

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 326.02

EFFECTIVE DATE: 30 July 2025

**SUBJECT: ADMINISTRATIVE
SEGREGATION IN JAILS**

POLICY DIRECTIVE

PURPOSE:

To provide policy ensuring appropriate guidelines and procedures for the removal from the general population and placement in designated housing of inmates who threaten the secure and orderly management of the institution, posing a threat to others or a danger to themselves; and ensuring such assignments are made appropriately and justifiably and inmates placed into such categories are treated justly, humanely, in a constitutionally correct manner and prepared for return to less restrictive units.

REFERENCE:

ACA Expected Practices 5-ALDF-2E-01 through 02, 05 through 06, 09 through 22, and 24; and National Commission on Correctional Health Care (NCCHC) §§J-G-02.

RESPONSIBILITY:

Superintendents are responsible for enacting Operational Procedures and ensuring the requirements of this Policy Directive are included in applicable Post Orders.

CANCELLATION:

Any previous written instruction on the subject.

APPLICABILITY:

All jails within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

DEFINITIONS:

Administrative Segregation: A form of separation from the general population administered by the classification committee or other authorized group when the continued presence of the inmate in the general population would pose a serious threat to life, property, self, staff, or other inmates or to the security or orderly running of the institution.

Inmates pending investigation for trial on a criminal act or pending transfer also can be included.

Administrative Segregation Committee: Group of at least three (3) qualified persons, specifically designated for this purpose. This Committee shall be multi-disciplinary and appointed in writing by the Superintendent. To protect relevant medical and mental health disorders of the particular inmate that may require accommodations, health care and mental health staff shall not serve on Administrative Segregation Committees but may provide information relevant to medical and mental health disorders of the particular inmate.

POLICY:

- I. It is the policy of the Division of Corrections and Rehabilitation (DCR) to limit the use of Administrative Segregation to only those inmates who pose the greatest threat to the safety and security of a correctional facility and cannot be managed safely in general population. Administrative Segregation is not to be used for punishment and is reserved for those whose violent, disruptive, predatory, riotous, or other serious misbehavior poses a serious threat to other inmates, staff, the orderly operation of the facility, or the general public. Therefore, any inmate placed into Administrative Segregation shall receive regular reviews and shall be released from segregation as soon as he/she can be safely managed in a less restrictive environment.
 - A. **Inmates in Administrative Segregation are confined to a cell for periods of time less than twenty-two (22) hours per day.** Jails will develop out-of-cell schedules, according to their available resources, including structured or unstructured activities.
 - B. Each jail will provide Administrative Segregation, when appropriate and necessary in accordance with this Policy.
 - C. When a jail inmate in Administrative Segregation has been convicted of a felony and sentenced to the DCR, designated jail staff will coordinate with the DCR Director of Inmate Classification/Movement to transfer the inmate as follows.
 1. Male inmates in Administrative Segregation are transferred to Mount Olive Correctional Complex and Jail (MOCC&J) and female inmates in Administrative Segregation are transferred to Lakin Correctional Center and Jail (LCC&J).
 2. The Administrative Segregation Committee at the receiving facility will conduct a review of all relevant information within five (5) business days of the transfer to determine placement in Administrative Segregation or general population.
 3. The Superintendent will review the recommendation of the Administrative Segregation Committee and, if necessary, attempt to resolve any differences with the Superintendent of the transferring facility. Any conflicting recommendations will be resolved by the Assistant Commissioner of the Bureau of Prisons and Jails (BPJ).

II. Criteria for all Administrative Segregation placements. An inmate may only be considered for placement in Administrative Segregation if he/she satisfy both an administrative and a behavioral criterion.

A. Administrative Criteria for Placement in Administrative Segregation - An inmate may not be considered for placement in Administrative Segregation unless one (1) of the following administrative criteria are met:

1. The inmate has been found guilty in the past twelve (12) months by a Correctional Hearing Officer for violating at least one (1) rule which qualifies as an approved behavioral criterion, or
2. The inmate is guilty of a criminal offense that is described under the behavioral criteria listed in this policy, and has been sentenced and committed to the custody of the DCR, or
3. The inmate has committed a criminal or institutional offense in another jurisdiction that would qualify for placement in Administrative Segregation and there is enough documentation from the other jurisdiction to justify placement in Administrative Segregation, or
4. The inmate was previously held under the custody of the DCR and was held in Administrative Segregation prior to release.

B. Behavioral Criteria Governing Placement in Administrative Segregation - Inmates may not be placed in Administrative Segregation unless they demonstrate behavior meeting one (1) or more of the following behavioral criteria. These criteria guide the exercise of discretion, but do not mandate the outcome.

