

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 or other inmates, or to the security or orderly operation of a correctional facility. Placement on RH is based on the behavior of the inmate. RH does not include disciplinary segregation or protective custody inmates and is not used as a disciplinary sanction or punitive status. RH is designed to support a safe and productive environment for staff and inmates assigned to general population and to create 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 has been identified as belonging to a gang or Security Threat Group (STG) via self report or an institutional Special Investigations Unit report. Examples used to identify STG involvement include, but are not limited to tattoos, markings, past history or incident involvement.

Personal Property:

Personal property includes all property owned by or in possession of an inmate that is not issued to the inmate by the Department of Corrections. This includes items an inmate is permitted to possess pursuant to applicable institutional operations memoranda and/or directives from the

Warden or his/her designee. Inmate personal property is a privilege earned by each inmate and references to personal property do not establish an ownership interest in the property superior to the policies, rules and procedures of the institution. 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.

Release Date:

Suspended sentence release date, good time release date or term expires date on which the inmate will release from incarceration.

IV Procedures:

1. Referral for Restrictive Housing:

- A. Inmates in DOC custody exhibiting behaviors meeting one or more of the criteria set forth within Section 2 of this policy will be referred for possible placement in restrictive housing by DOC staff (See DOC policies 1.3.D.1 *Disciplinary Segregation Housing*, 1.4.B.2 *Male Inmate Classification* and ACA Standard #4-4250).
- B. Inmates exhibiting behaviors meeting one or more of the criteria set forth within Section 2 of this policy while detained prior to admission to the SD DOC may be referred for possible placement in restrictive housing by DOC staff.

2. Criteria for Referral:

- A. Inmates identified by DOC staff as exhibiting one or more of the following 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) or death to another person; or
 - 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
 - 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.
 - 2. 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; or
 - 3. The inmate possessed, conspired, or attempted to introduce dangerous contraband (Class A or B) which posed a serious and legitimate threat to the security of the institution, including but 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, is believed to be a leader of a designated security threat group and is repeatedly involved in activities or behaviors which disrupt the safety and security of the institution; or
 5. 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; or
 6. The inmate knowingly exposed others to the risk of contracting a blood-borne pathogen, including, but not limited to, HIV or hepatitis B; or
 7. 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 which a reasonable person would conclude the intent of the threat was to cause the staff member fear; or
 8. 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; or
 9. The inmate on more than one occasion, compelled or coerced a staff member to engage in behavior/conduct that is direct violation of the DOC Policy 1.1.C.1 *Code of Ethics*; or
 10. The inmate committed a crime of exceptional violence and/or notoriety proximate to their incarceration.
- B. Staff is responsible for compiling and documenting information, evidence and facts supporting referral of the inmate for possible placement on restrictive housing status (See *Restrictive Housing Hearing Referral* form -Attachment 1).
- C. The referral must be approved by an Associate Warden or staff member of equal rank.

3. Inmate Notice of Restrictive Housing Hearing:

- A. The inmate will be served the *Restrictive Housing Notice of Initial Hearing* for signature (See Attachment 2) at least twenty-four (24) hours prior to the time and date set for the Restrictive Housing hearing. The notice will include:
1. A statement describing the behavior(s) the inmate has exhibited which supports referral for placement on Restrictive Housing status. A minimum of (1) one of the behaviors identified in Section 2 of this policy must be included in the statement notice.
 2. The date, time and location set for the Restrictive Housing hearing.
 3. The inmate's rights.

4. Mental Health Assessment:

- A. Prior to the inmate's hearing, a mental health assessment will be completed by Behavioral Health staff (See Attachment 4).
- B. If Behavioral Health staff believe an inmate's behavior may be more appropriately treated through intervention and/or by programming; or determines the acts/actions committed by the inmate are the result of the inmate's mental illness, this information will be provided to the multi-disciplinary staffing team for consideration and discussion.

- C. Inmates assessed as having a serious mental illness (SMI) or who are identified as having intellectual disabilities (ID), will not be placed on Restrictive Housing status unless they have exhibited behaviors listed Section 2 (1-10) and placement on restricted housing status is supported by Behavioral Health staff and approved by the Warden.
- D. The assessment should include screening inmates for current or past suicidal or self-injurious behaviors and the potential risk of these types of harm if the inmate is placed on restrictive housing status.

