



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
OFFENDER/SPANISH MANUALS

REVISION DATE
3/6/20

PAGE NUMBER
1 of 14

NUMBER
DOC 320.255

POLICY

TITLE
RESTRICTIVE HOUSING

REVIEW/REVISION HISTORY:

- Effective: 6/7/00
- Revised: 12/27/05
- Revised: 2/3/06 AB 06-001
- Revised: 11/28/06
- Revised: 12/28/06 AB 06-021
- Revised: 4/13/07 AB 07-011
- Revised: 5/22/08
- Revised: 7/9/09
- Revised: 7/30/09 AB 09-026
- Revised: 6/20/12
- Revised: 2/1/15
- Revised: 10/26/16
- Revised: 3/6/20

SUMMARY OF REVISION/REVIEW:

Major changes to include updating terminology throughout and adding no contact visit procedures and Restrictive Housing Level System. Read carefully!


APPROVED:

Signature on file

STEPHEN SINCLAIR, Secretary
Department of Corrections

2/10/20

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [WAC 137-28](#); [WAC 137-32](#); [DOC 110.100 Prison Management Expectations](#); [DOC 300.380 Classification and Custody Facility Plan Review](#) [DOC 320.200 Administrative Segregation](#); [DOC 320.250 Maximum Custody Placement/Transfer/Release](#); [DOC 320.260 Secured Housing Units](#); [DOC 440.020 Transport of Offender Property](#); [DOC 440.080 Hygiene and Grooming for Offenders](#); [DOC 450.300 Visits for Incarcerated Individuals](#); [DOC 560.200 Religious Programs](#); [DOC 630.500 Mental Health Services](#); [DOC 650.020 Pharmaceutical Management](#); [DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program](#)

POLICY:

- I. Restrictive Housing is housing for incarcerated individuals whose continued presence in general population would pose a serious threat to employees/contract staff, themselves, other individuals, or to the security of a correctional facility. Restrictive Housing includes Administrative Segregation (Ad Seg), pre-hearing confinement, disciplinary segregation, Maximum (MAX) custody, and close observation. Restrictive Housing will operate in compliance with Department-established policies and guidelines.
 - A. Security Level 2 Secured Housing Units in stand-alone minimum security facilities will operate per DOC 320.260 Secured Housing Units.
 - B. This policy does not cover Close Observation Areas (COAs) unless the individual was placed in one from Restrictive Housing.
- II. The Department will provide specific cognitive-behavioral interventions and other programming/idleness-reducing activities in its Intensive Management Units (IMUs) and Intensive Treatment Units (ITUs), based on an individual's risk and needs.

DIRECTIVE:

- I. General Requirements
 - A. Whenever possible, individuals will be taken to Health Services for an assessment and review before initial placement in Restrictive Housing unless there is a risk to employee/contract staff safety.
 1. Assessments will be documented on DOC 13-432 Nursing Assessment of Patient Placed in Restrictive Housing.
 - B. Individuals will receive classification reviews conducted out-of-cell DOC 300.380 Classification and Custody Facility Plan Review.

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C. Individuals may earn levels while in Restrictive Housing through their behavior per Restrictive Housing Level System Grid (Attachment 2). The grid identifies privileges and authorized items for each Restrictive Housing level.


II. General Conditions of Confinement (COC)

A. When an individual is transferred to Restrictive Housing, a mental health assessment will be conducted within one business day using DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening or DOC 13-427 Mental Status Examination.


1. If the facility does not have mental health services, a medical employee/contract staff will complete the form.

B. Individuals assigned to Restrictive Housing will be provided the following COCs, unless safety or security considerations dictate otherwise. If any of these conditions are refused or not provided, it will be documented on DOC 05-091 Daily Segregation Report. COCs will contain the following:

1. Adequately lighted and ventilated environment, unless mechanical or other problems prevent such conditions on a temporary basis.
2. Reasonable room temperature for the season, unless mechanical or other problems prevent such conditions on a temporary basis.
3. Meals of similar quality and quantity as provided to the general population. Methods of preparation and/or delivery may be modified for security reasons.
4. Access to personal hygiene items per DOC 440.080 Hygiene and Grooming for Offenders, as appropriate based on security and safety needs.
5. Opportunity to shower at least 10 minutes and shave at least 3 times per week.
6. Access to telephone, mail and approved correspondence supplies, reading material(s), and legal representation and material(s).
 - a. Unless authorized by the Superintendent/designee, individuals in disciplinary segregation will be allowed limited telephone privileges, except for calls related specifically to accessing legal representation.

