



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-141700 Adjustment Controls	Issued: 12/8/16 Effective: 12/8/16	Reviewed: 04/26/24 Revised: 12/8/16
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

Policy *CD-010100*

## REFERENCE:

- A. Policy *CD-141800*
- B. ACA Expected Practices 5-4A-4257 and 5-4A-4264, *Performance-Based Expected Practices for Adult Correctional Institutions*, 5<sup>th</sup> Edition.

## PURPOSE:

To establish a behavior management tool for inmates assigned to the New Mexico Corrections Department intended to modify their assaultive, disruptive, or self-injurious behavior if continuous or repetitive.

## APPLICABILITY:

New Mexico Corrections Department (NMCD) employees and inmates.

## FORMS:

- A. **Placement in Adjustment Controls Report** form (*CD-141700.1*)
- B. **Modified Meal Serving Memorandum** form (*CD-141700.2*)
- C. **Alternative Meal Service Order (Food Loaf)** form (*CD-141700.3*)
- D. **Intensive Supervision Activity Log** form (*CD-141700.4*)

## ATTACHMENTS:

None

## DEFINITIONS:

- A. *Adjustment Controls*: A behavior management tool for inmates intended to modify their assaultive, disruptive, or self-injurious behavior if continuous or repetitive. Inmates placed in Adjustment Controls will be placed in a Control Cell, if available, pursuant to this policy.
- B. *Alternative Placement Area (APA)*: A designated living area(s) for inmates who (1) have a Special Management housing designation; and, (2) who meet specified mental health criteria.

Placement in the APA occurs in order to best facilitate mental health/program delivery for such inmates.

- C. Assaultive Behavior: Examples include, but are not limited to: striking or attempting to strike another person; any action which causes a person to reasonably believe that he is in danger of an immediate battery; throwing food, body substances or liquids, spitting; or, acts intended to harm others.
- D. Disruptive Behavior: Behavior that threatens the security and/or operations of the institution; creates, encourages or incites a disruptive atmosphere; or creates a serious health hazard. Examples of such behavior include, but are not limited to: covering window/tray slot, continuous yelling, kicking or banging on cell door, any act or verbalization that incites racial tensions or advocates institutional disruption, throwing feces, urine or other substances.
- E. Predatory Behavior Management Program (PBMP): Behavioral based program for inmates requiring enhanced supervision.
- F. Unit Management Team (UMT): The staff and employees assigned responsibilities within the unit, including treatment, security, programs and support staff that work together to perform the essential functions of the unit, fostering communications, team work and cooperation within the prison.

**POLICY: [4-4249]**

**A. General Regulations:**

1. Adjustment Controls may be utilized if an inmate engages in misconduct, assaultive, disruptive or self-injurious behavior. In the case of self-injurious behavior, a Behavioral Health professional must make a determination that the self-injurious behavior is not related to a mental illness prior to placing the inmate in Adjustment Controls. Adjustment Controls will include placing the inmate in a control cell and implementation of specific property and privilege restrictions, as specified in *Paragraph D* below, for an initial period of 72 hours. The 72-hour period starts once the inmate is removed from his cell and is placed on control cell status. In addition, an inmate may be subject to separation in a cell in the intake or medical areas if such separation will assist in restoring order to the unit.
2. All inmates are subject to Adjustment Controls.
3. Inmates assigned to the Predatory Behavior Management APA may be placed in Adjustment Controls; refer to CD-180500.

