
**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
PROCEDURE MANUAL**

IS21-1.2 Administrative Segregation

February 27, 2011
Effective Date

Signature on File

Signature on File

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Division of Adult Institutions

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- I. PURPOSE:** This procedure establishes guidelines for the routine operation of the administrative segregation unit. Also included are guidelines for providing offenders assigned to administrative segregation with the option of participating in program planning with the overall goal being to change unacceptable behavior patterns. Participation in program planning should be entered into at the most appropriate time during the offender's stay in administrative segregation in an effort to maximize the offender's success in the program.
- A. AUTHORITY:** Sections 217.175, 217.335, 217.375 RSMo, 93-4571-CV-C-9
- B. APPLICABILITY:** Each warden of any facility housing offenders under the jurisdiction of the division of adult institutions and division of offender rehabilitative services will develop standard operating procedures based on the guidelines established herein.
- C. SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. DEFINITIONS:**
- A. Administrative Segregation:** A unit where an offender may be temporarily placed for the security and good order of the institution.
- B. Administrative Segregation Committee:** Chaired by the functional unit manager with a caseworker and COIII or above as members. The caseworker will act as chairperson in the unit manager's absence. Another staff member may sit as a member in place of the caseworker. At least 3 members shall be present to hold a hearing.
- C. Alternate Meals/Serving Methods 30 Day Time Frame:** The 30 day period will include an offender's continuous time spent in the segregation unit regardless of assignment between temporary administrative segregation confinement, disciplinary segregation or administrative segregation. The time frame will begin with the first incident and will extend 30 days after each subsequent incident until the offender has 30 days without an incident.
- D. Mandated Single Cell Assignment:** Assignment of an offender to a single cell within a administrative segregation unit for documented safety and security reasons, such as offenders who are considered an immediate or a long term danger to other offenders that would be celled with that offender, based on extremely violent, aggressive, threatening actions toward others, which may include murder/manslaughter, sexual assault/rape, assault with serious physical injury, sexually active HIV positive offender. This offender is not to be celled with other offenders.
- E. Program Plan:** A strategy designed to provide an offender with opportunities to modify unacceptable behavior patterns.

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- F. Qualified Mental Health Professional (QMHP):** Includes psychiatrists, physicians, psychologists, associate psychologists, psychiatric R.N., licensed clinical social workers and licensed professional counselors.
 - G. Segregation:** The act of separating an offender from access to other offenders and/or specified offenders.
 - H. Security Mattress:** A mattress comprised of three state blankets layered together, folded in half lengthwise, stitched around the edges, and stitched crosswise from corner to corner.
 - I. Staff:** Any person who is:
 - 1. Employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri's payroll system;
 - 2. contracted to perform services within a department facility (i.e., medical services, mental health services, education services, vocational services, substance abuse services, etc.) and has been issued a permanent department identification card;
 - 3. a volunteer in corrections;
 - 4. a student intern; or
 - 5. issued a permanent department identification card or special access in accordance with department procedure regarding staff identification.

III. PROCEDURES:

A. ASSIGNMENT TO ADMINISTRATIVE SEGREGATION:

- 1. Assignment to administrative segregation is based on safety and security needs of the institution, and the risk each offender represents to the institution, staff and other offenders.
- 2. Prior to offender placement in a cell/room and after the offender is released or is changed to another cell; unit staff will complete a Room Inspection Checklist form (Attachment A).
 - a. The Room/Inspection Checklist form will be retained in a cell/room file, in the segregation unit, in numeric order by cell/room number.
- 3. Offenders assigned to administrative segregation should not have personal contact nor communicate with offenders in the general population except as provided in institutional services procedures regarding access to offender counsel substitutes or as outlined in standard operating procedures.
- 4. The warden/designee can approve continued assignment to administrative segregation for periods of 12 months or less.
- 5. Assignments to administrative segregation beyond one year will require approval from the deputy division director.
- 6. If the administrative segregation committee has recommended an extension resulting in consecutive confinement of 12 months or more, the warden/designee will review and note such on the Classification Hearing form (Attachment B), and submit an Administrative Segregation Committee - Extension Request form (Attachment C) to the deputy division director.
 - a. The request will include:

- (1) circumstances of the present incident,
- (2) history of conduct prior to administrative segregation assignment including conduct violations, work assignment, program participation, and patterns of assaultive/aggressive behavior,
- (3) conduct since administrative segregation assignment,
- (4) parole or current release date,
- (5) educational/vocational needs, and
- (6) mental health, medical, substance abuse treatment needs.
 - (A) A current psychological assessment shall be conducted with recommendations to be included with the Administrative Segregation Committee - Extension Request form.
- (7) Justification should be included for the decision to extend and all reasons and facts relied on for the decision and the length of the extension.
 - b. The deputy division director will approve, disapprove or modify the extension requested by completing the appropriate sections of the Administrative Segregation Committee - Extension Request form, and will date and sign it.
 - c. Extensions may be approved up to 1 year.
7. If an extension is approved, the offender may remain in administrative segregation for an additional 12 months, at which time the administrative segregation committee should release the offender or request an additional extension.
8. There is no limit on the number of extensions an offender may receive.
 - a. Such should be based upon prior history, the magnitude of the present incident and the offender's conduct since placement in administrative segregation.
 - b. Transfer of long-term administrative segregation offenders may be initiated by the administrative segregation committee.
 - c. Offenders assigned to long-term administrative segregation at the present institution may be considered for transfer for the following reasons:
 - (1) staff morale/animosity issues;
 - (2) medical/mental health needs; or
 - (3) to induce behavior modification.
9. An extension will not be needed to maintain offenders in administrative segregation pending transfer.
 - a. These offenders will receive an administrative segregation hearing every 6 months and transfer status will be documented on the Classification Hearing form.
10. Once transferred, the administrative segregation assignment will be reviewed.