5. Multi-Disciplinary Staffing:

- A. Prior to the commencement of the restrictive housing hearing, a multi-disciplinary team will convene to consider, review and provide information and recommendations.
 - 1. At a minimum, the team will include the Unit Manager, Case Manager assigned to the Restrictive Housing unit, Restrictive Housing Manager and Behavioral Health Services staff. Additional staff may be present 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 referral is based primarily on criteria #4 (See 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 but are not limited to:
 - a. The inmate's mental health status and needs, based on information and recommendations provided by Behavioral Health staff; and
 - b. The inmate's programmatic needs; and
 - c. The safety and security of the inmate and/or any known threat(s) the inmate poses to the safety of staff and other inmates.
 - 1) Each inmate must be individually assessed to determine the risk the inmate actually and objectively poses to others.
 - d. The inmate's history of behavior while housed in general population and the results of any past interventions/attempts by staff to move the inmate from restrictive housing status to general population.
 - e. If the inmate is 180 days or less from his release date, the team will consider modifying or reducing the set durations of the level program, with the goal of providing the inmate an opportunity to release/discharge from 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](#) form (See [Attachment 3](#)) located in the Comprehensive Offender Management System (COMS).
 - 1. The completed review and any other related information will be provided to the Restrictive Housing Hearing Board prior to the hearing.

6. Restrictive Housing Hearing Board:

- A. The board shall consist of three (3) members.

1. One (1) supervisory correctional officer (normally with the rank of Captain or higher). A Sergeant or Lieutenant may serve in this capacity if staff with the rank of Captain or higher is not available; and
 2. Two (2) unit managers.
- B. If the reason(s) for Restrictive Housing referral are based in part or in full on confidential investigative information, the investigator will not be a member of the Board.

7. Hearing and Decision Process:

- A. The hearing will be held no sooner than twenty-four (24) hours from the date and time when the inmate is served notice of the hearing, but no later than seven (7) calendar days from the date the inmate was served.
- B. The board may require staff to appear at the hearing to present relevant information. The board may temporarily adjourn to call staff or obtain additional information.
- C. The inmate will be provided Notice of the Initial hearing (See [Restrictive Housing Notice of Initial Hearing](#) form- [Attachment 2](#)). The inmate has a right to an impartial hearing, to be present at the hearing, to remain silent, to know the behaviors he is said to have exhibited that lead to the referral, present relevant documents, relevant witness statements and evidence on his behalf and provide a written statement.
1. The inmate may be assisted by a member of his unit staff, normally a case manager.
 2. The inmate is responsible for ensuring all documents and witnesses statements to be presented on his behalf have been requested and obtained prior to the review.
 3. An effort will be made to provide the inmate with sufficient time to obtain relevant documents and witness statements; however, the board retains authority to conduct the hearing at a time and date determined by the board if the board deems delay by the inmate is excessive.
 4. Staff will present documentary evidence supporting the recommendation the inmate be placed on restrictive housing status. The inmate will be afforded the opportunity to present documentary evidence on his behalf.
 5. 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 that such disclosure may subject the informant/witness to risk or harm if their identity were disclosed.
- D. By preponderance of all information, facts and evidence presented during the hearing, the board will determine if there is substantial evidence supporting the inmate has exhibited one or more of the behaviors/criteria set forth in Section 2 of this policy.
1. Upon finding an inmate has exhibited one or more of the behaviors/criteria, the board may recommend the inmate be placed on restrictive housing status. This recommendation will be provided to the Warden or his/her designee within two (2) business days following the conclusion of the hearing.
 2. Inmates will not unnecessarily and/or inappropriately be placed on restricted housing status. Adequate justification must exist to place an inmate on restricted housing status.

- E. The Warden will approve or deny the board's recommendation within three (3) business days of receipt of the board's recommendation (See Attachment 3- [Restrictive Housing Hearing Board Findings and Disposition](#)).
- F. The board will provide a copy of the [Restrictive Housing Hearing Board Findings and Disposition](#) (See [Attachment 3](#)) to the inmate. This will include the final determination by the Warden directing the inmate be placed on Restrictive Housing status, or returned to general population.
- G. The inmate will be advised of his right to appeal a decision assigning him to Restrictive Housing status through the Inmate Administrative Remedy process (See DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#) and ACA Standard #4-4248).

