## NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION REPORT OF EXCEPTIONAL CIRCUMSTANCES

Correction	nal Facility	Facility Subdivision:						
Program (SDP), Special Housing Unit (Sindividual, while in a SHU or a RRU (included and unreasonable risk to the safety and such person's participation in programmi individuals and staff. If restrictions are imincluding at least two hours of therapeution the individual's current behavior which	HU), or are classified uding SDP and spectority of other income and out-of-cell apposed, the Department programming and control poses an unactions extends.	in a Residential Rehabilitation Unit (RRU), Step-Derid as belonging to a special population. If an incarcerated population, commits an act which poses a significant accerated individuals or staff, the Department may restrictivities as necessary for the safety of other incarcerated must provide at least four hours out-of-cell time of two hours of recreation. Such restriction must be baseptable risk to the safety and security of staff or outend beyond 15 calendar days. Incarcerated individuals and in SHU.	ated cant strict ated aily, ased other					
Name:	DIN:	Initial Review Date:	_					
Does incarcerated individual belong to a	special population	n?						
<b>Exceptional Circumstances for Safety</b>	& Security:							
☐ Reduction to four hours out-of-cell recreation/other out-of-cell time). Cho		<b>civity</b> (two hours programming and two hours a location prior to EC):						
☐ Maintained on unit	OR	□ Diverted to	_					
exist that preclude offering the com	plete amount of	inician if designated SMI, that exceptional circumstar out of cell programming/activity as this would pose individuals (must be reviewed at least every 7 caler	e an					
The basis for this determination is indicated below:								
DSS	DATE	DSP/Designee DATE						
OMH Unit Chief/Designee (if SMI)	DATE							

	pasis for this determination is indicate			at least every 7 calendar da
DSS	DATE		signee	DATE
ОМН	Unit Chief/Designee (if SMI) DATE	<u> </u>		
<u>R</u> (	eviews: (To be completed at least ever	ry 7 calendar days	)	
1.	Date:	Recommendati	on:	
	□ Retain on EC Justification:			
	☐ Remove from EC (choose one):	Returned to	o full out-of-cell program	
	☐ Remove from EC (choose one):	Returned to	o full out-of-cell programi	ming/activity
	☐ Remove from EC (choose one):	Returned to	o full out-of-cell program	ming/activity
	☐ Remove from EC (choose one):  DSS/Designee:	Returned to Transferred Other (RCT	o full out-of-cell programi	ming/activity
	DSS/Designee:	Returned to Transferred to Other (RCT	o full out-of-cell programid  P, INF, etc.)  Date	ming/activity
	DSS/Designee:Print Name/Tit	Returned to Transferred Other (RCT) tle  Print Name/Title	o full out-of-cell programid  P, INF, etc.)  Date	ming/activity

Restriction of recreation in a congregate setting

☐ Remove from E	C (choose one):	Returned to full out-of-cell programming/activity			
		Transferre	d		
		Other (RC	TP, INF, etc.):		
DSS/Designee: _	Print Name/Title	<del></del>	Date		
OMH Unit Chief/D	esignee (If SMI):				
		Print Name/Title	e Date		
SUPT. INITIALS: _		☐ Accepts	☐ Rejects Recommendation		

FOR ANY REDUCTION IN OUT-OF-CELL PROGRAMMING/ACTIVITY FOR **SPECIAL POPULATION** INCARCERATED INDIVIDUALS, THIS FORM SHOULD BE SENT TO THE ASSISTANT COMMISSIONER FOR SPECIAL HOUSING AND DOCCS BUREAU OF MENTAL HEALTH WITH A COPY TO THE DEPUTY COMMISSIONER FOR CORRECTIONAL FACILITIES EACH TIME A NEW ENTRY IS COMPLETED.

EC FORMS COMPLETED FOR **NON-SPECIAL POPULATION** INCARCERATED INDIVIDUALS HOUSED IN **RRU/SDP/SHU** MUST BE SENT TO THE ASSISTANT COMMISSIONER FOR SPECIAL HOUSING WITH A COPY TO THE DEPUTY COMMISSIONER FOR CORRECTIONAL FACILITIES EACH TIME A NEW ENTRY IS COMPLETED.