


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

IMPP #: 20-105J

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SEGREGATION/ RESTRICTIVE HOUSING: Basic Operations of Administrative Restrictive Housing

Original Date Issued: 05-17-22 Replaces IMPP Issued: N/A CURRENT EFFECTIVE DATE: 05-17-22


Approved By: _____, Secretary **Next Scheduled Review:** 02/2025

POLICY

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, are to be carried out in accordance with the provisions of this IMPP.

DEFINITIONS

Restrictive Housing Review Board (RHRB): A board consisting of one security staff member of Lieutenant rank or higher, one Behavioral Health staff, and the Restrictive Housing Unit Team Manager/CCII.

PROCEDURES

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

- A. When a situation requires a resident to have a time out removal from general population (GP), residents may be taken to the restrictive housing unit (RHU) in accordance with the time out procedures set out in IMPP 20-104J.
- B. If the resident is not appropriate to return to GP after a period of four (4) hours, the resident is to be placed on Administrative Restrictive Housing status and remain in the RHU.
- C. If after the four-hour time out period, or at any time it is determined that a resident is required to be housed in the RHU, all procedures outlined in 20-104J are to be followed.
 1. The decision to place a resident on administrative restrictive housing is to be decided using the Restrictive Status Assessment (IMPP 20-104J, Attachment A).
- D. In all cases in which residents are placed in the RHU, the Chief of Security or a Shift Supervisor are to approve the placement.
 1. The decision to place a resident on administrative restrictive housing is to be decided using the Restrictive Status Assessment (IMPP 20-104J, Attachment A).
 2. No resident is to be placed in administrative restrictive housing without receiving a medical/mental health evaluation by qualified medical/behavioral health staff 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), is to be completed for each resident placed in a restrictive housing unit.

- (1) This checklist is to be completed by the Chief of Security or Shift Supervisor.
 - (2) The checklist must be completed 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.
- E. Except as provided in Section I.F., 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 should not be affected.
1. This hearing is to be held by the Superintendent's designee who is to consider alternative housing that may be available to meet the separation needs.
- F. A hearing prior to placement is not to be 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 is to be reviewed by the Superintendent or designee within 24 hours.

II. Administrative Restrictive Housing Report

- A. An Administrative Restrictive Housing (ARH) Placement Form (Attachment B) is to be completed in all cases of administrative restrictive housing.
1. The ARH Placement Form is to indicate, specifically, the reason for placing the resident in administrative restrictive housing.
 - a. The ARH Placement Form may be used as the written report of the shift supervisor to the superintendent as required by Section I.A.1. of this IMPP.

III. Notice and Explanation to Resident

- A. Verbal notification 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 are to 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 explanation are to be given; not more than twenty-four (24) hours after placement in administrative restrictive housing, or sooner, if the nature of the emergency has been resolved.

IV. Procedure for the RHRB Upon Initial Placement.

- A. Within one business day of a resident's initial placement, the RHRB shall hold an initial hearing to review the placement decision. The hearing review shall be documented on the Administrative Restrictive Housing Review Board Hearing Summary Report (Attachment C).

1. This requirement shall apply to every case of administrative restrictive housing.
 2. Except as provided in procedural section III.D., below, the board shall interview the resident.
- B. The resident shall be given the opportunity to present the resident's case.
- C. When necessary, the board shall obtain clarifying information from the officer and staff involved in the placement.
- D. If the board determines the resident to be disruptive or a danger to self or others, the board may exclude the resident from the review.
1. In this situation, the board shall, 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 shall review the status of each resident confined in administrative restrictive housing each business day for the duration the resident is in administrative restrictive housing.
- B. The board may recommend that the resident be retained in administrative restrictive housing by preparing and distributing the Administrative Restrictive Housing Review Board Hearing Summary Report (Attachment C).
1. This recommendation shall:
 - a. Be for no longer than 72 hours,
 - b. Be by unanimous vote of the board, and
 - c. Shall be forwarded to the facility Superintendent/designee for review.
- C. The board shall otherwise recommend to the facility Superintendent in writing, one of the following actions:
1. The board may recommend that the resident be returned to general population; or,
 2. The board may recommend that the resident be placed in a specialized programming unit by submitting a referral to the multi-disciplinary team overseeing that unit.
- D. The resident may submit written requests for release to the RHRB using a form-9.

