


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE Pursuant to RSA 21-H:8 III Internal Practices and Procedures	CHAPTER Classification and Client Records <hr/> STATEMENT NUMBER 466 <hr/>
SUBJECT: Protective Custody PROPONENT: <u>Director of Security and Training</u> <i>Title</i> <u>Commissioner's Office 271-8016</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>4/2/2021</u> REVIEW DATE <u>4/2/2023</u> SUPERSEDES PPD# <u>5.43</u> DATED <u>5/4/2018</u>
ISSUING OFFICER:  Helen E. Hanks, Commissioner	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- (a) **PURPOSE:** It is the purpose of the New Hampshire Department of Corrections (NHDOC) to provide for the safety and security of the residents in our care.
- (b) **APPLICABILITY:** All staff and residents.
- (c) **POLICY:** It is the policy of the NH DOC to establish procedures for investigating resident claims of threat and to mitigate those claims where possible.
- (d) **PROCEDURE:**
- (1) The department shall provide a protective custody status for those residents that face a verifiable danger of being physically harmed by another resident.
 - (2) Staff may place a resident in Pending Administrative Review (PAR) status for protective custody evaluation with reasonable suspicion that the resident may be assaulted or if the resident is found to have unexplained injuries. Staff shall demonstrate during an administrative review evaluation that the resident faces danger of being physically harmed by describing the nature of the threat.
 - (3) Any resident seeking or needing protection shall be provided immediate protection by being placed in Pending Administrative Review (PAR) status pursuant to Cor 410.03.
 - (4) No resident shall be placed in PAR status for protective custody reasons immediately upon arrival, unless documentation exists that confirms that the resident's safety would be in jeopardy if placed in general population.
 - (5) A resident returning to a DOC facility that has previously had protection concerns shall not automatically be placed in protective custody status. The resident shall notify staff of any protection concerns, and those concerns shall be addressed in accordance with this internal practice.

- (6) Residents shall make a request for consideration for protective custody to the unit supervisor. These requests can be made verbally, by the resident to a staff member, or in writing to a staff member, no special form shall be required.
- (7) The unit supervisor or designee shall interview the resident and complete a Resident Conflict Form pursuant to (34) below.
- (8) The shift supervisor shall immediately place the resident in PAR status pending protective custody (PC) review pursuant to Cor 410.03.
- (9) The resident will remain on PAR status consistent with COR 410.03. The resident shall not be removed from PAR until a final decision has been made by the Warden/designee.
- (10) All reports shall be completed before the end of the shift supervisor's day and copies will be distributed to:
 - a. Conflict Officer; and
 - b. Receiving unit.
- (11) A staff member designated as a "conflict officer" or their designee shall investigate all claims made by resident's requesting protective custody.
- (12) The receiving unit supervisor shall notify the conflict officer or designee of the resident requesting protective custody.
- (13) The conflict officer shall:
 - a. Review all related documents;
 - b. Gather information from other sources such as law-enforcement or the courts where appropriate;
 - c. Meet with the resident within 7-business days to attempt to mediate the issue and resolve the conflict.
 - d. Meet with the resident that is the source of the conflict if both residents know of the conflict.
- (14) After 7-business days, the conflict officer shall complete a Resident Conflict Investigation Report pursuant to (35) below, and forward that report to the administrator of classification and client records, the sending unit supervisor, and shall document the mitigation attempt in the Electronic Client Record (ECR).
- (15) If unable to mitigate, the conflict officer or designee shall schedule an administrative review for protective custody evaluation within 7-business days. The resident shall be notified 48-hours in advance of the administrative review for protective custody evaluation. The resident may waive this notice.
- (16) The resident shall demonstrate during the administrative review evaluation that they face danger of being physically harmed by describing the nature of the harm and identifying the resident(s) that have threatened him or her.
- (17) The administrative review for protective custody evaluation board shall consist of:
 - a. A member of the department's investigation bureau;
 - b. The housing unit supervisor or designee, who shall be the evaluation board chair; and
 - c. The conflict officer or designee.
- (18) A resident shall request in writing if he or she chooses to preclude a specific staff member, or officer from attending the evaluation. In addition, any witnesses, questions, or evidence to be presented during the evaluation, by the resident, shall be requested in writing as soon as possible, but no later than 12 hours prior to the start of the evaluation. Requests shall be submitted on a "Request Slip" form as defined in Cor 312, to the resident's current unit supervisor whom shall ensure that the board's chair is informed.