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- a. Upon arrival at the receiving institution the offender may be placed in temporary administrative segregation confinement until the administrative segregation committee hearing.
 - b. During the administrative segregation committee hearing, the committee should consider the offender's assignment and violations prior to transfer.
 - c. If the offender was transferred because of a decrease in their custody level (promotional transfer), the committee should consider the type of housing unit the offender was assigned to during their period of good adjustment (such as administrative segregation, protective custody, general population, etc.).
 - d. A Temporary Administrative Segregation Confinement form (Attachment D) will be completed in accordance with institutional services procedures regarding temporary administrative segregation confinement.
 - e. Administrative segregation hearings held without 24 hours notice will require a Waiver of Hearing Notification form (Attachment E) to be signed by the offender.
- B. ADMINISTRATIVE SEGREGATION COMMITTEE HEARINGS:**
1. For the initial hearing, the offender must be notified at least 24 hours prior to the hearing.
 - a. If the hearing is held before the 24 hour period, the Waiver of Hearing Notification will be completed.
 - b. If the offender does not sign the waiver, the hearing will not be held until the 24 hour period has passed.
 2. The administrative segregation committee should hold a formal hearing within 30 calendar days after the initial assignment and every 90 calendar days thereafter.
 - a. Hearings may be held at other times as determined necessary by the administrative segregation committee.
 3. If an offender has been assigned to administrative segregation for a period of 12 continuous months, he should be referred for a psychological review at the end of the initial 12 month period and every 12 months thereafter by the administrative segregation committee.
 - a. The administrative segregation committee should complete the Referral and Screening Note – Mental Health Services form (Attachment F) and submit the form to the QMHP.
 - b. A copy of all such reports should be maintained in the medical file with chronological entry in the classification file.
 - c. This information should be available for the next scheduled administrative segregation committee hearing.
 4. The offender shall be present during administrative segregation committee hearings, unless excluded from parts of the hearing by the committee chairperson for purposes of institutional security, or if the offender is absent from the institution.

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- a. The offender will be allowed to make a statement on ¹his behalf and present documentary evidence.
 - (1) The oral statement will be documented on the Classification Hearing form with documentary evidence attached.
 - b. If the offender refuses to be present, the hearing will be held without the offender and the reason will be documented on the Classification Hearing form.
 - c. If the offender's behavior is such at the time of the hearing that he is determined a security risk, if at all possible the hearing will be held outside of the offender's segregation cell in the presence of the offender.
 - (1) If this process becomes disruptive to the segregation area, the hearing will be held without the offender being present and the reason will be documented on the Classification Hearing form.
 - d. Those offenders who are absent from the institution during administration segregation hearings will be afforded a formal hearing within 5 working days of their return.
 - (1) The reason for the delay will be documented.
5. Unit staff will present available information relative to the reason for the hearing.
 - a. The caseworker presenting the facts shall complete the top portion of the Classification Hearing form indicating the reason for the hearing.
 - b. The remainder of the form will be completed during the course of the hearing.
 6. The administrative segregation committee will review all oral statements, submitted documentary evidence and facts surrounding the case and determine a recommendation for:
 - a. continued assignment to administrative segregation,
 - b. release with no restrictions,
 - c. release with restrictions, or
 - d. release on a program plan.
 7. Offenders may be credited with time served in temporary administrative segregation confinement against any administrative segregation time.
 8. At the end of the hearing, the Classification Hearing form will be completed with the offender's documented oral statements and any attached submitted documentary evidence and committee recommendations with justification for each decision.
 - a. The form will also include the date of the next scheduled hearing.
 - (1) If a hearing is conducted prior to the date on the Classification Hearing form, the offender must be advised and a 24-hour waiver of hearing notification completed prior to the hearing.

¹ All references in this procedure to the male gender are used for convenience only and shall be construed to include both female and male genders.

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- (A) If the offender does not sign the waiver, the hearing will not be held until the 24-hour period has passed.
 - (3) A copy of the written notice will be forwarded to the classification file.
 - b. All members of the committee and the offender will sign the form.
 - c. If the offender refuses to sign, staff will note refusal on the form and initial.
 - (1) The original and all copies will be forwarded to the warden/designee immediately after the hearing.
 - 9. The warden/designee will review the Classification Hearing form with any attachments and approve/disapprove the recommendation.
 - a. A written justification will be submitted based on all reasons submitted, including any modifications to the recommendation.
 - 10. The original Classification Hearing form will be sent to the classification office for placement in the classification file, with a copy of the Classification Hearing form to the offender.
 - a. A copy of the written notice will be forwarded to the classification file.
 - 11. All pertinent forms, according to specific procedures, will be appropriately filled out and disseminated.

C. MANDATED SINGLE CELL CONFINEMENT:

- 1. The administrative segregation committee will evaluate offenders for single cell confinement at the time of the hearing.
- 2. All offenders who are considered an immediate/long-term danger to harm a cellmate as explained in this procedure should be assigned to a single cell in administrative segregation.
- 3. Offenders who have recently assaulted/harmed a cell mate, or other offenders who staff believe are a continuous threat to other offenders if housed in a cell with them, should be submitted to the deputy division director, who, in consultation with the division director, will approve/disapprove these actions.
 - a. Offenders who have been approved for a mandated single cell assignment will require approval from the deputy division director prior to removal from this status.
- 4. Offenders assigned to a mandated single cell assignment will be managed in accordance with this procedure.

