



Department of Corrections

# INTERNAL MANAGEMENT POLICY & PROCEDURE

**Applicability:**  ADULT Operations Only  JUVENILE Operations Only  DEPARTMENT-WIDE

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IMPP #: 20-105A

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**RESTRICTIVE HOUSING: Basic Operations of Administrative Restrictive Housing**

Original Date Issued: 03-10-21 Replaces IMPP Issued: 04-09-21 **CURRENT EFFECTIVE DATE: 05-13-22**

Approved By: , Secretary

Next Scheduled Review: 06/2025

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## POLICY

The inability to isolate disruptive, violent and/or residents capable of influencing violence and disruption in a prison environment compromises the safety of both residents and staff. Administrative restrictive housing procedures are to be established for the control of residents necessary for purposes other than punishment. Residents are to be housed in the general population at the lowest appropriate custody level unless circumstances or resident behavior dictate otherwise. Only residents who require restrictive housing are to be assigned there. Procedures are to be effectively related to the control of the resident for stated purposes. These procedures may be increased in scope and extent as necessary to maintain effective control. When the need to isolate a resident in restrictive housing no longer exists, the resident is to be returned to the general population.

All basic operations of an administrative restrictive housing unit, including the placement of residents, filing of reports, notification of residents, enforcement of resident privileges and rights, transfer to more restricted areas, and administration of discipline are to be carried out in accordance with the provisions of this IMPP.

In each facility there is to be an administrative restrictive housing review board (RHRB) appointed by the Warden.

## DEFINITIONS

Restrictive Housing Review Board (RHRB): A board consisting of one person from security staff, one person from the site behavioral health staff, and one person from the classification staff.

## PROCEDURES

### **I. Placement Within Administrative Restrictive Housing; Notification Requirements; Hearing**

- A. In all cases in which residents are placed in administrative restrictive housing, a shift supervisor or the restrictive housing unit manager must approve the placement.
  - 1. The shift supervisor is to forward a written report to the warden before the end of that particular shift.
  - 2. No resident may be placed in administrative restrictive housing without receiving a medical/ mental health evaluation by qualified medical/mental health staff prior to placement or as soon as possible after placement.

- a. In addition to the health services restrictive housing screening evaluation, a checklist of possible self-harm indicators (Attachment A) must be completed for each resident placed in a KDOC administrative restrictive housing unit.
  - (1) This checklist must be completed by the restrictive housing unit OIC, unit team counselor, or shift supervisor.
  - (2) The checklist must be completed prior to placement or immediately upon placement in restrictive housing and must be as a result of direct contact between the affected resident and the security, unit team or medical staff completing the checklist.
  - (3) Subsequent to the completion of the checklist, appropriate referrals are to be made as indicated internally on the checklist form (Attachment A).
  - (4) Residents placed on administrative restrictive housing status, but actually housed in county jails, are to be exempt from the completion of the checklist and are subject to the jail's admissions policies and practices.
- B. Except as provided in Section I.C., residents placed in administrative restrictive housing are to be provided with a hearing prior to placement in order to provide them with an opportunity to present objections, explanations, or reasons why such a placement cannot be effected.
  1. This hearing is to be held by the warden's designee who can consider alternative housing that may be available to meet the separation needs.
- C. A hearing prior to placement is not required if an emergency situation exists.
  1. The shift supervisor or restrictive housing unit manager may order immediate placement in administrative restrictive housing when necessary:
    - a. To protect the residents or others;
    - b. To prevent escape; or,
    - c. To maintain control of the correctional facility.
  2. This action must be reviewed by the warden or designee within 24 hours.

## **II. Administrative Restrictive Housing Report**

- A. An administrative restrictive housing report (Attachment B) must be completed in all cases of administrative restrictive housing.
  1. The report (Attachment B) must indicate, specifically, the reason for placing the resident in administrative restrictive housing.
    - a. The administrative restrictive housing report (Attachment B) may be used as the written report of the shift supervisor to the warden as required by Section II.A.1. of this IMPP.
    - b. A copy of the report (Attachment B) may be used as the written notice to the resident required by Section III.A.1. of this IMPP.

## **III. Notice and Explanation to Resident**

- A. Written notice of the reasons for placement in administrative restrictive housing, stated in sufficient detail to allow the resident to understand the reasons and make a response to them, must be provided to the resident before the resident is placed in administrative restrictive housing unless a serious emergency or major disturbance exists.

1. If a serious emergency or major disturbance involves a substantial number of residents, or a clear and present danger thereof, notice and is to be given; not more than three (3) working days after placement in administrative restrictive housing, or sooner, if the nature of the emergency has been resolved.
  - a. The serious emergency or major disturbance is to be described briefly, in writing, by the officer and made part of the record. In all cases, the notice must be given to the resident before the hearing so the resident knows the reason for the placement.

