



# Illinois Department of Corrections

## Administrative Directive

Number: <b>05.15.100</b>	Title: <b>Restrictive Housing</b>	Effective: <b>2/1/2022</b>
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<b>Authorized by:</b>	<i>[Original Authorized Copy on File]</i>	<b>Rob Jeffreys</b> Director
<b>Supersedes:</b>	05.15.100 effective 10/1/2021	

<b>Authority:</b> 730 ILCS 5/3-2-2 20 IAC 504, 525 and 535	<b>Related ACA Standards:</b> 5-ACI-4B-01 – 04 and 07 - 34
<b>Referenced Policies:</b> 01.07.211, 01.07.125, 03.03.110, 04.04.102, 05.01.113, 05.02.147, 05.03.107, 05.03.130, 05.12.103	<b>Referenced Forms:</b> DOC 0282 – Mental Health Progress Note DOC 0303 – Special Placement Double Cell Assessment DOC 0314 – Administrative Detention/Restrictive Housing Sick Call Rounds Chart DOC 0317 – Disciplinary Report DOC 0319 – Adjustment Committee Summary DOC 0378 – Crisis Watch Observation Log DOC 0379 – Evaluation of Suicide Potential DOC 0380 – Mental Health Restrictive Housing Rounds DOC 0434 – Incident Report DOC 0550 – Mental Health Restrictive Housing Admission Report DOC 0586 – Administrative Detention/Restrictive Housing Privilege/Tour Log DOC 0597 – Restrictive Housing Placement Notification DOC 0598 – Restrictive Housing Transition and Stabilization Plan DOC 0599 – Extended Restrictive Housing Post Release Plan DOC 0628 – Extended Restrictive Housing Placement Approval Form

### **I. POLICY**

The Department shall ensure individuals in custody placed in restrictive housing are provided living conditions in accordance with Department Rule 504, Administration of Discipline and provisions established herein.

### **II. PROCEDURE**

#### **A. Purpose**

The purpose of this directive is to establish written procedures for staff to govern the placement, conditions of confinement, programming and supervision of individuals in custody in restrictive housing.

#### **B. Applicability**

This directive is applicable to all correctional facilities with Restrictive Housing within the Department.

#### **C. Facility Reviews**

A facility review of this directive shall be conducted at least quarterly.

#### **D. Designees**

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Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

**E. Definitions**

**Extended Restrictive Housing (ERH)** – a form of restrictive housing that separates an individual in custody from general population and restricts the individual in custody to his or her cell for 22 hours or more per day for 29 days or more, but less than 1 (one) year for the safe and secure operation of a facility.

**Extended Restrictive Housing Placement Review Committee** – a committee established at each facility with Extended Restrictive Housing and have individuals in custody who have been designated as Seriously Mentally Ill (SMI). The purpose of the committee is to review the placement of those individuals in custody designated as SMI into ERH. The Committee shall be comprised of staff members representing multidisciplinary areas of the Department.

**Mental Health Authority (MHA)** – refers to the facility’s Psychology Administrator, or in his or her absence, a mental health professional who has been designated by the Chief Administrative Officer to make mental health decisions.

**Mental Health Professional (MHP)** – for the purpose of this directive, a mental health professional is: a physician who is licensed to practice medicine and is board certified in psychiatry by the American Board of Psychiatry and Neurology ("ABPN") or the American Osteopathic Board of Psychiatry and Neurology ("AOBPN"), or has completed four (4) years of an accredited post-graduate training program in psychiatry; a psychologist with a Ph.D./Psy. D and licensed as a clinical psychologist; a licensed psychiatric nurse (i.e., a nurse licensed as an R.N. and certified in psychiatric-mental health); a licensed clinical social worker; an individual licensed to provide mental health services with a Ph.D./Psy. D or master’s degree in Psychology, Counseling, Social Work or similar degree program. "Licensed" means currently licensed by the State of Illinois.

**Pat Down** – for purposes of this directive, means a search of a clothed individual that involves the visual inspection of the person and a physical search of the body by passing the hands quickly over the clothing.

**Restrictive Housing (RH)** – a form of housing that separates an individual in custody from general population and restricts the individual in custody to his or her cell 22 hours or more per day for the safe and secure operation of a facility for a period not to exceed 28 days.

**Restrictive Housing Review Committee (RHRC)** – a committee established at each facility with Restrictive Housing. The purpose of the committee is to review an individual in custody’s placement into Restrictive Housing and develop a transition and stabilization plan based on programming, safety, and security to allow the individual in custody an opportunity to transition from Extended Restrictive Housing to a less restrictive alternative as soon as possible. The Committee shall be comprised of members representing the areas of medical, security, clinical and mental health, and shall be chaired by either the Assistant Warden of Operations or the Assistant Warden of Programs. Committee members shall be appointed by the Chief Administrative Officer.

