

Clearinghouse Rule 97-030

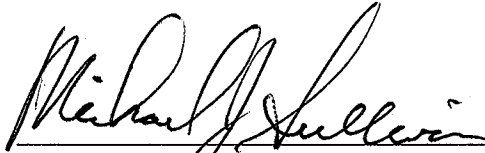
STATE OF WISCONSIN )  
 ) SS  
DEPARTMENT OF CORRECTIONS )

I, Michael J. Sullivan, Secretary, Department of Corrections, and custodian of the official records, certify that the annexed rules, relating to observation status for inmates, were duly approved and adopted by the Department on March 30, 1998.

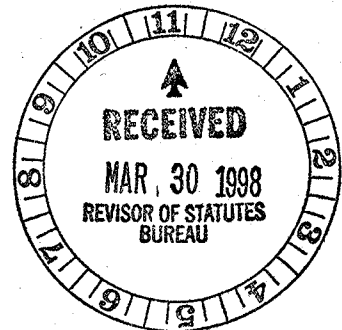
I further certify that this copy has been compared by me with the original on file in this Department and that it is a true copy of the original, and of the whole of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department of Corrections  
149 E. Wilson Street in the City of  
Madison, this 30th day of March, 1998.

SEAL



Michael J. Sullivan  
Secretary



07-030

6-1-98

PROPOSED ORDER OF THE  
DEPARTMENT OF CORRECTIONS  
REPEALING AND RECREATING RULES

The Wisconsin department of corrections proposes an order to repeal and recreate DOC 311, relating to the placement of inmates in observation status for mental or medical health reason.

Statutory authority: s. 227.11 (2) (a), Stats.

Statutes interpreted: ss. 302.07, 302.08, and 302.36, Stats.

Analysis by the Department of Corrections

The Department of Corrections is responsible for the physical safety of inmates and staff. Inmates with certain mental and medical health conditions may threaten the safety of the inmate or others. The Department uses observation status to remove these inmates from the general population.

Observation is a nonpunitive measure taken to ensure the safety of the inmate or others. Observation is used when an inmate is mentally ill and dangerous, is a danger to self, has a communicable illness or other medical problem requiring separation, or refuses testing for a communicable illness. Observation is a temporary status.

This rule-making order repeals and recreates the Department's rule placing inmates in observation for mental or medical health reasons. These rules are repealed and recreated to clarify, to separate mental health observation from medical observation, and to update the rules. These rules prescribe the method used by the department to maintain order and security in prisons when inmates mental and medical health risk order and security.

These revised rules broaden the category of inmates who may be placed in observation and includes inmates who are "dangerous to self" and inmates who "refuse testing for communicable illness". The revised rules state the criteria for placing an inmate in mental health or medical observation.

These rules provide for the separation of an inmate with mental illness from the general population. These rules carry over the

previous mental health criteria. In the mental illness criterion used to determine dangerousness, "fear" has been changed to "belief".

The medical criteria delete listing the kinds of medical problems that might require an inmate to be placed in observation. The medical health criteria add an inmate who refuses to be tested for communicable illness to the criteria.

These rules identify who may place an inmate in observation. An appropriate mental health or medical staff member will be notified immediately and an examination will be done within 2 working days of the inmate being placed in observation. Within 24 hours of placement in observation or as soon as possible after the examination, the inmate is to be informed of the reasons for placement in observation and the findings of the examination.

These rules limit the time an inmate may be placed in observation for mental health reasons to 15 days after the examination. A review may extend the inmate's time in observation beyond 15 days. The rules provide for notice of the review and provide the inmate in mental health observation the following:

1. The right to be present at the review.
2. The right to deny the allegation.
3. The right to an advocate.
4. The right to present or have the advocate present information obtained from witnesses.
5. The right to present documentary evidence.
6. The right to question witnesses.
7. The right to receive a written decision, stating the reasons for it based upon the evidence.
8. The right to appeal the findings if the inmate has not received a timely review.