#### **IV. Procedure for the RHRB Upon Initial Placement**

- A. Within 24 hours, of a resident's initial placement, Monday-Friday, and the next working day following a weekend/holiday, the administrative RHRB must hold an initial hearing to review the placement decision.
- B. The resident is to be given the opportunity to present the resident's case.
- C. When necessary, the RHRB is to obtain clarifying information from the officer and staff involved in the placement.
- D. If the RHRB determines the resident to be disruptive or a danger to self or others, the RHRB may exclude the resident from the review.
  1. In this situation, the RHRB is to, if possible, interview the resident at the cell or obtain a written statement from the resident in response to the placement.

#### **V. Regular Review and Monitoring by the RHRB**

- A. The administrative restrictive housing review board is to review the status of each resident confined in administrative restrictive housing once per week for the first four weeks, and at least once per month thereafter.
- B. The RHRB may recommend the following:
  1. That the resident be retained in administrative restrictive housing.
    - a. This recommendation must be a unanimous vote of the RHRB; and
    - b. Become the final action in the case for that particular review period and does not require approval by the facility Warden.
    - c. The RHRB must document in detail what is required for the resident to be returned to general population.
  2. That the resident be returned to general population.
    - a. This recommendation must be a unanimous vote of the RHRB; and
    - b. Become the final action in the case for that particular review period and does not require approval by the facility Warden.
  3. The RHRB may recommend that the resident be transferred to another Kansas facility or to another institution in another state or to a federal institution.
    - a. Unless released from administrative restrictive housing status by the warden of the sending facility prior to transfer, the resident is to be held on that same status at the receiving facility pending the resident's next regularly scheduled review.
    - b. These transfers are not to require issuance and service of an administrative

restrictive housing report or an initial appearance before the administrative restrictive housing review board of the receiving facility unless those procedures were not employed at the sending facility due to a serious emergency or major disturbance.

- c. In appropriate cases, a recommendation that a resident's status be changed prior to the resident's next regularly scheduled review may be made to the Warden of the receiving facility by that facility's administrative review board.
4. The following exceptions apply and must be forwarded to the facility Warden (or designee in the absence of the Warden) for approval:
    - a. If the RHRB is not unanimous;
    - b. Removing the resident from Long Term Restrictive Housing status;
    - c. Specific circumstances that could affect the safety and security of the facility if the resident is returned to general population;
    - d. If on a case-by-case basis, the RHRB determines the Warden's approval is necessary.
- C. The resident may submit written requests for release to the RHRB using a Form-9.

#### **VI. Privileges and Rights in Administrative Restrictive Housing**

- A. When privileges, property, and/or programs are restricted beyond what is allowed by restrictive housing policy, the following shall be documented:
  1. the opportunities that have been limited;
  2. the reason for the limitation; and
  3. the duration of the limitation.
- B. Administrative restrictive housing must not be used or considered as punishment.

#### **VII. Transfer to More Restricted Area in Special Cases**

- C. A narrative is to be prepared to document any instance or incident leading to more restrictive confinement within the restrictive housing unit.
- D. Transfers to more restrictive confinement may be permitted only for administrative security and control and must not constitute or be used as punishment.
  1. Each such transfer to a more restrictive confinement is to be authorized and approved by the restrictive housing unit team manager or designee, or in that person's absence, by the shift commander or designee.

#### **VIII. Regular Review and Monitoring by the Program Management Committee**

- A. The Program Management Committee of each facility housing restrictive housing residents shall review those residents maintained continuously in administrative restrictive housing at least every 180 days.

#### **IX. Reports by Warden on Residents Continuously Housed in Administrative Restrictive Housing for Over One (1) Year**

- A. The Warden of each facility housing restrictive housing residents is to submit a monthly report to the

Deputy Secretary for Facilities Management for all residents continuously held in administrative restrictive housing for six (6) months, a year or longer, and on each anniversary thereafter.

1. The report is to include, at a minimum, information justifying the continued placement in RHU.
  - a. If the Warden and RHRB cannot articulate reason(s) for continuing the placement, then the placement is to end.