D. DOUBLE CELL ASSIGNMENT:

- 1. Prior to cell assignment, file review, or computer check for enemies, an Enemy Waiver (Attachment G) should be completed, if appropriate.
- 2. The internal classification process will be used when assigning an offender to a cell.
- 3. No more than 2 offenders should be assigned to a cell unless the cell/room is configured for multiple occupancy.
- 4. Offenders that refuse double cell assignment with a compatible offender, should be given a direct order and issued a conduct violation for refusal. The following procedure will then be followed:

- a. Staff will review all available options. The offender may be offered to cell with another offender(s) or placed temporarily in a single cell if it is determined not to jeopardize institutional security.
 - b. If the offender continues to refuse a cellmate, he will be maintained in full restraints on a security bench, holding cell or other secure area in accordance with institutional services procedures regarding mechanical restraints.
- E. ITEMS AFFORDED TO OFFENDERS IN ADMINISTRATIVE SEGREGATION:
1. Meals:
 - a. Offenders shall receive 3 meals per day. Meals should consist of the same menu items under similar standards as for the general population; however, deviations may be made due to safety and security concerns as outlined in this procedure.
 2. Showers and Shaves:
 - a. Showers and shaves shall be provided every 3 days. Standard operating procedures will be developed to specify the control of razors except for the following:
 - (1) Razors will not be permitted in level 5 facilities' segregation units. Standard operating procedures will address the process to be utilized in level 5 facilities' segregation units regarding shaves authorized for visits, court appearances, etc.
 - (2) Razor usage for offenders on dry cell status shall be in accordance with this procedure.
 3. Clothing:
 - a. Offenders shall be issued 3 sets of clothing or be allowed to exchange clothing every 3 days. If personal clothing is permitted it should be laundered once per week.
 4. Medical Services:
 - a. A request for medical services may be submitted daily. Emergency medical services shall be provided as needed.
 5. Bedding:
 - a. Institutions shall issue a mattress, sheets, a pillow, a pillowcase and a blanket. The sheets and pillowcase should be exchanged at least weekly.
 6. Hair Care Services:
 - a. At minimum, hair cuts should be afforded every 30 days in accordance with standard operating procedures.
 7. Issuance/storage and access to state issued/personal property will be in accordance with standard operating procedures.
 8. State Issued/Personal Property:
 - a. 1 comb or brush or security hair pick,

- b. 1 towel,
 - c. 1 washcloth,
 - d. 3 pair socks,
 - e. 3 sets undergarments,
 - f. 1 pair shower shoes,
 - g. 2 pencils/security pens,
 - h. writing paper and envelopes,
 - i. address book,
 - j. stamps,
 - k. 1 deodorant - clear,
 - l. 1 current subscription newspaper and magazine,
 - m. sacred writings (Bible, Koran, Quran, Scroll, etc. soft back)
 - n. medically related items such as eyeglasses/contact lenses, contact lens solution, artificial limbs, dentures, hearing aids and other necessary items as determined by the physician and deputy warden.
 - o. basic hygiene items such as a short handled toothbrush, toothpaste, soap and sanitary napkins (female) shall be retained from personal property or may be issued in accordance with institutional services procedures regarding access to basic hygiene items,
 - p. other items as determined by standard operating procedures, with the exception of tobacco products/lighters which will not be permitted.
9. Correspondence:
- a. Offenders are prohibited from corresponding with other offenders who are housed at the same facility, except for verifiable legal/active court cases.
10. Visiting Privileges:
- a. Offenders will be afforded non-contact visits of 2 hour duration, not to exceed the monthly allotment of visits in accordance with institutional services procedures regarding offender visitors/visiting restrictions.
 - (1) Standard operating procedures may permit additional visiting privileges.
11. Telephone Privileges:
- 1. Offenders will be afforded emergency or necessary calls to attorneys. Standard operating procedures may permit additional telephone privileges.
12. Reading Material:

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- a. Reading material should be permitted in reasonable amounts as determined by standard operating procedures; to include 1 current subscription magazine and newspaper, no hardback books.
 - (1) Library reading materials should be provided in the unit in accordance with standard operating procedures.
 - 13. Religious/Spiritual Needs:
 - a. Offenders shall have access to an institutional chaplain or trained auxiliary chaplain/volunteer on at least a monthly basis, or if deemed by the chaplain/designee that a special need exists.
 - (1) Request for religious items in the unit will be sent to the chaplain and be considered on a case-by- case basis after consultation with the warden/designee.
 - 14. Clergy Person/Spiritual Advisor Visits:
 - a. Offenders may receive visits from a specific clergy person or spiritual advisor in accordance with departmental procedures regarding clergy person/spiritual advisor visits.
 - 15. Legal Materials:
 - a. Offenders shall be permitted to retain necessary legal materials in accordance with institutional services procedures regarding offender property control procedures.
 - 16. Law Library:
 - a. Offender law library access shall be provided in accordance with institutional services procedures regarding access to law library materials (no hardback books allowed).
 - 17. Canteen Privileges:
 - a. Offenders should be permitted to purchase basic hygiene items, writing materials and stamps and necessary legal supplies if a court deadline exists (paper, pencils/pens, envelopes, copy cards and stamps);
 - b. No glass or metal containers.
 - c. Standard operating procedures shall specify the method for offenders to access the canteen a minimum of every 30 days.
 - 18. Education:
 - a. Offenders should be permitted to retain prescribed general educational development workbooks or correspondence courses as in accordance with institutional services procedures regarding correspondence courses (no hardback books).
 - 19. Recreation:
 - a. Out of cell recreation shall be permitted and should provide a minimum of 1 hour a day, 3 days per week out of cell recreation unless the offender is in disciplinary segregation status.
 - F. ALTERNATE MEALS:
 - 1. Alternate meals may be used for offenders housed in segregation units who:

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- a. throw food items or any item associated with food such as utensils, containers or trays, in a manner that is hazardous to himself, staff or other offenders, or is destructive to state property,
 - b. do not return food utensils, containers, or trays,
 - c. do not allow closure of the food port door or block food port door,
 - d. spit or throw urine, feces or semen, improperly dispose of urine, feces or semen including masturbating openly and in an extremely and deliberately conspicuous manner, or
 - e. create an unsanitary environment by flooding the cell.
2. The Alternate Meals/Serving Methods Request form (Attachment H) will be submitted by the segregation unit functional unit manager/shift supervisor to the warden/designee for approval of serving a meal loaf.
- a. Alternate meals will be requested on an individual basis.
 - b. Food service will be notified of any decisions.
 - c. The Alternate Meals/Serving Methods Request form will be placed in the individual confinement record folder in accordance with institutional services procedures regarding offender individual confinement records.
 - d. Alternate meals should be documented on the Individual Confinement Record form (Attachment I) under special instructions showing:
 - (1) when the offender was placed on alternate meals,
 - (2) date, and
 - (3) who placed the offender on alternate meals.
3. Any time an offender commits an action as outlined in this procedure, the offender will be served a meal loaf for 9 meals.
- a. After the 9th meal, regular meals will be served and behavior will be monitored.
 - b. If the offender again commits any of the actions as outlined in this procedure, the offender will receive 18 meals of individual meal loaves.
 - c. After the 18th meal, with no further actions as outlined in this procedure, the offender will be served regular meals and behavior will be monitored.
 - d. If the offender, during the 30 day period commits another action as outlined in this procedure, the segregation unit functional unit manager/shift supervisor will submit the Alternate Meals/Serving Methods Request to the warden/designee who may place the offender on an additional 18 meals of meal loaf.
 - e. When the offender does not commit any action as outlined in this procedure for the assignment time he will be returned to regular serving methods.

G. OFFENDER DISRUPTIVE BEHAVIOR:

1. When an offender has documented behavior of throwing food, feces or other items, etc., staff should use personal protective equipment including face covers when interacting with the offender.
2. If the offender exhibits disruptive behavior, he will be referred to a QMHP by the segregation unit functional unit manager/shift supervisor.
 - a. The QMHP will assess whether the offender's misbehavior is the result of mental illness.

H. REMOVAL OF PROPERTY:

1. Removal of offender property will be in accordance with institutional services procedures regarding offender property control procedures.
2. An offender's authorized items may be removed from his cell, when necessary, due to the offender's current behavior, with documentation on the Offender's Individual Confinement Record form, such as, but not limited to:
 - a. offender suicide intervention in accordance with institutional services procedures regarding suicide intervention procedures;
 - b. close observation in accordance with institutional services procedures regarding mental health close observation;
 - c. dry cell status in accordance with institutional services procedures regarding searches; and
 - d. when an offender is out of control (i.e., endangering herself/himself or others, destroying state property, etc.).
 - (1) The functional unit manager, shift supervisor or higher ranking staff member must approve placing the offender on property removal status or removal from property removal status.
 - (2) Any and/or all items may be removed from the cell to control the offender's behavior in accordance with standard operating procedures.
 - (3) Items will be returned once the offender is in control of himself with documentation in the offender's Individual Confinement Record folder in accordance with institutional services procedures regarding offender individual confinement records.
 - (4) Each shift supervisor should review the status of the offender as a new shift begins to determine if property items should be returned.
 - (5) If the regularly issued mattress is damaged it shall be removed and a security mattress shall be issued.
3. Personal property may be removed from the offender's possession if determined to be a fire hazard or due to security needs.
 - a. Such should be documented on the Offender Property Removal form (Attachment J), processed in accordance with institutional services procedures regarding offender property control procedures and documented in the offender's individual confinement record in accordance with institutional services procedures regarding offender individual confinement records.

I. OFFENDER SUSPENSION FROM USUALLY AUTHORIZED ACTIVITY:

1. If an offender is deprived of any usually authorized activity, a written report to the warden, via the chain of command, will be made within one working day and documented in the offender's Individual Confinement Record form in accordance with institutional services procedures regarding offender individual confinement records.
2. Offenders on dry cell status/suicide watch status will have showers temporarily suspended until they are removed from dry cell/suicide watch status.
 - a. Other methods of hygiene will be permitted in accordance with institutional services procedures regarding searches.

J. REPORTS/LOGS:

1. An Individual Confinement Record form and folder shall be maintained in accordance with institutional services procedures regarding offender individual confinement records.
2. Special security orders and special needs should be noted in the individual confinement record in accordance with institutional services procedures regarding offender individual confinement records.
 - a. All staff in the unit should know and follow all special orders.
3. Staff in the unit shall maintain a daily Chronological Log (Attachment K) noting all events which take place, including unusual behavior, additional information and/or observations by staff.
4. Persons entering the unit, except for staff assigned, should sign the Sign-In log (Attachment L).

K. HOUSING UNIT TOURS:

1. Tours of the unit should be made by:
 - a. the chief of custody/designee (designee as specified in standard operating procedures) on a daily basis, and
 - b. a member of the classification staff in charge of the segregation unit on a daily work day basis.

L. DAILY OPERATIONS, SECURITY MEASURES AND OFFENDER MOVEMENT:

1. Close supervision and control should be exercised to ensure the rights, safety and welfare of all offenders and staff.
2. Standard operating procedures will be developed:
 - a. to include the daily operations of the unit and reference to all post orders and related materials,
 - b. to ensure all necessary security measures are established to meet the needs of the custody level of the institution and to ensure the safe, secure operations of the unit, and
 - c. to clearly specify how offenders will be moved from one area to another both within and outside of the unit.

