

	<b>Corrections and Community Supervision</b>		TITLE  <b>Special Housing Reports</b>	NO. 4947	
				DATE 09/08/2020	
<b>DIRECTIVE</b>			DISTRIBUTION A	PAGES PAGE 1 OF 1	DATE LAST REVISED
SUPERSEDES DIR #4947 Dtd. 11/30/18  REFERENCES (Include but are not limited to) 7 NYCRR Chapter V, Section 261.4; ACA Expected Practices 4-4251, 5-ACI-4A-05; Directive #4932			APPROVING AUTHORITY 		

- I. **PURPOSE:** To identify those reports that must be submitted regularly to the Director of Special Housing/Inmate Disciplinary Programs.
- II. **INMATES IN SPECIAL HOUSING:** Report on condition of inmates in "Report on Special Housing Inmates and Availability of Health and Mental Health Care Services," [Form #2182](#). Submit every Monday in accordance with instructions on the form.
- III. **VOLUNTARY PROTECTIVE CUSTODY STATUS CONSIDERATION FORM:** Submit copy of [Form #2183](#), "Voluntary Protective Custody Status Consideration Form," upon completion of review process for any inmate who is being considered for assignment to Voluntary Protective Custody.
- IV. **HEARING DOCUMENTS:** Documents related to Involuntary Protective Custody determinations, Administrative Segregation determinations, and Superintendent's Hearing determinations will be retained at the facility except as follows:
 

Hearing Appeals: When appeals of the above noted hearings are received by the Director of Special Housing/Inmate Disciplinary Programs, staff from that office will contact the facility Disciplinary Office electronically with a listing of hearings requiring review. Hearing documents for the appealed hearings are to be copied and sent to the Director within seven days of the request. Each facility must develop a procedure to ensure compliance with this policy.

Loss of Good Time: After an inmate has had a final Time Allowance Committee Review, the hearing documents of any disposition recommending loss of good time must be sent to the Director of Special Housing/Inmate Disciplinary Programs, under separate cover for immediate review, if the loss of good time will affect the inmate's release date.

Electronic Recordings: Electronic recordings of hearings will be requested separately.
- V. **REPORT OF TIME ALLOWANCE COMMITTEE REVIEW:** Submit copy of [Form #2189](#), "Report of Time Allowance Committee Review," after the Superintendent completes his or her review.

When the Time Allowance Committee conducts a hearing pursuant to Section 261.4 of Chapter V of Title 7 of the New York Code, Rules, and Regulations (NYCRR) (Directive #4932, "Chapter V, Standards Behavior & Allowances"), copies of notice and assistance forms provided to the inmate and any other supporting material shall be sent to the Director of Special Housing/Inmate Disciplinary Programs with [Form #2189](#).

**STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION**

FORM 2182 (REV 2/12)

REPRODUCE LOCALLY  
AS NEEDED

\_\_\_\_\_  
CORRECTIONAL FACILITY

**REPORT ON SPECIAL HOUSING INMATES AND AVAILABILITY OF HEALTH AND MENTAL HEALTH CARE SERVICES**

Report for the previous week beginning Sunday, \_\_\_\_\_.

**HEALTH CARE SERVICES** (To be completed by all facilities operating a special housing unit)

Except as indicated:

All inmates confined in Special Housing for the maintenance of order or discipline at this facility have had the opportunity for daily access to ambulatory health care services.

The Facility Health Services Director or physician designee, an approved registered nurse or physician's assistant/nurse practitioner made daily visits to all appropriate housing units where such inmates are confined for the purpose of providing ambulatory health care services and observing the conditions of confinement with respect to the maintenance of the health of all such inmates.

All such inmates were found in satisfactory condition or were otherwise referred for appropriate treatment.

