplinary sanction. Restrictions may be placed on the number of visitors, duration and frequency of visits (does not apply to attorney visits). Visitors must be on the inmate's approved visit list (See DOC policy 1.5.D.1 [Inmate Visiting](#) and ACA #4-4267).
  - 1. All inmates on restrictive housing status will have access to legal counsel, including visits with their attorney. Attorney visits will not be counted against the number of allowable social visits granted to inmates in levels 2-5. (See DOC policy 1.3.E.1 [Inmate Legal Assistance](#) and ACA #4-4275).
- F. Inmates on restrictive housing status may send and receive correspondence, as described in DOC policy 1.5.D.3 [Offender Correspondence](#) (ACA #4-4266).
- G. All inmates on restrictive housing status will have access to personal legal materials and legal reference materials, in accordance with DOC policy 1.3.E.1 [Inmate Legal Assistance](#) and ACA #4-4268).

- H. All inmates on restrictive housing status will have access to reading materials provided by the library on a regularly scheduled basis (ACA #4-4269). Religious materials may be accessed/provided by the Cultural Coordinator (ACA #4-4258). The amount of reading materials kept in an inmate's cell/room may be limited for security and/or safety reasons.
- I. Inmates on restrictive housing status levels 2-5 will have access to appropriate programs that support transition back to general population or the community. Programs may include General Education Development (GED), chemical dependency (CD) and mental health (MH). Method of receipt may include in cells, out of cell, television, or cell front (ACA #4-4273).
  - 1. Individual and group programming may be offered to inmates on levels 2-5.
  - 2. Inmates will be provided opportunities to participate in, and benefit from, programming, services and approved activities.
- J. All inmates on restrictive housing status levels 1-4 will be restrained when transported and escorted on or off the unit, in accordance with the restraint requirements assigned to their level, in accordance with DOC policy 1.3.A [Inmate Transport & Escort](#) and the Restrictive Housing Level and Privileges Table (See [Attachment 8](#)).

### **13. Response to Violations and Inmate Personal Property:**

- A. Restrictive housing status inmates may be granted access to certain property items approved for the program level which they are assigned, as noted in the [Restrictive Housing Property List by Level](#) form (See [Attachment 7](#)).
- B. Inmate personal property may be limited for safety reasons, health and hygiene concerns, to control contraband or as a consequence for behavior exhibited by the inmate. Provisions regulating inmate personal property as described in DOC policy 1.3.C.4 [Inmate Personal Property](#) apply to inmate personal property in Unit A and D.
- C. Inmates who move to a higher level will have their property items carry over from the lower level (level 2 property is retained by an inmate moving to level 3). Inmates who move to a lower level will not have access to property items designated to the higher level. Example, level 2 property items will be removed from the inmate's possession when the inmate moves to level 1.
- D. Select personal property items may be immediately removed from an inmate's possession for up to two (2) days by designated staff, as an immediate consequence for an inmate's negative behavior. Inmate access to select personal property items is a privilege and will be used as an incentive for positive behaviors and/or program participation. Removal of an inmate's personal property item(s) will be proportional to the offense/behavior, taking into the consideration the inmate's prior conduct and history of behaviors. For a list of personal property items which may temporarily suspended, refer to the Restrictive Housing Property List by Level form (See [Attachment 7](#)).
  - 1. Any staff member may recommend the immediate and temporary removal of an inmate's personal property item(s) to the Restrictive Housing Manager, Unit Manager, or in their absence, the Shift Commander. Only the Restrictive Housing Manager, Unit Manager or in their absence, the Shift Commander, has authority to temporarily remove an inmate's personal property.

2. The removal of an inmate's personal property item by staff will be documented on the [Temporary Removal of Property](#) form (See [Attachment 9](#)) and forwarded to the Restrictive Housing Manager.
3. Personal property items may only be returned to the inmate early (for positive changes in the inmate's behavior) by the staff member making the original recommendation for removal of the property item or by the staff member who authorized the removal of the property.

#### **14. Re-entry Procedures for Inmates Six Months from Release/Discharge:**

- A. Staff will identify inmates currently on Restrictive Housing status who are within 180 days of their end date. The unit manager will set an identifying alert in COMS for identification purposes.
- B. Inmates placed on levels 1-4 will be assessed as a level 3 System Risk and will have a high risk release packet completed in accordance with DOC policy 1.4.G.5 [System Risk Classification](#).
- C. Inmates placed on level 5 will be assessed as a Level 2 System Risk. If the inmate regresses to a lower level (1-4), the Risk Reduction Manager will be contacted immediately.
- D. All inmates on restrictive housing status within 180 days of their end date will be reviewed by the Unit Manager, Case Manager, Transition Case Manager, Parole Agent (if assigned) and Restrictive Housing Manager. The required minimum contact standards set within DOC policy 1.1.E.6 [Case Management](#) apply to all inmates placed on restrictive housing status.
- E. In addition to the identified needs and behavioral indicators documented on the inmate's case plan and release plan (See DOC policy 1.4.G.1 [Inmate Release Plan and Transition Programming](#)), staff will consider the following:
  1. The inmate's physical health needs and treatment/care recommendations from Health Services staff;
  2. The inmate's behavioral health needs and recommended or required treatment programming upon release (as applicable) from CBH staff.
  3. The inmate's current programmatic needs and information from recent Review Hearings;
  4. Any recent violent behaviors or threats to the safety and security of staff, inmates and facility;
  5. Recent interventions and attempts to transition the inmate into general population;
  6. The inmate's current level; and
  7. Any case planning recommendations to "fast-track" the inmate through the levels to level 5.
- F. The results of the review, including any updates or changes in the inmate's release plan, transitional programming plan, needs, or minimum contact standards, will be processed through the inmate's assigned case manager. All updates or changes will be entered in the Release Plan module in COMS.
- G. If at any time during the 180 days prior to the inmate's release/discharge the Level Review Committee determines the inmate is not suitable for transition from restrictive housing status to general population, the team will provide supporting documentation to the Warden. The Warden will determine if retention on restrictive housing status is justified.