8. Level System:

- A. A five-level program provided for inmates on restrictive housing status intended to provide inmates the opportunity to enhance and demonstrate their readiness to return to general population and/or the community, participate in programming and earn progressive privileges/property through advancement in program levels.
 - 1. Level 1 is the most restrictive level. This level is a minimum 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 90 days in duration.
 - 3. Level 3 is an 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 120 days in duration.
 - 5. Level 5 is the final level of the program prior to moving the inmate to general population or release/discharge from custody. Level 5 is located on Unit D and is a minimum of 120 days in duration.

NOTE* If special circumstances warrant, an inmate's minimum duration at a level(s) may be extended, modified or reduced. Inmates have no implied right or expectation to assignment to a particular level or for transfer from restrictive housing status to general population (See SDCL § [24-2-27](#)).
- B. Activities, privileges and property associated with each level is 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 a cellmate(s) ("double bunked") assigned to the same level.
 - 1. Cell assignments will be in accordance with the inmate's PREA score, AIMS code and other assessments results, as applicable and appropriate. Inmates identified as a direct threat to the safety of other inmates may be single-celled.
 - 2. Special consideration will be given to inmates identified as having special needs or disabilities, while preserving the legitimate safety requirements necessary for the safe operation of the program.

- D. An inmate's level program may be modified or revised based on the individualized assessment (relying on current conduct, medical/mental health assessments and available objective evidence).
- a. Before modifying or revising an inmate's level program, the Level Review Committee must assess the (1) nature, duration and severity of the risk posed by the inmate, (2) the probability or potential for injury to occur to the inmate or others if the program is or is not modified and (3) whether reasonable modifications of the program practices or procedures will mitigate or eliminate the risk(s).
 - b. Inmates assessed as having a serious mental illness (SMI) or who are identified as having intellectual disabilities (ID) may be placed a revised level program only if such placement is approved by Behavioral Health staff and an acceptable "revised" program can be developed that is approved by Behavioral Health staff and the LRC.

9. Level Movement-Regression, Retention, Progression:

- A. All inmates on restricted housing status, including those assigned to a individualized or modified/revised program, will receive a Restrictive Housing Status review a minimum of every 30 days. Movement between levels will generally occur following the review.
1. Behavioral Health staff will be included in all decisions to move an SMI inmate or inmate identified as having an intellectual disability (ID). This includes those SMI or ID inmates assigned a revised level program and those not assigned to a revised level program.
- B. Inmates assigned to a level program may progress to the next level or be retained at their current level. Information regarding the inmate's assigned level will be documented in the Alerts section within COMS.
1. An inmate may move from level 1 to 2, or level 2 to 1 with approval from the Restrictive Housing Manager and/or Unit A Unit Manager, a case manager and Unit A Sergeant or Corporal.
 2. An inmate may move between levels 2 and 3 or be retained at level 2 with approval from the Restrictive Housing Manager and/or Unit A Unit Manager, a Case Manager and Unit A Sergeant or Corporal.
 3. Progression from level 3 to 4 or retention at level 3 will occur with approval from Level Review Committee (LRC). The LRC will include an Associate Warden (preferably Jameson Associate Warden), the Restrictive Housing Manager, a Major (preferably Jameson Major), a Case Manager (preferably Unit A), the Unit A Sergeant or designated officer from Unit A and Behavioral Health staff, as deemed appropriate. If the inmate is identified as having mental health issue or is SMI or ID, Behavioral Health staff will be included in the LRC.
 4. Progression from level 4 to 5 or retention at level 4 will occur with approval from LRC. The LRC will be composed of the staff members listed above in #3 AND the Deputy Warden.
 5. Progression from level 5 to general population or retention at level 5 will occur with approval from LRC AND the Warden. If the inmate is being considered for placement in general population, the Warden will be included in the review by the LRC.
- C. If an inmate is retained at a level (1-4 only) beyond the minimum duration set for the 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](#)).