M. RELEASE TO AN ADMINISTRATIVE SEGREGATION PROGRAM PLAN:

1. If the administrative segregation committee determines that an offender should be released from administrative segregation on a program plan, the committee will determine the program to which the offender should be assigned. Such decisions should be based on the:

- a. prior history,
 - b. magnitude of the present incident,
 - c. offender's current conduct,
 - d. offender's willingness to participate,
 - e. educational/vocational needs, and
 - f. offender's mental health status (offenders who meet criteria for placement in a mental health program should be referred for consideration).
2. The Administrative Segregation Program Plan format (Attachment M) should be completed, reviewed and agreed to by the administrative segregation committee and the offender.
 - a. The program plan should not exceed 180 days. The program plan should include:
 - (1) the anticipated duration of the plan (should not exceed 180 days),
 - (2) personal goals, and
 - (3) therapeutic programs as determined appropriate by the administrative segregation committee and indicated in standard operating procedures.
 3. The offender may be assigned to programs for a full day or may be assigned to a combination of programs and work assignments.
 4. The offender's assigned caseworker should monitor the progress of the offender and submit an Administrative Segregation Committee - Program Plan Progress Report (Attachment N) to the administrative segregation committee every 30 days or anytime the offender refuses to participate or appears to be having difficulty with the program plan.
 5. The administrative segregation committee should review the progress report within 5 working days and determine whether the program plan is appropriate, needs to be modified or should be terminated.
 6. If the plan needs to be modified or terminated, the administrative segregation committee should hold a hearing with the offender to review the changes or the reason for termination.
 7. If the offender successfully completes the program, the administrative segregation committee will release the offender from the program with no further restrictions.
 8. Participation in the program may be terminated if the offender:
 - a. refuses to participate;
 - b. fails to progress; or
 - c. does not successfully complete the program.
 9. If participation is terminated, the offender will be placed in temporary administrative segregation confinement until a hearing is held.

- a. The administrative segregation committee may again assign the offender to administrative segregation.

IV. ATTACHMENTS:

- A. 931-3241 Room Inspection Checklist
- B. 931-0408 Classification Hearing
- C. 931-4234 Administrative Segregation Committee - Extension Request
- D. 931-1431 Temporary Administrative Segregation Confinement
- E. 931-0775 Waiver of Hearing Notification
- F. 931-1572 Referral and Screening Note – Mental Health Services
- G. 931-0478 Enemy Waiver
- H. 931-4384 Alternate Meals/Serving Methods Request
- I. 931-3549 Individual Confinement Record
- J. 931-0097 Offender Property Removal
- K. 931-0953 Chronological Log
- L. 931-3695 Sign-In
- M. Administrative Segregation Program Plan (Format)
- N. 931-4233 Administrative Segregation Committee - Program Plan Progress Report

V. REFERENCES:

- A. IS5-2.5 Offender Transfers
- B. IS7-1.10 Offender Individual Confinement Records
- C. IS8-1.3 Access to Offender Counsel Substitutes
- D. IS8-1.4 Access to Law Library Materials
- E. IS8-6.1 Access to Basic Hygiene Items
- F. IS10-1.9 Meal Service Operations
- G. IS12-4.1 Suicide Intervention Procedures
- H. IS12-4.3 Mental Health Close Observation
- I. IS13-3.1 Offender Visitors/Visiting Restrictions
- J. IS17-1.1 Religious Programs and Activities
- K. IS18-3.11 Correspondence Courses
- L. IS20-1.3 Searches
- M. IS20-2.3 Mechanical Restraints
- N. IS21-1.1 Temporary Administrative Segregation Confinement
- O. IS22-1.2 Offender Property Control Procedures
- P. D5-3.3 Clergy Person/Spiritual Advisor Visits
- Q. ACA Standards: 3-4223, 3-4237, 3-4238, 3-4245, 3-4246, 3-4247, 3-4248, 3-4249, 3-4250, 3-4251, 3-4252, 3-4253, 3-4254, 3-4255, 3-4256, 3-4257, 3-4258, 3-4259, 3-4261, 3-4264, 3-4289, 3-4440

VI. HISTORY: This procedure previously covered under Division of Adult Institutions Rules and Regulations 112.040 Administrative Segregation; Original Effective Date: 11/1/80, revised 4/15/86. Previously addressed by Division Rule 112.010; Original Rule Effective: 11/1/80, revised 4/15/86, 3/1/89, 8/10/90.

- A. Original Effective Date: December 1, 1990
- B. Revised Effective Date: January 1, 1995
- C. Revised Effective Date: January 26, 1995
- D. Revised Effective Date: August 11, 2003
- E. Revised Effective Date: December 29, 2004
- F. Revised Effective Date: January 31, 2005
- G. Revised Effective Date: September 2, 2007
- H. Revised Effective Date: February 17, 2008
- I. Revised Effective Date: August 2, 2008
- J. Revised Effective Date: February 27, 2011



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
ROOM INSPECTION CHECKLIST

INSTITUTION	
H.U.	ROOM NUMBER

OFFENDER NAME	DOC NUMBER
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I have checked the condition of my room/bed area and its furnishings. The conditions are noted below. I understand that I will be held responsible for any damage found during inspections from this time and date.

OFFENDER'S SIGNATURE	REFUSED TO SIGN <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE
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WITNESS	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE	WITNESS	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE
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ENTER N/A IF NOT APPLICABLE	CONDITION WHEN ASSIGNED					COMMENTS	CONDITION WHEN REASSIGNED					COMMENTS
	YES	NO	GOOD	FAIR	BAD		YES	NO	GOOD	FAIR	BAD	
BED												
DESK/CHAIR/CAB.												
MATTRESS												
BLANKET												
PILLOW/CASE												
SHEETS												
LAUNDRY BAG												
TOWEL												
DOOR												
LOCK/KEY												
SINK												
TOILET												
WINDOW/SCREEN												
MIRROR												
LIGHTS/FIXTURE												
WALLS												
VENTS												
BARS												
FOOTLOCKER												
TV HOOK-UP												
SWITCHES												
OUTLETS												
COVER PLATES												
CANTEEN BAG												

DATE REASSIGNED	CONDITIONS COMMENTS (CHANGES NOTED, VIOLATIONS WRITTEN, ETC.)
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OFFENDER'S SIGNATURE	REFUSED TO SIGN <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE
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WITNESS	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE
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STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
CLASSIFICATION HEARING

