

## SAMPLE (11/23) ADOPT



### RESTRICTED HOUSING UNIT PLACEMENT NOTICE

INSTITUTION NAME XXXXXXXXXXXXXXXXXXXX	INMATE'S NAME XXXXXXXX, XXXXXX X	CDC NUMBER XXXXXX		
<b>REASON(S) FOR PLACEMENT (PART A)</b>				
<input type="checkbox"/> PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS <input type="checkbox"/> JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY <input type="checkbox"/> ENDANGERS INSTITUTION SECURITY <input type="checkbox"/> RETAINED IN RHU AS NO BED AVAILABLE IN GENERAL POPULATION				
DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:				
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <span style="font-weight: bold;">B</span> <span style="font-style: italic;">I</span> <span style="text-decoration: underline;">U</span>    🕒    ✖    &lt;&gt;    🗑️                 </div> <div style="border: 1px solid black; height: 80px; margin-bottom: 5px;"> <span style="font-size: 2em; font-weight: bold; color: red;">C</span> </div>				
<input type="checkbox"/> IF CONFIDENTIAL INFORMATION USED, DATE INFORMATION DISCLOSED: <span style="border: 1px solid black; padding: 2px 10px;">C</span>				
DATE OF RHU PLACEMENT <span style="border: 1px solid black; padding: 2px 10px;">C</span>	AUTHORITY'S PRINTED NAME  XXXXXXXX XXXXXXXX	SIGNATURE  <div style="text-align: center;"> <span style="border: 1px solid gray; padding: 2px 10px; margin: 2px;">Add Signature</span> <span style="border: 1px solid gray; padding: 2px 10px; margin: 2px;">Clear</span> </div>	TITLE  <span style="border: 1px solid black; padding: 2px 10px;">C</span>	
DATE NOTICE SERVED <span style="border: 1px solid black; padding: 2px 10px;">C</span>	TIME SERVED <span style="border: 1px solid black; padding: 2px 10px;">C</span>	PRINTED NAME OF STAFF SERVING RHU PLACEMENT NOTICE X. XXXXXXXX	SIGNATURE  <div style="text-align: center;"> <span style="border: 1px solid gray; padding: 2px 10px; margin: 2px;">Add Signature</span> <span style="border: 1px solid gray; padding: 2px 10px; margin: 2px;">Clear</span> </div>	STAFF'S TITLE  <span style="border: 1px solid black; padding: 2px 10px;">C</span>

<input type="checkbox"/> INMATE REFUSED TO SIGN	INMATE SIGNATURE	CDC NUMBER XXXXXX
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Show EC Template

**You were identified with a disability of:**

Hearing  
  Vision  
  Speech  
  Learning Disability  
  Reading Level ≤ 4.0/No Level  
  Developmental Disability  
  CCCMS

EOP  
  Foreign Language Speaking

Method

xxxlastxxx, xxxfirstxxx reiterated in his own words, what was explained  
 xxxlastxxx, xxxfirstxxx provided appropriate, substantive responses to questions asked  
 xxxlastxxx, xxxfirstxxx asked appropriate questions regarding the information provided  
 xxxlastxxx, xxxfirstxxx did not appear to understand the communication, even though the primary method of communication was used

Other

Assistance Provided

Use of Full Page Magnifier  
 Read aloud Documents to xxxlastxxx, xxxfirstxxx  
 Sign Language Interpreter  
 Lip Reading (spoke facing the inmate)

Written Notes

Language Interpreter  
 Simple English spoken slowly and clearly  
 xxxlastxxx, xxxfirstxxx was wearing his/her hearing aid(s)  
 xxxlastxxx, xxxfirstxxx stated he did not need any assistance for Effective Communication  
 Gave additional time  
 Rephrased sentence

<input type="checkbox"/> Other	<input style="width: 95%;" type="text" value="C"/>
<b>Provider</b>	
Name: <input style="width: 80%;" type="text" value="C"/>	Title: <input style="width: 20%;" type="text" value="C"/>

**ADMINISTRATIVE REVIEW (PART B)**  
**The following to be completed during the administrative review by Captain or higher on the first working day following placement**

STAFF ASSISTANT (SA) IS THIS INMATE:		INVESTIGATIVE EMPLOYEE (IE)	
LITERATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	RHU IS FOR DISCIPLINARY REASONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLUENT IN ENGLISH?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EVIDENCE COLLECTION BY IE IS UNNECESSARY	<input type="checkbox"/> YES <input type="checkbox"/> NO
ABLE TO COMPREHEND ISSUES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	INMATE DECLINED ANY IE	<input type="checkbox"/> YES <input type="checkbox"/> NO
FREE OF MHSDS NEEDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DECLINED FIRST IE ASSIGNED	<input type="checkbox"/> YES
DECLINED FIRST STAFF ASSISTANT ASSIGNED?	<input type="checkbox"/> YES		
Any "NO" requires SA assignment	<input type="checkbox"/> NOT ASSIGNED	Any "NO" <i>may</i> require IE assignment	<input type="checkbox"/> NOT ASSIGNED
STAFF ASSISTANT'S NAME	TITLE	INVESTIGATIVE EMPLOYEE'S NAME	TITLE
<input style="width: 95%;" type="text" value="C"/>	<input style="width: 20%;" type="text" value="C"/>	<input style="width: 95%;" type="text" value="C"/>	<input style="width: 20%;" type="text" value="C"/>

**INMATE WAIVERS**

INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME

INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER

NO WITNESSES REQUESTED BY INMATE

INMATE SIGNATURE	CDC NUMBER	DATE
	XXXXXX	

**WITNESS REQUESTED FOR ICC HEARING**

WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
<input style="width: 95%;" type="text" value="C"/>	<input style="width: 20%;" type="text" value="C"/>	<input style="width: 95%;" type="text" value="C"/>	<input style="width: 20%;" type="text" value="C"/>
WITNESS' NAME	TITLE/CDC NUMBER	WITNESS' NAME	TITLE/CDC NUMBER
<input style="width: 95%;" type="text" value="C"/>	<input style="width: 20%;" type="text" value="C"/>	<input style="width: 95%;" type="text" value="C"/>	<input style="width: 20%;" type="text" value="C"/>

**DECISION**

RELEASE TO UNIT/FACILITY \_\_\_\_\_
  RETAIN PENDING ICC REVIEW
  DOUBLE CELL  
 SINGLE CELL PENDING ICC

REASON FOR DECISION:

C

ADMINISTRATIVE REVIEWER'S PRINTED NAME X. XXXXXXXX	TITLE <div style="border: 1px solid black; padding: 5px; min-height: 20px;"> <span style="font-size: 24px; font-weight: bold;">C</span> </div>	ADMINISTRATIVE REVIEWER'S SIGNATURE <div style="text-align: center;"> <input type="button" value="Add Signature"/> <input type="button" value="Clear"/> </div>	REVIEW DATE <div style="border: 1px solid black; padding: 5px; min-height: 20px;"> <span style="font-size: 24px; font-weight: bold;">C</span> </div>	TIME <div style="border: 1px solid black; padding: 5px; min-height: 20px;"> <span style="font-size: 24px; font-weight: bold;">C</span> </div>
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Other

Staff Assistant

Name:  Title:

CORRECTIONAL ADMINISTRATOR'S PRINTED NAME(If necessary – same date of review) XXXXXXXX XXXXXXXX	CO-SIGNATURE <input type="text" value="C"/> <input type="button" value="Add Signature"/> <input type="button" value="Clear"/>	DATE OF REVIEW <input type="text" value="C"/>
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