



RESTRICTIVE/SECURED HOUSING UNIT CONDITIONS OF CONFINEMENT MODIFICATION APPROVAL

Date: _____ Time and date placed in Restrictive/Secured Housing: _____

Name: _____ DOC number: _____ Cell: _____

Approving employee: _____

Conditions of confinement: Incident narrative

Reason for modification	Modification	Justification
<input type="checkbox"/> Prevent self-harm/injury <input type="checkbox"/> Prevent destruction of property <input type="checkbox"/> Ensure employee/contract staff safety <input type="checkbox"/> Ensure facility safety <input type="checkbox"/> Ensure safety of other incarcerated individuals <input type="checkbox"/> Prevent health danger to incarcerated individual or others <input type="checkbox"/> Threat to orderly operation of Intensive Management Unit (IMU) <input type="checkbox"/> To prevent escape <input type="checkbox"/> Sanction compliance <input type="checkbox"/> Other, explain:	<input type="checkbox"/> Clothing <input type="checkbox"/> Security smock <input type="checkbox"/> Water <input type="checkbox"/> Sharps <input type="checkbox"/> Containers <input type="checkbox"/> Cleaning gear <input type="checkbox"/> Power <input type="checkbox"/> Sack meals <input type="checkbox"/> Tray alternative <input type="checkbox"/> Eco spoons <input type="checkbox"/> Strip cell <input type="checkbox"/> No movement <input type="checkbox"/> Wrist restraint retainer <input type="checkbox"/> Leg/full restraints <input type="checkbox"/> Phone <input type="checkbox"/> Bedding <input type="checkbox"/> Security mattress pad <input type="checkbox"/> Mattress/pad <input type="checkbox"/> Pillow <input type="checkbox"/> Television/radio <input type="checkbox"/> Other	

The above modification will end at _____ select on _____ and will not exceed 7 days unless safety or security considerations dictate otherwise.

Approve Deny

Superintendent	Signature	Date

Health Care Provider (if necessary)	Signature	Date

Approval to discontinue use of the Conditions of Confinement

Superintendent	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

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