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7. Receive a minimum of one hour of exercise per day, 5 days per week, outside of their cell.
8. Limited program access due to risk level.
9. Access to health care services, including medical, dental, and mental health services.
10. Access to emergency medications (e.g., nitroglycerin tablets, inhaler, Epi-pen).
11. Access to the Unit Sergeant, Correctional Unit Supervisor (CUS)/ Correctional Mental Health Unit Supervisor (CMHUS), and case manager.
12. Controlled access to prescribed and/or Over The Counter medications per DOC 650.020 Pharmaceutical Management.
13. Exchange of clothing (e.g., t-shirts, underwear, socks), coveralls, and towels at least 3 times per week.
14. Weekly exchange of linens.
15. Barbering/hair care services as available in general population.
 - a. Braids must be removed to allow hair to be searched when directed by an employee and approved by the CUS or Lieutenant.
16. Access to the following:
 - a. Religious guidance,
 - b. Education,
 - c. Self-help programs,
 - d. Library and Law Library,
 - e. Grievance Program, and
 - f. Policy and operational memorandum manuals accessible to the general population.
17. No contact visits per Restrictive Housing Level System Grid (Attachment 2) and as follows:
 - a. The initial review must occur per DOC 320.200 Administrative Segregation before individuals on Ad Seg status can have visits.

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- b. Visit hours and maximum number of visitors are identified in the Unit Handbook and will be posted on the facility's website and in Public Access.
- c. Visits will be conducted in a no contact visit room.
- d. Visitors must be on the individual's approved visitor list per DOC 450.300 Visits for Incarcerated Individuals.
- e. Special visits will be conducted per DOC 450.300 Visits for Incarcerated Individuals.

18. Modifications to COCs or Security Enhancement Plans.

- C. Approved American with Disabilities Act (ADA) accommodations will be allowed unless a security/safety concern exists. If a concern has been identified, the item(s) may be temporarily withheld until a determination is made by the CUS, Captain, and ADA Coordinator.

III. Conditions of Confinement (COC) Modifications


- A. COC modifications may be implemented for one or more of the following reasons:
 - 1. The activity or item is currently a risk to employees/contract staff, the individual's safety, or security and/or orderly operation of the Restrictive Housing unit.
 - 2. The continued use of the activity or item will result in a high probability of endangerment to self, others, security and orderly operation, and/or state property.
- B. The CUS/CMHUS or Shift Lieutenant in charge at the time of the imposed COC modifications will document and justify the modifications on DOC 21-632 Restrictive/Secured Housing Unit Conditions of Confinement Modification Approval, which the Superintendent/designee will review and approve within one business day. Any COC modifications will be recorded in the unit log.
 - 1. For IMU/segregation units, the designee must be at the Associate Superintendent level.
 - 2. Restrictions that take place after hours will be approved through the facility Duty Officer and reviewed by the appropriate manager the next business day.

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- C. COC modifications can be increased or decreased without changing the individual's level/step.
 - 1. The IMU/ITU CUS/CMHUS will review each individual assigned to COC modification status daily. As soon as the individual's behavior no longer indicates a threat, the Correctional Program Manager (CPM)/Correctional Mental Health Program Manager (CMHPM), Captain, or higher authority may release the individual from COC modification status.
- D. COC modifications lasting more than 7 days require Mission Housing Administrator (MHA) approval. COC modifications lasting more than 14 days require Assistant Secretary for Prisons/designee approval. Input from health services employees/contract staff should be considered in making a decision to extend a COC modification.
- E. When an individual is placed on pen and/or paper restriction, the Unit Sergeant will address any immediate communication needs (e.g., assistance with grievance, medical, emergency legal needs) when conducting the daily cell check.
- F. Alternative meal service COC modifications may not exceed a maximum of 7 days and must have the written approval of the Superintendent and Health Authority. Alternative meal service is limited to individuals who have used food or food service equipment in a manner that is hazardous to self, employees/contract staff, or other individuals. Alternative meal service must be based on health or safety considerations only and must meet basic nutritional standards.
- G. The Superintendent/designee will receive daily updates on all individuals assigned to COC modification status.
- H. Active COC modifications on individuals who transfer will be forwarded to the receiving facility's IMU/ITU at the time the individual is transferred.