☐ No exceptions      ☐ Exceptions: See attached

\_\_\_\_\_  
Facility Health Services Director/Designee

\_\_\_\_\_  
Date

**MENTAL HEALTH CARE SERVICES** (To be completed only by facilities housing inmates with a serious mental illness in the special housing unit)

Except as indicated:

Any recommendation made pursuant to Section 137(6) paragraphs d and e, relative to mental health treatment or confinement of an inmate with a serious mental illness made by the mental health clinician has been carried out.

☐ Yes      ☐ No: See attached

\_\_\_\_\_  
OMH Unit Chief/Designee

\_\_\_\_\_  
Date

The recommendations of the Facility Health Services Director or OMH Unit Chief relative to health maintenance or delivery of health or mental health care to all inmates confined in Special Housing during this reporting period have been endorsed or carried out with:

☐ No exceptions      ☐ Exceptions: See attached

\_\_\_\_\_  
Superintendent (or Acting Superintendent)

\_\_\_\_\_  
Date

This report is submitted in accordance with Section 137(6-f) of the Correction Law. This report must be prepared and forwarded every Monday, or first business day of the week in case of holidays. This report notwithstanding, any unusual medical or mental health care problems or divergence from prescribed treatment concerning an inmate in a Special Housing situation should be communicated to the Commissioner immediately.

Distribution:    Original - Commissioner  
                     Copy    - Facility File

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CORRECTIONAL FACILITY

VOLUNTARY PROTECTIVE CUSTODY STATUS CONSIDERATION FORM

NAME \_\_\_\_\_ DIN \_\_\_\_\_ REQUEST DATE \_\_\_\_\_

EMPLOYEE RECEIVING REQUEST \_\_\_\_\_

NAME

TITLE

SECTION A

SUMMARY OF REASONS FOR VOLUNTARY PROTECTIVE CUSTODY REQUEST

(TO BE COMPLETED BY EMPLOYEE RECEIVING REQUEST)

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INMATE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AFTER COMPLETION OF SECTION A, FORWARD FORM AND RELATED DOCUMENTS TO APPROPRIATE OFFICE FOR FURTHER ACTION.

SECTION B

INTERVIEW

Upon receipt of a Protective Custody request, the inmate shall be interviewed by a Offender Rehabilitation Coordinator or supervisory level employee. Available records shall also be reviewed.

INTERVIEWER'S COMMENTS AND RECOMMENDATION REGARDING PROTECTIVE CUSTODY REQUEST.

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INTERVIEWED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

AFTER COMPLETION OF SECTION B, FORWARD FORM AND RELATED DOCUMENTS TO SUPERINTENDENT'S OFFICE FOR FINAL DETERMINATION

SECTION C

SUPERINTENDENT'S DETERMINATION

\_\_\_\_\_ ASSIGN TO PROTECTIVE CUSTODY STATUS

\_\_\_\_\_ DO NOT ASSIGN TO PROTECTIVE CUSTODY STATUS

\_\_\_\_\_

SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_

DATE

NOTICE TO INMATE:

If assigned to Protective Custody status, you may at any time make a written request to the Superintendent for a reassignment to general population. Such request shall be evaluated and within 14 days you shall either be reassigned or be subject to a hearing conducted in accordance with the provisions of 7NYCRR Part 254 to determine the need for assignment to involuntary Protective Custody status

White - Superintendent  
Yellow - Inmate  
Pink - Central Office, Special Housing  
Gold - Guidance Unit

1. FACILITY \_\_\_\_\_ CONSIDERATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_
2. INMATE \_\_\_\_\_ DIN \_\_\_\_\_
3. CR DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ME DATE \_\_\_\_/\_\_\_\_/\_\_\_\_
4. MOST RECENT CONSIDERATION DATE.....
5. TOTAL GOOD TIME AVAILABLE.....
6. PREVIOUSLY WITHHELD GOOD TIME.....
7. RESTORATION OF PREVIOUSLY WITHHELD TIME UPON RECONSIDERATION....

REASONS \_\_\_\_\_

8. LOST GOOD TIME - TAC HEARING(IF APPLICABLE)  
(DIRECTIVE 4932 SEC. 263.2B).....
9. TOTAL GOOD TIME WITHHELD.....
10. ALLOWANCE RECOMMENDED.....