Inmates may not be placed in mental health observation for more than 15 days unless proceeding for the inmate's civil commitment have been initiated or the commitment obtained or the review of

dangerousness to self has been initiated and notice of the review of continued mental health placement has been served.

These rules provide for seeking of civil commitment for an inmate in need of treatment at a mental health or medical facility.

These rules allow an inmate placed in observation for medical health reasons to remain in observation for a reasonable period of time. Observation status of an inmate for medical health reasons allows time for diagnosis or treatment or both. The inmate in medical observation has the right to immediate appeal to the secretary if the inmate has not received a timely review.

These rules provide for the humane treatment of the inmate placed in observation.

SECTION 1. Chapter DOC 311 is repealed and recreated to read:

Chapter DOC 311

OBSERVATION STATUS

DOC 311.01 Purpose	DOC 311.09 Review of
DOC 311.02 Applicability	dangerousness
DOC 311.03 Definitions	to self
DOC 311.04 Mental health placement	DOC 311.10 Medical placement
DOC 311.05 Examination of mental health placement	DOC 311.11 Medical Examination
DOC 311.06 Continued mental placement	DOC 311.12 Continued medical placement
DOC 311.07 Review of continued mental health placement	DOC 311.13 Appeals
DOC 311.08 Civil commitment	DOC 311.14 Conditions of confinement
	DOC 311.15 Monitoring and recording
	DOC 311.16 Release from observation

DOC 311.01 PURPOSE. The purpose of this chapter is to provide for an involuntary or voluntary nonpunitive status to be used for the temporary confinement of an inmate to ensure the inmate's safety and the safety of others if the inmate is mentally ill and dangerous, is dangerous to himself or herself, has a medical problem that requires separation from the population for treatment, or refuses testing for a communicable illness. This is consistent with the department's goal of ensuring personal safety and security within an institution.

DOC 311.02 APPLICABILITY. Pursuant to authority vested in the department of corrections under s. 227.11 (2), Stats., the department adopts this chapter which applies to the department, the division and all inmates in its legal custody. It interprets ss. 302.07, 302.08 and 302.36, Stats.

DOC 311.03 DEFINITIONS. In this chapter:

(1) "Administrator" means the administrator, division of adult institutions, department of corrections, or his or her designee.

(2) "Clinical services staff member" means a clinician, crisis intervention worker, or psychological services associate employed by the department.

(3) "Clinician" means an individual trained as a clinical psychologist or an individual employed as a staff psychologist by the department.

(4) "Communicable illness" means an illness caused by a disease that the department of health and social services determines, under ch. HSS 145, to be communicable.

(5) "Crisis intervention worker" means a crisis intervention worker employed by the department or a psychologist designated by the warden to act as a crisis intervention worker.

(6) "Department" means the department of corrections.

(7) "Division" means the division of adult institutions, department of corrections.

(8) "Health services staff member" means a physician, registered nurse or physician's assistant employed by the department.

(9) "Physician" means an individual licensed as a physician in the state of Wisconsin and employed by the department.

(10) "Secretary" means the secretary of the department of corrections, or his or her designee.

(11) "Security director" means the security director of an institution, or his or her designee.

(12) "Shift captain" means the shift captain of an institution, or his or her designee.

(13) "Warden" means the warden of an institution, or his or her designee.

(14) "Working days" means all days except Saturdays, Sundays, and legal holidays.

DOC 311.04 MENTAL HEALTH PLACEMENT. (1) Observation for mental health purposes is an involuntary or a voluntary nonpunitive status used for the temporary confinement of an inmate to ensure the safety of the inmate or the safety of others. An inmate may be placed in observation for mental health purposes for one of the following reasons:

(a) The inmate is mentally ill and dangerous to himself or herself or others.

(b) The inmate is dangerous to himself or herself.