**Seriously Mentally Ill (SMI)** – in accordance with *Rasho v. Walker*, and for the purpose of this directive, shall mean an individual in custody who as a result of a medical disorder as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association, exhibits impaired emotional, cognitive or behavioral functioning that interferes seriously with his or her ability to function adequately except with supportive treatment or services. These individuals also must either currently have, or have had within the past year, a diagnosed mental disorder, or must currently exhibit significant signs and symptoms of a mental disorder. A diagnosis of alcoholism or drug addiction, developmental disorders, or any form of sexual disorder shall not, by itself, render an individual seriously mentally ill. The combination of either a diagnosis or significant signs and symptoms of a

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mental disorder and an impaired level of functioning, as outlined above, is necessary for one to be considered Seriously Mentally Ill.

**Transition and Stabilization Plan (TSP)** – a plan, developed by the RHRC, that includes a system of review and establishes criteria to prepare an individual in custody for transition to general population or the community from Extended Restrictive Housing. Individualized plans involve a coordinated, multidisciplinary team approach that includes mental health, case management and security practitioners. Medical personnel will be part of the multidisciplinary team when individuals in custody who have chronic care or other significant medical accommodation needs participate in this program. The Transition and Stabilization Plan is documented in the Restrictive Housing Transition and Stabilization Plan, DOC 0598.

**Unclothed search** – for purposes of this directive, means a search that requires an individual in custody to remove or arrange some or all clothing so as to permit a visual inspection. of the individual in custody’s breasts, buttocks or genitalia.

**F. General Provisions**

1. Restrictive housing areas include the Restrictive Housing Unit or any cell, living area or other area designated by the Chief Administrative Officer (CAO) to house individuals in custody who are in restrictive housing status.
2. Individuals in custody determined to be pregnant shall not be housed in Extended Restrictive Housing (ERH) and shall only be placed in Restrictive Housing (RH) when prior approval is granted by the Chief of Women and Family Services.
3. Individuals in custody under the age of 18 years of age shall not be housed in ERH.
4. Individuals in custody shall not be placed in RH on the basis of Gender Identity alone.
5. Individuals in custody housed in RH or ERH status shall be clothed in a tan jumpsuit unless identified as Level E escape who shall be clothed in a green jumpsuit with a yellow stripe.
6. No individual in custody shall be found guilty of a violation of rules without a disciplinary hearing. Any time served in pre-hearing detention shall be credited to the determinant RH sanction.
7. Disciplinary hearings shall be held in accordance with Department Rule 504: Subpart A and shall include an investigation into the charges. Individuals in custody shall only be placed in RH when they pose a direct threat to the safety of persons, or an elevated, clear and ongoing threat to the safe and secure operations of the facility.
8. The use of less restrictive options, such as a temporary demotion in grade (i.e. “C” Grade) as defined in DR 504, shall be considered prior to any RH placement. RH may only be used when there is a **clear and documented threat to the safety and security of the facility or the general public that cannot be mitigated without the use of RH**. When deciding to use RH instead of temporary demotion in grade, the individual authorizing or reviewing the placement decision shall document on the Adjustment Committee Summary, DOC 0319:
  - a. The relationship between the behavior of the individual and the threat he or she poses to others or the threat to the safe and secure operation of the facility; and
  - b. The review by appropriate healthcare personnel, prior to placement, where medical and mental health conditions were considered prior to placement into RH.
9. Privileges in restrictive housing shall be designed to ensure housing and program areas are safe and secure as well as to encourage individuals in custody to comply with Department and institutional rules and regulations and to motivate them to improve their conduct.

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**G. Requirements**

The CAO of each facility with RH shall:

1. Assign a Lieutenant, or higher, to supervise all RH units. The assigned lieutenant, or higher, shall be responsible for ensuring the safe operation of the unit, including but not limited to, ensuring rounds are being conducted and out of cell time is given to the individual in custody.
2. Ensure a mental health professional (MHP) is assigned to RH units. The MHP shall be responsible for ensuring rounds are occurring, at a minimum, once every seven calendar days and that individuals in custody are receiving mental health services as needed.
3. Ensure the relationship between the behavior of the individual and the threat they pose to others or the threat to the safe and secure operation of the facility, where possible, diverts seriously mentally ill (SMI) designated individuals in custody from RH by moving them to a secure but less restrictive location (e.g. C grade) where a focus will be on a structured treatment schedule.