1. Assault and Related Acts:

- a. The inmate caused or attempted to cause physical harm or death to another person including all assault related rules.
- b. The inmate compelled or attempted to compel another person without consent to engage in sexual conduct or sexual contact.
- c. The inmate compelled or coerced another person, by force or the threat of serious physical harm or death, to provide anything of value, to perform any act, or to violate any rule.
- d. Extortion or intimidation of staff or other people.

For all placements involving assault related acts, the seriousness of the offense as well as the inmate's history of assaultive behavior shall be considered in determining whether a placement in Administrative Segregation is warranted. The seriousness of the offense may include factors such as the amount of harm

(or attempted harm), the intensity/duration of the assault and the motivation/intent of the aggressor(s).

2. The nature of the inmate's criminal offense or documented behavior committed prior to incarceration with the DCR constitutes a current threat to the security and orderly operation of the institution and to the safety of others (e.g., serious assaults against law enforcement, participation in organized criminal activity, serious violent acts in other correctional jurisdictions, or actions indicating a serious escape risk).
3. The inmate has led, organized, participated in, or incited a serious disturbance or riot, or attempted to commit any of these acts that resulted in, or was planned/intended to result in, the taking of a hostage, significant property damage, physical harm, interruption of vital institutional services, loss of control of a facility or part thereof, or loss of life.
4. The inmate has conveyed, introduced, or possessed major contraband (including conspiring or attempting these acts) which poses a serious threat or danger to the security of the institution. This includes without limitation:
 - a. **Deadly Weapons.** "Deadly weapon" means any instrument, device, or thing capable of inflicting death, and designated or specially adapted for use as a weapon, or possessed, carried, or used as a weapon.
 - b. **Ammunition.** "Ammunition" means anything hurled by a weapon or exploded as a weapon, such as bullets, gunpowder, shots, shells, bombs, grenades, rockets, etc.
 - c. **Escape Instruments.** "Escape instruments" include any substance, device, instrument, or article designed or specially adapted for criminal use in an escape attempt; or possession or control of any substance, device, instrument, or article commonly used for criminal purposes, under circumstances indicating the item is intended for criminal use in an escape attempt.
 - d. **Trafficking Drugs or Intoxicating Substances.** "Trafficking" includes bringing, attempting to bring, or arrange for any other person to bring such item into a correctional facility on onto correctional facility property.
 - e. **Cellular phones or other unauthorized communication devices used by the inmate for continuing criminal activity such as gang control, taunting witnesses, planning escapes, coordinating clandestine activity within the facility, or arranging other serious crimes.**

For all placements involving contraband related acts, the seriousness of the offense, as well as the inmate's overall history of behavior, shall be considered in determining whether a placement in Administrative Segregation is warranted. The seriousness of the offense may include factors such as the

amount of contraband, the danger associated with the specific type of contraband, the method the inmate used to possess or attempt to possess the contraband, and previous attempts to house the inmate in less restrictive environments.

5. The inmate functions as a leader, enforcer, or recruiter of a Security Threat Group (STG).
6. The inmate was involved in group violence or a serious disruption to orderly institutional operations and his/her involvement was motivated by his/her membership in, or identifying with, an STG.
7. The inmate engages in violence or serious disruption to orderly operations. For all placements involving violent and disruptive activities, the seriousness of the offense, frequency of violence/disruption, as well as the inmate's overall history of violent and disruptive behavior shall be considered in determining whether a placement in Administrative Segregation is warranted.
8. Escape and related acts:
 - a. The inmate escaped from the physical custody of a secure correctional facility or aided another in the successful escape from a secure correctional facility.
 - b. The inmate attempted to escape from the physical custody of a secure correctional facility by taking significant actions to further his/her plan.
 - c. The inmate escaped or attempted to escape from a secure transport beyond the secured perimeter of a correctional facility.

For all placements involving escape and related acts, the decision to place shall be based upon the overall circumstances related to the escape. These include, but are not limited to, the type of institution the inmate escaped from, the totality of the circumstances related to the escape, the inmate's previous escape history, and the amount of time the inmate has left to serve or other factors which could affect his/her motivation to try and escape again.

9. The inmate has demonstrated an ability to compromise the integrity of staff which has resulted in a threat to the security of the institution or the general public.
10. The inmate knowingly and intentionally exposed others to the risk of contracting a dangerous disease, including without limitation human immunodeficiency virus (HIV) or hepatitis.
11. The inmate has engaged in repeated obscene, sexually harassing, and/or indecent acts and less restrictive means of addressing the behavior have been unsuccessful in preventing future behaviors.