IV. Property


- A. The following property will be authorized in a Restrictive Housing unit based on space availability and MAX custody level/step assignment. Unless otherwise noted, individuals cannot retain property from general population while in Restrictive Housing. Exception requests must be submitted to the Superintendent in writing. All property will remain in the appropriate storage container when not in use as follows:
 - 1. One 10" x 12" x 18" box of legal documents/papers from the individual's general population property.

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2. One 10" x 10" x 10" box or small sack to store all other authorized property:
 - a. Prescription eyeglasses from the individual's general population property.
 - b. Dentures from the individual's general population property.
 - c. Telephone/address book from the individual's general population property.
 - 1) Address books that are hardbound or contain staples are not allowed in Restrictive Housing. When an address book is not allowed due to security concerns, the individual will be provided an opportunity to copy the contents onto an allowable document.
 - d. One wedding band from the individual's general population property without diamonds, stones, or a raised surface that poses a security concern.
 - e. Approved educational and/or self-help material.
 - f. Paperback books, photographs, and publications.
 - g. As authorized per DOC 560.200 Religious Programs:
 - 1) One small religious medallion, 2" in size without sharp edges, worn on a piece of string or thread.
 - 2) Religious material, if requested by the individual and with proper approval from custody and religious programs employees/contract staff/volunteers.
 - 3) One medicine bag, 2.5" x 2.5" in size with no feathers, provided it is registered, approved, and worn on a piece of string only.
 - 4) One prayer rug.
 - 5) Unlined kufi/yarmulke/skull cap.
- B. The following additional property will be authorized in an IMU/ITU/Segregation unit based on space availability and program management level assignment:

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1. A plastic medic alert bracelet or other medical equipment, as approved by health services employees/contract staff and authorized by the CUS/CMHUS.
 2. Medication, as directed by health services employees/contract staff per DOC 650.020 Pharmaceutical Management.
- C. All other property will be maintained in storage and will be reissued to the individual when released from IMU/ITU/Segregation.
1. When transferred from IMU/ITU/Segregation to another facility, the individual's property will be transferred per DOC 440.020 Transport of Offender Property.
- D. Individuals may not request an inventory of their property, but will be provided with a current property matrix upon request.
- V. Security Enhancement Plans (SEPs)
- A. SEPs will be developed for individuals whose behavior warrants additional precautions to enhance employee/contract staff safety. Plans will focus on out-of-cell movement within the unit and assigned cell location. SEPs are not COC modifications.
1. The CUS/CMHUS will complete and submit DOC 21-638 Security Enhancement Plan to the Superintendent or designated Associate Superintendent, who will review the plan within one business day.
 - a. The designated Associate Superintendent will notify the Superintendent of any approved plans.
 - b. SEPs developed after hours will be approved through the facility Duty Officer and reviewed by the Superintendent or designated Associate Superintendent the next business day.
 2. Approved SEPs will be recorded in the unit log and a copy will be forwarded to the MHA.
 3. SEPs do not automatically disqualify an individual from level promotion or participation in congregate programming.
 4. Modifications to visit procedures may be made using an SEP.
- B. Once approved and implemented, the plan can only be discontinued with Superintendent approval.