**H. Restrictive Housing**

1. An individual in custody may be placed in RH for disciplinary review when he or she is issued a Disciplinary Report, DOC 0317, for a major offense.
2. An individual in custody may be removed from general population and placed in RH when it is necessary to protect the safety and security of the facility or others. The Duty Administrative Officer (DAO) (no designee) shall authorize this placement and the placement shall be reviewed for approval, denial or modification within 24 hours by a Back-up DAO (Assistant Warden or CAO) (no designee) who was not involved in the initial placement. The Back-up DAO (Assistant Warden or CAO) shall document his or her review and approval or denial on the Restrictive Housing Placement Notification, DOC 0597.
3. RH placement for offenses committed shall be a maximum of 28 days.
  - a. Progressive discipline shall be administered in increments of 7 days, 14 days, 21 days and 28 days. A longer sentence/penalty may only be issued for the following offenses listed in Attachment A. These offenses may result in the individual in custody being placed in ERH:  
  
100 – Violent Assault of any Person; 101 – Arson; 102a – Assault with Injury; 102b – Assault; 102c – Assault of an Individual in custody; 104 – Dangerous Contraband; 105 – Dangerous Disturbance; 106 – Escape or Runaway; 107 – Sexual Misconduct; 108 – Sexual Assault; 109 – Electronic Contraband; 111 – STG or Unauthorized Organizational Leadership; 203 – Drugs and Drug Paraphernalia (illicit or synthetic drugs – cocaine, heroin, methamphetamine, MDMA, hashish, opium, PCP, LSD, Cannabinoids {K2, Spice}, etc.); this shall not include homemade intoxicants.
  - b. For those offenses subject to progressive discipline, if 12 months or more has passed since the date of the individual in custody’s last infraction, progressive discipline shall be imposed at the lowest increment of seven days for the next infraction. If 12 months has not passed since the date of the individual in custody’s last infraction, discipline shall be imposed progressively with the next highest level of discipline being administered.
4. All individuals in custody assigned to RH shall receive written orientation materials. If necessary, translations in a language they can understand, including American Sign Language where appropriate, shall be provided. When a literacy problem exists, a staff member shall assist the individual in custody in understanding the material. Completion of orientation shall be documented by a statement signed and dated by the individual in custody.

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5. Individuals in custody placed in an RH unit shall be seen by an MHP promptly after initial placement. An MHP shall document this review on the Mental Health Restrictive Housing Admission Report, DOC 0550, and complete the Evaluation of Suicide Potential, DOC 0379, or the Mental Health Progress Note, DOC 0282. In the event an MHP is unable to complete the DOC 0379 within 48 hours, a Facility Crisis Intervention Team Member shall contact the Crisis Team Leader to determine final disposition and complete the DOC 0379. Upon conclusion of the review, the MHP shall advise at least one of the following:
  - a. No referral or Crisis Care Status required.
  - b. Referral needed for medical service(s).
  - c. Referral for routine or urgent mental health service(s).
  - d. Psychiatric Referral.
  - e. Crisis Watch initiated.
  
6. An individual designated as SMI shall not be subjected to RH conditions of confinement for more than 28 continuous days unless the Extended Restrictive Housing Placement Review Committee determines an immediate and present danger to others or the safety of the institution warrants the individual in custody being placed in ERH.
  - a. Initial approval shall be received from the CAO and shall be documented on an Extended Restrictive Housing Placement Approval Form, DOC 0628. Recommendations shall be sent to the respective Regional Deputy Director, or in their absence, the Chief of Operations, or for the Women and Family Services Division, the Chief of Women and Family Services.
  - b. Upon receipt of the DOC 0628 from the CAO and no later than the 21st day of the individual in custody being housed in RH, the facility shall submit justification to the Regional Deputy Director to review and consider placement of the individual in custody into ERH.
  - c. Within five (5) calendar days upon receipt of the DOC 0628, the Regional Deputy Director, or Chief of Operations, or for the Women and Family Services Division, the Chief of Women and Family Services, shall notify the designated members of the ERH Placement Review Committee and provide justification as provided by the facility to warrant the individual in custody who is designated as SMI being placed in ERH.
  - d. The ERH Placement Review Committee shall be comprised of the following staff members:
    - (1) Chief of Operations, or in his or her absence, the assigned Regional Deputy Director; or in the Women and Family Services Division, the Chief of Women and Family Services, or in his or her absence, the assigned Regional Deputy Director.
    - (2) Chief of Mental Health, or in his or her absence, the assigned Regional Psychologist Administrator.
    - (3) Facility Mental Health Authority, or if the facility does not have a Mental Health Authority, another Facility Mental Health Provider who is a state employee at the time of the review, or if the facility does not have any Mental Health Provider who is a state employee, the Chief of Psychiatry shall conduct the review.