INSTITUTION	DATE
-------------	------

OFFENDER NAME	DOC NUMBER
---------------	------------

TYPE OF HEARING

INITIAL AD SEG _____ 30 _____ 60 _____ 90 DAYS

PROTECTIVE CUSTODY TASC OTHER _____

COMMITTEE CHAIRPERSON	MEMBER	MEMBER
-----------------------	--------	--------

REASON FOR HEARING

OFFENDER STATEMENT

SUMMARY OF FINDINGS

SEE ATTACHED ENEMY LIST

COMMITTEE RECOMMENDATIONS

Assign to General Population

Assign to Administration Segregation

Assign to Protective Custody

Continue _____ Assignment

Request 9 Month Extension of Ad Seg Assignment

Place on Program Plan

Other _____

JUSTIFICATION FOR RECOMMENDATIONS

OFFENDER SIGNATURE	NEXT REVIEW DATE
--------------------	------------------

FINAL DISPOSITION

Approved

Disapproved

Modify to _____

JUSTIFICATION FOR MODIFICATION, DECISION NOT TO RELEASE FROM AD SEG OR DENIAL OF TRANSFER

SUPERINTENDENT SIGNATURE	DATE
--------------------------	------



STATE OF MISSOURI
 DEPARTMENT OF CORRECTIONS
**ADMINISTRATIVE SEGREGATION
 COMMITTEE - EXTENSION REQUEST**

		INSTITUTION	DATE
OFFENDER NAME (PRINT)		DOC NUMBER	
DATE OF ASSIGNMENT TO ADMINISTRATIVE SEGREGATION		PREVIOUS EXTENSION REQUEST	
REASON FOR EXTENSION REQUEST			
WARDEN SIGNATURE		DATE	
<input type="checkbox"/> EXTENSION APPROVED <input type="checkbox"/> EXTENSION APPROVED WITH MODIFICATION <input type="checkbox"/> EXTENSION DENIED			
<input type="checkbox"/> Extension approved based upon reasons noted above. <input type="checkbox"/> Extension approved with modifications based upon reasons noted above. Modifications: <input type="checkbox"/> Reduce time extension from _____ to _____ days. <input type="checkbox"/> Other			
DEPUTY DIVISION DIRECTOR SIGNATURE		DATE	



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

TEMPORARY ADMINISTRATIVE SEGREGATION CONFINEMENT

NAME OF INSTITUTION

OFFENDER NAME (LAST, FIRST, MI)		DOC NUMBER	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE
FROM	HOUSING UNIT	ROOM	TO	HOUSING UNIT	ROOM

CONFINEMENT IS ORDERED ON THE BASIS OF THE FOLLOWING CRITERIA:

- 1. Offender witnessed by staff committing serious wrongdoing.
- 2. Offender is material witness to major violation or criminal act which requires protective custody.
- 3. There is an immediate security risk involved.
- 4. The offender is violent, or creating sufficient disturbance to indicate he/she is not in control.
- 5. There is urgent need to separate the offender from others for her/his own safety or that of others.
- 6. Information has been received from a reliable source that one of the above applies.
- 7. For the security and good order of the institution.

STATEMENT OF FACTS IN SUPPORT OF TASC/COMMENTS

- 1. Protective custody request
- 2. Medical separation required
- 3. Mental Health separation required
- 4. Conduct violation for Rule Number _____.
- 5. Investigation for _____
- 6. TASC between Disiplinary Segregation Assignments From: _____ To: _____
- 7. Other _____

PROVIDE ADDITIONAL INFORMATION IF NEEDED

SHIFT SUPERVISOR'S SIGNATURE	DATE
------------------------------	------

NOTIFICATION OF HEARING

CONFINEMENT IN TEMPORARY ADMINISTRATIVE SEGREGATION IS	<input type="checkbox"/> CONTINUED <input type="checkbox"/> DISCONTINUED
REASON	
THE HEARING SHALL BE HELD ON OR BEFORE	DATE
SUPERINTENDENT/DESIGNEE SIGNATURE	DATE



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
WAIVER OF HEARING NOTIFICATION

OFFENDER NAME	DOC NUMBER	TYPE OF HEARING
I understand that I am entitled to 24 hour notice prior to a hearing concerning:		
<hr/>		
<hr/>		
<hr/>		
I hereby waive that time period and request that the hearing be held as soon as possible. This is my request and no threats or promises of any kind have been made to me to obtain this waiver of notice.		
OFFENDER SIGNATURE	DATE	
STAFF WITNESS SIGNATURE	DATE	

MO 931-0775 (4-00)

DISTRIBUTION: WHITE - CLASS FILE CANARY - OFFENDER



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
WAIVER OF HEARING NOTIFICATION

OFFENDER NAME	DOC NUMBER	TYPE OF HEARING
I understand that I am entitled to 24 hour notice prior to a hearing concerning:		
<hr/>		
<hr/>		
<hr/>		
I hereby waive that time period and request that the hearing be held as soon as possible. This is my request and no threats or promises of any kind have been made to me to obtain this waiver of notice.		
OFFENDER SIGNATURE	DATE	
STAFF WITNESS SIGNATURE	DATE	

MO 931-0775 (4-00)

DISTRIBUTION: WHITE - CLASS FILE CANARY - OFFENDER



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REFERRAL AND SCREENING NOTE - MENTAL HEALTH/MEDICAL SERVICE

REFERRAL SECTION: (REFERRING STAFF USE ONLY)		<input type="checkbox"/> To Medical	<input type="checkbox"/> To Mental Health
OFFENDER NAME (PRINT)		DOC NUMBER	HU/CELL/BED
REFERRING STAFF NAME & TITLE (PRINT)	REFERRING STAFF SIGNATURE	DATE OF REFERRAL	INSTITUTION