1. The inmate may appeal the decision to retain him on restrictive housing status to the Secretary of Corrections through the Administrative Remedy procedure process (See DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#)).
- H. Any inmate placed on restrictive housing status with a possible release date sooner than the projected date he would complete the level program, (determined by adding the total minimum number of days applied to each level (1-4) of the level program), may have his program, amended to account for the remaining time he has to serve before release/discharge. The amended program must be approved by the Level Review Committee and Warden.
- I. Inmates will be provided opportunities to receive re-entry services and/or programming conducive to their wellbeing. Programs and services will be designed to enhance the inmate's opportunity for a successful transition into the community.
  1. The minimum duration for some or all of the programs may be modified or adjusted as deemed appropriate by program staff, based on safety or security concerns.
- J. Pre-release/discharge procedures contained in DOC policy 1.4.G.6 [System Risk Classification](#) and DOC policy 1.4.G.2 [Inmate Release Procedure](#) apply to inmates on Restrictive Housing status.

## 15. Performance Measures:

- A. Designated staff will document restrictive housing statistics and performance measures to track the progress of individual inmates and/or groups of inmates assigned to restrictive housing status, assess the effectiveness of the program and its components, and identify potential localized adjustments in the administration of the program and respective policies and procedures.
- B. Performance measures specific to restrictive housing include but are not limited to:
  1. Length of stay on restrictive housing status. This is the number of consecutive days inmates released from restrictive housing status during the review period spent on restrictive housing status.
  2. Institutional violence. This will measure the number of violent incidents that occurred during the review period among those inmates on restrictive housing status and those inmates in general population.
  3. Releases directly from restrictive housing status.
  4. Returns to restrictive housing status. This will track the number of inmates released from restrictive housing status to general population who are returned to restrictive housing status.

## 16. Staff Selection and Training:

- A. Staff assigned to the restrictive housing unit will have completed their employment probationary period and will be selected for assignment to the unit after completing an application, interview and completion of their supervisory review.
  1. Interviews will be conducted by the Unit A manager, Restrictive Housing Manager and the Jameson Major or designee.

2. Supervisory reviews will include recommendations and comments/input from Lieutenants, Captains and Majors.
- B. In addition to receiving all required DOC pre-service and annual in-service training, staff assigned to the restrictive housing unit will receive appropriate training in managing inmates on restrictive housing status specific to the job duties and positions they are assigned within the unit.
1. The Warden and/or Director of Prison Operations or designee is responsible for establishing specific training requirements for staff assigned to the restrictive housing unit and communicating all training requirements to the institution's training officer.
  1. The training officer is responsible for development of the restrictive housing training curriculum and scheduling the training. Staff attending pre-service and/or annual in-service training may be required to complete specific restrictive housing training as deemed necessary by the Warden.
  2. Restrictive housing training will include at a minimum;
    - a. Restrictive housing level system;
    - b. Restrictive housing unit daily operations and relevant policies/procedures;
    - c. De-escalation skills;
    - d. Working with inmates identified as having behavioral health issues;
    - e. Basic understanding of the programming provided/offered to inmates on restrictive housing status;
    - f. Documentation and communication requirements;
    - g. Skills necessary to protect inmates from suicide, suicide attempts, self-harm and appropriate response to such actions/incidents; and
    - h. Providing meaningful observation of an inmate's physical and behavioral wellbeing; signs of decomposition, risks of self-harm or suicidal ideations and proper response to such conditions, behaviors/incidents.

## V Related Directives:

- DOC policy 1.1.E.6 -- [Case Management](#)
- DOC policy 1.2.E.1 -- [Inmate Commissary](#)
- DOC policy 1.3.A.7 -- [Transport & Escort of Inmates](#)
- DOC policy 1.3.C.2 -- [Inmate Discipline System](#)
- DOC policy 1.3.C.4 -- [Inmate Personal Property](#)
- DOC policy 1.3.D.1 -- [Disciplinary Housing](#)
- DOC policy 1.3.E.1 -- [Inmate Legal Assistance](#)
- DOC policy 1.3.E.2 -- [Administrative Remedy for Inmates](#)
- DOC policy 1.5.F.2 -- [Inmate Religious and Alternative Diets](#)
- DOC policy 1.4.B.2 -- [Male Inmate Classification](#)
- DOC policy 1.4.E.7 -- [Offender Suicide Prevention and Intervention](#)
- DOC policy 1.4.G.1 -- [Inmate Release Plan and Transition Programming](#)
- DOC policy 1.4.G.2 -- [Inmate Release Procedure](#)

DOC policy 1.4.G.5 -- [System Risk Classification](#)  
DOC policy 1.5.D.1 – [Inmate Visiting](#)  
DOC policy 1.5.D.3 – [Offender Correspondence](#)  
DOC policy 1.5.D.4 – [Inmate Access to Telephones](#)  
SDSP OM 2.3.A.16 -- [Contraband Handling, Reporting and Disposal](#)  
DOH Policy P-E-09 -- [Segregated Inmates](#)  
DSS policy [300.10](#)

## VI Revision Log:

**August 2004:** New policy, written from SDSP and SDWP OMs.

**August 2005:** **Clarified** that the staff representative (case manager) will normally be present at the administrative segregation hearing. **Added** reference to DOC policies 1.5.D.3 and 1.5.D.4.

