

<b>State of Vermont, Agency of Human Services Department of Corrections</b>	<b>Title: Protective Custody</b>		<b>Page 1 of 8</b>
<b>Chapter: Security and Supervision</b>	<b># 410.05</b>	Supersedes # 412, <i>Protective Custody</i> , dated 11/01/1973	
<b>Attachments, Forms &amp; Companion Documents:</b> <ol style="list-style-type: none"> <li>1. Segregation Confinement Log Sheet</li> <li>2. Segregation Confinement Check Sheet</li> <li>3. Removal from Segregation Status</li> </ol>			
<b>Local Procedure(s) Required:</b> No <b>Applicability:</b> All staff, contractors and volunteers <b>Security Level "B"</b> – Anyone may access to this document.			
<b>Approved:</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div data-bbox="168 724 678 798"> <hr style="width: 100%;"/> <b>Robert D. Hofmann, Commissioner</b> </div> <div data-bbox="824 724 1101 798" style="text-align: center;"> <u><b>October 6, 2006</b></u>  <b>Date Signed</b> </div> <div data-bbox="1175 724 1451 798" style="text-align: center;"> <u><b>December 18, 2006</b></u>  <b>Date Effective</b> </div> </div>			

## PURPOSE

The purpose of this administrative directive is to describe the procedures by which an inmate may be placed in protective custody and to describe the services and programs available to them while in protective custody.

## POLICY

It is the policy of the Department of Corrections to provide specialized housing for inmates who require protection from other inmates in order to ensure their personal safety when no other reasonable alternative is available.

## AUTHORITY & REFERENCE

28 V.S.A. § 851, § 601(3), § 1029(c)(8); American Correctional Association Standards for Adult Correctional Institutions, 4<sup>th</sup> Edition, January 2003, Standards 4-4140, 4-4249, 4-4251, 4-4253, 4-4254, 4-4256, 4-4257, 4-4258, 4-4259, 4-4260, 4-4271, 4-4273.

## DEFINITIONS

Protective Custody: A form of separation from the general population for inmates requesting or requiring protection from other inmates for reasons of health or safety.

Separation Profile: A record specifying the need and reasons for keeping two (2) or more inmates apart from each other.

## PROCEDURAL GUIDELINES

Protective custody is not a punitive measure and is used only when no reasonable, safe alternative is available.

## 1. Need for Protective Custody

Protective custody for an inmate will be considered when it is determined a safety threat may exist to an inmate as a result of:

- a. Information received at the time of intake:
  - i. Information volunteered by the inmate (e.g., they are a relative of a crime victim);
  - ii. Age and physical stature (i.e., age and size that may make them more vulnerable);
- b. Information received from an internal or external source;
- c. The professional judgment or knowledge of a Department staff member or contractor.

## 2. Initial Review and Investigation

- a. Upon notification or discovery of a viable threat to the inmate, the Facility Superintendent or designee will ensure immediate and appropriate action to protect an inmate. An assessment of the threat will be completed to determine its validity and what protective measures, if any, need to be taken. The assessment will consist of an investigation by a supervisor, which will include an interview of the threatened inmate and any other person(s) who may have knowledge of the threat.
- b. If at any point a supervisor or higher authority determines there is a clear risk of physical harm to the inmate, the following will occur:
  - i. Correctional staff will complete an incident report;
  - ii. When it is determined that two (2) or more inmates should not be placed together due to safety reasons, the Facility Superintendent may authorize alternative placements for one (1) or more of the inmates. The alternative placements may separate the inmates by job classification or housing unit. In addition, an inmate may be recommended for transfer to another facility or out of state as an alternative for protective custody assignment.
    - An alternative placement involving transfer to another facility or state will be coordinated through, and subject to the approval of the Classification Unit.
  - iii. Staff will inform the inmate that they have been placed on Administrative Segregation status pending protective custody and provide them with a documentation of this.

## 3. Administrative Segregation Hearing for Protective Custody Placement

The applicable Department directive(s) for placement on Administrative Segregation and Due Process Hearings will be followed.