REASON FOR REFERRAL TO MENTAL HEALTH	
	<input type="checkbox"/> REFERRED TO MEDICAL (Not to be used in place of IS11-37.1 Daily Handling of Non emergency Medical Requests)

<p>Observed behaviors (Check all that apply)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Inappropriate smiling</td> <td><input type="checkbox"/> Self-injurious behavior</td> </tr> <tr> <td><input type="checkbox"/> Irrational speech</td> <td><input type="checkbox"/> Very sad/crying</td> </tr> <tr> <td><input type="checkbox"/> Disorientation</td> <td><input type="checkbox"/> Extremely irritable</td> </tr> <tr> <td><input type="checkbox"/> Loss of memory</td> <td><input type="checkbox"/> Overactive/Pacing</td> </tr> <tr> <td><input type="checkbox"/> Overly suspicious</td> <td><input type="checkbox"/> Overly anxious</td> </tr> <tr> <td><input type="checkbox"/> Overly hostile</td> <td><input type="checkbox"/> Very self-critical</td> </tr> <tr> <td><input type="checkbox"/> Sees things not there</td> <td><input type="checkbox"/> Loss of appetite</td> </tr> <tr> <td><input type="checkbox"/> Hears things not there</td> <td><input type="checkbox"/> Emotionally flat</td> </tr> <tr> <td><input type="checkbox"/> Hopelessness/pessimistic</td> <td><input type="checkbox"/> Strange posture/Mannerism</td> </tr> </table> <p><input type="checkbox"/> Other: State reason for other:</p>	<input type="checkbox"/> Inappropriate smiling	<input type="checkbox"/> Self-injurious behavior	<input type="checkbox"/> Irrational speech	<input type="checkbox"/> Very sad/crying	<input type="checkbox"/> Disorientation	<input type="checkbox"/> Extremely irritable	<input type="checkbox"/> Loss of memory	<input type="checkbox"/> Overactive/Pacing	<input type="checkbox"/> Overly suspicious	<input type="checkbox"/> Overly anxious	<input type="checkbox"/> Overly hostile	<input type="checkbox"/> Very self-critical	<input type="checkbox"/> Sees things not there	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Hears things not there	<input type="checkbox"/> Emotionally flat	<input type="checkbox"/> Hopelessness/pessimistic	<input type="checkbox"/> Strange posture/Mannerism	<p>Reason for referral to medical / Objective indication.</p> <p><input type="checkbox"/> Objective/Subjective symptoms</p> <p><input type="checkbox"/> Abnormal lab finding (test) _____</p> <p><input type="checkbox"/> Patient/offender submitted to MSR</p> <p><input type="checkbox"/> Patient reports NOT receiving medication</p> <p><input type="checkbox"/> Abnormal EKG</p> <p><input type="checkbox"/> Other diagnostic report finding</p> <p><input type="checkbox"/> Other: State reason for other:</p>
<input type="checkbox"/> Inappropriate smiling	<input type="checkbox"/> Self-injurious behavior																		
<input type="checkbox"/> Irrational speech	<input type="checkbox"/> Very sad/crying																		
<input type="checkbox"/> Disorientation	<input type="checkbox"/> Extremely irritable																		
<input type="checkbox"/> Loss of memory	<input type="checkbox"/> Overactive/Pacing																		
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<input type="checkbox"/> Overly hostile	<input type="checkbox"/> Very self-critical																		
<input type="checkbox"/> Sees things not there	<input type="checkbox"/> Loss of appetite																		
<input type="checkbox"/> Hears things not there	<input type="checkbox"/> Emotionally flat																		
<input type="checkbox"/> Hopelessness/pessimistic	<input type="checkbox"/> Strange posture/Mannerism																		

<p>SCREENING RESULTS (MENTAL HEALTH PROFESSIONAL'S USE ONLY)</p> <p><u>Topics to be addressed</u></p> <p>S - Subjective (presenting problem, chief complaint) O - Objective (current mental status) and other observations A - Assessment (diagnostic impression) P - Plan (referral, follow-up, client instructions)</p> <p><u>Optional topics</u></p> <ul style="list-style-type: none"> • MH and SA treatment history • Pertinent psychological history • Psychological testing results • Diagnostic impression <p><input type="checkbox"/> Documentation entered in medical record accountability system.</p>	<p>SCREENING RESULTS (MEDICAL STAFF USE ONLY)</p> <p><u>Action taken by medical</u></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Documentation entered in medical record accountability system.</p>
---	---

MENTAL HEALTH NAME AND TITLE (PRINT)	DATE	MEDICAL NAME AND TITLE (PRINT)	DATE
MENTAL HEALTH SIGNATURE		MEDICAL SIGNATURE	



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
ENEMY WAIVER

NAME OF INSTITUTION

FIRST OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER
-------------------------------------	------------

SECOND OFFENDER NAME (PRINT OR TYPE)	DOC NUMBER
--------------------------------------	------------

FIRST OFFENDER STATEMENT

WE HAVE BEEN DECLARED ENEMIES. I PLEDGE THAT NO HARM WILL BE DONE TO EACH OTHER BY OURSELVES OR ANYONE ON OUR BEHALF.

FIRST OFFENDER SIGNATURE	DOC NUMBER	DATE
--------------------------	------------	------

WITNESS SIGNATURE AND TITLE	ID NUMBER	DATE
-----------------------------	-----------	------

SECOND OFFENDER STATEMENT

WE HAVE BEEN DECLARED ENEMIES. I PLEDGE THAT NO HARM WILL BE DONE TO EACH OTHER BY OURSELVES OR ANYONE ON OUR BEHALF.