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- (4) Facility Assistant Warden of Operations, or in his or her absence, the Assistant Warden of Programs; in the absence of both the Assistant Warden of Operations and the Assistant Warden of Programs, the facility's assigned Restrictive Housing Unit Supervisor the rank of Lieutenant or above shall act as a member.
- (5) Facility Adjustment Committee member.
- e. Each member of the ERH Placement Review Committee shall, within two (2) calendar days of receiving the DOC 0628, provide a written response either affirming or denying the placement of the SMI individual into ERH.
- 7. In accordance with Administrative Directive 05.12.103, when an individual in custody who is on the mental health caseload is placed in RH, a multidisciplinary review of the treatment plan shall be conducted no later than seven days after placement.
- 8. Referrals for mental health services and response to individuals in custody with serious or urgent mental health problems, as evidenced by a sudden or rapid change in an individual in custody's behavior or behavior that may endanger themselves or others if not treated immediately, shall be handled in accordance with Administrative Directive 04.04.102.
  - a. If at any time clinical indications suggest continued placement in RH status poses an imminent risk of substantial deterioration to the individual in custody's mental health, the information shall be reviewed by the facility Mental Health Authority (MHA).
  - b. Any recommendations by the MHA for reduction in restrictive housing time or termination of RH status shall be discussed with the CAO and followed absent exigent circumstances that may warrant continued placement in restrictive housing. If despite the MHA's recommendation, the CAO believes continued placement is warranted, the rationale shall be documented in writing and submitted to the respective Deputy Director or Chief of Women and Family Services, as applicable, for final determination.
- 9. Except as prohibited by DR 535, individuals in custody shall be permitted personal property as approved by the CAO. An MHP shall be consulted for all individuals in custody on the mental health caseload.
- 10. An MHP or Behavioral Health Technician shall see the individual in custody every seven (or fewer) days while in RH and ERH. These contacts are documented as rounds being conducted on the Mental Health Restrictive Housing Rounds, DOC 0380. An individual in custody housed in RH and ERH status shall be seen by an MHP at least once every 30 days or as determined clinically appropriate.
- 11. Out of cell opportunities for recreation, religion, education, continuation of mental health treatment plan, skill-building and pro-social activity with other individual in custody shall be afforded on a weekly basis.
- 12. For mentally ill individuals in custody, punishment for self-injurious behavior (e.g., suicide attempts or self-mutilation) shall be prohibited; punishment for reporting to IDOC staff or vendor staff feelings or intentions of self-injury or suicide shall be prohibited; and punishment for behavior directly related to self-injurious behavior, such as destruction of state property, shall be prohibited unless it results in the creation of a weapon or possession of contraband.

**I. Restrictive Housing Review Committee (RHRC) and Transition and Stabilization Plan (TSP)**

- 1. A Restrictive Housing Review Committee (RHRC) shall be established at each facility with Restrictive Housing. The committee shall review the status of each individual in custody's placement into ERH every seven days for the first 60 days and at least every 30 days thereafter, unless more frequently if clinically indicated. The RHRC shall develop a Transition and

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Stabilization Plan (TSP) based on programming, safety and security to allow the individual in custody an opportunity to transition to a less restrictive alternative as soon as possible. The TSP shall be documented on the DOC 0598 for all individuals in custody placed into ERH.

2. The RHRC shall be chaired either by the Assistant Warden of Operations or the Assistant Warden of Programs (no designees). In the absence of the Assistant Warden of Operations and the Assistant Warden of Programs, the RHRC shall be chaired by the CAO (no designee). Other members of the RHRC shall represent the areas of medical, security, clinical and mental health.
3. The RHRC shall convene within 96 hours for each individual in custody placed in ERH.
4. The RHRC shall convene to consider, review and provide a written recommendation regarding an individual in custody's placement in ERH.
  - a. The Chairperson shall arrange the attendance of, or seek input from, intelligence staff and appropriate healthcare personnel if the individual in custody has concerns in these areas.
  - b. The RHRC may require other staff members to attend, as necessary, to provide relevant information regarding the individual in custody's possible placement in ERH.
  - c. The committee may seek input from the individual in custody.
  - d. TSP plans developed by the RHRC shall be discussed with the individual in custody, provided doing so will not jeopardize the safety of staff, the individual in custody, other individuals in custody or the public.
5. The RHRC shall develop a TSP for each individual in custody within five working days of placement into ERH that includes appropriate programming, based on safety and security concerns, to afford each individual in custody the opportunity to prepare for return to less restrictive conditions as soon as possible.
  - a. In determining programming needs, the RHRC shall consider:
    - (1) The safety and security of the individual in custody, and any known threat the individual in custody poses to the safety of staff, individuals in custody or others.
    - (2) The individual in custody's mental health status and needs based on information and recommendations provided by mental health staff.
    - (3) The individual in custody's behavioral history while incarcerated and the results of any past interventions or attempts to move the individual in custody from a Restrictive Housing Unit to the general population.
    - (4) The individual in custody's programming needs as designated by a risk and needs assessment, if completed. Any other relevant information that may assist the RHRC in determining programming needs.
  - b. Programming categories and sample programs to consider include, but are not limited to:
    - (1) Cognitive Behavioral Interventions – Thinking for a change, StartNOW, Building Change, CBT Coping Skills.
    - (2) Education – ABE, AABE, GED/HSE.
    - (3) Anger Management – Curriculum established by IDOC.

