Department of Corrections
WASHINGTON STATE

SECURITY ENHANCEMENT PLAN

Date: _____ Facility/unit/cell: _____ Incident time: _____

Incarcerated individual: _____ DOC number: _____

The following enhancement will be in place until the Superintendent/designee determines they no longer are needed.

Security enhancements have been put in place for the following reasons (Narrative of behavior):

Enhancement	Justification
☐ _____ Person escort during movement	
☐ Sergeant present during movement	
☐ Leg restraints during movement	
☐ Cloth protective hood during movement	
☐ Cloth protective hood during interaction with employees outside of cell	
☐ Camera present during movement in unit	
☐ Camera present during movement outside of unit	
☐ Camera present during cell search/security check	
☐ Cell on ground floor only	
☐ Hardened/modified cell	
☐ Eye wear protection required	
☐ Cuff port security equipment plan	
☐ Other:	

_____ _____ _____
Developed by Signature Date

☐ Approve ☐ Deny

_____ _____ _____
Superintendent/designee Signature Date

☐ Approve to discontinue enhancements.

_____ _____ _____
Superintendent/designee Signature Date

*Security enhancement plans lasting longer than 42 business days must be approved by the Mission Housing Administrator.

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.

Distribution: **ORIGINAL** - Incarcerated Individual **COPY** - Mission Housing Administrator, Imaging file, Unit file