**Changed** the policy name on 1.3.D.1.

**July 2006:** No changes made.

**July 2007:** **Added** additional language regarding the Department of Human Services Correctional Mental Health Services providing a summary of the inmate's current mental health status and needs. **Added** attachments 3 and 4. **Revised** the language on escort/restraint requirements for Administrative Restrictive Housing inmates.

**July 2008:** **Revised** formatting of policy and attachments in accordance with 1.1.A.2. **Deleted** the "/" between Administrative and Restrictive Housing in ss (E) of the Hearing and Decision Process section. **Revised** "Administrative Restrictive Housing Inmates" to read "inmates on Administrative Restrictive Housing" throughout policy. **Revised** Attachments 3 and 4 with related policies.

**July 2009:** **Revised** title of DOC policy 1.5.D.3 to be consistent with actual title of policy and as saved on the M drive. **Added** reference to Warden selecting the Chair within ss (B of Administrative Restrictive Housing Hearing Board). **Revised** minor wording throughout policy. **Updated** formatting of Attachment headers.

**July 2010:** **Revised** formatting of Section 1. **Revised** title of DOC policy 1.4.B.2 and **added** reference to 1.4.B.14.

**August 2012:** **Added** definition of Administrative Restrictive Housing. **Added** "may include those inmates with a capital punishment sentence" to definition of Ad. Seg. **Added** B. to Section 1. **Added** "specific program needs" to Section 2 B. 5. **Deleted** "and therefore requires separation from the general population" **Deleted** "to the Warden and the Warden's decision to the SOC" and **Replaced** with "in accordance with DOC policy" in Section 4 G. **Deleted** "if he/she presents a risk to the security of disciplined operation of the institution" and **Replaced** with "has the authority to" in Section 5 A. **Added** "or acts" and "or harm" to Section 5 B. 1. **Added** new D. and **Renumbered** existing items that followed in Section 5. **Added** 14. to Section 5 E. **Added** "The review will be recorded except for the Board's deliberation" in Section 6 A. **Added** "or the Board determines his presence would create a threat to the safety of others" in Section 6 A. 4. **Added** 5. And 6. to Section 6 A. **Deleted** ninety (90) days" and **Replaced** with "time preceding the inmate's placement in Ad. Seg. or the last review by the Board" in Section 6 C. 1. **Deleted** "expose an inmate to bodily harm or other violent acts" and **Replaced** with "pose a threat to self, staff or others" and **Added** "the disciplined operation of the institution" in Section 6 C. 2. **Added** 3. and 4. to Section 6 C. **Deleted** "A mental health professional will personally interview and assess the psychological status of each inmate prior to their initial Administrative Restrictive Housing hearing and prior to each review hearing" and **Replaced** with "Upon notification that an inmate is placed in Ad. Seg., mental health staff will review the inmate's mental health record to determine whether existing mental health needs contradict placement in Ad. Seg. or the requirement accommodations in Section 7 A. **Replaced** "Human Services" with "Social Services in Section 7. **Added** "upon placement in Ad. Seg. in Section 7 A. 1. **Added** "in the inmate's records and MH record" and "may be conducted at the discretion of MH staff" in Section 7 A. 3. **Added** new 2. and changed 2. to 3. In Section 7 A. **Deleted** "and/or disciplinary segregation for a continuous period of more than one (1) year" and **Replaced** with "for more than ninety (90) days" in Section 7 B. **Deleted** "to ensure that no inmate is on Ad. Seg. and/or Dis. Seg. for whom mental health considerations indicate such status is



inappropriate” and **Replaced** with “to provide the Board with information which will assist the Board in determining appropriate housing/unit placement of the inmate” in Section 7 B. 2. **Deleted** “personal interview” and **Replaced** with “a review of the inmate’s MH record, past functioning in Ad. Seg. and may include a face-to-face assessment” and “at the discretion of MH staff” in Section 7 B. 3. **Deleted** six months an inmate is on Ad. Seg. or Dis. Seg.” and **Replaced** with ninety days following an inmate’s initial placement on Ad. Seg.” in Section 7 B.4. **Added** C. and C. 1. and C. 2 to Section 7. **Deleted** “procedures contained in DOC policy” and **Replaced** with “procedures contained within the institutional OM” in Section 8 B. **Added** (daily) to Section 9 A. 5. **Added** “and other reading materials as approved) in Section 9 A. 6. **Added** “attorney visits” to Section 9 A. 7. **Added** 12 & 13. to Section 9 A. **Revised** Attachment 2 to conform with policy.  
**April 2013:** **Deleted** “case manager” and **Replaced** with “staff member” and **Deleted** “this requirement” and **Replaced** with “declines their presence at the hearing” in Section 2 B. 2. **Added** H. to Section 4. **Added** “by mental health staff” in Section 5 C. **Added** D. to Section 6. **Added** 14. to Section 9 A.  
**September 2014:** Extensive revisions to policy.  
**August 2015:** Extensive revisions to the policy.  
**March 2017:** **Deleted** “90” and **Replaced** with “60” in Section 7 A. 2. **Deleted** “120” and **Replaced** with “90” in Section 7 A. 4.