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1. Discontinued SEPs will be scanned into the electronic imaging system.
- C. The Superintendent will review active SEPs at least every 30 days.
1. Continuation of an SEP for more than 42 days must be approved by the MHA. If the MHA approves, the MHA must review the plan every 30 days and approve any modifications to the plan.
- D. When an individual with an active SEP transfers to another facility, the plan will be forwarded along with the individual and remain in effect at the receiving facility.
- E. When an individual engages in any behavior associated with the following, mandatory security enhancements will be developed and imposed for a minimum of 14 days. After the 14 days, the Superintendent and facility management team will review the security enhancements.
1. A 602, 604, and/or 704 serious infraction (e.g., assault on an employee, weapon possession), or
 - a. Personal Protective Equipment (e.g., eye protection) will be identified as mandatory for use when interacting with individuals who have a history of assaulting an employee/contract staff/volunteer with fluids.
 2. Taking a cuff port hostage.
- VI. Disruptive Hygiene Behavior
- A. If an individual engages in disruptive hygiene behavior (i.e., the intentional smearing of any bodily fluid, including but not limited to feces and urine, on one's person or anywhere in a cell), the Disruptive Hygiene Behavior Response Protocol (Attachment 1) will be initiated.
- VII. Health Services
- A. Unless medical attention is needed more frequently, individuals in Restrictive Housing will receive a daily visit from a health care provider.
 1. The presence of a health care provider will be announced.
 2. The Health Care Authority will determine the frequency of physician visits to Restrictive Housing units.

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3. Health services employees/contract staff will promptly identify individuals who are psychologically/physically deteriorating or showing signs of failing health and inform the Superintendent/designee.
 - a. Facilities that are unable to manage an individual's healthcare needs will refer and transfer the individual to a facility designated by the Health Authority.

- B. Mental health, medical, and dental employees/contract staff will schedule at least one in-person assessment by the 25th month for individuals assigned to a Restrictive Housing unit for longer than 2 consecutive years and once per year thereafter.
 1. Medical and mental health assessments will be documented on DOC 13-435 Primary Encounter Report and dental assessments will be documented on DOC 13-047 Dental Treatment Record.
 - a. A medical/mental health provider will also enter a Medical Encounter and/or a Mental Health Encounter in the Health Services section of the individual's electronic file.
 2. If significant mental health deterioration is determined, recommendations will be made for alternative placement to better meet the mental health needs of an individual.
 3. Refusal by individuals will be documented on DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment. A copy of this form will be forwarded to the MHA for follow up.

- C. Employees/contract staff observing behavior that may indicate a mental health issue exists should make an appropriate and timely referral using DOC 13-420 Request for Mental Health Assessment. The designated mental health provider will review the referral and take appropriate action.
 1. If the need is emergent, the employee/contract staff will immediately notify the Shift Commander, who will assess the individual's condition and take appropriate action.

- D. Transfers involving individuals with mental illness will be conducted per DOC 630.500 Mental Health Services.

- E. Mental health services will be accessed per DOC 630.500 Mental Health Services. This includes self-referrals and employee referrals.


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1. Mental health employees/contract staff will conduct rounds in the IMU/ITU at least once a week.
2. If an individual requests to be seen by Mental Health, the individual will be seen privately and in person within 48 hours.

F. Health services employees/contract staff will document all contacts in the individual's health record using DOC 13-435 Primary Encounter Report and on DOC 05-091 Daily Segregation Report and enter an encounter in the Health Services section of the individual's electronic file.

VIII. Programming Security Chair

- A. Employees assigned to an IMU/ITU/Segregation, who may place an individual into a programming security chair will be trained on the proper use and restraint procedures for placing/removing individuals correctly and safely in/out of the chair.
1. Two employees will conduct procedures to place an individual in a programming security chair, in order, as follows:
 - a. The individual will be brought to the chair with hands cuffed in back.
 - b. The individual will at least be pat searched.
 - c. The individual will be placed in an approved, modified waist restraint with the longer chain on the side of the individual's writing hand.
 - 1) Chain will be shortened with a padlock if the individual does not need to write.
 - 2) Employees will ensure all restraints are double-locked, gauged correctly, and keyholes are facing the correct direction.
 - d. The individual will kneel on the chair so regular leg restraints can be applied.
 - e. The Individual's wrists will be cuffed to the waist restraint.
 - f. The individual will be seated in the chair and the leg restraint chain will be dropped through the opening in the bar near the floor under the seat of the chair.