**B. Incidents Leading to Placement:**

1. The Unit Manager or Shift Supervisor authorizing the use of Adjustment Controls shall complete the **Placement in Adjustment Controls Report** form (*CD-141700.1*) at the time of placement, and forward the report to the UMT for distribution to the Deputy Warden. The **Placement in Adjustment Controls Report** form (*CD-141700.1*) will include the specific behavior of the inmate necessitating Adjustment Controls, and the date and time of such behavior. Documentation of incidents shall be noted in the following:
  - a. The **Placement in Adjustment Controls Report** form (*CD-141700.1*); in cases that require submission of an Incident Report, the Incident Report will be submitted separately from the **Placement in Adjustment Controls Report** (*CD-141700.1*).
  - b. **Individual Inmate Behavior Log** form (*CD-141002.3*) located in the inmate's assigned pod.
  - c. Shift Report and Pod Officer's Log.
2. When an inmate is involved in misconduct, disruptive, assaultive, or self-injurious behavior, if during regularly scheduled administrative hours, the UMT shall determine the need and type of Adjustment Controls to initiate to manage the inmate. The Unit Manager shall notify the Shift Supervisor who will document the action taken in writing.
3. However, during after hours, the Shift Supervisor shall determine the need and type of Adjustment Controls and shall notify the Unit Manager.
4. Adjustment Controls shall be implemented based on the following continuum:
  - a. Staff counseling and intervention.
  - b. Control cell placement.
  - c. Separation from other inmates.
  - d. Separation with restraints as specified in Paragraph F of this procedure (digitally recorded).
5. In the event of self-injurious behavior, the inmate may be placed immediately in Adjustment Controls. Behavioral Health staff must be contacted. Behavioral Health staff will make a determination that the self-injurious behavior is or is not related to a mental illness. This determination will be documented in writing.
  - a. If the behavior is not related to a mental illness, the inmate will remain in Adjustment Controls.
  - b. If the behavior is related to mental illness, the case will be handled pursuant to the mental health staff member's directives.

**C. Correctional Staff Counseling and Intervention:**

1. The Area Classification Officer and/or Correctional Officers assigned to a unit shall communicate with the inmate in an attempt to resolve a problem and/or calm an inmate. If the inmate refuses to talk or continues to be disruptive, the UMT shall notify the Unit Manager and Sergeant.
2. The Housing Unit Security Supervisor (Sergeant or above) shall communicate with the inmate in an attempt to resolve the situation and calm the inmate. If they are unable to resolve the situation then the Shift Supervisor shall be notified.

**D. Placing an Inmate in a Control Cell**

1. The inmate will be allowed to retain only that property specified in this policy. Property that is not specifically allowed by this policy will be removed, inventoried, and placed in the property storage room.
2. Meals and drinks will be served on Styrofoam trays and cups. The Shift Supervisor shall complete and distribute a **Modified Meal Serving Memorandum** form (*CD-141700.2*) to initiate Styrofoam trays for inmates placed on Adjustment Controls.
3. The Shift Supervisor or Unit Manager may consult with other staff (classification officer, teachers, and mental health, medical) to resolve issues, calm the inmate, or take additional steps in the implementation of Adjustment Controls.
4. All incoming mail, magazines or newspapers will be secured in the facility Property room.
5. Only those privileges specifically authorized in this policy will be allowed.
6. Any property specifically authorized by this policy may be removed if the inmate misuses or abuses the item(s) in any way.
7. Privileges/Property allowed on Adjustment Controls:
  - Clothing: 1 pair undershorts; 1 pair socks; 1 uniform
  - Linens: 2 sheets; 1 blanket; 1 pillow; 1 mattress (these items will be taken from the inmate after the first stand-up count and returned to the inmate before lights out.)
  - Hygiene: None: Will be able to brush teeth daily
  - Showers: None first 72 hours; 3 times per week thereafter
  - Recreation: None first 72 hours; Discretion of UMT thereafter (non-congregate only)
  - Legal Access/Attorney Calls/Attorney Visits: Warden Approval Only

**E. Alternative Meal Service: [5-4A-4264]**

If appropriate, an inmate may be placed on Alternative Meal Service for using food or food service equipment in a disruptive or hazardous manner. The Shift Supervisor or Unit Manager shall prepare an **Alternative Meal Service Order** form (*CD-141700.3*) for submission to the Warden.