1. If the inmate is retained at level 5 beyond the set minimum duration (120 days), the inmate may appeal the decision to the Secretary of Corrections through the Administrative Remedy process (See DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#)).
- D. In addition to level progression or retention following a review, any time an inmate on level 3-5 commits a category H or M prohibited act, the LRC will conduct a review of 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 Care in Placement section in COMS.
1. If the LRC's decision is to move the inmate, the inmate may appeal the move to the Warden through the Administrative Remedy process (See DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#)).
- E. If an inmate on Restrictive Housing status receives a disciplinary report, the level of action applied to an inmate in general population may be applied to the restrictive housing status inmate.
1. When a restrictive housing status inmate receives a disciplinary report that would not require a general population inmate to be placed in Disciplinary Restrictive Housing, the restrictive housing status inmate will not be moved to Disciplinary Restrictive Housing and the inmate's current level will not change.
 2. When a restrictive housing status inmate receives a disciplinary report that would require an inmate in general population to be placed in Disciplinary Restrictive Housing, the restrictive housing status inmate may be transferred to Disciplinary Restrictive Housing, if placement in Disciplinary Housing is deemed the only effective way to correct the inmate's behavior.
 3. When a restrictive housing status inmate receives a disciplinary report that would require an inmate in general population to be placed in Disciplinary Restrictive Housing, and the behavior also meets the criteria for referral for placement in Restrictive Housing, the restrictive housing status inmate may be regressed to a lower level; or based on the severity of the disciplinary infraction, required to start the program over.
- F. Any inmate placed on Restrictive Housing status with a release date sooner than the minimum recommended duration set for the level system (total days set in policy for levels 1-5) may have their program amended (See Section 14 of this policy).
- G. Inmates may be assessed 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.

10. Restrictive Housing Status Review:

- A. All inmates designated to Restrictive Housing status will receive a face-to-face review every seven (7) days for the first 60 days following initial placement in Restrictive Housing (See ACA #4-4253). The 7 day review will be documented in the case notes section in COMS with case note type "Restrictive Housing".
1. Reviews at 7 days and 35 days will be completed by the Restrictive Housing Manager (RHM).

- a. The RHM will review appropriateness of the inmate's placement on Restrictive Housing status (meets criteria for placement, reasons for placement still exist) and follow up on any additional concerns or questions the inmate may have regarding the level program.
 2. In addition to the initial in-person mental health assessment preformed by Behavioral Health staff within 72 hours of the inmate's placement on Restrictive Housing, Behavioral Health staff will complete a review of the inmate at 14 days and 42 days.
 - a. Behavioral Health staff will assess the inmate's adjustment to placement in Restrictive Housing and note any concerns involving the inmate's mental health. (ACA #4-4256). A summary of this assessment and any recommendations will be provided to the RHM.
 3. Reviews at 21 days and 49 days will be completed by the Unit A Unit Manager. A summary of the review will be provided to the RHM.
 - a. The Unit A Manager will review appropriateness of the inmate's placement on Restrictive Housing status and the inmate's overall adjustment to the level program, daily routine, program compliance, etc. The inmate's disciplinary record since placement in the level program as well as the mental health assessment/recommendations will be reviewed and.
 4. A 30 and 60 day review will be completed by the case manager in accordance with the details listed in letter "B" of this section.
- B. Inmates on Restrictive Housing status will receive an out-of-cell (not cell front) review by a case manager or above a minimum of every thirty (30) days beginning thirty (30) days after placement on restricted housing status and continuing throughout the duration of their placement on Restrictive Housing status. This review will be documented on the [Restrictive Housing Status Review](#) form (See [Attachment 6](#)) and in COMS as a case note type "30 day" (See ACA #4-4253). If the inmate chooses not to attend their review, the Case Manager will document the inmate's absence on the [Restrictive Housing Status Review](#) form.
1. The content of the review will include, but is not limited to:
 - a. Review of the inmate's behavior logs;
 - b. Review of inmate's rule compliance and disciplinary violations and punitive responses received, if any;
 - c. Review of inmate's current program progress/compliance with programs required or offered at the inmate's current level;
 - d. Note any additional programming that may be recommended; consider modification to 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.
 - e. Review of inmate's compliance with mental health and medical recommendations (i.e. medication compliance, additional therapy recommendations) or any signs of deterioration in mental health or suicide attempts or self-injurious behavior;
 - f. Information on goals and objectives which will be necessary for the inmate to progress through the program/levels; and

