



# 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 |
|--------------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> _____ Person escort during movement                                     |               |
| <input type="checkbox"/> Sergeant present during movement                                        |               |
| <input type="checkbox"/> Leg restraints during movement                                          |               |
| <input type="checkbox"/> Cloth protective hood during movement                                   |               |
| <input type="checkbox"/> Cloth protective hood during interaction with employees outside of cell |               |
| <input type="checkbox"/> Camera present during movement in unit                                  |               |
| <input type="checkbox"/> Camera present during movement outside of unit                          |               |
| <input type="checkbox"/> Camera present during cell search/security check                        |               |
| <input type="checkbox"/> Cell on ground floor only                                               |               |
| <input type="checkbox"/> Hardened/modified cell                                                  |               |
| <input type="checkbox"/> Eye wear protection required                                            |               |
| <input type="checkbox"/> Cuff port security equipment plan                                       |               |
| <input type="checkbox"/> 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