

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
CORRECTIONAL FACILITY

SEXUAL VICTIMIZATION – INVOLUNTARY PROTECTIVE CUSTODY RECOMMENDATION

1. INMATE NAME: \_\_\_\_\_ DIN: \_\_\_\_\_ CELL: \_\_\_\_\_

2. REASON FOR THIS RECOMMENDATION:

- Assessment that Inmate is at High Risk of Sexual Victimization
- Post Report of Sexual Abuse

3. ALL AVAILABLE ALTERNATIVES TO INVOLUNTARY PROTECTIVE CUSTODY THAT HAVE BEEN CONSIDERED AND THAT SUPPORT A DETERMINATION THAT THERE IS NO AVAILABLE ALTERNATIVE MEANS OF SEPARATION FROM LIKELY ABUSERS:

YES NO

- Retain in current housing unit
- Placement in cell/cube near officer's station
- Placement in facility infirmary/hospital area
- Transfer inmate/victim to another unit
- Transfer inmate/aggressor to another unit
- Placement of inmate/aggressor in Special Housing Unit
- Admission of inmate/victim to outside hospital
- Admission of inmate/aggressor to outside hospital
- Placement of victim or aggressor in Specialized Unit to satisfy treatment needs – Specialized Unit Placement (RMU, APPU, RCTP, RMHU, BHU, STP, TBU, etc.)
- Other

Explanation for all alternatives considered and determined to be unavailable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date	Time	Name of Person Making Recommendation	Signature	Title
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4. IS INMATE CONFINED PENDING A DETERMINATION ON THIS RECOMMENDATION? YES NO

5. IF YES: a. HOUSING UNIT OF PRESENT CONFINEMENT \_\_\_\_\_

b. AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTICE TO INMATE: A hearing will be conducted within 14 days of this recommendation in accordance with the provisions of Part 254 of Chapter V. You will be entitled to call witnesses on your own behalf provided that doing so does not jeopardize institutional safety or correction goals.

If restricted pending a hearing on this recommendation, you may write to the Deputy Superintendent or his/her designee prior to the hearing to make a statement on the need for continued confinement.

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