*Denny Kaemingk (original signature on file)*

Denny Kaemingk, Secretary of Corrections

03/07/2017

Date

## Attachment 1: Restrictive Housing Referral for Hearing

The **Restrictive Housing Referral for Hearing** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Restrictive Housing Referral for Hearing** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Restrictive Housing Referral for Hearing**.

Attachment 1	
<p>Referral for Restrictive Housing Hearing</p> <p>Offender: _____ DOC Identification Number: _____ Date of Referral: _____</p> <p>Check the box for the criteria which has been met (minimum of one is required).</p> <p>The above offender has demonstrated one or more of the below behaviors/criteria while incarcerated in the SD DOC or while detained prior to admission to SD DOC; and is being referred for possible placement in Restrictive Housing:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Assault and/or Related Act:<ol style="list-style-type: none"><li>a. The inmate has caused or attempted to cause serious physical harm (requiring immediate medical attention, emergency treatment or hospitalization) or death to another person; or</li><li>b. The inmate compelled or coerced another person, by force or the threat of serious physical harm or death, to engage in any sexual act; or</li><li>c. The inmate compelled or coerced another person, by force or the threat of serious physical harm or death, to provide anything of value, to perform any act or to violate any rule.</li></ol></li><li><input type="checkbox"/> The inmate lead, organized or incited a disturbance or riot which resulted in the taking of a hostage, significant property damage, physical harm or loss of life.</li><li><input type="checkbox"/> The inmate possessed, conspired, or attempted to introduce dangerous contraband (Class A or B) which posed a serious threat to the security of the institution, including but not limited to:<ol style="list-style-type: none"><li>a. Weapons, explosives or ammunition;</li><li>b. Escape paraphernalia; or</li><li>c. Drugs or paraphernalia.</li></ol></li><li><input type="checkbox"/> The inmate is an identified security threat group member, is believed to be a leader of their designated group and is repeatedly involved in activities which disrupt the safety and security of the institution.</li><li><input type="checkbox"/> The inmate escaped or attempted to escape from a secure correctional facility or is known to have committed related acts, such as helping others escape from a secure facility or facilitating an escape or escape attempt from a secure facility.</li><li><input type="checkbox"/> The inmate knowingly exposed others to the risk of contracting a blood borne pathogen including, but not limited to, HIV or hepatitis B.</li></ul> <p>Created 01/28/2015</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> The inmate threatened to inflict serious physical harm or injury upon a staff member, or threatened the life of a staff member in a deliberate or reckless manner in which a reasonable person would conclude the intent of the threat was to cause the staff member fear.</li><li><input type="checkbox"/> While detained or incarcerated, the inmate set a fire resulting in serious physical harm or risk of serious physical harm to persons or caused extensive damage to state property.</li><li><input type="checkbox"/> The inmate on more than one occasion compelled or coerced a staff member to engage in behavior/conduct that is in direct violation of the department's Code of Ethics.</li><li><input type="checkbox"/> The inmate committed a crime of exceptional violence and/or notoriety, proximate to their incarceration.</li></ul> <p>A detailed explanation of support must be provided for each of the criteria checked above. Details should include references to any disciplinary reports and the results of any related disciplinary hearings.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>A referral for a Restrictive Housing hearing must be reviewed and approved by an Associate Warden or staff member of equal rank.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Approved</li><li><input type="checkbox"/> Denied</li></ul> <p>_____ Signature/Printed Name</p> <p>_____ Date</p> <p>Created 01/28/2015</p>

## Attachment 2: Restrictive Housing Notice of Initial Hearing

The **Restrictive Housing Notice of Initial Hearing** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Restrictive Housing Notice of Initial Hearing** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Restrictive Housing Notice of Initial Hearing**.

