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