- a. Findings: Upon completion of the investigation and hearing process, the Hearing Officer will summarize the findings, cite the basis for the conclusions and provide a recommendation of *either*:
  - i. Alternatives to protective custody to include, but not be limited to, housing reassignment within the facility, conflict resolution, program reassignment, request to transfer to another facility, *or*
  - ii. Placement in protective custody.

- No inmate will have any entitlement or expectation of being placed in protective custody or of remaining in that status once having been placed.
  - An inmate placed on Administrative Segregation status for reasons of protective custody need not be placed in the segregation unit. Each Facility Superintendent will determine the most suitable housing unit which affords the appropriate level of protection for an inmate in protective custody.
- b. Conflict Resolution: When a threat to an inmate may be resolved informally, the Superintendent may authorize conflict resolution for the involved parties to attempt to rectify the conflict. The staff member conducting this process will document the name of each participant and any pertinent information.

#### **4. Removal from Protective Custody**

The Superintendent may authorize a release from protective custody 1) when the condition which required the inmate's placement in protective custody is no longer present, 2) when an alternative has been found or 3) at the inmate's written request.

- a. Voluntary Removal from Protective Custody: If, upon review, it is determined that the reason for placement no longer exists, the Superintendent will approve the removal request. If an inmate has been transferred to another correctional facility, the Superintendent of the receiving facility may authorize removal.
- b. Involuntary Removal from Protective Custody: Prior to any involuntary reclassification of an inmate from protective custody to general population status, the following procedures will be followed.
- i. The inmate will be given written notice at least 48 hours in advance. The notice will contain a statement of the reason(s) that the inmate is being considered for involuntary removal or reclassification to general population.
  - ii. The inmate will have an opportunity to meet in a confidential, face-to-face setting that does not include the presence of other inmates and other staff except as is reasonably necessary for security purposes. Such staff will be specifically designated and authorized to make a recommendation as to whether or not the inmate will be so removed or reclassified. At this meeting, the inmate's core, medical and mental health files will be made available for the review. Any portion of such files which contains information which would reasonably jeopardize the security of the institution, the medical or mental health care provided the inmate or the privacy of others may be redacted and not disclosed to the inmate.
  - iii. Facility staff will forward their recommendation to the Superintendent. The inmate will be notified of the staff recommendation.
  - iv. The Superintendent will notify a protective custody inmate of the removal recommendation in writing.

#### **5. General Conditions for Protective Custody**

The following conditions will normally apply to an inmate in protective custody. An individual inmate may be denied any specific conditions listed below or face restrictions as required to

ensure order, control and/or protection. The Superintendent will authorize any such restrictions. A notation will also be recorded in the unit log. Protective custody inmates will be kept separate from general population inmates and activities or directly monitored by staff so as to minimize the risk to the protective custody inmate.

- a. Normative Conditions – The following conditions for inmates assigned to protective custody will reasonably resemble the conditions provided general population inmates assigned to the facility:
  - Housing to include square footage, double ceiling, furnishings, ventilation, lighting, heating and sanitation
  - Food
  - Clothing
  - Personal hygiene, to include hair care
  - Linen and laundry
  - Access to court
  - Mail
  - Telephone
  - Visits
  - Commissary
  - Day room access
  - Health care
  - Personal property
  - Recreation
  - Individual religious worship.
- b. Specific Conditions – The following activities may vary from general population conditions as noted below.
  - Available programs will include, but not be limited to, education, vocational training, work, counseling and addiction services based on the ability to afford the maximum degree of protection. Programming may be individual in nature.
  - Library services will be provided by allowing access to specific and available library materials, a library cart and/or direct access to the institutional law library at least once (1) per week.