SECOND OFFENDER SIGNATURE	DOC NUMBER	DATE
---------------------------	------------	------

WITNESS SIGNATURE AND TITLE	ID NUMBER	DATE
-----------------------------	-----------	------

CHIEF ADMINISTRATIVE OFFICER/DESIGNEE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE
---	------

SIGNATURE AND TITLE	ID NUMBER
---------------------	-----------

COMMENT

DATA ENTRY OPERATOR SIGNATURE	ID NUMBER	DATE
-------------------------------	-----------	------



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
ALTERNATE MEALS / SERVING METHODS REQUEST

INSTITUTION	DATE
-------------	------

OFFENDER NAME	DOC NUMBER
---------------	------------

INITIAL REQUEST – MEAL LOAF (9 MEALS)
 EXTENSION REQUEST – MEAL LOAF (18 MEALS)

REASON

Throw food items or any items associated with food such as utensils, containers or trays, in a manner that is hazardous to himself / herself, staff or other offenders, or is destructive to state property.

Do not return food utensils, containers or trays.

Do not allow closure of food port door or block food port door.

Spit or throw urine, feces or semen, improperly dispose of urine, feces or semen including masturbating openly and in an extremely and deliberately conspicuous manner, or

Create an unsanitary environment by flooding cell.

DATE OF INITIAL ASSIGNMENT OF MEAL LOAF (IF EXTENSION REQUEST)	CIRCLE # OF PREVIOUS EXTENSION REQUESTS (PERTAINING TO THIS REQUEST)
	1 2 3 4 5 (or) _____

REQUESTOR SIGNATURE	TITLE	DATE
---------------------	-------	------

APPROVED DENIED

COMMENTS

FUNCTIONAL UNIT MANAGER / SHIFT SUPERVISOR	DATE
--	------

IS THERE A MEDICAL CONDITION THAT WOULD PREVENT SERVING OF MEAL LOAF?	MEDICAL STAFF SIGNATURE
<input type="checkbox"/> YES <input type="checkbox"/> NO	

APPROVED DENIED

COMMENTS

WARDEN / DESIGNEE	DATE
-------------------	------



STATE OF MISSOURI
 DEPARTMENT OF CORRECTIONS
INDIVIDUAL CONFINEMENT RECORD

CELL NUMBER
ORIGINATING UNIT

INSTITUTION
TIME RECEIVED T.A.S.C.
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

OFFENDER NAME	DOC NUMBER
---------------	------------

REASON FOR CONFINEMENT (CDV NUMBER, INVESTIGATION, SUICIDE WATCH, ETC.)

SPECIAL INSTRUCTIONS (I.E. SPECIAL SECURITY ORDERS)

MEDICATION REQUIREMENTS

<input type="checkbox"/> PORK <input type="checkbox"/> NON-PORK	ASSIGNED TO	<input type="checkbox"/> ADMINISTRATIVE SEGREGATION <input type="checkbox"/> DISCIPLINARY SEGREGATION <input type="checkbox"/> OTHER	DATE ASSIGNED

DATE RELEASED FROM CONFINEMENT	RELEASED TO
--------------------------------	-------------

TIME	DATE	REASON	INITIALS	TIME	DATE	REASON	INITIALS



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
OFFENDER PROPERTY REMOVAL

INSTITUTION

TO

THE FOLLOWING LIST OF ARTICLES WERE REMOVED FROM POSSESSION OF THE BELOW LISTED OFFENDER.

OFFENDER NAME	DOC NUMBER	R.U.
---------------	------------	------

REASON FOR REMOVAL

ARTICLES REMOVED	AMOUNT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

APPROVED BY: NAME AND TITLE DATE

I HAVE RECEIVED ALL PROPERTY LISTED ON THIS DATE INVENTORYING STAFF SIGNATURE DATE

OFFENDER SIGNATURE	DATE	INVENTORYING STAFF SIGNATURE	DATE
--------------------	------	------------------------------	------

NOTE: ATTACH ADDITIONAL PAGES AS NECESSARY

AFTER PROPERTY IS RETURNED TO OFFENDER, ORIGINAL IS SENT TO PROPERTY FILE

OFFICER ASSIGNMENTS

FIRST SHIFT

SECOND SHIFT

THIRD SHIFT



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
SIGN IN

WORK LOCATION	AREA

DATE	COUNTER #	NAME	ID #	PURPOSE	TIME-OUT	
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

ADMINISTRATIVE SEGREGATION PROGRAM PLAN

Date: _____

Offender Name DOC Number Date Confined Date of Release

Reason for Placement in Administrative Segregation:

Reason for Consideration for Release to Program Plan:

PLAN:

Personal Goals:

Improve Behavior _____
Achieve Lower Institutional Score _____

Educational Goals:

Sign up for school and show progress
towards a GED _____
Seek Vocational/Advanced Classes _____

Work Assignment:

Find a Job _____
Retain the job for a period of not
less than _____ days _____

Other Conditions:

Thinking for a change _____
Substance Abuse Program _____
Positive Mental Attitude _____
Breaking Barriers _____
Life Skills/Learning to live _____
No Conduct Violations _____

Plan End Date: _____

Offender Agreement:

If released from Administrative Segregation on this program plan, I agree to abide by all of the conditions as indicated in this plan. I understand that if I fail to meet these conditions or refuse to comply with any part of the plan, I may be returned to Administrative Segregation for an indefinite period of time.

Offender Name and Number _____ Date: _____

Staff Witness: _____ Date: _____



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
**ADMINISTRATIVE SEGREGATION
COMMITTEE - PROGRAM PLAN
PROGRESS REPORT**

		INSTITUTION	DATE
OFFENDER NAME		DOC NUMBER	HU NUMBER
LENGTH OF PLAN	DATE ASSIGNED TO PLAN		DATE PLAN STARTED
CONDITIONS OF PLAN			
HAVING DIFFICULTY		SATISFACTORY PROGRESS	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDITIONAL COMMENTS			
CASEWORKER SIGNATURE			DATE