



**DEPARTMENT OF CORRECTIONS
MONTANA WOMEN'S PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MWP 3.1.11c	Subject: INMATE BED/CELL/POD MOVES
Reference: MWP 3.1.11	Page 1 of 2
Effective Date: December 16, 2013	Revision Date: 9-12-2017, 10/1/2018
Signature: /s/ Jennie Hansen, Warden	

I. PURPOSE

To allow inmates an opportunity to request changes in bed, cell or pod assignments in a fair and consistent manner. Changes in bed, cell or pod assignments are limited to those that do not deter the maintenance of safety, security and control of MWP.

II. DEFINITIONS

Clear Conduct - 90 consecutive day period inmates have served with no major write up convictions.

Executive Administrative Assistant – The Executive Administrative Assistant ensures the delivery of administrative support, plans and directs administrative activities.

PREA Designation- A designation that is assigned at intake to vulnerable and/or predatory inmates by the PREA assessment.

Separation File- File maintained in OMIS 3 by Grievance Officer for inmates who have separation needs.

III. PROCEDURES

A. Staff moves

Security staff may re-assign or not re-assign any inmate at any time for safety and/or security or institutional need and will:

1. Check PREA designation.
 - a. Potential and Known predators cannot be placed in cells with potential and known victims.
2. Check separation orders.

3. Check custody level
 - a. Closed Custody – B-pod only
 - b. Medium Custody – Housed on any pod
 - c. Minimum Custody – Housed on any pod but B-pod
 - d. MAX – Locked housing units

B. Inmate requested moves

1. Inmates will submit a bed/room/pod request for any move to the bed/cell/room move box in the dining hall by Sunday evening.
2. The Administrative Assistant will pick up requests on Mondays.
3. The Administrative Assistant will document the following information on the request:
 - a. Date Received
 - b. PREA designation of the requestor and designation of potential cellmates.
 - c. Separation orders of requestor.
 - d. Custody level:
 - 1) Closed Custody – B-pod only
 - 2) Medium Custody – Housed on any pod
 - 3) Minimum Custody – Housed on any pod but B-pod
 - 4) MAX – Locked Housing Units
 - e. Disciplinary history of requestor. No Major Convictions in the past 90 consecutive days.
 - f. The last time a move was considered for the requestor.
4. If the request passes the above criteria, the request will move on to shift review. If the above criteria are not met, the move will be denied.
5. The Executive Administrative Assistant will give the on-duty shift Lieutenant move requests on Fridays. Each shift will discuss moves at briefing and either approve or deny the move. If the shift denies the move, a reason why must be documented.
6. On Sunday, after night shift has had time to review moves, night shift will make approved moves. Moves that are made will be indicated on the request. All move request forms will be returned to the Executive Administrative Assistant on Monday.

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- C. Once an inmate is granted a move request, no other inmate move requests will be granted for 6 months. The inmate must also maintain clear conduct for 90 consecutive days before another move request is considered.

IV. CLOSING

Questions concerning this procedure should be directed to the Warden and/or the Associate Warden of Security.

V. ATTACHMENTS

Bed/room/cell move

Attachment 1

Bed/Cell/Pod Change Request

Inmate's Name _____ AO # _____

Current bed, cell and Pod location _____

Requested change _____

_____ **Administrative Use Only** _____

Date received _____

Inmate's PREA Designation _____

Inmates housed in cell requested: _____ PREA Designation _____

(If requesting specific cell) _____ PREA Designation _____

_____ PREA Designation _____

_____ PREA Designation _____

_____ PREA Designation _____

Custody level: _____

Date of last request: _____

Separation Orders: _____

Clear conduct (No major write-up convictions in last 90 days): Yes _____ No _____

Comments: _____

SHIFT APPROVALES / DENIALS ON BACKSIDE

Move approved _____ Move denied _____ Reason for denial _____

Return to inmate if move is denied

Name _____ AO# _____

Your bed/cell/Pod move has been denied on: _____

Days 1: Approved ___ Denied ___ Reason for denial _____

Days 2: Approved ___ Denied ___ Reason for denial _____

Nights 1: Approved ___ Denied ___ Reason for denial _____

Nights 2: Approved ___ Denied ___ Reason for denial _____