12. The inmate has a history of assault against others while incarcerated which would qualify for Administrative Segregation and makes threats to repeat the assaultive behavior.

13. The inmate has made terroristic threats to government or public officials.

III. Referral for Placement in Administrative Segregation

- A. The inmate shall be given notice of potential Administrative Segregation by being served with a Notice of Assignment (**Attachment #1**).
- B. An initial Administrative Segregation Hearing will take place in not less than forty-eight (48) nor more than seventy-two (72) hours (excluding weekends and holidays) from the time the inmate was served with the Notice of Assignment. This time period may be extended by approval of the Administrative Segregation Committee Chairperson either for administrative reasons or at the request of the inmate. The inmate's request must be submitted in writing within twenty-four (24) hours of being served with the Notice of Assignment.
- C. At the hearing the inmate shall be presented with the information used to justify the recommendation of placement into Administrative Segregation. He/she shall be provided with the opportunity to present written and oral statements challenging any of the documentation justifying the placement, or the appropriateness of the placement. The inmate shall be permitted to be an active participant in the hearing and request assistance from an inmate representative; the said representative cannot currently have a restricted classification status (e.g., Administrative Segregation, Disciplinary Detention, etc.).
- D. The Superintendent will designate in writing those subordinates authorized to present confidential information to the Administrative Segregation Committee on the record, but outside the presence of the inmate.
- E. The inmate's appearance before the Administrative Segregation Committee will be documented on the Administrative Segregation Initial Hearing Form (**Attachment #2**). All Administrative Segregation hearings will be magnetically or digitally recorded, catalogued, and stored.
- F. The Administrative Segregation Committee shall recommend to the Superintendent that the inmate be placed on Administrative Segregation status or returned to his/her previous status (**Attachment #3**). The Administrative Segregation Committee will base its recommendation upon the preponderance of available information or evidence, such as:
 - 1. A record of disciplinary rule violations, which shows a pattern or tendency of behavior, which is violent, assaultive, or otherwise threatening to the inmates, staff, self or public.

2. Information from staff or other inmates indicating that the inmate has engaged in or plans to engage in activities which may be a threat to the public, staff, self, or other inmates or the safe and secure operation of the facility; including, but not limited to, assaults, repeated insubordination, cell larceny, security threat group membership or tension, strong-arm tactics, riot, hostage taking, suspicion of being an informant, multiple escapes/escape attempts/or escape plans, predatory behavior, planning/leading/agitating/participating in demonstrations or sit down strikes, threatening behavior or words, or some other serious rule violation(s).
 3. Psychological testing, psychiatric examinations, or a criminal record showing a propensity to violence.
 4. A review of the inmate's total record indicates that the inmate is not able to function in the general population.
- G. The inmate shall be notified in person of the Administrative Segregation Committee's recommendation immediately upon the conclusion of the hearing. The inmate and the Superintendent shall both be notified in writing, of the Administrative Segregation Committee's Initial Hearing Recommendation (**Attachment #3**) within twenty-four (24) hours (excluding weekends and holidays) of the conclusion of the hearing.
- H. The Superintendent (or designee in the Superintendent's absence) shall review all placements within three (3) business days (excluding weekends and holidays) and either approve or disapprove the placement. The Superintendent shall inform the inmate whether he/she will uphold the recommendation or overrule the recommendation of the Administrative Segregation Committee and document on **Attachment #4**.
- I. The inmate shall have a right to appeal his/her placement in Administrative Segregation to the Commissioner. The Commissioner may assign a designee to respond to an inmate's appeal. The appeal must be filed in writing on **Attachment #5** within five (5) days of receipt of the Superintendent's decision.
- J. The Administrative Segregation Committee or other authorized staff group will conduct reviews every seven (7) days and document their decisions on **Attachment #6** for the first two (2) months. Reviews thereafter will be conducted at least every thirty (30) days. The inmate may be released from segregation during any of those reviews if his/her behavior indicates there is reason to believe he/she could be managed safely in a less restrictive security level.
1. The inmate will personally attend the first two (2) weekly reviews and all other reviews as required by this Policy. If the inmate waives in writing his/her required personal appearance, a review will still be conducted with the committee noting the inmate's absence.
 2. An inmate will also attend all other reviews he/she has requested in writing to attend.