(2) An inmate is mentally ill if there is substantial evidence that the inmate has a substantial disorder of thought, mood, perception, orientation or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life in an institution, but does not include alcoholism.

(3) An inmate is dangerous if there is a substantial probability that the inmate will cause physical harm to himself or herself or others as manifested by any of the following:

(a) Recent homicidal or other violent behavior.

(b) The reasonable belief of others that violent behavior and serious physical harm is likely to occur because of a recent overt act, attempt or threat to do such physical harm.

(c) Serious self-destructive behavior or a threat of such behavior.

(d) The inability to cope with life in the institution to the degree that himself or herself or others are thereby endangered.

(4) An inmate may be placed in observation by any of the following:

(a) A clinician, crisis intervention worker or physician.

(b) The warden.

(c) A registered nurse or physician's assistant, if a person under (a) is not available for consultation either directly or by telephone.

(d) The security director or shift captain if a clinician, crisis intervention worker or physician is not available for consultation either directly or by telephone.

(5) Any staff member or inmate may recommend to any person authorized to place an inmate in observation that an inmate be placed in observation under sub. (4). The staff member or inmate shall state the reasons for the recommendation and describe the inmate's conduct that underlies the recommendation.

(6) At the time of placement the inmate shall be informed orally of the reasons for placement.

DOC 311.05 EXAMINATION OF MENTAL HEALTH PLACEMENT. (1) An inmate placed in observation shall be examined by a clinician, crisis intervention worker or physician. The examination shall include a direct personal evaluation and a review of recent relevant information.

(2) If an inmate is placed in observation by the warden, registered nurse, physician's assistant, security director or shift captain, a clinician, crisis intervention worker or physician shall be notified immediately of the placement and shall examine the inmate within 2 working days.

(3) Within 24 hours or as soon as possible after the examination, the clinician, crisis intervention worker or physician shall advise the inmate orally of the finding of the examination. Written results of the examination shall be provided to the inmate within 10 working days of the examination.

(4) An inmate in observation for a mental health placement will be examined by a clinician, crisis intervention worker or



physician at least every 2 working days.

(5) Examination by a clinician, crisis intervention worker or physician may result in a recommendation for continued placement in observation or in a recommendation for the inmate's immediate release from observation.

DOC 311.06 CONTINUED MENTAL HEALTH PLACEMENT. (1) No inmate in observation for a mental health placement may remain in observation for longer than 15 working days from the initial examination without a clinician, crisis intervention worker or physician making a decision for continued placement.

(2) An inmate placed in mental health observation due to mental illness and dangerousness may continue in the placement after 15 working days if both of the following situations exist:

(a) The proceedings for the inmate's civil commitment under ch. 51, Stats., have been initiated or the commitment obtained.

(b) The inmate has been served notice of the review of continued mental health placement under s. DOC 311.06 (2).

(3) An inmate placed in mental health observation due to dangerousness to self may continue in the placement after 15 working days only if both of the following situations exist:

(a) The proceedings for a review of dangerousness to himself or herself have been initiated.

(b) The inmate has been served notice of the review of continued mental health placement under s. DOC 311.06 (3).

DOC 311.07 REVIEW OF CONTINUED MENTAL HEALTH PLACEMENT. (1) A clinician, crisis intervention worker or physician may continue a mental health placement in observation for longer than 15 working days if there is a review of continued mental health placement under this section.

(2) The inmate shall be given written notice of the review prior to the 15th working day of his or her placement and no less than 2 working days prior to the review. The notice shall include all of the following:

(a) The allegation of the inmate's mental illness and dangerousness to himself or herself or dangerousness to others.

(b) The standards used to determine mental illness and dangerousness to himself or herself or dangerousness to others.

(c) The evidence to be considered at the review.

(d) The sources of information relied upon unless such disclosure would threaten the personal safety of the person providing the information or institution security.

(e) An explanation of the possible consequences of any decision regarding the inmate's mental health placement.

