 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 309.55.02	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 06/13/07	<b>New Effective Date:</b> 08/31/20
	<b>Supersedes:</b> 309.55.02	<b>Dated:</b> 03/01/17
	<b>Administrator's Approval:</b> Makda Fessahaye, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 309 Resources for Inmates		
<b>Subject:</b> Lay-In and Sick Cell Status		

**POLICY**

The Division of Adult Institutions shall establish and maintain a uniform process to manage inmates who request or medically require time off from work or program assignments.

**REFERENCES**

Wisconsin Administrative Code s. DOC 309.55 – Compensation

Wisconsin Administrative Code Ch. DOC 316 – Copayment

Wisconsin Administrative Code s. DOC 324 – Work and Study Release

**DEFINITIONS, ACRONYMS AND FORMS**

Assignment Supervisor – Inmate work or program supervisor/designee.

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-98A – Accident Report – Offender

DOC-2466 – Incident Report Form

DOC-3504 – Infection Control: Patient and Employee Precautions

HSU – Health Services Unit

Lay-In – Non-paid status indicating the inmate has been excused from his or her work or program assignment until the next work or program day at the discretion of the assignment supervisor. Inmates on lay-in shall remain in their room until the start of next work or program assignment.

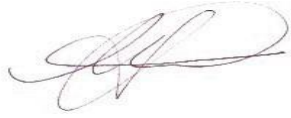
Sick Cell – Paid status at involuntary unassigned rate. Sick cell status shall be designated by Health Service staff. HSU determines restrictions regarding activities for sick cell. HSU shall document restrictions in WICS. No sick cell compensation shall be paid to inmates participating in a work release program approved under ch. DOC 324.

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## **PROCEDURE**

- I. Inmates requesting lay-in shall report each day to their assignments to request lay-in from assignment supervisor.**
  - A. Housing unit staff shall notify the assignment supervisor and HSU when an inmate is obviously too ill or injured to report to the work site.
  - B. Lay-in status shall include remaining in their cells until the next day of work or program assignment.
  - C. Facilities shall determine procedures for inmates to attend meals or visits while on lay-in status.
  - D. On The third consecutive day of lay-in, the assignment supervisor or housing unit staff shall notify HSU.
- II. Assignment Supervisor shall:**
  - A. Determine if lay-in status is granted.
  - B. Monitor and track inmate requests for lay-in.
  - C. Notify housing unit of inmate lay-in status.
- III. Third Consecutive Day of Lay-In**
  - A. HSU shall complete a face-to-face assessment with the inmate that day.
  - B. Copayment shall apply.
  - C. HSU staff shall determine sick cell status, notify assignment supervisor, document in WICS and complete DOC-3504, if applicable.
  - D. If there is no nurse on site for a face-to-face assessment, a call shall be placed to the Nurse Clinician 4 (Centers only) or on-call nurse to determine the medical status and level of care needed.
- IV. Sick Cell Activity and Restrictions shall be Determined by HSU.**
  - A. Sick cell pay Status shall not be in Effect Until the Inmate is assessed by HSU.
  - B. Housing unit staff shall monitor Inmate sick cell status compliance.
- V. Work Related Injuries Reported on a DOC-98A or DOC-2466 shall not Affect Pay Status.**

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**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** 08/18/20  
Makda Fessahaye, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 309.55.02	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 309 Resources for Inmates		
<b>Subject:</b> Lay-In and Sick Cell Status		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other