IV. Administrative Segregation Procedures

- A. When an inmate is transferred to Administrative Segregation, health care staff will be informed immediately and provide assessment and review.
 - 1. Unless medical attention is needed more frequently, each inmate in Administrative Segregation receives a daily visit from a health care provider. The presence of a health care provider in segregation housing is announced and documented by signature on the chronological segregation log. The health authority determines the frequency of physician visits to Administrative Segregation.
 - 2. The health care provider in consultation with security staff determine the appropriate setting for further medical attention or examination.
- B. A qualified mental health professional personally interviews and prepares a written report on any inmate remaining in Administrative Segregation for more than thirty (30) days. If confinement continues beyond thirty (30) days, a mental health assessment by a qualified mental health professional is made at least every thirty (30) days for inmates who have an identified mental health need and every three (3) months for all other inmates; more frequently if prescribed by the mental health professional.
- C. All Administrative Segregation inmates are personally observed by a staff twice per hour, but no more than forty (40) minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuing or continuous observation. Observation will be documented in the unit log.
- D. Inmates in Administrative Segregation receive daily visits from the senior correctional supervisor in charge, as documented by signature on the chronological segregation log. Inmates also receive visits from members of the program staff upon request.
- E. Staff operating segregation units maintain a permanent chronological log (**Attachment #7**) for each inmate admitted to Administrative Segregation. Any unusual or out of the ordinary incidents will be documented in an incident report.
- F. Facility operational procedures govern the selection criteria, supervision, and rotation of staff who work directly with inmates in segregation housing on a regular and daily basis in accordance with the following.
 - 1. Employee performance appraisals include an evaluation of the on-the-job performance of the staff who work with inmates in segregation housing.
 - 2. Administrative procedures for the prompt removal of ineffective staff are followed.
 - 3. Correctional officers assigned to work in segregation housing should have successfully completed their probationary period.

4. The need for rotation should be based on the intensity of the assignment.
- G. Segregation units provide living conditions that approximate those of the general inmate population; all exceptions are clearly documented. Segregation cells/rooms permit the inmates assigned to them to converse with and be observed by staff members.
- H. All cells/rooms in segregation housing provide a minimum of seventy (70) square feet and provide thirty-five (35) square feet of unencumbered space for the first occupant and twenty-five (25) square feet of unencumbered space for each additional occupant.
- I. The general conditions of confinement for all inmates in Administrative Segregation require the following. Any exceptions are permitted only when found necessary by the senior officer on duty, are justified in writing, recorded in the unit log and the inmate's case record and forwarded to the Chief of Security/Chief Correctional Officer.
 1. All inmates in Administrative Segregation are provided prescribed medication, clothing that is not degrading, and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmate(s) will destroy an item or induce self-injury.
 - a. Basic personal items include, but are not limited to, personal hygiene items as well as items such as eyeglasses and writing materials.
 - b. If a supervisor determines that there is imminent danger that an inmate will destroy an item or use it to induce self-injury, the inmate may be deprived of the item. In such cases, every effort will be made to supply a substitute for the item or to permit the inmate to use the item under the supervision of staff.
 2. Inmates in Administrative Segregation have the opportunity to shave and shower at least three (3) times per week.
 3. Inmates in Administrative Segregation receive laundry, barbering, and hair care services and are issued and exchange clothing, bedding, and linens on the same basis as general population inmates.
 4. Alternative meal service may be provided to an inmate in Administrative Segregation who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of the Superintendent or designee and the responsible health authority or designee. The substitution period shall not exceed seven (7) days.
 5. Inmates in Administrative Segregation can write and receive letters on the same basis as general population inmates.

6. Inmates in Administrative Segregation have opportunities for visitation unless there are substantial reasons for withholding such privileges.
7. Inmates in Administrative Segregation have access to legal materials and reading materials.
8. Inmates in Administrative Segregation receive a minimum of one (1) hour of exercise per day outside their cells, five (5) days per week, unless security or safety considerations dictate otherwise. The opportunity to exercise is in an area designated for this purpose, with opportunities to exercise outdoors, weather permitting. Outdoor recreation may be provided in an enclosed area that provides fresh air and natural lighting.
9. Inmates in Administrative Segregation are allowed telephone privileges.
10. Inmates in Administrative Segregation have access to programs and services that include, but are not limited to, educational services, commissary services, library services, social services, counseling services, religious guidance, and recreational programs. Although programs and services cannot be identical to those provided to the general population, there shall be no major differences for reasons other than danger to life, health, or safety. Programs and services may be accomplished through separate scheduling in areas of the facility otherwise used by general population inmates or by alternate formats or environments.

V. **Behavior Driven Step-Down Program.** Each Administrative Segregation unit shall have a behavior driven step-down program to facilitate an inmate's reintegration into general population. The program shall consist of four (4) levels, based on stratified progressive incentives for demonstrated appropriate inmate behavior and program completion. Levels will include interdisciplinary measures (e.g., tablet suspension, commissary limitations, etc.). The program includes a system of review and established criteria to prepare an inmate for transition. The levels are not classification levels but are behavior-based decisions. As incentives are based strictly on appropriate behavior, decisions may be grieved.