- g. The current level of threat the inmate poses to self, staff, other inmates and the security and the safe operation of the facility.
- C. The RHM will review the [Restrictive Housing Status Review](#) form (See [Attachment 6](#)) any time there is a recommendation for retention of the inmate past the minimum duration for the level, or a recommendation for the inmate to regress 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 (DPO) or the Secretary of Corrections (SOC), if the Director of Operations is the Warden at the facility, will review the inmate's Restrictive Housing Status reviews and other pertinent information.
 1. The DPO or SOC may approve, modify or deny the recommendation.
 2. The DPO or SOC will review all inmates housed in Restrictive Housing beyond 24 months a minimum of one time each year and document the review in the Care in Placement section in COMS.
 3. The DPO or SOC must approve, modify or deny continued placement of each inmate retained on Restrictive Housing status beyond 24 months. The decision will be documented in the Care and Placement section in COMS.
 4. Prolonged periods of placement on Restricted Housing status should be avoided when possible, particularly with inmates identified as SMI or ID as this may increase the potential to subject the inmate to harm or an unreasonable risk of harm.
 5. The inmate may appeal the Warden's decision to retain the inmate on Restrictive Housing status to the Secretary of Corrections through the Administrative Remedy process (See DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#)).

11. Mental Health and Health Assessments and Services:

- A. DOC staff will notify DOH Health Services and DSS Behavioral Health Services staff when an inmate is placed on Restrictive Housing status.
- B. All inmates will receive an in-person mental health assessment by trained personnel within 72 hours of placement on Restrictive Housing status and be informed of the practices and procedures to access mental health care while housed on Restricted Housing status.
- C. A qualified health care professional will review the inmate's health record upon placement on Restrictive Housing status to ensure the continuation of medical, dental or mental health services and programming to the inmate. The level of monitoring provided to the inmate will be determined by Health Services staff (See DOH Policy P-E-09 [Segregated Inmates](#)).
- D. Inmates receiving basic mental health services while on Restrictive Housing status will receive periodic mental health assessments (not to exceed every 90 days) (ACA #4-4256). Those inmates with chronic mental illness will be seen as prescribed in their individual treatment plans. Placement on Restricted Housing status may not interfere with staff's ability to provide the inmate adequate mental health care.
 1. Behavioral Health staff may coordinate with unit staff to incorporate reasonable modifications to certain practices or procedures within the Restricted Housing program, i.e., adjust the minimum days a SMI or ID inmate spend on a level(s) (revised level program) (ACA Standard #4-4429).

2. If after assessment, Behavioral Health staff determine an inmate is showing signs of decompensation, this will be reported to the LRC. The LRC will promptly convene to discuss possible modifications to the program and/or alternate housing placement options for the inmate, including possible removal of the inmate from Restrictive Housing status.
- E. All inmates placed on Restrictive Housing status will have access to necessary health and mental health services through daily sick-call rounds or by filling out a written request. All inmate requests for services will be forwarded to Behavioral Health Services or DOH staff (See DOH Policy P-G-04 [Basic Mental Health Services](#) and ACA Standard #1-HC-3A-07).
- F. Staff may refer inmates to Behavioral Health Service staff by completing a [Mental Health Referral](#) form (See [Attachment 5](#)). Each staff member assigned to the unit is responsible for ensuring that inmates have adequate access to mental health treatment.

12. General Conditions of Confinement in Administrative Restrictive Housing:

- A. All inmates on Restrictive Housing status will receive laundry, barbering/hair care services and permitted to maintain acceptable personal hygiene (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. Exceptions may be applied by staff for safety and security reasons, i.e. the inmate is destroying property, has engaged in self harm or harmed others. All exceptions will be approved by the unit manager, documented and justified in writing (ACA #4-4263).
- B. All inmates on Restrictive Housing status levels 2-5 will be allowed telephone privileges (See DOC policy 1.5.D.4 [Inmate Access to Telephones](#) and ACA #4-4271).
- C. All inmates on Restrictive Housing status will have access to programs and services; to include, education, library, mental health, health services, religious, recreation (outside their cell) and commissary (ACA #4-4273).
 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 on a prescribed special medical diet or religious diet (See DOC policy 1.5.F.2 [Religious Diet](#)), will be offered the same meals as 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. If an inmate in Restrictive Housing inmate refuses a meal, staff will document the refusal in the shift log.
 2. 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. Alternative meals are issued on an individual basis and are based on health and safety considerations only. All meals will meet the basic nutritional requirements. Alternative meal service 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. 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 of record. Attorney visits will not be counted against the number of allowable social visits granted (level 2-5 inmates). (See DOC policy 1.3.E.1 [Inmate Legal Assistance](#) and ACA #4-4275).
 - F. Inmates on Restrictive Housing status may write and receive letters on the same basis as inmates in general population, 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 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 to the community; to include General Education Development (GED), chemical dependency (CD) and mental health (MH). Method of receipt may include in cells, via 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 and as required by DOC policy 1.3.A [Inmate Transport & Escort](#).