## 6. Protective Custody Review

- a. Periodic Review and Assessment: The Superintendent or designee will ensure that a review hearing of the status of inmates in protective custody will be conducted every seven (7) days for the first two (2) months and at a minimum, every (30) days thereafter.
- b. Mental Health Review: When an inmate remains in protective custody beyond thirty (30) days, or more frequently if prescribed by a qualified health care professional, a qualified mental health professional will conduct a mental health screening of the inmate. The qualified mental health professional will place a copy of the screening in the inmate's medical file. If confinement continues, a mental health assessment will be made as prescribed by the qualified health care professional and no less than every three (3) months.

- c. Staff Tours: When a separate area is used for protective custody, a qualified health care professional and Shift Supervisor will tour each protective custody housing area each business day and a Caseworker will tour each business day. All tours will be for the purpose of ensuring compliance with this directive, responding to staff and inmate concerns and providing services as appropriate. Correctional staff will record tours in the unit log. Qualified health care professionals will document tours in the medical file. The inmate will make their request in writing if they wish to see other support staff.
- d. Superintendent Inspection – The Superintendent will conduct an inspection of each protective custody unit at least once (1) a week and record the inspection in the unit log.

## **7. Segregation Report**

Each Superintendent with a restrictive housing unit will prepare a Segregation Report on the last day of each month. The report will provide:

- 1) a roster of inmates currently assigned to segregation by name and inmate ID;
- 2) a notation as to whether or not the inmate is on the list of persons with serious mental illness (SMI) and the nature of the serious mental illness;
- 3) a notation reporting any incident of self harm or attempted suicide by inmates in segregation;
- 4) the date of each inmate's placement on segregation;
- 5) the reason for placement; and
- 6) the length of stay.

The report will be sent as part of the facility monthly report to the Facilities Executive and Health Services Director, with a copy to the Department Hearings Administrator.

## **TRAINING**

Each Superintendent with a Restrictive Housing Unit, in conjunction with the Department Hearings Administrator, the Director of Human Resource Development and the Facilities Executive, shall develop local training and procedures regarding the implementation of this directive.

## **QUALITY ASSURANCE**

1. Adherence to the provisions of this directive will be monitored by the Security and Operation Audit Unit, the Department Hearings Administrator and the Department Facilities Executive.
2. The segregation report information (see Procedural Guidelines, sec. 7 above) will be compiled monthly at Central Office into a Segregation Report for review by the Department's Quality Council. The report may include discussion re: trends, patterns, and corrective action needed or taken.

**ATTACHMENT 1 - SAMPLE**

**SEGREGATION CONFINEMENT LOG SHEET**

Inmate Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date Placed on Restrictive Status: \_\_\_\_\_

Type of Restrictive Status:

\_\_\_\_\_ Administrative Segregation    \_\_\_\_\_ Disciplinary Segregation    \_\_\_\_\_ Protective Custody

Include Appropriate Information & Abbreviation in Each Box  
 I-Issued    A-Approved    E-Exchanged    R-Refused    X-Received    Ret-Returned

ACTIVITY	Sunday Date:	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:
Medical Services/Visit							
Mental Health Services/Visit							
Prescribed Medication							
Meals Served	B   L   D	B   L   D	B   L   D	B   L   D	B   L   D	B   L   D	B   L   D
Exercise (1 hr, 5 days)							
Canteen							
Shave/Shower (3 per week)*							
Hygiene/Indigent Items							
Telephone Privileges							
Clothing Exchange							
Laundry Exchange							
Mail Sent/Received							
Leisure Library/Reading Materials							
Barbering/Hair Care Services							
Educational Services							
Legal Visit/Calls							
Religious Guidance Visit							
Staff Visit							
Visits							
Shift Supervisor/Officer in Charge of Unit (once daily visit with inmate)							

\* Unless on No Razor Status

**REMOVAL:**

Supervisor Review: \_\_\_\_\_  
Signature Date

Rev 9/06



**ATTACHMENT 3 - SAMPLE**

**REMOVAL FROM SEGREGATION STATUS**

**Facility:** \_\_\_\_\_

**Inmate Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

This is to inform you that you have been removed from Protective Custody status.

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Person authorizing removal  
*(printed name and signature)*

Date/Time