- A. When an inmate has been in Administrative Segregation for thirty (30) days, he/she will personally attend the review conducted by the Administrative Segregation Committee where the step-down program will be explained.
- B. The **first level** of the step-down program shall be a minimum of thirty (30) days in the duration. New arrivals to Administrative Segregation and inmates who have displayed inappropriate behavior at higher levels may be assigned to this level.
 1. Inmates at this level will be evaluated for acceptable behavior, acceptable sanitation/hygiene, adjustment to Administrative Segregation, and custody issues.

2. During this level, a multidisciplinary program plan will be developed for each inmate based on the inmate's individualized needs and available programming and resources and documented on the Program Compliance Plan (**Attachment #8**) and presented to the inmate for his/her acknowledgement.
 3. An inmate must display appropriate behavior and acceptable sanitation/hygiene standards for a minimum of thirty (30) consecutive days before being considered for advancement to the second level.
 4. Reviews will be conducted by the Administrative Segregation Committee or other authorized staff group every seven (7) days for the first month in the program and be documented on **Attachment #6**.
 5. Inmates at this level will begin participation in assigned programming and will have the fewest privileges.
 6. Privileges will be defined in the facility-specific operational procedure and will include at a minimum:
 - a. Up to \$10.00 per week in purchases of approved commissary items.
 - b. One (1) hour non-contact visit per month.
 - c. One (1) hour of recreation, five (5) days per week.
 7. Level Increase: At the end of each thirty (30) day period, the Administrative Segregation Committee will review the inmate's behavior and determine whether or not an advancement to the second level is appropriate. The decision will be documented on the Step-Down Program Review Form (**Attachment #9**).
- C. Any inmate who commits a rule violation at any level of the step-down program will receive a violation report.
1. The report will be forwarded to the Chief Correctional Officer for review. The Chief Correctional Officer will make the determination if the rule violation will be submitted.
 2. All Class I violations will be sent to the Correctional Hearing Officer.
 3. A Class II violation may be sent to the Correctional Hearing Officer or the Unit Behavior Management Team (UBMT).
 4. If found guilty of a Class I violation the inmate may be placed on disciplinary detention/segregation after which he/she will restart the first level of the step-down program.

5. If found guilty of a Class II violation and sanctions have been issued, the inmate may be placed on disciplinary detention/segregation or loss of privileges. Once those sanctions have ended, the inmate may be placed back on the level he/she was removed from.
- D. The **second level** within the step-down program is for inmates who have demonstrated acceptable behavior at the first level.
1. Privileges will be defined in the facility-specific operational procedure and will include at a minimum:
 - a. Increased per week purchases of approved commissary items.
 - b. Increased non-contact visits.
 - c. One (1) hour tablet use in cell and one (1) fifteen (15) minute video visit in the designated area per week.
 - d. One (1) hour of recreation five (5) days a week.
 2. The Administrative Segregation Committee or other authorized staff group will evaluate the inmate for acceptable behavior, acceptable sanitation/hygiene, programs participation and compliance with rules and regulations every thirty (30) days and complete the Step-Down Program Review Form (**Attachment #9**).
 3. Level Increase:
 - a. Sixty (60) days after the recorded date of increase to the second level when an inmate displays compliance with appropriate behavior and is program compliant. All second level programming must be complete before the inmate is eligible to advance.
 - b. The Administrative Segregation Committee will interview the inmate to determine whether the inmate should remain at the current level, advance to the next level, or receive a level reduction, then complete the Step-Down Program Review Form (**Attachment #9**).
- E. The **third level** of the step-down program is for inmates who have demonstrated appropriate behavioral adjustment and program compliance, shown proper interaction with employees and other inmates, suitable sanitation/hygiene conditions, overall positive behavior and an absence of misconduct. Inmates at this level have the opportunity for work assignments within the pod and increased privileges.
1. This is the evaluation level for inmates recommended for progressive movement. Inmates at this level will be evaluated for continued acceptable behavior, interaction with other inmates in small group settings and program compliance.