(f) Notice of the inmate's rights at the review. The notice shall include all of the following:

1. The right to be present at the review.
2. The right to deny any allegation which relates to the inmate's observation status.
3. The right to an advocate in accordance with s. DOC 303.79.
4. The right to present or have the advocate present information obtained from witnesses.
5. The right to present documentary evidence.
6. The right to question witnesses.
7. The right to receive a written decision, stating the reasons for the decision based upon the evidence.
8. The right to appeal the review of dangerousness to self decision.

(g) The date, time and place of the review and an order that the inmate appear at the review.

(3) The review shall take place not sooner than 2 working days and not later than 5 working days after service of notice to the inmate. The inmate may waive this review or the time limits under this subsection. The waiver shall be in writing.

(4) At the review, the clinician, physician or crisis intervention worker shall do all of the following:

(a) Read aloud the allegations of the inmate's dangerousness and mental illness or dangerousness to himself or herself.

(b) Provide all witnesses present, including the inmate and the staff member who recommended the placement into observation, a chance to speak.

(c) Require any relevant medical and psychological evidence to be offered.

(d) Allow questioning of the witnesses. Questioning may be direct or the inmate may submit questions to be asked of the witnesses.

(e) Prohibit repetitive, disrespectful or irrelevant questions.

(f) Determine whether a witness shall be called.

(g) Determine whether the identities of sources of information relied upon or any statements or evidence should be included in the written record because personal safety or institution security is implicated.

(h) Record the fact of the omission of the identities of sources of information in the record.

(5) After the review, the clinician, crisis intervention worker or physician, shall deliberate in private on all of the following:

(a) The evidence presented and the inmate's records.

(b) Whether the standard for dangerousness has been met.

(c) Whether the standard for mental illness has been met.

(6) After deliberation, the clinician, crisis intervention worker, or physician shall decide all of the following:

1. Whether the inmate is mentally ill and dangerous or whether the inmate is dangerous to himself or herself.

2. Whether the inmate is to continue in observation.

(7) The clinician, crisis intervention worker or physician shall give reasons for the decision to the inmate in writing within two working days after the review.

(8) There shall be a clinical review of an inmate in observation at least once every 15 working days and the procedures for review shall be followed.

DOC 311.08 CIVIL COMMITMENT. If, in the opinion, of the attending clinician, crisis intervention worker or physician, an inmate in observation is in need of additional treatment at a mental health or medical facility, such recommendation shall be made to the warden for approval of the transfer and the inmate may be transferred pursuant to s. 51.37 (5) or s. 51.20, Stats.

DOC 311.09 REVIEW OF DANGEROUSNESS TO SELF. (1) If, in the opinion of the attending clinician, crisis intervention worker or physician, an inmate in observation is in need of placement in observation longer than 15 working days from the examination under s. DOC 311.05, the attending clinician, crisis intervention worker or physician shall refer the decision to the administrator for review.

(2) The administrator shall assign a psychologist from an institution other than the institution seeking the continued observation placement to conduct the review, to examine the inmate and to review the documentation of the case.

(3) The review shall include all of the following:

(a) Reasons for belief of dangerousness to himself or herself.

(b) Reasons for need for continued placement in observation.

(c) Reasons alternative interventions are inappropriate or inadequate.

(4) The assigned psychologist shall do all of the following:

(a) Submit a written report of the examination.

(b) Review the records and findings regarding dangerousness to himself or herself.

(c) Determine the need for continued placement in observation.

(d) Determine the availability of alternative interventions.

(5) The inmate and his or her advocate, if one is chosen, shall receive a copy of all of the following:

(a) The documentation of the review of continued commitment.

(b) The findings of the review of continued commitment.

(c) The referral for review of dangerousness to himself or herself.

(d) The report of the appointed evaluator.

(5) The inmate and the advocate may respond in writing within 5 working days to the any or all of the following information:

(a) The allegations of dangerousness to himself or herself.

(b) The need for continued placement in observation.