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- (4) Social skills training – Communications, Conflict Resolution, Problem Solving, Emotional Regulation.
  - (5) Mindfulness activities – DBT mindfulness, Art therapy, meditation.
  - (6) General recreation activities.
- c. The TSP shall identify the individual in custody’s goals in each of the designated program areas including, but not be limited to:
- (1) Compliance with the behavioral expectations of incarceration.
  - (2) Cognitive behavioral skills programming progress, if applicable.
  - (3) Skills building demonstration progress, if applicable.
  - (4) Additional programming or academic education, as appropriate.
  - (5) Pre-release programming, if applicable. If the individual in custody is 90 days or less from release to the community, the RHRC shall consider a recommendation to modify or reduce the duration of programming, with the goal of providing the individual in custody an opportunity to be returned to general population before release to the community.
6. The TSP shall be presented to the individual in custody by an RHRC member within 72 hours of the plan being developed, if doing so will not jeopardize the safety of staff, the individual in custody, other individuals in custody or the public.
7. An RHRC member shall meet with the individual in custody bi-monthly to review progress toward the goals set forth in the plan and modify or update the goals as needed.
8. Every month thereafter the RHRC shall meet to discuss the individual in custody’s compliance with his or her TSP.
9. Upon release from ERH, a post-screening evaluation shall be conducted and documented by the assigned counselor on the Extended Restrictive Housing Post Release Plan, DOC 0599. If the individual in custody being released is on a mental health caseload, the post-screening evaluation shall be conducted and documented by an MHP in the RHRC meeting minutes.

**J. Restrictive Housing Conditions of Confinement Standards**

1. Standards for living conditions in RH areas shall include the following provisions:
- a. Double celling shall be permitted upon approval of the CAO. Prior to assigning individuals in custody to a double cell, a review shall be conducted to determine whether there are reasons why the individuals in custody should not be double celled. Medical and mental health concerns shall be considered in making this determination. A Special Placement Double Cell Assessment, DOC 0303, shall be completed with final approval being documented via signature of the CAO, in accordance with Administrative Directive 05.03.107.
  - b. Minimally, each cell shall be furnished with:
    - (1) A bed for each individual in custody, securely fastened to the cell;
    - (2) Clean bedding, including a mattress, blanket, sheets, pillow and pillowcase for each individual in custody;



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- (3) A wash basin with running water and flushable toilet facilities (controls may be located outside the cell); and
- (4) Adequate lighting for reading and observation purposes.
- c. RH cells shall be located at or above ground level, provide visual access to natural light, and have heat and ventilation consistent with the climate.
- d. Each cell shall have a door and a food passage. Any solid cell door shall have a vision panel or shall be designed to allow light to enter and permit observation.
- e. The use of physical restraints to confine the individual in custody's movements within the cell shall be prohibited.
- f. Each cell shall be maintained in a sanitary condition and cleaning materials shall be made available weekly or more often as necessary.
- g. Personal health and hygiene shall be permitted as follows:
  - (1) A shower and shave no less than three times per week.
  - (2) State issued toilet tissue, soap, towel, toothbrush and toothpaste for daily use if the individual in custody has insufficient commissary funds to purchase these items.
  - (3) A weekly exchange of clean institutional clothes or availability of laundry services at least weekly.
  - (4) False teeth, eyeglasses, hearing aids, approved ADA accommodations and other essential items of personal hygiene and health shall be permitted.
  - (5) Medication as prescribed.
- h. Persons in RH status shall receive nutritionally adequate food. In accordance with Administrative Directive 05.02.147, an alternative meal service may be provided to an individual in custody in RH or ERH who uses food or food service equipment in a manner that is hazardous to self, staff or other individuals in custody.
- i. Visits shall be permitted in accordance with Department Rule 525: Subpart A, and grade. Video visitation for individuals in custody in RH status shall not be prohibited unless the use of the equipment resulted in the disciplinary infraction.
- j. At a minimum staff shall observe individuals in custody twice per hour, with no more than 30 minutes elapsing between each observation. These observations shall be staggered as to not show a pattern. Each tour shall be documented in the tour log located in each unit.
- k. Excluding exigent circumstances as determined by the Director or Chief of Operations, Restrictive Housing Units shall only be utilized for crisis care areas if no other crisis care areas are available, and only until alternative crisis care areas are available as outlined in Administrative Directive 04.04.102.
- l. In the event an individual in custody on crisis watch is housed in RH, the Crisis Treatment Supervision Levels as identified by the MHP outlined in Administrative Directive 04.04.102 shall be followed.