Attachment 2 Restrictive Housing Notice of Initial Hearing	
<p>Name: _____</p> <p>Number: _____</p> <p>Date and Time of Hearing (may not be sooner than 24 hours from the date and time the inmate is served notice of the hearing): _____</p> <p>Reason for Hearing: You have demonstrated one or more of the below criteria as evidenced by: (additional Comments may be included below) _____ _____</p> <p><input type="checkbox"/> Assault and related acts:</p> <ol style="list-style-type: none"><li>a. The inmate caused or attempted to cause serious physical harm (requiring immediate medical attention, emergency treatment or hospitalization) or death to another person; or</li><li>b. The inmate compelled or coerced another person, by force or the threat of serious physical harm or death, to engage in any sexual act or sexual abuse; or</li><li>c. The inmate compelled or coerced another person, by force or the threat of serious physical harm or death, to provide anything of value, to perform any act or to violate any rule.</li></ol> <p><input type="checkbox"/> The inmate lead, organized or incited a disturbance or riot which resulted in the taking of a hostage, significant property damage, physical harm or loss of life.</p> <p><input type="checkbox"/> The inmate possessed, conspired or attempted to introduce dangerous contraband which posed a serious threat to the security of the institution, including but not limited to:</p> <ol style="list-style-type: none"><li>a. Weapons, explosives or ammunition;</li><li>b. Escape paraphernalia;</li><li>c. Drugs or paraphernalia.</li></ol> <p><input type="checkbox"/> The inmate is an identified security threat group member, is believed to be a leader of their designated group and is repeatedly involved in activities which disrupt the safety and security of the institution.</p> <p><input type="checkbox"/> The inmate escaped or attempted to escape from a secure correctional facility or is known to have committed related acts, such as helping others escape from a secure facility or facilitating an escape or escape attempt from a secure facility.</p> <p><input type="checkbox"/> The inmate has knowingly exposed others to the risk of contracting a blood borne pathogen, including, but not limited to, HIV or hepatitis B.</p> <p><input type="checkbox"/> The inmate threatened to inflict serious physical harm or injury upon a staff member, or threatened the life of a staff member in a deliberate or reckless manner in which a reasonable person would conclude the intent of the threat was to cause the staff member fear.</p> <p><input type="checkbox"/> While detained or incarcerated, the inmate set a fire resulting in serious physical harm or risk of serious physical harm to persons or caused extensive damage to state property.</p> <p><input type="checkbox"/> The inmate on more than one occasion compelled or coerced a staff member to engage in behavior/conduct in direct violation of the department's Code of Ethics.</p> <p><input type="checkbox"/> The inmate committed a crime of exceptional violence and/or notoriety, proximate to their incarceration.</p> <p>Created 01/28/2015</p>	<p><b>Inmate Rights:</b></p> <p>You have a right to an impartial hearing.</p> <p>You have a right to be present at the hearing.</p> <p>You have the right to remain silent.</p> <p>You have the right to know the behaviors/criteria that support your referral to restricted housing status.</p> <p>You have the right to present relevant documents, relevant witness statements, evidence and a written or verbal statement.</p> <p>You may choose to be assisted at the hearing by a member of your Unit Staff, normally your Case Manager.</p> <p>You have the right to review confidential information presented at the hearing, however, the source of the confidential information may not be disclosed if the board determines that such disclosure may subject the informant/witness to risk or harm if their identity were disclosed.</p> <p>You have a right to a copy of the Findings and Disposition, which shall include the Warden's decision regarding your housing placement.</p> <p>If you are placed on Restrictive Housing status, you have the right to appeal the placement through the Administrative Remedy process.</p> <p><b>Inmate Presence at Hearing:</b></p> <p><input type="checkbox"/> I will attend the hearing.</p> <p><input type="checkbox"/> I choose not to attend the hearing.</p> <p><b>Staff Assistance at Hearing:</b></p> <p><input type="checkbox"/> I request the assistance of a Unit Staff member.</p> <p><input type="checkbox"/> Staff member requested (normally a Case Manager): _____</p> <p><input type="checkbox"/> I choose to decline the assistance of a staff member.</p> <p>Inmate's Signature: _____ Date: _____ *If the inmate refuses to sign, the staff member serving the notice, will need to indicate "refused to sign" on the above signature line.</p> <p>Serving Staff Member (print/sign): _____ Date: _____ Time: _____</p> <p>Created 01/28/2015</p>

## Attachment 3: Restrictive Housing Status Findings and Disposition

The **Restrictive Housing Status Findings and Disposition** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Restrictive Housing Status Findings and Disposition** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Restrictive Housing Status Findings and Disposition**.

The gray areas indicate the information that is to be entered.

<p>South Dakota Department of Corrections Policy Distribution: Public</p> <p>Please refer to DOC policy 1.3.D.4 Restrictive Housing</p> <p style="text-align: center;"><b>Attachment 3</b> <b>RESTRICTIVE HOUSING STATUS</b> <b>FINDINGS AND DISPOSITION</b></p> <p>Inmate's Name: _____</p> <p>Inmate's Number _____ Date: _____</p> <p>By preponderance of all information, facts and evidence presented, it was determined you meet the following criteria and that you will be placed on restricted housing status:</p> <p><input type="checkbox"/> Assault and related acts:</p> <ol style="list-style-type: none"><li>a. The inmate caused or attempted to cause serious physical harm (requiring immediate medical attention, emergency treatment or hospitalization) or death to another person; or</li><li>b. The inmate compelled or coerced another person, by force or the threat of serious physical harm or death, to engage in any sexual act or sexual abuse; or</li><li>c. The inmate compelled or coerced another person, by force or the threat of serious physical harm or death, to provide anything of value, to perform any act or to violate any rule.</li></ol> <p><input type="checkbox"/> The inmate lead, organized or incited a disturbance or riot which resulted in the taking of a hostage, significant property damage, physical harm or loss of life.</p> <p><input type="checkbox"/> The inmate possessed, conspired or attempted to introduce dangerous contraband which posed a serious threat to the security of the institution, including but not limited to:</p> <ol style="list-style-type: none"><li>a. Weapons, explosives or ammunition;</li><li>b. Escape paraphernalia;</li><li>c. Drugs or paraphernalia.</li></ol> <p><input type="checkbox"/> The inmate is an identified security threat group member, is believed to be a leader of their designated group and is repeatedly involved in activities which disrupt the safety and security of the institution.</p> <p><input type="checkbox"/> The inmate escaped or attempted to escape from a secure correctional facility or is known to have committed related acts, such as helping others escape from a secure facility or facilitating an escape or escape attempt from a secure facility.</p> <p><input type="checkbox"/> The inmate has knowingly exposed others to the risk of contracting a blood borne pathogen, including, but not limited to, HIV or hepatitis B.</p> <p><input type="checkbox"/> The inmate threatened to inflict serious physical harm or injury upon a staff member, or threatened the life of a staff member in a deliberate or reckless manner in which a reasonable person would conclude the intent of the threat was to cause the staff member fear.</p> <p><input type="checkbox"/> While detained or incarcerated, the inmate set a fire resulting in serious physical harm or risk of serious physical harm to persons or caused extensive damage to state property.</p> <p>Created 04/01/2015 Page 1 of 1</p>	<p>South Dakota Department of Corrections Policy Distribution: Public</p> <p>Please refer to DOC policy 1.3.D.4 Restrictive Housing</p> <p><input type="checkbox"/> The inmate on more than one occasion compelled or coerced a staff member to engage in behavior/conduct in direct violation of the department's Code of Ethics.</p> <p><input type="checkbox"/> The inmate committed a crime of exceptional violence and/or notoriety, proximate to their incarceration.</p> <p><input type="checkbox"/> By preponderance of all information, facts and evidence presented during the hearing, it was determined you will NOT be placed on restricted housing status at this time.</p> <p>You have the right to appeal placement on restricted housing status through the inmate Administrative Remedy process. Please refer to DOC policy 1.3.E.2 <i>Administrative Remedy for Inmates</i>.</p> <p>Board Member: _____</p> <p>Board Member: _____</p> <p>Board Member: _____</p> <p>Hearing Date: _____</p> <p>Warden: _____</p> <p>Date of Warden's Review: _____</p> <p>Created 04/01/2015 Page 1 of 1</p>
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## Attachment 4: Inmate Mental Health Status

