REVIEW/REVISION HISTORY:

Effective: 8/24/07  
Reviewed: 10/15/08  
Revised: 1/10/11  
Revised: 12/1/13  
Revised: 11/17/15

SUMMARY OF REVISION/REVIEW:

Added Section III. on cell/bed moves

APPROVED:

Signature on file

DAN PACHOLKE, Secretary  
Date Signed  
Department of Corrections
REFERENCES:

DOC 100.100 is hereby incorporated into this policy; DOC 100.500 Offender Non-Discrimination; DOC 320.180 Separatee and Facility Prohibition Management; DOC 470.500 Security Threat Group Member Validation and Tracking; DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting; DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments

POLICY:

I. Offender housing practices and decisions are made consistent with DOC 100.500 Offender Non-Discrimination and all applicable federal and state laws, regulations, and Executive Orders.

II. Safety, security, and offender treatment and rehabilitative needs will be considered when making cell/room assignments.

III. Nothing in this policy will prohibit or relieve management of the responsibility to monitor and ensure that racial segregation is not an unintended consequence of the threat assessment process.

DIRECTIVE:

I. Responsibilities

A. Each Superintendent will designate an employee(s) who will be responsible for the cell/room assignments within the Prison.

B. The Community Corrections Supervisor/designee will be responsible for the cell/room assignments within the Work Release.

II. Housing Criteria

A. Offender housing assignments will be made based on available information, individual case factors, and objective criteria, including:

   1. Security issues,
   2. Security Threat Group (STG) affiliation per DOC 470.500 Security Threat Group Member Validation and Tracking,
   3. Medical or mental health issues,
   4. Length of incarceration/supervision,
   5. Height, weight, and age,
   6. Hygienic self-discipline,
7. Prison Rape Elimination Act (PREA) risk assessment and housing assignment requirements per DOC 490.820 PREA Risk Assessments and Assignments,
8. Known sexual or romantic relationship with another offender,
9. Self-disclosed concerns of the offender,
10. Refusal to provide information or providing false information to influence a cell/room assignment,
11. Intelligence reports of vulnerability, impulsive behavior, or predatory behavior,
12. Assessment of personality and interpersonal skills and ability to cope with cell/room cohabitants with a wide range of value deficits and impulsivity,
13. Separatee concerns,
14. Distance to facility services,
15. Commitment offense,
16. Criminal history,
17. Incarceration history, including behavior and written/verbal statements, and
18. Predatory/victimization issues.

B. All offenders will be assigned the first available and appropriate bed.

III. Cell/Bed Moves

A. The facility may initiate a cell/bed move for administrative reasons (e.g., safety/security concerns, part of an incentive program, a privilege based on set criteria or specific program requirement).

B. If offender initiated cell/bed moves are allowed, the offender must complete DOC 21-595 Cell/Bed Change Request.

1. Requesting offenders must:
   a. Be housed at a facility for at least 30 days before requesting a cell/bed move.
   b. Have no guilty findings for general infractions in the 60 days prior to the request.
   c. Have no guilty findings for serious infractions in the 90 days prior to the request.

2. All offenders who will be residing in the cell must sign DOC 21-595 Cell/Bed Change Request, indicating they agree to the move.
3. Offenders may only request one cell/bed move every 6 months.

IV. Non-Discrimination

A. Every offender has access to DOC 100.500 Offender Non-Discrimination and the opportunity to contact employees, contract staff, or volunteers and:

1. Identify individuals or security threat groups who present a risk of violence if assigned to the same cell/room, and/or

2. Provide information believed to affect the safety of the occupants of the cell/room.

DEFINITIONS:

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

ATTACHMENTS:

None

DOC FORMS:

DOC 21-595 Cell/Bed Change Request