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- (1) Individuals in custody shall be monitored at appropriate intervals, dependent upon level of supervision.
  - (2) All observations shall be documented within the appropriate staggered interval, on the Crisis Watch Observation Log, DOC 0378, and shall include staff's observation of the individual in custody's behavior and speech, as appropriate.
- m. Individuals in custody designated as deaf or hard of hearing shall be notified in person by the RH Unit Officer of the arrival of all staff on the unit and announcements or movement which may involve the deaf or hard of hearing individual in custody.
  - n. Medical personnel shall visit the RH Unit daily (unless medical attention is required more frequently) to screen requests for medical attention, and a physician shall visit the unit on a weekly basis. Their presence shall be announced and documented in the Administrative Detention/Restrictive Housing Sick Call Rounds Chart, DOC 0314.
  - o. An MHP shall conduct mental health rounds in the RH Unit, at minimum, once every seven calendar days. Their presence shall be announced and documented on the Administrative Detention/Restrictive Housing Privilege/Tour Log, DOC 0586.
  - p. A chaplain, designated by the CAO, shall visit the RH Unit once every seven (7) calendar days. This shall be documented on the DOC 0586.
  - q. The assigned Lieutenant shall make rounds in RH no less than one time per eight-hour shift. If he or she is unavailable a Shift Supervisor shall make the rounds.
  - r. Each individual in custody in RH status shall be contacted by his or her assigned housing unit Correctional Counselor at least once every seven calendar days. The assigned Counselor shall document the RH Unit visit by signing the DOC 0586 and noting the individual in custody contact in CHAMP.
  - s. Individuals in custody confined in ERH shall have access to programs and services including, but not limited to, education, commissary, library, social, and counseling services, religious guidance and recreational programs.
  - t. Individuals in custody in RH status shall have the same mail privileges as individuals in custody in the general population (20 Ill. Adm. Code 525: Subpart B). Electronic mail privileges for individuals in custody in ERH status shall be permitted.
  - u. Individuals in custody in RH shall not be afforded any audio/video privileges unless recommended by the MHA. Individuals in custody in ERH may be afforded audio/visual privileges if written into their Individual Treatment Plan by the MHP or if approved by the CAO.
  - v. Individuals in custody in RH and ERH status shall be permitted reading materials and shall have access to materials from the facility library and legal library. Each facility shall establish a library schedule to ensure this access is offered. Physical access to the library need not be provided.
  - w. Individuals in custody in RH and ERH shall be permitted telephone privileges in accordance with DR 504 and to access the judicial process and family emergencies as determined by the CAO.  
**NOTE:** Regardless of grade, custodial parents placed in RH or ERH shall be permitted at least one 15-minute phone call per week for verification of the wellbeing of his or her minor dependents.

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- x. Any equipment, personal property or material provided or allowed in the cell of an individual in custody in RH status may be removed or restricted as approved by the CAO if the individual in custody destroys, damages or abuses it in a manner that jeopardizes the safety of any person or the facility or disrupts institutional safety or security. The individual in custody may be issued a DOC 0317.
  
- 2. A minimum of ten hours of recreation per week, inclusive of no fewer than one hour of exercise outside of the cell five days per week, shall be provided to every individual in custody who has been placed in RH. This shall include indoor and outdoor recreation as scheduled. The time of recreation shall be noted on the DOC 0586.
  
- 3. For each individual in custody placed in ERH (29 days – 1 year):
  - a. Individuals in custody shall be afforded:
    - (1) A minimum of ten hours of unstructured out of cell time (i.e., yard, barber, shower, etc.) per week, which shall include no fewer than one hour of exercise outside of the cell five days per week.
 

**NOTE:** Time of recreation shall be noted on the DOC 0586.
    - (2) A minimum of ten hours of structured out of cell time (i.e., programming from the TSP; Chaplaincy; LTS; Law Library; Mental Health services; Health Care Education services, etc.) per week.
 

**NOTE:** Structured and unstructured time shall be noted on the DOC 0586. At no time shall any SMI or Mentally Ill individual in custody in ERH for more than 60 days be afforded less than the minimums noted in Section II.J.3.a.
  - b. Unless there is a medical or mental health contraindication, out of cell time recreation may be temporarily restricted or suspended if the CAO determines the activity to be a threat to the safety and security of the facility or any person. In no event, shall any mentally ill individual in custody in ERH for more than 60 days be provided less than ten hours structured and ten hours unstructured out of cell time total per week.
    - (1) Restrictions on recreational opportunities shall be documented on the DOC 0586, including the type, duration and reason for the restriction. A copy of the restriction shall be maintained by the facility and a copy shall be placed in the individual in custody's master record file. Such restrictions shall only be in effect until the safety and security concern can be mitigated.
    - (2) Whenever an individual in custody's congregated recreation is restricted for more than 90 consecutive days, the restriction and any health concerns shall be reviewed and approved in writing by an Assistant Warden or above (no designee).
    - (3) Unless an individual in custody is mentally ill and an MHP has recommended in the individual in custody's treatment plan that recreation is required, recreational opportunities shall not be required during institutional lockdowns or during institutional emergencies, including, but not limited to, riots, strikes, fires, work stoppages, power outages, pandemics and natural disasters.
  
- 4. Individuals in custody on the mental health caseload will have objectives outlined in their Individual Treatment Plan that will be followed.
  
- 5. The DOC 0586 shall be posted immediately adjacent to the cell door of the individual in custody unless the physical layout or the operation of the unit makes it impractical to do so and the alternate placement is approved by the CAO.

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6. The following activities and reviews shall be noted on the DOC 0586:
  - a. The individual in custody's name, number, assigned cell, date in and regular housing unit shall be documented and shall be continued on subsequent pages where indicated.
  - b. For each day, staff shall write the date and time that each privilege was offered to the individual in custody. Staff shall indicate whether the individual in custody accepted, refused or if the privilege was lost or not scheduled for that time period.