- (19) A resident may object to the presence of a particular officer on the evaluation review board based on a disciplinary infraction involving the officer and the resident, which occurred within 3 months immediately preceding the evaluation. Requests shall be completed as described within (18) above.
- (20) The evaluation review board in reaching its recommendation shall consider the following to determine if a feasible, verifiable threat of bodily harm exists and would jeopardize the safety of the resident:
 - a. What is in the best interest of the health, welfare, and safety of the other resident's;
 - b. All evidence relevant to the request of the resident to be placed in, or to remain in, protective custody status;
 - c. Any alleged conflict the resident might have with other residents currently confined in the institution;
 - d. Whether the resident currently would be in any danger, should the resident be returned to general population; and
 - e. Whether the resident being evaluated specified a verifiable danger and named the resident or residents who he or she feared would cause him or her physical harm.
- (21) A resident shall not be refused protective custody status or removed from such status based on disciplinary reasons, or reasons unrelated to the resident or of other residents in that status.
- (22) The residents shall have the right to appear at his or her evaluation, testify, call witnesses, and present relevant evidence. However, the protective custody review board chair, shall exclude any witness called by a resident from testifying if the presence of that witness at the evaluation might pose a danger to prison security, or the safety of the resident, or the testimony of the witness is irrelevant or cumulative.
- (23) The chair of the review board, shall issue a written recommendation via the Administrative Review Evaluation Form found in Cor 410 to the warden or designee and administrator of classification and client records or designee. The warden or designee in conjunction with the administrator of classification and client records or designee shall make the final decision which shall be based upon, whether evidence exists that a feasible, verifiable threat of bodily harm is present and would jeopardize the safety of the resident. All evaluation documentation, which shall include the board's reported observations and the facts relied upon by the board, in arriving at such conclusions, shall be considered by the warden or designee and administrator of classification and client records or designee when reaching their final decision.
- (24) If protective custody status is recommended, the board shall recommend a housing placement based on the nature of the threat to the resident, and the resident shall:
 - a. Remain in or be returned to the same or another housing unit in general population;
 - b. Be transferred out of state;
 - c. Be transferred to a county facility; or
 - d. Be transferred to a different departmental facility.
- (25) Verbal notification shall be provided to the resident by sending unit staff. Due to the potential danger to the resident involved by possessing protective custody documents, written notification shall be provided to the resident, of the administrator of classification and client record's final decision only if requested by the resident.
- (26) The report of the administrative review board and a record of the action taken shall be filed in the resident's ECR.
- (27) Residents granted protective custody status shall be formally reviewed by the conflict

officer or designee every 90 days until proper housing is identified. The purpose of the review is to confirm that the threat to the resident continues to exist. This review shall be documented in the ECR.

- (28) A resident granted protective custody and relocated to another facility or housing unit shall attempt to live in that facility or housing unit unless there is an articulable safety concern. If a concern exists the process shall begin again pursuant to (5) above.
- (29) If the resident is dissatisfied with the decision of the Warden/designee he or she may, within 7 days, appeal on a "Request Slip" form as defined in Cor 312, stating the reasons why this status should be granted or revoked.
- (30) A resident who refuses to comply with the decision of the review board or warden/designee shall be managed through the disciplinary process.
- (31) Any verified threat documented in the ECR shall also include a "keep-away" note.
- (32) Conflicts may be considered resolved when:
 - a. The resident states that the conflict no longer exists; or
 - b. The threat has been removed.
- (33) Any change in a conflict shall be noted on the Conflict Adjustment or Termination Form and in the ECR.
- (34) The Resident Report of Conflict Form shall include:
 - a. Resident's name;
 - b. Resident's identification number;
 - c. Name of conflict resident(s);
 - d. Conflict resident's identification number (if applicable);
 - e. Conflict resident's housing location;
 - f. Specific reason(s) for the conflict;
 - g. Person(s) or document(s) used to verify the conflict;
 - h. Summary of the report;
 - i. Printed name of person completing the report;
 - j. Signature of the person completing the report; and
 - k. Date the report was completed.
- (35) The Resident Conflict Investigation Report shall include:
 - a. Resident's name;
 - b. Resident's identification number;
 - c. Name of conflict resident(s);
 - d. Identification number of conflict resident(s);
 - e. Sources utilized;
 - f. Whether or not the resident has a serious and persistent mental illness;
 - g. Whether or not the person has had prior conflicts;
 - h. Dates and results of prior administrative review for protective custody evaluations;
 - i. Whether or not the resident has any current keep-aways documented in the resident's ECR;
 - j. Names and housing units of any current keep-aways;
 - k. Resident's previous housing assignments and dates;
 - l. Whether or not a conflict had been confirmed to exist;
 - m. List of mitigation steps taken;
 - n. Whether or not mitigation steps were successful;
 - o. Level of separation recommended;
 - p. Whether or not an administrative review for protective custody evaluation is needed;
 - q. If yes to 16, date evaluation is scheduled;
 - r. Whether or not the conflict was entered into the ECR;

