



DEPARTMENT OF CORRECTIONS
MONTANA WOMEN'S PRISON
OPERATIONAL PROCEDURE

Procedure No.: 3.1.17c	Subject: CONTRABAND SHAKEDOWNS – CELLS AND COMMON AREAS
Reference: DOC Policy 3.1.17	Page 1 of 3 and 3 attachments
Effective Date: 22 March 2004	Revision Date: May 23, 2011
Signature: //s// Jo Acton	

I. PURPOSE

To ensure that all offender property is shaken down a minimum of once each month for dangerous contraband, the following procedures will be followed:

II. DEFINITIONS

Contraband: An item found in possession or control of an offender who is not authorized to possess such items, or items found in excess of levels permitted by policy. Any item that can be used as a weapon, or fabricated into a weapon, or can be used for purposes of escape or threat to the security of the facility's program. This also includes, but is not limited to, matches, alcohol, drugs, money, or any item that has not been specifically authorized.

III. PROCEDURES

Lieutenants using the attached "Contraband Shake Down Log", assign two rooms per shift to be shaken down for dangerous contraband, which includes, but is not limited to, the following:

1. Weapons (guns, firearms, sharpened instruments, knives),
2. Dangerous chemicals,
3. Ammunition,
4. Narcotics / Paraphernalia,
5. Alcohol / Homemade or otherwise,
6. Tattoo Guns / Paraphernalia, or
7. Any tool that serves as a weapon capable of doing serious bodily harm.

REVIEW ALL DOCUMENTATION RELATED TO CONFISCATION, EVIDENCE GATHERING, AND REPORTING FOR ACCURACY AND COMPLETENESS.

Floor Officers when conducting a contraband shakedown; ensure that you are wearing protective gloves and that you have Property Invoice & Receipt forms with you.

Have the offender(s) exit their cell, close the door and, if applicable, hang the privacy curtain over the window so as to obstruct the offender's view.

Go through all of the offender's property to ensure there is no dangerous contraband. During this type of shake down, do not count the number of property items, read letters or journals, look at pictures, etc. **Look for dangerous contraband.**

Title: CONTRABAND SHAKEDOWNS – CELLS AND COMMON AREAS

All electronic devices will be function checked, in front of the offender, to ensure they work as designed and that they have not been altered.

If an electronic device has been altered or has the AO/ID # altered on it, seize the item, record it on a Property Invoice & Receipt form, and complete the appropriate Disciplinary Infraction Report.

Besides the offender's property, the following areas need to be searched:

- Toilet
- Vent
- Smoke Detector
- Sink
- Shower (where applicable)
- Curtains (where applicable)
- Furniture (Beds, Armoire, Night Stand)
- Electrical Outlets
- Windows
- Door (inside and above in track)

If an Infraction Report is filed, ensure the items are given to the on duty Shift Lieutenant to be placed into evidence. Also be sure that a Chain of Evidence form has been filled out and that a Chain of Custody has been followed.

When doing a Common Area Shakedown: visual inspections include looking at irregular surfaces, broken or cracked fittings or parts, loose mortar fillers such as putty or papier-mâché, uneven wear or use patterns, fresh paint, loose screws or fasteners and other signs of tampering or damage. Any irregularities in color, texture, shape, or appearance warrants a closer inspection. Wall coverings should be suspect as potential hiding places.

During these inspections, staff should be alert for changes in equipment or other features of the facility, accumulations of contraband, inmate locations and activities and conditions that would constitute a life or safety hazard, such as blocked entrances, locks painted over, etc.

If contraband is located, complete an Incident Report on the details of what was found and where. If an Infraction Report is filed, ensure the items are given to the on duty Shift Lieutenant to be placed into evidence. Also be sure that a Chain of Evidence form has been filled out and that a Chain of Custody has been followed.

NOTE: The Property Receipt Form **will** be completed every time property is taken from an offender. All forms will be signed by the two officers performing the shakedown as well as the offender from whom the property was taken from, regardless if it is her property or not.

Staff needs to try and return the cell/room to its original condition (as close as possible). Do not "trash" the offender's cell/room and/or property.

Title: CONTRABAND SHAKEDOWNS – CELLS AND COMMON AREAS**IV. CLOSING**

Questions concerning this procedure should be directed to the Deputy Warden of Security Operations Manager or the Shift Supervisor.