**NOTE:** Staff shall also mark if an individual in custody is released or transferred on the DOC 0586.
  - c. Whether or not linen exchange, clothing exchange, cell cleaning and barbering services were available.
  - d. Staff shall document all activities for that shift by placing the date, time and initials in the appropriate box.
  - e. The DOC 0586 shall be maintained in the applicable RH Unit for a period of no less than five years from the last date of entry.
7. Whenever an individual in custody in RH is denied any usually authorized item or activity, as defined by this policy, a report of the action shall be documented in an Incident Report, DOC 0434 and forwarded to the Shift Supervisor. A note shall also be made in the Comments section of the DOC 0586.

**K. Security Measures**

[REDACTED]

1. [REDACTED]
  - a. [REDACTED]
  - b. [REDACTED]
2. [REDACTED]
  - a. [REDACTED]

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b. [Redacted]

c. [Redacted]

d. [Redacted]

(1) [Redacted];

(2) [Redacted]

(3) [Redacted].

[Redacted]

e. [Redacted];

(1) [Redacted]

(2) [Redacted].

f. [Redacted]

g. [Redacted]

h. [Redacted]

i. [Redacted]

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(1) [Redacted]

(2) [Redacted]

(3) [Redacted]

(4) [Redacted]

j. [Redacted]

k. [Redacted]

(1) [Redacted]

(2) [Redacted]

(3) [Redacted]

l. [Redacted]

(1) [Redacted]

(2) [Redacted]

(3) [Redacted]

(4) [Redacted]

m. [Redacted]

n. [Redacted]

(1) [Redacted]

(2) [Redacted]

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(3) [REDACTED]

(4) [REDACTED]

[REDACTED]

o. [REDACTED]

(1) [REDACTED]

(2) [REDACTED]

(3) [REDACTED]

(4) [REDACTED]

(5) [REDACTED]

(6) [REDACTED]

p. [REDACTED]

(1) [REDACTED]

(2) [REDACTED]

(3) [REDACTED]

q. [REDACTED]

r. [REDACTED]

**L. Release from Restrictive Housing to General Population or the Community.**

1. Prior to the release of an individual in custody from RH, the RHRC shall assemble and conduct a thorough review of the individual in custody. Factors to be considered may include the individual in custody's mental health condition, individual in custody's behavior while in RH,

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individual in custody's programmatic and other needs, safety and security of employees, individuals in custody and the facility.

2. Every attempt shall be made to ensure individuals in custody are not released directly to the community from RH or ERH status. In the event such a release is imminent, within 180 days prior to release:
  - a. The CAO, in consultation with the respective Deputy Director or Chief of Women and Family Services, as applicable, and the MHP shall determine if the individual in custody may transition to a less secure placement option or if continued placement in RH status is appropriate.
  - b. If the CAO in conjunction with the respective Deputy Director or Chief of Women and Family Services, as applicable, and the MHP determines continued placement in disciplinary RH status is appropriate, as outlined above, the TSP shall be continued to help prepare the individual in custody for return to the community.
  - c. The TSP for individuals in custody in ERH shall follow the procedures outlined in Section II.I. and shall be approved in writing by the respective Deputy Director.
  - d. If the release of an individual in custody to the community is directly from RH, the facility shall ensure:
    - (1) Notification of release is made to state and local law enforcement in accordance with Administrative Directive 01.07.211;
    - (2) The releasing individual in custody is notified of applicable community resources; and
    - (3) Victim notification is made (as warranted) in accordance with Administrative Directive 01.07.125.
  
3. If approval is received to place the individual in custody designated SMI on ERH status, the individual in custody shall receive all privileges as outlined in this policy. In addition, the individual in custody who has been placed in ERH (29 days – 1 year) shall be afforded a minimum of ten total hours of unstructured (i.e. recreation, barber, shower, etc.) and ten hours of structured out of cell time per week. The ten hours of unstructured time shall include no fewer than one hour of exercise outside of the cell five days per week. The time of recreation shall be noted on the DOC 0586. In no event, shall any mentally ill individual in custody in ERH for more than 60 days be provided less than ten hours structured and ten hours unstructured out of cell time total per week. Security tables and chairs shall be used for all programming.

**M. Training**

1. Training Curriculum shall be developed by the Office of Staff Development and Training in conjunction with the Office of Mental Health Services. It shall be provided to all staff upon hire and annually thereafter. This training shall include, but not be limited to, Restrictive Housing Management, Crisis Intervention Training, Stress Management and Correctional Behavioral Health.
  