- s. Whether or not classification staff may remove the resident from PAR status;
 - t. Signature of person completing the form;
 - u. Date the form is completed;
 - v. Signature of the administrator of classification and client records or designee; and
 - w. Signature of the warden or designee.
- (36) The Conflict Adjustment or Termination Form shall include:
- a. Resident's name;
 - b. Resident's identification number;
 - c. Name of conflict resident(s);
 - d. Identification number of conflict resident(s);
 - e. Housing location of conflict residents(s);
 - f. Specific reason why the conflict is lessened or resolved;
 - g. Person(s) or document(s) used to verify that the conflict is lessened or resolved;
 - h. Whether or not an administrative review for protective custody evaluation is required;
 - i. If yes to 8, the date the evaluation is scheduled;
 - j. Whether or not the adjustment to the conflict was entered into the resident's ECR;
 - k. The investigating officer's printed name;
 - l. The investigating officer's signature; The date the for was completed;
 - m. The signature of the administrator or classification and client records or designee's signature and date;
 - n. The warden or designee's signature and date.
- (37) Residents may request, in writing, to return to general population at any time. The staff member charged with managing resident conflict or designee shall complete a Conflict Adjustment or Termination Form and forward the form to the classification office for approval.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Other

DOST/ck



New Hampshire Department of Corrections
Resident Report of Conflict



Resident's Name: _____ ID NO. _____

Residents with whom the above resident has potential conflict:

Name/Other:	ID No.(if applicable)	Housing Location:

Specific reason for the conflict:

Person or documents to verify the conflict:

Residents with whom the above resident has potential conflict:

Name/Other:	ID No.(if applicable)	Housing Location:

Specific reason for the conflict:

Person or documents to verify the conflict:

Summary:

Printed name of staff submitting _____

Signature of staff submitting _____

Date _____



New Hampshire Department of Corrections
Resident Conflict Investigation Report



Resident's Name: _____ ID NO. _____

Residents with whom the above resident has potential conflict:

Name:	ID No.	Housing Location:

Investigating officer (Print): _____

- Sources Utilized:
- Resident Conflict Form
 - Supporting Documents from the Resident (Specify): _____
 - Documentation in ECR (Specify): _____
 - Incident Reports and Statements (Specify): _____
 - Official Information Sources (Specify):
 - Court (Specify): _____
 - Prosecutor (Specify): _____
 - Law Enforcement (Specify): _____
 - Other Facility (Specify): _____
 - Probation/Parole (Specify): _____
 - Prisoner Interviews (Specify): _____
 - Other (Specify): _____

Summary of investigation:

Does the resident have a serious and persistent mental illness? Yes No

Has the resident had prior conflicts? Yes No

If yes, what were the dates and results of previous administrative review for protective custody evaluations?

Does the resident have any current keep-aways? Yes No

If yes, list name and housing unit of current keep-aways:

<u>Name</u>	<u>Housing Unit</u>
_____	_____
_____	_____
_____	_____

Resident previous housing assignments:

<u>Unit</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____



New Hampshire Department of Corrections
Conflict Adjustment or Termination Form



Resident's Name: _____ ID NO. _____

Resident(s) with whom the above resident has lesser conflict or no longer any conflict:

Name:	ID No.	Housing Location:

Specific reason conflict is lessened or resolved: _____

Person(s) or documents used to verify the above: _____

Administrative Review for protective custody
evaluation required? Yes No

If yes, date scheduled: _____

Adjustment to conflict entered into ECR: Yes No

Investigating officer (Print): _____

Signature: _____ Date Completed: _____

Signature Admin. Of Classification and Client Records/Designee Date

Signature of Warden Designee Date