2. Privileges will be defined in the facility-specific operational procedure and will include at a minimum:
 - a. Increased per week purchases of approved commissary items.
 - b. Increased visits per month.
 - c. Opportunity for a work assignment.
 - d. Four (4) one-hour tablet uses in cell per month and one (1) thirty (30) minute video visit in the designated area per week.
 - e. One (1) hour of recreation five (5) days a week.
3. The Administrative Segregation Committee or other authorized staff group will review the inmate's behavior every thirty (30) days and complete the Step-Down Program Review Form (**Attachment #9**).
4. Level Increase: When an inmate has completed the following, the Administrative Segregation Committee will interview the inmate to determine whether the inmate should remain at the current level, advance to the next level, or receive a level reduction, then complete the Step-Down Program Review Form (**Attachment #9**).
 - a. Maintained the third level for a minimum of one-hundred and twenty (120) consecutive days.
 - b. Not been found guilty of any Class I rule violations for the past six (6) months.
 - c. Not been found guilty of any Class II rule violations for the past three (3) months.
 - d. Has successfully completed all third level programming.
- F. The **fourth level** is the highest level and is for inmates who have successfully completed the requirements of the third level. Fourth level inmates may be double-bunked as being progressed to general population.
 1. Privileges will be defined in the facility-specific operational procedure and will include at a minimum:
 - a. Increased per week purchases of approved commissary items.
 - b. Increased visits per month.
 - c. Participation in assigned group programs.
 - d. Two (2) one-hour recreational periods five (5) days per week.

- e. Opportunity for work assignment.
 - f. Additional allowable property.
 - g. Four (4) two-hour tablet uses per month and one (1) forty-minute video visit in the designated area per week.
2. The Administrative Segregation Committee or other authorized staff group will review the inmate's behavior every thirty (30) days and complete the Step-Down Program Review Form (**Attachment #9**).
3. Level Increase:
- a. After one-hundred and twenty (120) consecutive days of successful participation in the fourth level, with successful behavior control and programs completion, the inmate may be considered for movement to the general population.
 - b. The Administrative Segregation Committee will interview the inmate and review documentation to evaluate the inmate's potential for successful adjustment and readiness for placement in general population. The Administrative Segregation Committee shall complete the Step-Down Program Review Form (**Attachment #9**) and forward any recommendations for advancement to general population to the Superintendent for final approval/disapproval.

G. Level Reduction:

- 1. At any level of the step-down program, when an employee requests an inmate be reassigned to a lower level, the employee is required to submit an incident report documenting the inappropriate behavior.
- 2. The officer-in-charge of the segregation unit or Shift Commanders, following review of the inappropriate behavior or program noncompliance, have the authority to submit a recommendation to the Administrative Segregation Committee for a reduction in level.
- 3. The Administrative Segregation Committee will then conduct a review of the documentation and interview the inmate to determine if the inmate will be reduced to a lower level. The inmate shall be notified in person of the Administrative Segregation Committee's recommendation immediately upon the conclusion of the hearing. The Superintendent shall be notified in writing of the Committee's recommendation for a level reduction using **Attachment #10** within twenty-four (24) hours (excluding weekends and holidays) of the conclusion of the review.

4. The Superintendent shall review the recommendation within three (3) business days (excluding weekends and holidays) and either approve or disapprove the level reduction. The Superintendent shall inform the inmate whether he/she will uphold the recommendation or overrule the recommendation of the Administrative Segregation Committee utilizing **Attachment #10**.
- VI. All documents pertaining to an inmate's Administration Segregation status shall be uploaded to the appropriate file in the Offender Information System (OIS).

ATTACHMENT(S):

- #1 Notice of Assignment
- #2 Administrative Segregation Initial Hearing Form (2 pages)
- #3 Administrative Segregation Committee's Initial Hearing Recommendation
- #4 Superintendent's Review and Decision of the Initial Hearing Recommendation
- #5 Inmate's Appeal of Administrative Segregation
- #6 Weekly Review Decision
- #7 Chronological Log
- #8 Program Compliance Plan
- #9 Step-Down Program Review Form
- #10 Superintendent's Review and Decision of Recommendation for Level Reduction

APPROVED SIGNATURE:


David L. Kelly, Commissioner

07/16/2025
Date

NOTICE OF ASSIGNMENT

INMATE'S NAME _____ OID # _____ DATE _____

It has been determined that reasons exist for your removal from your current housing assignment of _____ and your assignment to Administrative Segregation status until such time you appear before the Administrative Segregation Committee for a determination on this change in custody status.

By this notice you have received the required forty-eight (48) hours notice of your appearance before the Committee, and you may request a seven (7) day continuance (excluding weekends and holidays) in order to prepare for your hearing. If the Committee Chairperson does not receive a written request for a continuance within forty-eight (48) hours after this notice is served on you, your appearance before the Committee will take place within seventy-two (72) hours. This period may be extended by approval of the Committee Chairperson. You will be notified in writing of any extensions and the reasons thereof. If you so wish, you may have an inmate representative of your choice. It is your responsibility to find a representative. You are to notify the Committee Chairman of your desired representative within forty-eight (48) hours after this notice is served.

