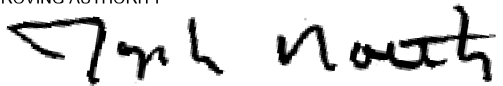
 <p>Corrections and Community Supervision</p> <p>DIRECTIVE</p>	<p>TITLE</p> <p>SHU/S-Block Double Cell Housing Assignments</p>		<p>NO. 4003B</p>
			<p>DATE 05/13/2022</p>
<p>SUPERSEDES DIR# 4003B Dtd. 11/01/19</p>	<p>DISTRIBUTION A B</p>	<p>PAGES PAGE 1 OF 4</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to) Prison Rape Elimination Act; Directive #4101</p>		<p>APPROVING AUTHORITY </p>	

- I. **PURPOSE:** To provide protocols and criteria within the Department of Corrections and Community Supervision (DOCCS) for the assignment of incarcerated individuals to double-cell housing in a Special Housing Unit (SHU) at Upstate Correctional Facility, Five Points Correctional Facility, and the S200 Special Housing Units.
- II. **DEFINITIONS:** As used in this Directive, SHU double-cell housing shall mean a maximum or medium security cell (i.e., an individual self-contained space with a controlled locking device secured from incarcerated individual access) located in a facility SHU or S200 SHU that has been equipped to accommodate two incarcerated individuals and has been inspected and approved by the New York State Commission of Correction (SCOC).
- III. **SELECTION OF INCARCERATED INDIVIDUALS FOR DOUBLE-CELL HOUSING**
 - A. Responsibility: The Deputy Superintendent for Security (DSS) shall be responsible for the selection of incarcerated individuals (who have previously been screened and approved by Central Office Classification and Movement) for assignment to a double cell in a SHU. The DSS, or designee, shall conduct a risk assessment using the eligibility, suitability, and compatibility criteria set forth in subsections B and C , prior to any double-cell assignment.
 - B. Assessment of Suitability
 1. *Information Assessment:* When determining an incarcerated individual's suitability for a double-cell SHU assignment, the DSS, or designee, shall review the information contained in the incarcerated individual population management system and other records as deemed appropriate to determine if factors exist that would preclude such assignment.
 2. *Health:* Any incarcerated individual with a medical condition, may be precluded by facility medical staff from assignment to a SHU double-cell based on the following:
 - a. Medical Records Screening: The DSS, or designee, shall provide a list of incarcerated individuals under consideration for double-cell housing to the facility Health Services Director or designee. The facility health staff shall conduct a medical records review prior to possible SHU double-cell assignment and advise the DSS, or designee, of the existence of a medical condition that would preclude SHU double-cell housing or require placement in a bottom bunk bed.
 - b. Physical Assessment: Either prior to, or within 24 hours of an incarcerated individual's placement in a SHU double-cell, a physical assessment will be conducted. If facility health staff determine that a change in the incarcerated individual's current housing is medically required, that information shall be conveyed to the DSS or designee and the appropriate change in housing shall be made.

- c. The Form Used: The facility health staff shall utilize [Form #3117](#), "Screening and Physical Assessment for Placement in a Double-Cell," when both conducting the medical records screening review and physical assessment.
- 3. *Mental Status*: Any incarcerated individual currently classified as Level 1 by the Office of Mental Health (OMH) staff shall not be assigned to a SHU double-cell. In addition, whenever incarcerated individuals arrive on the Unit, the Unit Correction Sergeant, or person of higher rank, will be present to make an observation of each incarcerated individual. In any case where an incarcerated individual exhibits behavior, speech, or demeanor which raises concern as to the incarcerated individual's present suitability for SHU double-celling, such incarcerated individual's suitability, shall be further reviewed by the Unit Correction Sergeant or other person of higher rank. Where appropriate, a mental health referral shall be made (refer to Directive #4101, "Incarcerated Individual Suicide Prevention").
- 4. *History and Behavior*: The following incarcerated individuals shall not be approved for SHU double-cell housing, except in accordance with subsection 5 of this section or otherwise stated herein:
 - a. Victim-prone
 - (1) Incarcerated individuals with a pattern of being victimized by other incarcerated individuals resulting in serious physical injury or sexual abuse, except that a victim-prone incarcerated individual may be housed in SHU double-cell with another incarcerated individual, that the DSS or designee determines does not pose a threat.
 - (2) Incarcerated individuals identified as being at high risk for sexual victimization as determined by a Prison Rape Elimination Act (PREA) risk screening.
 - b. Same gender sexual violence: Incarcerated individuals found guilty at facility disciplinary hearings of engaging in aggressive sexual acts while incarcerated (i.e., forcing or attempting to force another to engage in a sexual act, or two or more offenses involving encouraging or soliciting a sex act).
 - c. Highly assaultive incarcerated individuals: Incarcerated individuals with a lengthy and persistent pattern of indiscriminate and extremely vicious predatory assaults on other incarcerated individuals resulting in very serious or grave physical injury to the victims. Incarcerated individuals with assaults on other incarcerated individuals by the use of contraband weapons or where the assaults resulted in serious physical injury to the victims.
 - d. Criminal histories of extreme violence: Incarcerated individuals whose criminal histories are marked by a lengthy and persistent pattern of extraordinarily violent crimes involving the indiscriminate, intentional, and depraved infliction of extreme physical pain, resulting in serious physical injury to the victims, or incarcerated individuals whose current crime of commitment occurred during a period of incarceration within the Department (NYS DOCCS), and involved the indiscriminate, intentional, and depraved infliction of extreme physical pain resulting in serious physical injury to the victims.