VI. Privileges and Rights in Administrative Restrictive Housing

- A. The resident may retain such privileges, property, and programs as are commensurate with the particular circumstances or condition for which the resident was placed in administrative restrictive housing. This decision is to be made by the Restrictive Housing Review Board, Shift Supervisor, or Chief of Security.
1. When privileges, property, and/or programs are requested but remain restricted, the following are to be documented on the Administrative Restrictive Housing Review Board Hearing Summary Report:
 - a. the opportunities that have been limited;
 - b. the reason for the limitation; and
 - c. the duration of the limitation.

- B. Administrative restrictive housing is not to be used or considered as punishment.

VII. Discipline While in Administrative Restrictive Housing

- A. All applicable provisions and requirements of the disciplinary procedure set forth within K.A.R. 123-13-101, *et seq.*, apply to residents 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 REQUIRED

None.

REFERENCES

K.A.R. 123-13-101, *et seq.*
IMPP 20-104J

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Checklist of Possible Self – Harm Indicators	1 page
B	Administrative Restrictive Housing Placement Form	1 page
C	Administrative Restrictive Housing Review Board Hearing Summary Report	1 page

**JUVENILE FACILITIES
Checklist of Possible Self – Harm Indicators
Administrative Restrictive Housing Admissions**

Resident Name: _____ KDOC Number: _____

Shift/Asst. Shift Supervisor's Name: _____ Date: _____ Time: _____

IF ANY ITEM IS CHECKED "YES," THE SHIFT/ASSISTANT SHIFT SUPERVISOR IS TO IMMEDIATELY CONTACT THE HEALTH SERVICES ADMINISTRATOR OR ON CALL REGISTERED NURSE, WHO IS TO IMMEDIATELY NOTIFY A BEHAVIORAL HEALTH PROFESSIONAL. THE BEHAVIORAL HEALTH PROFESSIONAL IS TO BE REQUIRED TO EVALUATE THE RESIDENT IMMEDIATELY.

A COPY OF THIS CHECKLIST IS TO BE PLACED IN THE RESIDENT'S MEDICAL/BEHAVIORAL HEALTH FILE.

YES NO

- ___ ___ 1. Escorting officer has information that resident may be a suicide risk.
- ___ ___ 2. Resident is expressing suicidal thoughts/making threats of self-harm.
- ___ ___ 3. Resident shows signs of depression (crying, withdrawn, passive).
- ___ ___ 4. Resident is hearing/seeing things that are not there.
- ___ ___ 5. Resident's statements do not make sense.
- ___ ___ 6. Resident has had a recent family change such as death, divorce, etc.
- ___ ___ 7. Resident is being placed into restrictive housing for serious offense that could lead to criminal charges.
- ___ ___ 8. Resident reports he/she is taking psychotropic medications.
- ___ ___ 9. Resident normally housed on a mental health unit or status.
- ___ ___ 10. Resident has been physically or sexually assaulted.
- ___ ___ 11. Resident is combative or shows anger, hostility, and/or makes threats.
- ___ ___ 12. Resident shows signs of self-neglect, such as poor hygiene, cuts, bruises, etc.
- ___ ___ 13. Resident reports this is his/her first placement in segregation.
- ___ ___ 14. Resident has been at the facility for seven (7) days or less.

Date/Time Health Services Administrator Contacted: _____

Name of Responding Behavioral Health Staff: _____ Date: _____
Time: _____

COMMENTS: *(include specific information from escorting officer(s) on the resident's conduct; whether the officer(s) has any indication of self-harm; whether the resident is cooperative; and whether the resident reports he/she is on any medication):*

Administrative Restrictive Housing Placement Form

Resident Name:	Click to enter text.
I.D. Number:	Click to enter text.
Date Of Birth:	Click to enter text.
DCF Report Required* for Incident?	Choose an item.
Home Unit:	Click to enter text.
Room #:	Click to enter text.
To Unit:	RESTRICTIVE HOUSING
Room #:	Click to enter text.
Date:	Click to enter a date.
Time:	Click to enter text.
Reason:	Choose an item.
Medical Clearance done by:	Click to enter text.
Approved by:	Choose a name.
Notes: Click to enter text.	

*If a DCF report is required due to the age of any involved residents, include that information in the "Notes:" section as well as the report number returned by the website.

