



OAKLAND COUNTY SHERIFF'S OFFICE

Policies and Procedures

	NUMBER 342	DATE August 7, 2018
SUBJECT:	ADMINISTRATIVE SEGREGATION	DISTRIBUTION A,D,E,M.-Program Services
REFERENCE:	Rescinds and replaces Policies and Procedures No. 268, dated May 29, 2014	

POLICY

The Oakland County Sheriff's Office, Corrective Services Division shall provide secure and safe housing for inmates who require a higher degree of control and supervision to preserve the order and security of the facility and to manage inmate behavior. Administrative segregation is a form of separation utilized when the continued presence of the inmate in general population poses a serious threat to other inmates, property, self, staff or others; or when there is a threat to the orderly running of the facility (escape risk, chronic discipline problems, protective custody).

PROCEDURE

1.0 REASONS FOR PLACEMENT ON ADMINISTRATIVE SEGREGATION STATUS

- 1.1 Protective Custody to separate inmates requesting or requiring protection from other inmates for reasons of health or safety such as but not limited to: child sexual offenders, former law enforcement/correction officers, vulnerable, informants, high-profile cases. An inmate requesting to be removed from protective custody status and assigned to general population must submit a Protective Custody Waiver (see attached).
- 1.2 Medical Segregation to separate inmates from the general population for medical reasons (recuperating, need extended rest or quiet, need extensive services or observation, communicable or infectious disease).
- 1.3 Inmates with chronic, repetitive behavior problems.
- 1.4 Inmates who are charged with rule violation(s), awaiting their hearing and may become disruptive or dangerous if left in general population.
- 1.5 Inmates posing serious escape risk.
- 1.6 Inmates posing a danger to others or to the secure, orderly operation of the facility.

2.0 PLACEMENT ON ADMINISTRATIVE SEGREGATION

- 2.1 A Housing or Shift Supervisor or above may recommend an inmate's initial placement on Administrative Segregation.

- 2.2 A Request for Administrative Segregation Form (copy attached) will be completed. It will contain the inmate's name and number, reason for request, requesting officer's signature and badge number.
- 2.3 If the requesting reason is for chronic disciplinary problems, the form will include a list of the inmate's rule violations and/or behavior. The inmate's computer event screen will be attached to the form.
- 2.4 The Supervisor shall submit the completed form to the Shift Sergeant for their review and signature.
- 2.5 The Shift Sergeant shall submit it to the Shift Lieutenant for their review, signature and forwarding to the Executive Lieutenant.
- 2.6 Prior to placement, the Classification Supervisor shall receive medical and Program Services/Mental Health Staff clearance and document in inmate's computer file.
- 2.7 If the inmate is not cleared by medical or Program Services/Mental Health Staff, other non-segregated housing shall be considered on a case-by-case basis. Documentation shall be made in inmate's computer file.

3.0 **ADMINISTRATIVE SEGREGATION DETERMINATION**

- 3.1 The Executive Lieutenant or designee shall review the request and any accompanying information and within 24 hours of the following business day, approve or deny the request. The same time frame will apply if the inmate was summarily moved prior to the final decision for safety and security reasons.
- 3.2 The Executive Lieutenant will determine the length of the segregation placement. The initial determination will not be longer than 30 days.
- 3.3 The Executive Lieutenant will notify Classification for movement and review purposes as well as the approving Shift Sergeant.
- 3.4 A copy of the Request for Administrative Segregation Form will be given to Classification, and a copy placed in the inmate's booking file.

4.0 **ADMINISTRATIVE SEGREGATION REVIEW**

- 4.1 The Classification Supervisor will conduct a review of any inmate placed on Administrative Segregation every seven (7) days. If necessary, the Classification Supervisor will contact the inmate's housing officer to obtain information on behavior. The dayshift Classification Supervisor will provide a weekly list of administrative segregation status inmates to the Executive Lieutenant for review. The review will be documented in the inmate's computer file.