The ***Inmate Mental Health Status*** form is available in COMS and located on the state's WAN.

A copy may be printed using ***Microsoft Word*** as follows:

1. Click [here](#) to access the ***Inmate Mental Health Status*** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
2. Or Select ***File/New*** from the Menu Bar / Select the ***DOC*** tab / Select ***Inmate Mental Health Status***.

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public	Attachment: Inmate Mental Health Status Please refer to DOC policies 1.3.D.1 and 1.3.D.4 1.3.C.2
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**INMATE MENTAL HEALTH STATUS**

Inmate Name:

Inmate Number:

**ASSESSMENT BASED UPON:**

Review of past correctional mental Health records.

Review of past functioning in segregation placement.

Face to face assessment conducted on this date:

**MENTAL STATUS:**

Judgment:  Intact  Impaired Describe:

Insight:  Intact  Impaired Describe:

Hallucinations/  
Delusions  Present  N/A Describe:

Mood  Stable  Unstable Describe:

Danger to self/  
others:  No evidence of Risk  Denied Evidence of Risk  Evidence of risk  
Describe:

**MENTAL HEATH NEEDS:**

	Yes	No	NA
Inmate has no current mental health needs or concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmate is aware of how to access mental health services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmate has accessed mental health on an as needed or regular basis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmate is currently or has been seen by psychiatrist or taken psychiatrist prescribed meds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmate has been recommended for consultation with a psychiatrist – but has refused:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Assessment of mental health concerns of segregation placement:**

Therapist  Date

Revised: 03/22/2012 Page 1 of 1



## Attachment 6: Restrictive Housing Status Review

The **Restrictive Housing Status Review** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Restrictive Housing Status Review** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / **Select Restrictive Housing Status Review**.

Restrictive Housing Status Review

Name of Offender: \_\_\_\_\_  
Date of Status Review: \_\_\_\_\_  
Offender present at Review:  Yes  No  
If No, provide explanation: \_\_\_\_\_

Date Placed into Restrictive Housing: \_\_\_\_\_  
Reason for initial placement: \_\_\_\_\_  
Current level placement: \_\_\_\_\_  
Number of days spent at current level: \_\_\_\_\_  
Date of last review: \_\_\_\_\_

**Behavioral Logs**  
Check appropriate box and provide detailed justification for the selection:

Date	Disciplinary Rule Violation?	Behavior (positive/negative, detail)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

**Programming**  
Check appropriate box for programming required of the offender. Include a detailed status update for each program required. Consult facilitators for information prior to review.

Level programming (Independent learning, MRT, etc)  
 ABE/GED  
 Chemical Dependency  
 Start Now  
 Other: \_\_\_\_\_

**Additional Considerations**  
Document any relevant behavior regarding additional areas such as mental health or health service compliance (i.e. refusal to attend requested health care, medication non-compliance):  
\_\_\_\_\_  
\_\_\_\_\_

**Tasks/Goals**  
Review individual plan, provide recommendations for next reporting period and document whether previous review's task/goals were met.  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations of Reviewer**  
Check the appropriate box and provide an explanation for your recommendation.