(c) The availability of alternative interventions.

(6) The assigned psychologist shall decide whether an inmate is dangerous to himself or herself and whether the inmate is in need of continued placement in observation. The reasons for the decision shall be given to the inmate in writing within two working days after the decision is made.

(7) An assigned psychologist shall conduct a review of dangerousness to self of an inmate in mental health observation at least once every 30 working days to determine whether the inmate is dangerous to himself or herself, and the procedures for review shall be followed.

DOC 311.10 MEDICAL PLACEMENT. (1) Observation for medical purposes is an involuntary or voluntary, nonpunitive status used

for the temporary confinement of an inmate to ensure the inmate's safety and the safety of others if one or both of the following exists:

(a) The inmate has, or is suspected of having, a medical problem that requires separation from the population for treatment by a physician.

(b) An inmate is refusing testing for communicable illness.

(2) An inmate may be placed in observation by any of the following:

(a) A physician.

(b) The warden.

(c) A clinical or health services staff member, the security director or the shift captain, if a physician is not available for consultation either directly or by telephone.

(3) Any staff member or inmate may recommend to any person authorized to place an inmate in observation that an inmate be placed in observation. The staff member or inmate shall state the reasons for the recommendation and describe the inmate's symptomatology that underlies the recommendation. The inmate shall be provided with a written copy of the reasons for the recommendation within 10 working days of the recommendation.

(4) At the time of placement the inmate shall be informed orally of the reasons for placement.

DOC 311.11 MEDICAL EXAMINATION. (1) An inmate placed in observation shall be examined by a physician. The examination shall include a direct personal evaluation and a review of relevant information.

(2) If an inmate is placed in observation by a person under s. DOC 311.10(2), a physician shall be notified immediately of the placement and shall examine the inmate within 2 working days.

(3) Within 24 hours or as soon as possible after the examination, the inmate shall be advised of the reasons for the placement and findings of the examination. The physician shall

provide written notification of the findings of the examination within a reasonable period of time.

DOC 311.12 CONTINUED MEDICAL PLACEMENT. (1) An inmate placed in medical observation may remain in medical observation for a reasonable period of time for diagnosis and treatment or as needed, as determined by a physician, until such time as a physician determines that the inmate no longer requires separation from the population.

(2) An inmate placed in observation shall receive periodic reviews of the medical placement status by a physician. The frequency of the periodic review shall be based on the inmate's medical diagnosis and the physician's professional judgment.

DOC 311.13 APPEALS. (1) An inmate placed in observation shall have the immediate right to appeal such placement decision to the administrator under any of the following circumstances:

(a) The inmate has not received a timely review under s. DOC 311.05 (2).

(b) The inmate in observation for mental health purposes due to dangerousness to himself or herself wishes to challenge the review of dangerousness to self decision.

(2) The administrator may request an additional clinical or medical assessment of the inmate's condition prior to the administrator's written decision which shall be issued to the inmate and clinical or medical staff within 5 working days of receipt of the appeal.

(3) An inmate may appeal the administrator's written decision to the secretary who shall issue a written decision within 5 working days of the appeal.

DOC 311.14 CONDITIONS OF CONFINEMENT WHILE IN OBSERVATION.

(1) An inmate in observation shall be confined alone in a well-ventilated, sanitary, secure cell equipped with an observation port. Conditions, including privileges and properties, shall, insofar as possible, be the same as those in the status from which the inmate came prior to the observation placement. A staff member who is authorized in s. DOC 311.04 (4) to place an inmate in observation may change the inmate's condition of confinement if the staff member reasonably believes any of the following:

(a) These privileges or properties may be used by the inmate, or another inmate also in the observation unit, for self-harm or to harm others.

(b) The properties cannot be moved conveniently to the observation cell.

(c) The privileges cannot be offered due to the secured nature of the observation unit.

(d) The properties or privileges are clinically or medically contraindicated.