REASONS \_\_\_\_\_

11. RECONSIDERATION DATE, IF ESTABLISHED.....

SIGNATURE OF CHAIRMAN \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

12. SUPERINTENDENT'S ACTION

CONFIRM RECOMMENDATION \_\_\_\_ OTHER DETERMINATION \_\_\_\_ SPECIFY \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
DATE

13. COMMISSIONER'S DECISION

AFFIRMED \_\_\_\_\_ MODIFIED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

NOTICE TO INMATE: PURSUANT TO 7 NYCRR, CHAPTER V, PART 262 ALL TIME ALLOWANCE DECISIONS ARE REVIEWED AUTOMATICALLY BY THE COMMISSIONER OR HIS DESIGNEE. THE DECISION OF THE COMMISSIONER OR HIS DESIGNEE IS FINAL. YOU MAY REQUEST RECONSIDERATION OF ANY DECISION TO WITHHOLD GOOD TIME BY WRITING TO THE FACILITY TIME ALLOWANCE COMMITTEE CHAIRMAN.  
DISTRIBUTION: CENTRAL OFFICE, GUIDANCE UNIT, INMATE, COMMUNITY SUPERVISION, FAC FILE

1. FACILITY \_\_\_\_\_ CONSIDERATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_
2. INMATE \_\_\_\_\_ DIN \_\_\_\_\_
3. CR DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ ME DATE \_\_\_\_/\_\_\_\_/\_\_\_\_
4. TOTAL GOOD TIME AVAILABLE..... \_\_\_\_-\_\_\_\_-\_\_\_\_
- 5A. TIME TENTATIVELY LOST IN TIER III HEARINGS..... \_\_\_\_-\_\_\_\_-\_\_\_\_

(MORE THAN SIX SANCTIONS, SEE ATTACHED SHEET(S))

- 5B. TIME TENTATIVELY LOST IN TIER III HEARINGS  
PRIOR TO COMPUTERIZATION..... \_\_\_\_\_
- 5C. TIME TENTATIVELY LOST AT OCFS(OFFICE CHILD/FAM SVCS)..... \_\_\_\_\_
- 5D. TOTAL TENTATIVELY LOST GOOD TIME..... \_\_\_\_\_
6. RESTORATION OF TENTATIVELY LOST GOOD TIME..... \_\_\_\_\_

REASONS \_\_\_\_\_

7. LOST GOOD TIME - TAC HEARING(IF APPLICABLE)  
(DIRECTIVE 4932 SEC. 261.4)..... \_\_\_\_\_
8. TOTAL GOOD TIME WITHHELD(IF APPLICABLE)..... \_\_\_\_\_
9. ALLOWANCE RECOMMENDED(LINE 4 MINUS LINE 8)..... \_\_\_\_\_

REASONS \_\_\_\_\_

10. RECONSIDERATION DATE, IF ESTABLISHED..... \_\_\_\_\_

SIGNATURE OF CHAIRMAN \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

11. SUPERINTENDENT'S ACTION

CONFIRM RECOMMENDATION \_\_\_\_ OTHER DETERMINATION \_\_\_\_ SPECIFY \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
DATE

12. COMMISSIONER'S DECISION

AFFIRMED \_\_\_\_\_ MODIFIED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

NOTICE TO INMATE: PURSUANT TO 7 NYCRR, CHAPTER V, PART 262 ALL TIME ALLOW-  
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NEE. THE DECISION OF THE COMMISSIONER OR HIS DESIGNEE IS FINAL. YOU MAY  
REQUEST RECONSIDERATION OF ANY DECISION TO WITHHOLD GOOD TIME BY WRITING  
TO THE FACILITY TIME ALLOWANCE COMMITTEE CHAIRMAN.

DISTRIBUTION: CENTRAL OFFICE, GUIDANCE UNIT, INMATE, COMMUNITY SUPERVISION,  
FAC FILE