5. *DSS Review*: The assessment of an incarcerated individual's ineligibility for SHU double-celling is based upon a history of demonstrated behavior in subsection 4 of this section. It is possible for the incarcerated individual to positively change such behavior or for other factors to exist which make the incarcerated individual's history less of a concern. The DSS may exercise a limited amount of flexibility when determining SHU double-cell assignments.

An "override factor" has been included in the screening process and may be utilized when more recent history and behavior by the incarcerated individual show a positive adjustment factor mitigating in favor of double-cell housing despite earlier events or where other factors exist which make the incarcerated individual's prior history less of a concern. Whenever the override factor is utilized, the DSS must provide the specific reason on [Form #2200](#), "SHU Double-Cell Information Sheet."

- C. Assessment of Compatibility: After an incarcerated individual's record has been appropriately screened and the DSS, or designee, has determined that the incarcerated individual is a suitable candidate, an assessment of compatibility with the other incarcerated individual assigned to the SHU double-cell shall be made. The following criteria shall be used in making this determination:
 1. Ethnic or Religious Background: The facility should attempt to take into account the ethnic and religious background of both candidates for the same SHU double-cell. It is not necessary, however, that they share the same ethnic or religious background.
 2. Language: The ability of incarcerated individuals to communicate with each other.
 3. Physical Characteristics: The physical capabilities and needs of incarcerated individuals (e.g., two incarcerated individuals both requiring a bottom bunk should not be housed in the same SHU double-cell).
 4. Age: The respective ages of the incarcerated individuals.
 5. Known Enemies: Incarcerated individuals who are known enemies of record or who the Department has otherwise determined should be kept apart.
 6. Victim Prone: Incarcerated individuals with a pattern of being victimized by other incarcerated individuals resulting in serious physical injury or sexual abuse, and incarcerated individuals identified as being at high risk for sexual victimization as determined by a PREA risk screening, should be housed together or with other incarcerated individuals who the DSS, or designee determines do not pose a threat.
 7. Sexual Orientation: An incarcerated individual who identifies as gay or bisexual should be housed with another incarcerated individual who the DSS, or designee, determines does not pose a threat.
 8. Transgender/Gender Nonconforming: An incarcerated individual who identifies as a transgender or who is gender nonconforming should be housed with another incarcerated individual who the DSS, or designee, determines does not pose a threat, such as another incarcerated individual who identifies as transgender or who is gender nonconforming and who is otherwise compatible.
 9. High Risk of Being Sexually Abusive: Incarcerated individuals identified as being at high risk for being sexually abusive as determined by a PREA risk screening should not be housed with victim prone, transgender, or gender nonconforming incarcerated individuals.

10. History of Escape: Incarcerated individuals with histories of escape or escape attempts will not be housed together.
11. Double-Cell Information Sheet: The list of factors governing both suitability and compatibility is not exhaustive. Other factors may also be considered. [Form #2200](#) has been developed to properly record each step in the screening/risk assessment process. Each applicable section must be completed by the DSS or designee. "Health Service Review Results" and "Mental Health Status" sections may be completed based on verbal or written input from the appropriate areas.

Copies of the completed form will be forwarded to the incarcerated individual's SHU folder, the Inmate Records Coordinator (IRC) and the facility movement control officer. The original form will be maintained in the incarcerated individual's file located in the Correction Captain's Office.

D. Assessment of Cellmates

1. Notwithstanding any other provision of this section, no incarcerated individual has a right to be housed in a SHU double-cell with any particular incarcerated individual. An incarcerated individual's request to be housed in a SHU double-cell with a particular incarcerated individual can be denied by the DSS, or designee, in the exercise of their sound discretion.
2. SHU double-cell assignments will be immediately reassessed following a fight between cellmates reported to or observed by DOCCS staff.
3. The final decision on any SHU double-cell assignment will be made by the facility DSS.

E. Office of Mental Health (OMH) Review

1. Incarcerated individuals may request an OMH review of a SHU double-cell assignment based upon mental health grounds. However, it is in OMH's sole discretion to decide whether or not to conduct such review and to what extent.
2. Instructions on how to make such request are contained in each facility's Incarcerated individual SHU Orientation Manual.