1. Food loaf may be substituted for the inmate's regular meal for a period of up to seven days;
2. The highest ranking supervisor on duty (at least a Lieutenant) may place an inmate on the food loaf pending review by the UMT;
3. The UMT must review an inmate's placement on the food loaf within 24 hours of the documented behavior;
4. Inmates placed on food loaf during the weekend will be reviewed by the UMT the following working day. The UMT may continue the food loaf for up to seven days and then the restriction will be automatically discontinued if the inmate has not exhibited any of the behavior that originally caused the placement on food loaf;
5. If an inmate continues to engage in any of the behaviors described above after being returned to regular meals, or at any time during the period while on the food loaf, the inmate may be placed on the food loaf for an additional period not to exceed seven days;
6. The additional seven day period for food loaf is to be served after completion of the first *seven (7) days* and after a 24-hour break;
7. An inmate cannot receive a food loaf in lieu of regular meals for more than seven consecutive days;
8. If an inmate is required to receive food loaf for more than seven consecutive days due to repeated offenses, the inmate will be placed on regular meals (3 full meals/no dessert) for a 24 hour break;
9. If an inmate engages in any of the behavior described above while on the 24-hour break, any remaining meals during the break may be sack meals. This 24-hour break will not be counted as a day on food loaf.
10. An inmate with special dietary needs will be provided nutritionally adequate food loaves that will meet his or her dietary requirements.
11. If an inmate refuses to eat for three consecutive days while on food loaf restriction, the UMT will notify Health Services that the inmate is on a hunger strike so that the offender may be appropriately monitored during the period of fasting. If the inmate is refusing liquids, Health Services will be contacted after *24 hours*.

**F. Separation with Restraints:**

1. If the inmate continues to engage in ongoing assaultive, violent or excessively disruptive behavior such as continuous loud banging, destruction of state property, creation of hazardous living conditions (flooding, burning, etc.) or making threats to other inmates or staff, restraint devices may be used as follows:
  - a. Restraints are limited to handcuffs, belly chains, leg restraints, and hand tubes. Other restraints may be used pursuant to Policy (CD-170700), *Use of Therapeutic Restraints*.
  - b. Restraints shall be appropriate to the behavior exhibited.
  - c. Restraints shall only be used when approved by the Deputy Warden or above.
  - d. The Shift Supervisor shall reassess the situation every two hours thereafter and determine whether the inmate shall continue to be restrained.
  - e. An inmate may be retained in restraints for a maximum of 48 consecutive hours. If, at the expiration of the 48 hours, the inmate is continuing to exhibit assaultive, violent or excessively disruptive behavior or is continuing to make threats to other inmates or staff, the Warden or the Deputy Warden may approve continuation in restraints in 6-hour increments, as follows:
    - 1) The approval must be in writing and signed by the Warden or Deputy Warden.
    - 2) The approval is for a maximum of 6 hours.
    - 3) The approval must document the specific behavior of the inmate that occurs at the end of the 48-hour period that necessitates continuation of restraints.
    - 4) Continuations may be granted for 6 hour increments with the written approval of the Warden or Deputy Warden and documentation that the inmate, at the end of the 6-hour period, continues to actively engage in assaultive, violent or excessively disruptive behavior or continues to make threats to other inmates or staff.
  - f. The Shift Supervisor shall check the inmate when initially placed in restraints and every two hours thereafter while in restraints.
2. Digital recording Requirements:
  - a. If possible, an inmate's behavior shall be digitally recorded before the inmate is placed in restraints.
  - b. The procedure of placing the inmate in restraints will be digitally recorded.

- c. The Shift Supervisor's welfare check of the inmate every two hours will be digitally recorded.
  - d. Upon release from restraints, the inmate will be digitally recorded and checked by the Shift Supervisor.
3. Inmates shall be allowed to use the toilet at least once every six hours or as needed to attend to hygiene needs. This will be documented.
  4. Medical staff will be contacted when security restraints are used to control disruptive behavior for more than two hours. Upon notification, medical staff will assess the inmate's medical condition.

**G. Use of Force:**

1. When force is necessary to implement Adjustment Controls, the Unit Manager or Shift Supervisor will ensure proper reporting has occurred in accordance Policy (CD-130600), *Use of Force*.
2. Correctional Staff shall follow guidelines described in (CD-130600) and facility Use of Force policy. In the event that a disruptive and/or assaultive inmate refuses to present himself at the cell door for restraint procedure, the Shift Supervisor shall notify the Administrative Captain, Unit Manager, and Unit Deputy Warden.