(2) The appropriate privileges and properties to be allowed the inmate in observation shall be determined by the clinician, crisis intervention worker or physician at the time of the examination of the inmate, after a consultation with the supervisor of the unit.

(3) If any of the privileges or properties are used by the inmate or another inmate also in the observation unit for self-harm or harm to others, or otherwise seriously disrupts the safe, efficient operation of the observation unit, the privileges or properties shall be withdrawn immediately by the staff member noting the problem.

(4) The warden has final authority regarding privileges or property of an inmate in observation. The warden shall review and either approve or disapprove a decision regarding inmate privileges or properties. The warden shall take appropriate and prompt action.

DOC 311.15 MONITORING AND RECORDING. (1) For an inmate placed in observation for mental health purposes, a staff member shall have immediate access to the inmate and shall accompany the inmate at all times while in unsecured areas.

(2) Staff shall observe and record the activities of the inmate at least once every 15 minutes with appropriate documentation made of significant incidents involving the inmate.

DOC 311.16 RELEASE FROM OBSERVATION. Upon release from observation the inmate shall be returned to previous status and assignment if possible and advisable.



Note: DOC 311. Observation is a nonpunitive measure taken to ensure the safety of the inmate or others during the crisis period. Hopefully, by confining the inmate under observation for a short time, the personal crisis will subside without any harm being done to the inmate or to others. Examples of personal crisis are situations in which an inmate receives discouraging or disheartening news from his or her family and evidences a mental health problem and dangerousness and temporarily needs emotional support and observation because of the possibility of attempted self harm or harm to others; or when an inmate is in an emotional depression and needs to be carefully watched because of the possibility of attempted self harm or harm to others; or when an inmate has attempted to commit suicide and shows signs of another attempt.

Alcoholic and drug dependent inmates shall be placed in observation only if treatment is necessary and cannot be provided while the inmate is in the general population.

Subsection DOC 311.04 sets forth the standards to be used in determining dangerousness and mental illness. They are similar to the standards used to determine dangerousness and mental illness for involuntary civil commitment under s. 51.20, Stats. The analogy between the standards is apt since both are vehicles for removing dangerous persons from the population in which they live.

Subsections DOC 311.04 and 311.10 authorize certain people to place an inmate in observation. Ideally, placement should be made by highly trained personnel, and the clinician, crisis intervention worker, physician or warden should authorize all placements. However, experience teaches that this is not always possible. Thus, others are authorized to place inmates in observation, but in such cases the clinician, crisis intervention worker, or physician review that placement in no longer than 2 working days. The clinician, crisis intervention worker or physician decides on the necessity of continued placement with allowed privileges, and properties or the immediate release of the inmate from observation.

Subsection DOC 311.05 (4) provides for a review of the inmate's status at least once every 2 working days for mental health placements in observation. An earlier review may occur. These time periods provide for regular and appropriate reviews of placements in observation.

The kinds of property and privileges allowed in observation may differ substantially, and great care should be exercised in determining which properties and privileges should be allowed an inmate.

If, in the opinion of the clinician, crisis intervention worker, or physician, observation is not sufficient to properly handle the mental health concerns, commitment procedures under s. 51.20, Stats. or transfer procedures under s. 51.37 (5), Stats., should be pursued. However, experience teaches that mental health institutions are reluctant to accept transfers of inmates for placement or transfer under ss. 51.20 and 51.37 (5), Stats., and hopefully the provisions under ss. DOC 311.04 to 311.07 will be adequate to handle an inmate's crisis.

Subsections DOC 311.07 and 311.12 provide that an inmate may be continued in observation after a special review. Review of continued mental health placement contains due process protections of the major disciplinary hearing. Due process protections are important and are afforded the few inmates affected by this provision because the seriousness of this confinement parallels civil commitment. At these special reviews, dangerousness and mental illness shall be the only criteria for placement in this status.