13. Response to Violations and Inmate Personal Property:

- A. Restrictive Housing status inmates may be granted access to certain property items that are approved for the program level which they are assigned, as noted in the [Restrictive Housing Property List by Level](#) form (See [Attachment 7](#)) or as deemed appropriate by Behavioral Health staff, in the case a SMI or ID inmate is not assigned to the level program.
- B. Property may be limited for safety reasons, health and hygiene concerns, to control contraband, and as a consequence for behavior exhibited by the inmate. Provisions regulating inmate personal property set forth in DOC policy 1.3.C.4 [Inmate Personal Property](#) shall apply to inmate personal property in Unit A and D.
- C. Inmates who move up from one level to another 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 (level 2 property will be removed when an 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. 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 property should be proportional to the offense/behavior, taking into the consideration the inmate's prior conduct. For a list of personal property items which may temporarily suspended, refer to the [Restrictive Housing Property List by Level](#) form (See [Attachment 7](#)). Removal of property from an SMI or ID inmate requires approval from Behavioral Health staff.

1. Any staff member may make a recommendation for 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, who has authority to temporarily remove the property item.
2. The removal of a property item by staff will be documented on the Temporary Removal of Property form (See [Attachment 9](#)) and forwarded to the RHM.
3. An inmate's personal property item may only be returned early (for positive changes in the inmate's behavior) by the staff member making the original recommendation for removal or the staff member who authorized the property removal.

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 release date.
- 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 are 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 who are within 180 days of their possible release date will be reviewed by the Unit Manager, Case Manager, Transition Case Manager, Parole Agent (if assigned), Restrictive Housing Manager, Behavioral Health staff and designated security staff. 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 [Transition Programs and Services](#)), the multi-disciplinary team will consider the following:
 1. The inmate's physical and/or mental health needs and recommendations from health services staff based on assessments of the inmate;
 2. The inmate's current programmatic needs and recent Review Hearings;
 3. Any recent violent behaviors or threats to the safety and security of staff, inmates and facility;
 4. Recent interventions/attempts to transition the inmate into general population;
 5. The inmate's current level; and
 6. 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 multi-disciplinary team 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. If the Warden disagrees with the team's recommendation/determination, the inmate will be reviewed by the multi-disciplinary team for appropriate placement.
 - 2. The inmate may appeal the Warden's 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 his projected completion of the program, given the minimum recommended durations set for the level system (total days set in policy for levels 1-5), may have his program, including the number of days spent in each level, amended with approval from the LRC 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. Participation in programming and services is contingent on the inmate not posing a significant threat to himself, staff or other inmates. The minimum durations for some or all of the programs may be modified or adjusted as deemed appropriate by program staff.
- J. All pre-release/discharge procedures contained in DOC policy 1.4.G.6 [System Risk Classification](#) 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 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 to the community from Restrictive Housing.
 - 4. Returns to Restrictive Housing. This will track the number of inmates released from Restrictive Housing to general population who are returned to Restrictive Housing.

16. Staff Selection and Training:

- A. Staff working in the Restrictive Housing unit will have completed their employment probationary period and be selected after completing an application, interview and supervisor review.
1. Interviews will be conducted by the Unit A manager, Restrictive Housing Manager and the Jameson Major, or their designee.
 2. Supervisor review will include recommendations from Lieutenants , Captains and Majors.
- B. In addition to receiving all required DOC training through 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 that is specific to the job duties and positions they are assigned within the unit.
1. The Warden and/or Director of Prison Operations 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.
 2. 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 Administrative Restrictive Housing training as deemed necessary by the Warden.
 3. Restrictive Housing training will include at a minimum;
 - a. Restrictive Housing Level System, and
 - b. Restrictive Housing Unit daily operations and relevant policies/procedures, and
 - c. De-Escalation skills, and
 - d. Working with Mentally Ill inmates, and
 - e. Programming provided to inmates in Restrictive Housing, and
 - f. Documentation and communication requirements, and
 - g. Skills necessary to protect inmates from suicide, suicide attempts and self-harm and to respond to such actions, and
 - h. Providing meaningful observation of a inmate's condition; signs of decompensation, risk of self-harm or suicidal ideations and the proper immediate response to such conditions or behaviors.