**H. Documentation and Notification Provisions:**

1. Assigned correctional officer staff shall observe an inmate in a control cell every 30 minutes, unless more frequent observation is ordered by the Shift Supervisor, and document this fact on the **Intensive Supervision Activity Log** form (CD-141700.4). [5-4A-4257]
2. The UMT shall obtain and compile the Intensive Supervision forms so as to remain properly informed of the inmate's progress.
3. The Warden, Deputy Warden, or Duty Officer shall be notified and consulted concerning the need to implement and continue Adjustment Controls.

**I. Graduated Property Return:**

Dependent upon their positive behavior within the 72 Hour period while in Adjustment Controls, inmates may receive property back in increments. Property returned must be documented on the **Intensive Supervision Activity Log** form (CD-141700.4).

**J. Legal Access**

1. Inmates in Adjustment Controls are not normally allowed legal access and attorney visits.

2. The Warden may make exceptions on a case-by-case basis. (For example, the inmate has an imminent deadline or court appearance.)

## **K. Responsibility**

1. The Unit Manager or Shift Supervisor will be responsible for the following:
  - a. Determine the need for Adjustment Controls in accordance with this policy and complete the **Placement in Adjustment Controls Report** form (*CD-141700.1*).
  - b. Check the inmate twice per shift and document on the **Intensive Supervision Log** (*CD-141700.4*).
  - c. Review Adjustment Controls and inform and consult with the Unit Manager and Deputy Warden as necessary.
2. The Unit Manager will be responsible for the following:
  - a. Review/monitor staff implementation and documentation of Adjustment Controls.
  - b. Review Adjustment Control logs.
  - c. Visit inmate(s) once a day during Adjustment Control period.
  - d. Make recommendation to the Shift Supervisor for possible Adjustment Controls extension if assaultive/disruptive behavior continues.
3. The UMT will be responsible for the following:
  - a. Ensure that Adjustment Controls documentation is prepared and maintained.
  - b. Visit inmate(s) once a day during Adjustment Control period. Initial and annotate the date and time of visit on the **Intensive Supervision Activity Log** (*CD-141700.4*).
  - c. Make a determination and recommendation to the Unit Manager/Shift Supervisor as to what property (if any) is to be returned based on positive behavior within the 72 hour Adjustment Control period.
  - d. Once Adjustment Controls are lifted, sign the **Intensive Supervision Activity Log** form (*CD-141700.4*), gather all related documentation and attachments, and turn in to the Classification Officer. In the absence of the Unit Manager, make recommendations to the Shift Supervisor for possible Adjustment Controls extension if assaultive/disruptive behavior continues.



4. Behavioral Health Staff:

Behavioral Health Staff will conduct a daily check of inmates on 72-hour Adjustment Controls during regular work days and on weekends and holidays will contact security to inquire about the inmate's behavior and Behavioral Health Staff will determine the need for a face-to-face meeting.

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Placement in Adjustment Controls Report**

NAME:	NMCD#	HOUSING UNIT:	DATE:
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Adjustment Controls may be utilized if an inmate engages in misconduct, assaultive, disruptive or self-injurious behavior. In the case of self-injurious behavior, a Mental Health professional must make a determination that the self-injurious behavior is not related to a mental illness prior to placing the inmate in Adjustment Controls. Adjustment Controls will include placing the inmate in a control cell and implementation of specific property and privilege restrictions, as specified in CD-141700, for an initial period of 72 hours. The 72-hour period starts once the inmate is removed from his cell and is placed on control cell status. In addition, an inmate may be subject to separation in a cell in the intake or medical areas if such separation will assist in restoring order to the unit.