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
SCREENING AND PHYSICAL ASSESSMENT FOR PLACEMENT IN A DOUBLE-CELL

Name: _____ DIN: _____ DOB: _____ Facility: _____

I. Medical Record Screening Review

A. Has the person been diagnosed to have any of the following communicable illnesses that are currently contagious?
Check if present.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Amebiasis | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Lymphogranuloma
venereum | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> E. coli 0157:H7 | <input type="checkbox"/> Measles | <input type="checkbox"/> Salmonellosis |
| <input type="checkbox"/> Chickenpox/Herpes
Zoster | <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Shigellosis |
| <input type="checkbox"/> Chlamydia trachomatis | <input type="checkbox"/> Giardiasis | <input type="checkbox"/> Meningococcemia | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Gonococcal Infection | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Typhoid |
| | | <input type="checkbox"/> Plague | <input type="checkbox"/> Yersiniosis |

B. Has the person been noted to currently have symptoms that indicate an acute illness which could be contagious at this time? ☐ No ☐ Yes If so, please specify these symptoms:

C. Are there known medical contraindications to them being placed in a double-cell? (e.g., any conditions noted in I-A or B above or chronic debilitating disease, skin lesions, open sores, cardiac condition-stage 4)

☐ No ☐ Yes (single-cell)

D. Are there any known medical indications requiring them to be placed in a bottom bunk bed? (e.g., medically-documented back problems {through radiologic or surgical physician review}, medication for seizure disorder, diabetes/insulin dependent, age over 60 years, permanent physical disability {e.g., amputee, rheumatoid arthritis}, diagnosis of sleep apnea, current acute injury or serious medical conditions {e.g., fractures, recent MI, advanced arthritis})

☐ No ☐ Yes (bottom bunk)

**Report answers to
C. and D. to the DSS or
designee immediately.**

Signed: _____ Date: _____

II. Physical Assessment: (A physical assessment as indicated below must be conducted prior to or within 24 hours of placement in a double-cell.)

A. Based upon your physical assessment of the person, do they:

- | | |
|--|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Appear acutely ill? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Have evidence of persistent cough? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Currently have severe diarrhea? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Have respiratory check sounds that could indicate an acutely communicable illness? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Have skin rashes, jaundice or lesions that could indicate an acutely communicable illness? |

B. From your physical assessment of this person, are there medical contraindications to them being placed in a double-cell? (e.g., any conditions noted in Part II. A.)

☐ No ☐ Yes (single-cell)

C. From your physical assessment of this person, are there medical indications requiring them to be placed in a bottom bunk bed?

☐ No ☐ Yes (bottom bunk)

**Report answer to B. to
the DSS or designee
immediately.**

Signed: _____ Date: _____

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
SHU DOUBLE-CELL INFORMATION SHEET

_____ CORRECTIONAL FACILITY

DIN: _____ NAME: _____ D.O.B.: _____ DATE: _____

I. SUITABILITY – History and Behavior

☐ No ☐ Yes Highly Assaultive

☐ No ☐ Yes Same Gender Sexual Violence

☐ No ☐ Yes Extremely Violent Nature of the Instant Offense or Criminal History

“Yes” in any above category requires override reason prior to affirmative double-cell recommendation

Reason for Override: _____

☐ No ☐ Yes Victim Prone

If “Yes” in this category, may be housed with a compatible incarcerated individual as determined below in Section II.

Mental Health Status

OMH Level 1 ☐ No ☐ Yes

*If “Yes” incarcerated individual may **not** be double-celled.*

NOTE: Incarcerated individuals diagnosed with Serious Mental Illness (SMI) may **not** be admitted to SHU at any time.

Health Services Review Results

☐ Approved ☐ Disapproved

Date: _____

☐ Bottom Bunk Only

DSS (or designee) Review: ☐ APPROVED ☐ DISAPPROVED

Comments: _____

Signature: _____ Date: _____

II. COMPATABILITY

CELL: _____

CANDIDATE DIN:		CURRENTLY ASSIGNED DIN:	
RACE/ETHNICITY	RELIGION	RACE/ETHNICITY	RELIGION
<input type="checkbox"/> Black	<input type="checkbox"/> Christian	<input type="checkbox"/> Black	<input type="checkbox"/> Christian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Muslim	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Muslim
<input type="checkbox"/> White	<input type="checkbox"/> Jewish	<input type="checkbox"/> White	<input type="checkbox"/> Jewish
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Victim Prone		<input type="checkbox"/> Victim Prone	
<input type="checkbox"/> Bottom Bunk		<input type="checkbox"/> Bottom Bunk	
<input type="checkbox"/> Enemy		<input type="checkbox"/> Enemy	
<input type="checkbox"/> History of Escape		<input type="checkbox"/> History of Escape	
<input type="checkbox"/> Sexual Orientation Other Than Heterosexual/Straight		<input type="checkbox"/> Sexual Orientation Other Than Heterosexual/Straight	
<input type="checkbox"/> Transgender/Gender Nonconforming		<input type="checkbox"/> Transgender/Gender Nonconforming	
<input type="checkbox"/> High Risk of Being Sexually Abused		<input type="checkbox"/> High Risk of Being Sexually Abused	

Dist: Original Captain's Office
Canary Inmate Records Coordinator
Pink Facility Movement & Control Officer