2. Each IDOC facility shall establish selection criteria for staff assigned to RH units and approved by the Chief of Operations. The criteria shall include specialized training that staff shall receive prior to being assigned to RH, the requirements for supervisory staff assigned to RH, and a requirement to ensure staff are rotated on a scheduled basis. At a minimum, selection criteria shall include:



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- a. A minimum of two years of experience in a correctional security title in an IDOC correctional facility, unless approved otherwise by the respective Deputy Director.
  - b. A system of rotating staff out of RH post assignments no less frequent than every six months shall be approved by the respective Deputy Director.
  - c. A requirement for staff removed from RH post assignments to be removed for no less than 90 days prior to reassignment to RH, unless extenuating circumstances exist.
3. All correctional staff shall receive training specific to strategies that can be used to deter negative behavior (i.e. increase searches, supervisory rounds, an increase in security awareness, monitoring of cameras, programming opportunities, prosocial activities and incentives for good behavior).
  4. Compliance with restrictive housing policies shall be reflected in appropriate staff members' job performance evaluations in accordance with Administrative Directive 03.03.110.
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**Attachment A**  
**Maximum Penalties Chart**

Offense	Maximum Penalties for Offenders per Dept. Direction			
	Loss or Restriction of Privileges	B or C Grade	Sentence Credit Revocation	Restrictive Housing
100. Violent Assault of any Person	1 year	90 days	1 year	1 year
101. Arson	1 year	90 days	1 year	6 months
102a. Assault with Injury	1 year	90 days	1 year	1 year
102b. Assault	1 year	90 days	6 months	3 months
102c. Assault of an Individual in Custody	6 months	90 days	6 months	3 months
103. Bribery & Extortion	1 year	0 days	1 year	28 days
104. Dangerous Contraband	1 year	90 days	1 year	1 year
105. Dangerous Disturbance	1 year	90 days	1 year	6 months
106. Escape or Runaway	1 year	1 year	1 year	1 year
107. Sexual Misconduct	6 months	90 days	6 months	6 months
108. Sexual Assault	1 year	90 days	1 year	1 year
109. Electronic Contraband	1 year	90 days	1 year	3 months
110. Impeding or Interfering with an Investigation	3 months	0 days	3 months	28 days
111. Security Threat Group or Unauthorized Organizational Leadership Activity	1 year	90 days	1 year	1 year
201. Concealment of Identity	6 months	0 days	0 days	28 days
202. Damage or Misuse of Property	6 months	0 days	0 days	0 days
203. Drugs and Drug Paraphernalia	6 months / 1 month for intoxicants	0 days / 1 month for intoxicants	6 months	6 months / 28 days for intoxicants

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Offense	Maximum Penalties for Offenders per Dept. Direction			
	Loss or Restriction of Privileges	B or C Grade	Sentence Credit Revocation	Restrictive Housing
		1 month for intoxicants		
204. Forgery	3 months	0 days	0 days	0 days
205. Security Threat Group or Unauthorized Organizational Activity	6 months	0 days	0 days	28 days
206. Intimidation or Threats	6 months	0 days	0 days	28 days
208. Dangerous Communications	6 months	0 days	0 days	28 days
209. Dangerous Written Material	6 months	0 days	0 days	28 days
210. Impairment of Surveillance	6 months	0 days	0 days	28 days
211. Possession or Solicitation of Unauthorized Personal Information	6 months	0 days	0 days	28 days
212. Frivolous Lawsuit	0 days	0 days	6 months	0 days
213. Failure to Reveal Assets	0 days	0 days	0 days	0 days
214. Fighting	6 months	6 months	0 days	28 days
215. Disobeying a Direct Order Essential to Safety and Security	6 months	6 months	0 days	28 days
302. Gambling	3 months	3months	0 days	0 days
303. Giving False Information to an Employee	3 months	3 months	0 days	0 days
304. Insolence	3 months	3 months	0 days	0 days
305. Theft	6 months	6 months	0 days	0 days
306. Transfer of Funds	3 months	3 months	0 days	0 days
307. Unauthorized Movement	3 months	3 months	0 days	0 days

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Offense	Maximum Penalties for Offenders per Dept. Direction			
	Loss or Restriction of Privileges	B or C Grade	Sentence Credit Revocation	Restrictive Housing
308. Contraband or Unauthorized Property	6 months	6 months	0 days	0 days
309. Petitions, Postings, and Business Ventures	3 months	3 months	0 days	0 days
310. Abuse of Privileges	3 months	3 months	0 days	0 days
311. Failure to Submit to Medical or Forensic Tests	3 months	3 months	0 days	0 days
312. Possession of Money	3 months	3 months	0 days	0 days
313. Disobeying a Direct Order	6 months	6 months	0 days	0 days
402. Health, Smoking, or Safety Violations	3 months	3 months	0 days	0 days
404. Violation of Rules	1 month	1 month	0 days	0 days
405. Failure to Report	1 month	1 month	0 days	0 days
406. Trading or Trafficking	2 months	2 months	0 days	0 days
501. Violating State or Federal Laws	1 year	90 days	1 year	1 year
601. Aiding and Abetting, Attempt, Solicitation, or Conspiracy	Same as underlying offense	Same as underlying offense	Same as underlying offense	½ as underlying offense