Progress to level 3 (i.e. completed all programming, satisfactory/excellent behavior, etc)  
 Meet with review board for progression to level 4 (i.e. completed all programming, satisfactory/excellent behavior, etc)  
 Meet with review board for progression to level 5  
 Meet with review board for progression to General Population  
 Regress to previous level (i.e. not participating, poor behavior, etc)  
 Retain at current level past minimum time required (i.e. participating but not complete, can improve on behavior, etc)  
 Not completed minimum time required for level progression

\_\_\_\_\_  
\_\_\_\_\_

Reviewer:  
Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Restrictive Housing Manager (Required ONLY for Regression or Retention recommendations):  
 Approve Recommendations  
 Deny Recommendations, if deny, provide new recommendations and explanation

\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## Attachment 7: Restrictive Housing Property List by Level

The **Restrictive Housing Property List by Level** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Restrictive Housing Property List by Level** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
  
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / **Select Restrictive Housing Property List by Level.**

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Shoes and Shower Sandals	Calculator	Television (no remote)		Area Rug
Socks/T-shirts/underwear	Batteries	Ability to order craftwork		Disposable Razors
Medical alert bracelet	Personal radio/batteries	-NO leather work		After Shave/Shaving Cream
Comb/hairbrush	Photographs/albums	Sweat shorts/shirt/pants		Fingernail Clippers
Toothbrush/toothpaste	Insulated Cup/Spoon	Stereo adapter jacks		Mirror (4x4)
Deodorant	Storage Container	Audio Extension cords		Padlocks
Shampoo/Conditioner/gel		Chess/Checkers/Dominoes		Leatherwork?
Lotion/foot powder/pumice		Desk Lamp		TV remotes
Washcloths		Extension Cord		Scissors
Wedding Bands				Watch/watch batteries
Loaner radio/ear buds				
Magazines and Books				
Legal mail/copies				
Address Book				
Eye glasses/Dentures				
Deck of Cards				

Note: All of the property from the previous level carries over into the next (i.e. inmates keep all property from Level 1 when moving to Level 2)

PROPERTY NO LONGER ALLOWED IN AD SEG:  
Fan, typewriter, keyboard, guitar/bag, weightlifting belt, sunglasses, bandana, cap, handkerchief, TV antenna's



## Attachment 8: Restrictive Housing Level and Privileges Table


The **Restrictive Housing Level and Privileges Table** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Restrictive Housing Level and Privileges Table** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
  
3. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / **Select Restrictive Housing Level and Privledges Table.**

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Duration</b>	15 days maximum	60 days minimum	90 days minimum	90 days minimum	120 days minimum
<b>Location</b> <i>*Section location for level is based on availability of cells</i>	Unit A (section 3)	Unit A (section 3)	Unit A (section 4)	Unit A (section 5)	Unit D (section 6)
<b>Recreation</b> <i>-duration 60 minutes -daily showers -telephone use during recreation</i>	5 days/week *recreation enclosure	5 days/week *recreation enclosure	5 days/week *recreation enclosure	7 days/week *recreation enclosure	7 days/week *rotating between dayroom and gym/outdoor yard
<b>Meals</b>	In-cell	In-cell	In-cell	In-cell	Dayroom (EOD)
<b>Commissary</b>	Hygiene/mail items only	\$10 weekly limit	\$15 weekly limit	\$20 weekly limit	\$30 weekly limit
<b>Visits</b>	None	1 visit/week (Class II), maximum of 3 visitors	2 visits/week (Class II), maximum of 3 visitors	2 visits/week/visitor (Class II)	2 visits/week/visitor (Class II) *potential for Class I
<b>Television</b>	No television in cell (televisions are in section)	No television in cell (televisions are in section)	1 state issued television per cell (no personal)	1 state issued television per cell (no personal)	1 personal TV per inmate (potential for 2 TV's in each cell)
<b>Restraints</b>	Full restraints off unit	Full restraints off unit	Full restraints off unit	-Unrestrained movement to rec enclosure and shower inside the section. -Handcuffs only off unit (unless leaving facility)	-No restraints when out of cell; maximum 8 inmates out of cell at one time.
<b>Work Assignments</b>	None	None	None	Rotating non-paid work assignments for unit	Rotating non-paid work assignments for unit
<b>Programming</b> <i>*GED, CD, MH programming offered at all levels</i>	None	In-cell only/individual electives	In-cell only/pre-MRT manual "Thinking for Good" and individual electives	Group programming; MRT Steps 1-3	Group programming; MRT Steps 4-12

**Attachment 9: Restrictive Housing Temporary Removal of Property form** is a duplicate form available through the print shop.

		South Dakota Department of Corrections <b>Restrictive Housing Temporary Removal of Property</b>	
Inmate's Name (Last, First, Middle Initial)		DOC ID Number	
Cell Number	Date Removed	Time Removed	
<b>Item(s) Removed</b>			
<input type="checkbox"/> Television Serial #: _____			
<input type="checkbox"/> Radio/Headphones Serial #: _____			
<input type="checkbox"/> Craftwork: _____			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
<b>Reason for Removal</b>			
_____ _____ _____ _____			
Duration of Removal		Staff Authorizing Removal of Property (Print & Sign)	
<b>Removal of Property</b> <input type="checkbox"/> <i>I acknowledge the above property was taken from me on the above date and time.</i>			
Inmate Signature Upon Removal: _____ Date: _____			
<b>Return of Property</b> <input type="checkbox"/> <i>I acknowledge the above property has been returned to me and is in the same condition as when I last had it in my possession, unless otherwise noted by staff.</i>			
Inmate Signature Upon Receipt: _____ Date: _____			
Staff Signature Upon Returning Property: _____ Date: _____			
<small>White Copy to Restrictive Housing Manager (Upon Return of Property) Yellow Copy to Inmate (Upon Return of Property) Pink Copy to Inmate (At Time of Removal) Gold Copy to Restrictive Housing Manager (After Removal)</small>			

## Attachment 10: Restrictive Housing Level Review Committee

The **Restrictive Housing Level Review Committee** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Restrictive Housing Level Review Committee** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.

1. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / **Select Restrictive Housing Level Review Committee.**

<p style="text-align: center;">Restrictive Housing Level Review Committee</p> <p>Name of Offender: _____</p> <p>Date of Level Review Committee Meeting: _____</p> <p>Offender present at Review: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, provide reason: _____</p> <p>Date Placed into Restrictive Housing: _____</p> <p>Reason for initial placement: _____</p> <p>Current level placement: _____</p> <p>Number of days spent at current level: _____</p> <p>If the offender is currently on a modified level program, provide reduced duration for current level: _____</p> <p>Date of last status review: _____</p> <p><u>Reason for Review as indicated in RH status review (and designated chair):</u></p> <table><tr><td><input type="checkbox"/> Progression to Level 2 (Chair: RHM or Unit A Manager)</td><td><input type="checkbox"/> Progression to General Population (Chair: Warden)</td></tr><tr><td><input type="checkbox"/> Progression to Level 3 (Chair: RHM or Unit A Manager)</td><td><input type="checkbox"/> Retention at current level</td></tr><tr><td><input type="checkbox"/> Progression to Level 4 (Chair: Associate Warden)</td><td><input type="checkbox"/> Regression to a lower level</td></tr><tr><td><input type="checkbox"/> Progression to Level 5 (Chair: Deputy Warden)</td><td></td></tr></table> <p><u>Staff Members Present:</u></p> <p><input type="checkbox"/> Warden (required for offenders at Level 5)</p> <p><input type="checkbox"/> Deputy Warden (required for offenders at Levels 4 and 5)</p> <p><input type="checkbox"/> Associate Warden (required for offenders at Levels 3, 4 and 5)</p> <p>Print Name and Signature: _____</p> <p><input type="checkbox"/> Major (required for offenders at Levels 3, 4 and 5)</p> <p>Print Name and Signature: _____</p> <p><input type="checkbox"/> Restrictive Housing Manager and/or Unit A Manager (one is required for offenders at all levels)</p> <p>Print Name and Signature: _____</p> <p><input type="checkbox"/> Case Manager (required for offenders at all levels)</p> <p>Print Name and Signature: _____</p> <p><input type="checkbox"/> Unit A Sergeant or Corporal (one required for offenders at all levels)</p> <p>Print Name and Signature: _____</p> <p><input type="checkbox"/> Behavioral Health Staff (only required if offender is SMI or has an intellectual disability)</p> <p>Print Name and Signature: _____</p> <p><u>Information Reviewed/Considered by Committee:</u></p> <p><input type="checkbox"/> Has the offender met the minimum duration of current level assignment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No If no, provide explanation: _____</p> <p><input type="checkbox"/> RH Status Reviews</p> <p><input type="checkbox"/> Has the offender received any extensions to current level duration?</p> <p><input type="checkbox"/> Yes If yes, provide explanation: _____</p> <p><input type="checkbox"/> No</p>	<input type="checkbox"/> Progression to Level 2 (Chair: RHM or Unit A Manager)	<input type="checkbox"/> Progression to General Population (Chair: Warden)	<input type="checkbox"/> Progression to Level 3 (Chair: RHM or Unit A Manager)	<input type="checkbox"/> Retention at current level	<input type="checkbox"/> Progression to Level 4 (Chair: Associate Warden)	<input type="checkbox"/> Regression to a lower level	<input type="checkbox"/> Progression to Level 5 (Chair: Deputy Warden)		<p><input type="checkbox"/> Statements/Information presented by offender</p> <p><input type="checkbox"/> Additional Information Considered:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Committee Recommendation (by majority opinion):</u></p> <p><input type="checkbox"/> Progress to -</p> <p><input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> General Population</p> <p><input type="checkbox"/> Retain at current level for duration of _____ days (maximum 180 days)</p> <p><input type="checkbox"/> Regress to -</p> <p><input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4</p> <p>If the committee recommendation is to retain or regress the offender, explanation/justification will be included below:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Committee Chair Decision:</u></p> <p><input type="checkbox"/> Approve Committee Recommendation</p> <p><input type="checkbox"/> Alternate Decision:</p> <p><input type="checkbox"/> Progress to -</p> <p><input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> General Population</p> <p><input type="checkbox"/> Retain at current level for duration of _____ days (maximum 180 days)</p> <p><input type="checkbox"/> Regress to -</p> <p><input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4</p> <p>**If an alternate decision is made by the chair, an explanation/justification will be included below and next level approval of decision is required:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Print Name/Signature/Title of Committee Chair _____ Date _____</p> <p>Print Name/Signature/Title of Next Level Approval _____ Date _____</p> <p><small>*only required if Committee Chair decision is alternate to recommendation of committee</small></p>
<input type="checkbox"/> Progression to Level 2 (Chair: RHM or Unit A Manager)	<input type="checkbox"/> Progression to General Population (Chair: Warden)								
<input type="checkbox"/> Progression to Level 3 (Chair: RHM or Unit A Manager)	<input type="checkbox"/> Retention at current level								
<input type="checkbox"/> Progression to Level 4 (Chair: Associate Warden)	<input type="checkbox"/> Regression to a lower level								
<input type="checkbox"/> Progression to Level 5 (Chair: Deputy Warden)									