**X. Discipline While in Administrative Restrictive Housing**

- E. All applicable provisions and requirements of the disciplinary procedure set forth within K.A.R. 44-13-101, *et seq.*, apply to resident housed in a restrictive housing unit.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS**

<b><u>Name/Type of Report</u></b>	<b><u>By Whom/To Whom</u></b>	<b><u>Due</u></b>
Residents Continuously Housed in Administrative Restrictive Housing	Wardens to DSOFM	Monthly

**REFERENCES**

K.A.R. 44-13-101, *et seq.*

**HISTORY**

03-10-21 Original  
04-09-21 Revision 1  
05-13-22 Revision 2

**ATTACHMENTS**

<b>Attachments</b>	<b>Title of Attachments</b>	<b>Page Total</b>
A	<a href="#">Checklist of Possible Self-Harm Indicators</a>	1 page
B	<a href="#">Administrative Restrictive Housing Report</a>	1 page

### Checklist of Possible Self-Harm Indicators

Resident Name: \_\_\_\_\_ DOC Number: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

- | YES   | NO    |  |
|-------|-------|--|
| _____ | _____ | 01. Escorting officer has information that resident may be a suicide risk.   |
| _____ | _____ | 02. Resident is expressing suicidal thoughts/making threats to harm self.  |
| _____ | _____ | 03. Resident shows signs of depression (crying, withdrawn, passive).   |
| _____ | _____ | 04. Resident is acting/talking in a strange manner (hearing/seeing things that are not there, statements do not make sense).                   |
| _____ | _____ | 05. Resident appears to be under the influence of drugs/alcohol.   |
| _____ | _____ | 06. Resident has had a recent family change (death/divorce).   |
| _____ | _____ | 07. Resident brought to restrictive housing due to serious infraction that could lead to criminal charges (assault/battery, drugs/contraband). |
| _____ | _____ | 08. Resident states he/she is taking psychotropic medication.  |
| _____ | _____ | 09. Resident is normally housed in the Behavioral Health Unit.   |
| _____ | _____ | 10. Resident has been assaulted (physically or sexually) by another resident.  |
| _____ | _____ | 11. Resident shows anger, hostility, and makes threats.  |
| _____ | _____ | 12. Resident displays signs of self-neglect or abuse (poor hygiene, cuts, bruises).  |
| _____ | _____ | 13. Resident states this is his/her first placement in restrictive housing.  |
|       |       | 14. Resident has recent legal status change (parole violation, new charges).   |

**IF ANY ITEM ABOVE IS CHECKED "YES", THE RESTRICTIVE HOUSING OIC MUST IMMEDIATELY TELEPHONE/CONTACT THE CHARGE NURSE, WHO MUST IMMEDIATELY NOTIFY A BEHAVIORAL HEALTH PROFESSIONAL.**

Responding BH staff: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS: The restrictive housing OIC on shift is to ensure that this form is completed for all residents placed in restrictive housing. The escorting officer must be asked why the resident is being brought in, and whether there is any indication that he/she might engage in self-harm. The resident must be asked if there are any issues of which staff need to be aware, and if he/she takes medications. The officer must note whether or not the resident was uncooperative. Any notes, letters or other documents obtained from the resident that appears to indicate the resident's state of mind must be attached to this report and made available to the behavioral health professional for review.

**COMMENTS**

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cc: Clinic, Behavioral Health, Unit Team Manager

### Kansas Department of Corrections Administrative Restrictive Housing Report

TO: \_\_\_\_\_ Report Number: \_\_\_\_\_

FROM: \_\_\_\_\_

Date This Report Filed \_\_\_ / \_\_\_ / \_\_\_\_\_

Time Report Filed \_\_\_:\_\_\_m

Date of Restrictive Housing placement \_\_\_/\_\_\_/\_\_\_\_\_

Time of Placement \_\_\_:\_\_\_m

Resident Name: \_\_\_\_\_ # \_\_\_\_\_ Reason(S) For Restrictive Housing (Including Rule No. and Title)

Moved from Cell #: \_\_\_\_\_ to Restrictive Housing Cell #: \_\_\_\_\_

Pre-Restrictive Housing hearing conducted

Pre-Restrictive Housing hearing NOT conducted (Explain) \_\_\_\_\_

Facts: \_\_\_\_\_

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

This placement is an Involuntary Protective Custody due to PREA Concerns (Respond to next two (2) sections)What is the basis for the facility's concern for the resident's safety?

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

What is the reason no alternative means of separation can be arranged?

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

Approved By:

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

Signature and Title of Reporting Officer

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

Shift Supervisor or RH Unit Mgr.

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

Warden Authorization (If Needed)

\*\*\*\*\* RESIDENT

**ACKNOWLEDGMENT:**

I received a copy of this report on: Date \_\_\_/\_\_\_/\_\_\_\_\_ Time: :\_\_\_\_\_m

\_\_\_\_\_ # \_\_\_\_\_  
Resident Signature and Number

\_\_\_\_\_  
Staff Witness and Title

Record this Document in ImagingOriginal  
to Master File  
Copy to: Warden  
Resident