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 Restrictive Housing 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 -- [Religious Diet](#)
DOC policy 1.4.B.2 -- [Male Inmate Classification](#)
DOC policy 1.4.G.1 -- [Transition Programs and Services](#)
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](#)

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.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

04/20/2015

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**.

| | |
|--|---|
| <p style="text-align: center;">Attachment 1 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"><input type="checkbox"/> Assault and/or Related Act:<ol style="list-style-type: none">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; orb. The inmate compelled or coerced another person, by force or the threat of serious physical harm or death, to engage in any sexual act; orc. 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.<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.<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">a. Weapons, explosives or ammunition;b. Escape paraphernalia; orc. Drugs or paraphernalia.<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.<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.<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. <p>Created 01/28/2015</p> | <ul style="list-style-type: none"><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.<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.<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.<input type="checkbox"/> The inmate committed a crime of exceptional violence and/or notoriety, proximate to their incarceration. <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>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"><input type="checkbox"/> Approved<input type="checkbox"/> Denied <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**.

| | |
|---|---|
| <p style="text-align: center;">Attachment 2 Restrictive Housing Notice of Initial Hearing</p> <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">a. The inmate caused or attempted to cause serious physical harm (requiring immediate medical attention, emergency treatment or hospitalization) or death to another person; orb. 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; orc. 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. <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">a. Weapons, explosives or ammunition;b. Escape paraphernalia;c. Drugs or paraphernalia. <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>Inmate Rights:</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>Inmate Presence at Hearing:</p> <p><input type="checkbox"/> I will attend the hearing.</p> <p><input type="checkbox"/> I choose not to attend the hearing.</p> <p>Staff Assistance at Hearing:</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;">Attachment 3 RESTRICTIVE HOUSING STATUS FINDINGS AND DISPOSITION</p> | |
| <p>Inmate's Name: _____</p> | |
| <p>Inmate's Number _____</p> | <p>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> <ul style="list-style-type: none">a. The inmate caused or attempted to cause serious physical harm (requiring immediate medical attention, emergency treatment or hospitalization) or death to another person; orb. 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; orc. 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. <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> <ul style="list-style-type: none">a. Weapons, explosives or ammunition;b. Escape paraphernalia;c. Drugs or paraphernalia. <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</p> | <p>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</p> | <p>Page 1 of 1</p> |

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 |
|--|--|

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"/> | _____ |
| _____ | <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 Privileges Table.**

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--|--|--|--|--|---|
| Duration | 15 days maximum | 90 days minimum | 90 days minimum | 120 days minimum | 120 days minimum |
| Location <small>*Section location for level is based on availability of cells</small> | Unit A (section 3) | Unit A (section 3) | Unit A (section 4) | Unit A (section 5) | Unit D (section 6) |
| Recreation <small>-duration 60 minutes -daily showers -telephone use during recreation</small> | 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 |
| Meals | In-cell | In-cell | In-cell | In-cell | Dayroom (EOD) |
| Commissary | Hygiene/mail items only | \$10 weekly limit | \$15 weekly limit | \$20 weekly limit | \$30 weekly limit |
| Visits | None | 1 visit/week (Class III), 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 |
| Television | 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) |
| Restraints | 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. |
| Work Assignments | None | None | None | Rotating non-paid work assignments for unit | Rotating non-paid work assignments for unit |
| Programming <small>*GED, CD, MH programming offered at all levels</small> | 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 Restrictive Housing Temporary Removal of Property | |
| Inmate's Name (Last, First, Middle Initial) | | DOC ID Number | |
| Cell Number | Date Removed | Time Removed | |
| Item(s) Removed | | | |
| <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"/> _____ | | | |
| Reason for Removal | | | |
| _____ _____ _____ _____ | | | |
| Duration of Removal | | Staff Authorizing Removal of Property (Print & Sign) | |
| Removal of Property <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: _____ | | | |
| Return of Property <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> | | | |