V. ATTACHMENTS

Summary Action / Cell Search / Property Receipt

(Attachment A)

Common Area Shakedown Log

(Attachment B)

Cell Condition Receipt

(Attachment C)

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP MWP CONTRACT FACILITY:

SUMMARY ACTION / CELL SEARCH / PROPERTY RECEIPT

Type of Property <input type="checkbox"/> Approved <input type="checkbox"/> Contraband	Source of Items <input type="checkbox"/> Room/Area Search <input type="checkbox"/> Pat/Strip Search	<i>Date & Time</i>	<i>Storage Location</i> Property <input type="checkbox"/> Evidence <input type="checkbox"/> Contraband Bin <input type="checkbox"/>
Inmate Name: _____ Inmate Name: _____		ID# _____ ID# _____	Cell/Room #: _____ Housing Unit: _____
Type of Infraction (if applicable):		Location of Search/Incident:	

Use a separate form for contraband and another for approved items. List only one item per line. Put in disposition code (from bottom of form) as needed.

Description, condition & reason property was removed	Owner's Name	Summary Action or Hearing?	Hearing Disposition

Officer: Officer: Inmate: Inmate:

This Portion to be completed by Disciplinary Unit Only

Disposition Codes: **R**-returned to owner **P**-placed in Property Room **E** -Placed in Evidence Room
DES - Destroyed **H**-held for Investigation **SAC**-Summary Action Confiscation **DON**-donate
Date:_____ Disposition completed by Staff Member:

Copies to: 1. Property File 2. Inmate-upon confiscation 3. Inmate-upon final disposition 4. Housing Unit *[Chain of custody on back]*

MONTANA WOMEN'S PRISON – COMMON AREA SHAKEDOWNS

Contraband Shakedowns will be done on a minimum of 1 area per shift. Doing so will ensure all areas have been shaken down each month with a built in cushion in the event other duties preclude officers from conducting the shakedowns. This form will ensure all areas are done. Once the area is shaken down, place the date, CO and LT initials in the appropriate block.

DEPUTY WARDEN OF SECURITY REVIEW/DATE

AREA	DATE	CO	LT	AREA	DATE	CO	LT
1ST Floor/New Building				E Pod			
Intake				Shower-Laundry-Kitchen			
Receiving				F Pod			
Elevator				Dayroom			
Janitor's Closet				Shower			
Medical				G Pod			
Stairwells				Dayroom			
Dining Room				Kitchenette			
Kitchen				Laundry			
Parenting				Classroom #1			
Connecting Corridor				Classroom #2			
2nd Floor/New Building				Classroom #3			
2 nd Floor Lobby				H Pod			
Janitor's Closet				Dayroom			
Program Room				Laundry			
A Pod				Janitor's Closet			
Dayroom				D Room			
Shower				Kitchenette			
B Pod				North Shower Room			
Dayroom				C Room			
Shower				East Hall Shower			
3rd Floor/New Building				East Hall Tub Room			
3 rd Floor Lobby				Old Building			
Janitor's Closet				CD Hall & Classroom			
Program Room				Library			
D Pod				Main Laundry			
Dayroom				Gym			
Shower-Laundry-Kitchen				Muti-Purpose Room (Visiting)			
E Pod				Chapel			
Dayroom							

CELL CONDITION RECEIPT

CELL #

MOVING IN

BED #

MOVING OUT

If additional space is needed for discrepancies, continue on the reverse of this form.

ITEM	DISCREPANCIES NOTED
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1	ARMOIRE	
2	BED	
3	CABLE OUTLET	
4	CHAIR	
5	CLOTHES RACK	
6	DESK	
7	DOOR(S)	
8	FLOOR	
9	FOOT LOCKER(S)	
10	HOBBY BOX	
11	HYGIENE BOX	
12	LIGHTS / SWITCHES / OUTLETS	
13	MIRROR	
14	NIGHT STAND	
15	SHOWER	
16	SINK	
17	SMOKE DETECTOR	
18	SPEAKER / CALL BUTTON	
19	STOOL	
20	TOILET	
21	TRASH CAN	
22	VENTS	
23	WALLS	
24	WINDOW(S)	
25		

I understand that I will be held responsible for any damage done to this cell during my occupancy.

OFFENDER PRINTED NAME

DATE

SIGNATURE

CO PRINTED
NAME

AO #:

SIGNATURE

CELL CONDITION RECEIPT

CELL #

MOVING IN

BED #

MOVING OUT

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OFFENDER PRINTED NAME

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SIGNATURE

CO PRINTED
NAME

AO #:

SIGNATURE