Subsection DOC 311.07 provides the inmate with adequate written notice of the review. Subsection DOC 311.07 (3) (g) note that safety and security may be breached if certain testimony or evidence is allowed into the open record. In such cases, review shall deal with the omissions as noted under s. DOC 311.07 (3) (h). See the major disciplinary procedures.

Subsection DOC 311.07 (2) provides for the time of the review. The inmate may waive the review as well as the time limits. To ensure that any waiver is a knowing intelligent one, the inmate must be informed of his or her right to a review and what that entails; the inmate must be informed of what the review will be like if he or she waives the time limits; and the waiver must be in writing. The waiver is not an admission of dangerousness or mental illness.

Placement of an inmate in observation status is not thought to implicate the interests cited in *Vitek v. Jones* 100 S.Ct. 1254

(1980). In *Vitek*, the transfer was to a separate institution which was solely for mentally ill people. A person in observation status in Wisconsin frequently will remain in his or her own cell or room. Sometimes, the person is transferred to a different cell, for their own protection or so that they can be more carefully observed to prevent self-destructive conduct.

If in the opinion of the clinician, crisis intervention worker, or physician additional treatment is needed, commitment proceedings pursuant to ch. 51, Stats., are commenced. These proceedings do more than *Vitek* requires for the transfer of an inmate to a mental health institution.

A staff member must have direct access to an inmate in the event that a problem develops, and a staff member must observe the inmate often to ensure that the inmate is safe.

If observation is not continued under s. DOC 311.09 or the inmate is not transferred under s. 51.20 or s. 51.37 (5), Stats., the inmate is returned to his or her previous status. Since observation is a nonpunitive status, every attempt should be made to have inmates resume previous assignments.

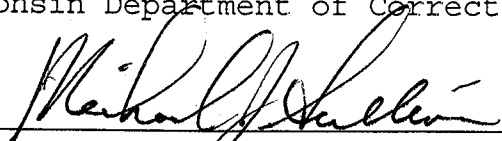
Section DOC 311.10 provides for the placement of an inmate in medical observation if the inmate is suspected of having a medical problem which requires the inmate to be separated from the general population or if the inmate refuses testing for a communicable disease. Section DOC 311.12 provides that an inmate may be continued in observation for a reasonable period of time for diagnosis, treatment or as needed as determined by a physician. An inmate in medical observation is to receive periodic reviews of the medical placement as determined by the physician.

This chapter is in substantial accord with the provisions regarding the special management of inmates in the American Correctional Association's Manual of Standards for Adult Correctional Institutions standards 3-4238, 3-4241, 3-4243-4246, 3-4249, and 3-4261.

This rule shall take effect on the first day of the month following publication in the Wisconsin administrative register as provided in s. 227.22 (2) (intro.), Stats.

Wisconsin Department of Corrections

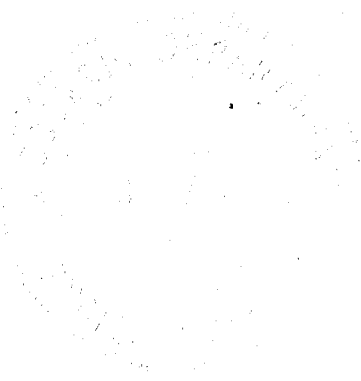
By:



Michael J. Sullivan  
Secretary

Date: 3/30/98

Seal:





**Tommy G. Thompson**  
Governor

**Michael J. Sullivan**  
Secretary



**State of Wisconsin**  
**Department of Corrections**

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March 30, 1998

Bruce Munson  
Revisor of Statutes Bureau  
131 West Wilson Street, Room 800  
Madison, Wisconsin 53703-3222

Dear Mr. Munson:

Pursuant to s. 227.20 Stats., the Department of Corrections submits a certified and uncertified copy of DOC 311, relating to observation status for inmates.

If you have any questions, please contact Deborah Rychlowski, Office of Legal Counsel, at (608) 266-8426

Sincerely,

Michael J. Sullivan

Enclosures