You are being placed in Administrative Segregation because there is reason to believe your violent, disruptive, predatory, riotous, or other serious misbehavior poses a serious threat to other inmates, staff, the orderly operation of the facility, or the general public.

There is reason to believe you satisfy the following Administrative Criteria:

- ☐ You have been found guilty in the past 12 months by a Correctional Hearing Officer for violating at least one rule which qualifies as an approved behavioral criterion, explain:
- _____
- _____
- ☐ You are guilty of a criminal offense that is described in the approved behavioral criterion and have been sentenced and committed to the custody of the Division of Corrections and Rehabilitation (DCR), explain:
- _____
- _____
- ☐ You have committed a criminal or institutional offense in another jurisdiction that would qualify for placement in Administrative Segregation and there is enough documentation from the other jurisdiction to justify placement in Administrative Segregation, explain:
- _____
- _____
- ☐ You were previously held under the custody of DCR and were held in Administrative Segregation prior to release, explain:
- _____
- _____
- ☐ Other, specify: _____
- _____

DATE AND TIME PLACED IN ADMINISTRATIVE SEGREGATION STATUS: _____

I _____ hereby acknowledge that I have read or have had this Notice of Assignment explained to me and do advise that I have received a copy of this notice.

Signature of Inmate _____ OID # _____ Date _____

NOTICE SERVED BY: _____
Printed Name & Signature of Serving Employee _____ Date _____ Time _____

ADMINISTRATIVE SEGREGATION INITIAL HEARING FORM

Date and Time of Hearing: _____

Inmate's Name: _____

OID #: _____

Inmate is Present at Hearing: ☐ **Reason if Not Present:** _____

Details of Administrative and Behavioral Criteria for Placement in Administrative Segregation:

Date and Time Placed in Administrative Segregation: _____

Number of Disciplinary Rule Violations during this incarceration:

Class I: _____

Class II: _____

Class III: _____

Date/Nature of Last Disciplinary Report: _____

Parole Eligibility Date (if applicable): _____

Minimum Discharge Date (if applicable): _____

Felonies Committed While in the custody of DCR (include dates and locations):

ADMINISTRATIVE SEGREGATION INITIAL HEARING FORM

Inmate's Name: _____

OID #: _____

Summary of Inmate's Written or Oral Statements:

Signature of Staff Member: _____ **Date:** _____

Chairperson Summary:

Chairperson Signature: _____ **Date:** _____

Committee Members Signatures: _____

**ADMINISTRATIVE SEGREGATION COMMITTEE'S
INITIAL HEARING RECOMMENDATION**

NAME: _____ OID#: _____ DATE: _____

The Administrative Segregation Committee has met and is recommending that the inmate:

_____ Remain in Administrative Segregation Status
_____ Return to Previous Custody Status/Housing: _____

This recommendation is based upon the preponderance of available information or evidence:

_____ A record of disciplinary rule violations, which show a pattern or tendency of behavior, which is violent, assaultive, or otherwise threatening to inmates, staff, self, or public.
_____ Information from staff or other inmates indicating that the inmate has engaged in or plan to engage in activities which may be a threat to the public, staff, self, or other inmates or the safe and secure operation of the facility; including, but not limited to, assaults, repeated insubordination, cell larceny, security threat group membership or tension, strong-arm tactics, riot, hostage taking, suspicion of being an informant, multiple escapes/escape attempts/or escape plans, predatory behavior, planning/leading/agitating/participating in demonstrations or sit down strikes, threatening behavior or words, or some other serious rule violation(s).
_____ Psychological testing, psychiatric examinations, or a criminal record showing a propensity for violence.
_____ A review of the inmate's total record indicates that the inmate is not able to function in the general population.
_____ Other/Explain: _____

Be advised that the above recommendations and all information regarding your Administrative Segregation Initial Hearing will be forwarded to the Superintendent for review and final disposition, and you will be notified by the Superintendent in writing of his/her final decision within three (3) business days (excluding weekends and holidays) from the date listed above.

Committee Signatures: _____

Inmate's Signature: _____

cc: Inmate

**SUPERINTENDENT'S REVIEW AND DECISION OF
ADMINISTRATIVE SEGREGATION COMMITTEE'S INITIAL HEARING
RECOMMENDATION**

TO: _____ OID # _____

FROM: Superintendent _____

DATE: _____

RE: ADMINISTRATIVE SEGREGATION HEARING/REVIEW DECISION

On _____, you were reviewed by the Administrative Segregation Committee concerning your current status.

At that time, the Committee recommended that you:

_____ Remain in Administrative Segregation Status

_____ Return to Previous Custody Status/Housing : _____

I have reviewed the recommendation and have decided to:

_____ Uphold the recommendation of the Committee.

_____ Overrule the recommendation of the Committee, and have determined that you are to:

YOU HAVE THE RIGHT TO APPEAL THIS DECISION TO THE COMMISSIONER.