- 4.2 If the Classification Supervisor's review finds that the inmate may be appropriately moved off Administrative Segregation status before the initial time limit imposed, they will contact the Executive Lieutenant for approval of that decision.
- 4.3 If at the end of the inmate's length of Administrative Segregation status the Classification Supervisor finds the inmate still poses a threat, the Classification Supervisor will contact the Executive Lieutenant with a recommendation and approval to continue the status and length of time. All decisions will be documented in the inmate's computer file.
- 4.4 The Classification Supervisor shall contact medical and Program Services/Mental Health Staff for review and clearance and document in inmate's computer file.
- 4.5 If the inmate is not cleared by medical and Program Services/Mental Health Staff, other non-segregated housing shall be considered on a case-by-case basis and document in inmate's computer file.
- 4.6 If the inmate remains in Administrative Segregation status longer than thirty (30) days, the reviews will take place once every 30 days thereafter. However, an inmate may be removed sooner than the next 30-day review, with the Executive Lieutenant's approval, if behavior and/or circumstances merit the removal.
- 4.7 If for any reason a review is not conducted within the proper time frame, it will be conducted as soon as discovered and the Classification Supervisor will write a report and submit it to the Executive Lieutenant for a determination if the Administrative Segregation status should be removed.
- 4.8 Inmates placed in administrative segregation shall be seen by medical and Program Services/Mental Health Staff a minimum of three (3) times per week. Documentation shall be made in the inmate's file and caseworker notes.
- 4.9 Program Services/Mental Health Staff shall submit documentation to the medical care provider for placement in the inmate's electronic medical record.

5.0 INMATE APPEAL PROCESS

- 5.1 An inmate placed in Administrative Segregation will be given an Appeal Notice Form which advises them they are entitled to an appeal of the decision within 30 days of the placement. (see attachment)
- 5.2 The appeal is submitted to the Main Jail Captain.
- 5.3 The Main Jail Captain will notify the inmate within fifteen (15) business days of the decision.

6.0 SUPERVISION AND CONDITIONS OF CONFINEMENT IN ADMINISTRATIVE SEGREGATION

- 6.1 Inmates in Administrative Segregation will be observed at least once every 60 minutes at irregular intervals unless there are specific supervision directions requiring more intense supervision. The observation times will be documented.

6.2 Inmates will receive the same meals as other inmates in the facility unless specific directions indicate a food loaf or paper plates, etc. due to behavior reasons.

6.3 Inmates will be afforded the same privileges as general population inmates unless the placement in Administrative Segregation is due to chronic rule violations and/or ongoing behavior problems posing a threat to others or to facility order. If the reason is disciplinary, the inmate is subject to the same restrictions as indicated in the Inmate Discipline policy and procedure.

7.0 **RELEASE FROM ADMINISTRATIVE SEGREGATION**

7.1 The Classification Supervisor shall review the inmate's file and information and determine the proper security level and housing placement of the inmate upon return to general population.

7.2 The Classification Supervisor shall notify the Executive Lieutenant and the Shift Sergeant of the inmate's removal from Administrative Segregation and return to general population.



Michael J. Bouchard
Sheriff

COUNTY OF OAKLAND
OFFICE OF THE SHERIFF



MICHAEL J. BOUCHARD

REQUEST FOR ADMINISTRATIVE SEGREGATION FORM

I am requesting that Inmate Name; _____ Inmate Number _____
be placed on an administrative segregation due to the following reasons:

Comments:

If the reason is for chronic disciplinary issues, list incidents below:

<u>Date</u>	<u>Incident Number</u>	<u>Nature of Incident</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisor's Signature and Badge Number: _____

Sergeant: _____

Lieutenant: _____

_____ will be on an administrative lockdown for thirty (30) days
beginning _____ and ending _____ pending
a review each seven (7) days.

Approved: _____

Denied: _____

Executive Lieutenant: _____ Date _____

Reviewed: _____

COUNTY OF OAKLAND
OFFICE OF THE SHERIFF
MICHAEL J. BOUCHARD



INMATE APPEAL NOTICE FOR ADMINISTRATIVE SEGREGATION PLACEMENT

I have been advised of my placement in Administrative Segregation and the reasons for the placement. I have been advised of my right to appeal that action within (30) days to the Main Jail Captain.

Inmate Name _____ **Inmate Number** _____

Date of Appeal _____

Reasons for appeal:

Main Jail Captain's Findings:

Main Jail Captain's Signature _____ **Date** _____

COUNTY OF OAKLAND
OFFICE OF THE SHERIFF

MICHAEL J. BOUCHARD



Corrective Services Division
PROTECTIVE CUSTODY WAIVER

I, _____, have been advised by staff of the Oakland County Sheriff's Office that my safety can best be maintained by placement into protective custody. Protective custody is a form of administrative segregation to keep an inmate separate from general population inmates so as to not jeopardize the inmate's safety by placing him/her at risk from others. I fully understand the reason for protective custody and the resulting risks I may incur by opting to be housed in general population.

I am requesting to be removed from the protective custody status, and assigned general population housing knowing this assignment will mean sharing a cell with other inmates.

I release the Oakland County Sheriff's Office of any and all liability if injury should occur while housed in general population.

This request is initiated by me, and I am under no threat and/or pressure of any kind from the Oakland County Sheriff's Office in making this request for general population housing.

Inmate Signature and Number

Date

Corrections Executive Lieutenant

Classification Supervisor

Deputy