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- g. The chair will be closed and position secured using the pin-lock padlock.
 - h. Employees will visually inspect to ensure waist restraints are applied correctly, leg restraints are under the lower sliding tube, and pin-lock padlock is secured.
2. Individuals will be removed from the chair in reverse order of chair placement.

IX. Visits by Employees/Contract Staff

- A. Employees assigned to the unit will conduct cell checks on an irregular schedule, no more than 30 minutes apart, to personally observe individuals in Restrictive Housing. Individuals who are violent or mentally disordered, or who demonstrate unusual or bizarre behavior, will receive more frequent observation. All cell checks will be documented in the unit log.
- B. The CUS/CMHUS or designee will conduct daily cell checks.
 1. The IMU/Segregation unit Correctional Sergeant will conduct one daily cell check each shift.
- C. Classification employees will visit with each individual at least once a week, and in response to written requests.
- D. On a rotating basis, a facility management team member will conduct a cell-by-cell walkthrough of each IMU/ITU/Segregation unit and make contact at each occupied cell weekly per DOC 110.100 Prison Management Expectations.
 1. An Associate Superintendent will conduct the walkthrough bimonthly.
 2. The Superintendent will conduct the walkthrough at least once a month.

X. Documentation

- A. DOC 05-091 Daily Segregation Report or an electronic version will be maintained for each individual housed in IMU/ITU/Segregation. Electronic versions will be printed and maintained in the same manner as the paper version. The report will be updated during and after each shift and document:
 1. Transactions and activities concerning the individual and any active COCs. Specific transactions include:
 - a. Sick call and medication distribution,
 - b. Shower schedule,

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- c. Exercise schedule,
- d. Visits,
- e. Attorney telephone calls,
- f. Requests for legal resources,
- g. Major incidents of any type,
- h. Program activities (e.g., education, religious services), and
- i. Contact by health services employees/contract staff.

- 2. The reasons for any decision to refuse property or an activity.
- 3. Medical observations and/or medications administered.
- 4. Walkthroughs and daily cell checks, including checks by the Unit Sergeant for individuals on pen/paper restriction.
- 5. Unusual occurrences and/or behavior.

B. The Unit Sergeant will review DOC 05-091 Daily Segregation Report or the electronic version each shift and note the review in the unit log.


XI. Direct Release from IMU/ITU/Segregation to the Community

A. IMU/ITU/Segregation unit employees will develop a community release notification for any individual releasing directly from MAX custody into the community, regardless of whether the individual has community supervision/ custody. The release notification template can be found under the Prisons report category in the Report Wizard section of the Offender Management Network Information (OMNI) system.

- 1. Release notifications will be forwarded to the MHA for final approval and distribution.
- 2. When possible, notification will be approved and distributed at least 30 days before the individual's release. Distribution will include the Assistant Secretaries for Prisons, Reentry, and Community Corrections.

B. IMU/ITU/Segregation unit employees will make appropriate transportation arrangements, which may include transporting the individual to the individual's community destination.

- 1. Individuals releasing directly from MAX custody will not be placed on public transportation upon release.

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- C. Individuals releasing directly from Ad Seg, pre-hearing confinement, or disciplinary segregation will be reviewed on an individual basis by the facility CPM/CMHPM to determine if a notification should be developed or alternative transportation arrangements need to be made.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

- [Disruptive Hygiene Behavior Response Protocol \(Attachment 1\)](#)
- [Restrictive Housing Level System Grid \(Attachment 2\)](#)

DOC FORMS:

- [DOC 05-091 Daily Segregation Report](#)
- [DOC 13-047 Dental Treatment Record](#)
- [DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment](#)
- [DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening](#)
- [DOC 13-420 Request for Mental Health Assessment](#)
- [DOC 13-427 Mental Status Examination](#)
- [DOC 13-432 Nursing Assessment of Patient Placed in Restrictive Housing](#)
- [DOC 13-435 Primary Encounter Report](#)
- [DOC 21-632 Restrictive/Secured Housing Unit Conditions of Confinement Modification Approval](#)
- [DOC 21-638 Security Enhancement Plan](#)