INMATE'S APPEAL OF ADMINISTRATIVE SEGREGATION

I, _____, do hereby appeal my placement in
(Name of Inmate & OID Number)

Administrative Segregation on _____
(Date of Placement in Administrative Segregation)

at _____ for the following reason(s):
(Name of Facility)

Signature of Inmate

Date

- ☐ Approve Inmate's Appeal/Release from Administrative Segregation
- ☐ Deny Inmate's Appeal/Remain in Administrative Segregation

Commissioner/Designee

cc: Superintendent
Inmate

WEEKLY REVIEW DECISION

Inmate's Name _____ OID# _____ DATE _____

Week Reviewed: _____

PERSONAL HYGIENE/GROOMING: Good Satisfactory Poor

Comments: _____

CELL SANITATION: Good Satisfactory Poor

Comments: _____

PROGRAMMING COMPLIANCE: Good Satisfactory Poor

Comments: _____

CONDUCT (complies with rules): Good Satisfactory Poor

Comments: _____

ATTITUDE (response to authority): Good Satisfactory Poor

Comments: _____

OTHER COMMENTS/RECOMMENDATIONS:

Review Conducted By:

Staff Name Printed and Title

Signature

Staff Name Printed and Title

Signature

Staff Name Printed and Title

Signature

cc: Inmate

Chronological Segregation Log

MONTH:										YEAR:		STATUS:			
INMATE NAME:										OID#:					
DATE IN:										DATE OUT:		SPECIAL NEEDS:			
NOTES:															
Date	B	L	D	Meals	Exercise Times	Hair Care	Phone	Visit	Shave/Shower	Laundry	Mail	Reading Material	State Shop Exchange	Qualified Health Care Professional Signature	Senior Correctional Supervisor Signature
1															
2															
3															
4															
5															
6															
7															
8															
9															
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30															
31															

Legend: NA=non-applicable; R=refused; Staff Member's Initials=Activity Completed

PROGRAM COMPLIANCE PLAN

Inmate's Name _____ OID# _____ DATE _____

The Behavior Driven Step-Down Program includes a system of review and established criteria to facilitate your reintegration into general population. The following multidisciplinary program plan has been developed based on your individualized needs and available programming and resources. At each level of the step-down program, you will receive additional incentives for demonstrated appropriate behavior and program completion.

Recommended Programs/Assignments:

1. _____
2. _____
3. _____
4. _____

Individual Behavioral Expectations: (includes behaviors the inmate must eliminate and/or behaviors the inmate must demonstrate)

1. _____
2. _____
3. _____
4. _____

My signature below acknowledges my willingness to abide by this Program Compliance Plan and attend and fully participate in all recommended programming.

Inmate Signature / Date

Employee Signature / Date

cc: Inmate

STEP-DOWN PROGRAM REVIEW FORM

Inmate's Name _____ OID# _____ DATE _____

The Administrative Segregation Committee has reviewed the inmate's behavior and program participation for the 30 day time period ending _____ and reached the following decision:

Retain at Current Level _____. The inmate has not completed the minimum amount of time to be eligible for level advancement.

Retain at Current Level _____. The inmate's behavior and program compliance does not support level advancement, explain: _____

Increase to Next Level _____. Effective Date: _____ Summary of progress and achievements: _____

Reduce to Level _____. Effective Date: _____ Summary of specific events/behaviors: _____

Committee Members Signatures: _____

Recommendations for advancement to general population are reviewed by the Superintendent.

Approved: _____ Denied _____ Effective Date _____

Superintendent Signature/Date

Recommendations for level reduction are reviewed by the Superintendent.

Approved: _____ Denied _____ Effective Date _____

Superintendent Signature/Date

cc: Inmate

**SUPERINTENDENT'S REVIEW AND DECISION OF
RECOMMENDATION FOR LEVEL REDUCTION**

TO: _____ OID # _____

FROM: Superintendent _____

DATE: _____

RE: RECOMMENDATION FOR LEVEL REDUCTION

On _____, you were reviewed by the Administrative Segregation Committee concerning your current status in the Step-Down Program.

At that time, the Committee recommended that you receive a level reduction from your current level of _____ to level _____.

I have reviewed the recommendation and have decided to:

_____ Uphold the recommendation of the Committee.

_____ Overrule the recommendation of the Committee, and have determined that you are to:

YOU HAVE THE RIGHT TO GRIEVE THIS DECISION THROUGH THE INMATE GRIEVANCE PROCESS.