The inmate engaged in misconduct, disruptive behavior, or self-injurious behavior, specifically:

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Date and time of described behavior: \_\_\_\_\_

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**Correctional Staff Counseling and Intervention**

Prior to placement in Adjustment Controls, the following occurred:

- The area Classification Officer and/or Correctional Officers assigned to the unit communicated with the inmate in an attempt to resolve the situation and/or calm the inmate
- The Housing Unit Security Supervisor (Sergeant or above) communicated with the inmate in an attempt to resolve the situation and/or calm the inmate
- Notification of the Shift Supervisor

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**Shift Supervisor Authorization of Adjustment Controls**

The above inmate was placed on Adjustment Controls at: \_\_\_\_\_ a.m. / p.m. (time).

\_\_\_\_\_  
Shift Supervisor Signature

\_\_\_\_\_  
Date

Xc: Unit Manager  
Deputy Warden  
Deputy Director of Adult Prisons

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Modified Meal Serving Memorandum – Styrofoam**

DATE:

TO: Deputy Warden  
Food Service

FROM: Shift Supervisors

SUBJECT: Meal Serving Modification

Inmate \_\_\_\_\_ NMCD# \_\_\_\_\_,

Cell # \_\_\_\_\_

has been placed on  Adjustment Controls  Behavioral Program Contract

He is to be fed on **Styrofoam trays** and **Styrofoam cups** as follows:

**BEGIN DATE:** \_\_\_\_\_ with  Breakfast  Lunch  Dinner

**END DATE:** \_\_\_\_\_ with  Breakfast  Lunch  Dinner

SUBMITTED BY: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

xc: Unit Manager  
Pod Lieutenant  
Affected Pod  
File

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Alternative Meal Service Order (Food Loaf)**

Inmate Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm HU: \_\_\_\_\_  
Custody Level: \_\_\_\_\_ Facility: \_\_\_\_\_

The above listed inmate is significantly disrupting feeding and food service by the misuse of food, food service equipment, or food packaging/containers. Therefore, it is requested the he be placed on alternative meal service (food loaf) for the next three meals served, or until such time that he can be served without significant disruption of the feeding process or food service operations.

ALTERNATIVE MEAL SERVICE:

**BEGIN DATE:** \_\_\_\_\_ with  Breakfast  Lunch  Dinner  
**END DATE:** \_\_\_\_\_ with  Breakfast  Lunch  Dinner

1. The basis for the modified meal request is:  
\_\_\_\_\_  
\_\_\_\_\_

2. The medical unit was contacted on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ (am/pm); the medical staff representative is (name) \_\_\_\_\_, who reports:  
 There is no medical concern  There is the following medical concern:  
\_\_\_\_\_  
\_\_\_\_\_

3. The modified meal was approved by (name) \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ (am/pm). [NOTE: The approval can be made by the Deputy Warden or the Unit Manager].

4. Food service personnel were contacted on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ (am/pm); and arrangements for a modified meal were completed. The food service personnel is (Name) \_\_\_\_\_.

The following meal was served:  
\_\_\_\_\_  
\_\_\_\_\_

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Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Intensive Supervision Activity Log**

Inmate Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_ Cell \_\_\_\_\_

**PLACEMENT**

Date \_\_\_\_\_ and time \_\_\_\_\_ am / pm intensive supervision implemented.

Type of intensive supervision implemented:  Adjustment Controls  
 Behavioral Program Contract  
 Suicide Watch

Reason for placement: \_\_\_\_\_

Legal Access Notified Who: \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

**SECURITY**

Formal review every shift by Pod Officer:

SHIFT	DATE	TIME	SIGNATURE	SHIFT	DATE	TIME	SIGNATURE
Day				Day			
Swing				Swing			
Night				Night			
Day				Day			
Swing				Swing			
Night				Night			
Day				Day			
Swing				Swing			
Night				Night			

Date and Time Property Items Returned:

ITEM(S)	DATE	TIME	OFFICER SIGNATURE

Date \_\_\_\_\_ and time \_\_\_\_\_ am / pm of shower by officer \_\_\_\_\_

**RELEASE**

Authorized by:

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Date \_\_\_\_\_ and time \_\_\_\_\_ am / pm released

**REVIEW:** \_\_\_\_\_ **Unit Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
xc: Inmate Classification File