



INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: ☐ Adult Operation Only ☐ JUVENILE Operations Only ☒ DEPARTMENT-WIDE

IMPP #: 01-114D

PAGE #: 1 of 10

ADMINISTRATION: Required Procedures in the Event of the Death of a Resident or Offender, or Hospitalization of an Injured/III Resident

Original Date Issued: 12-10-15 Replaces IMPP Issued: 10-06-23 **CURRENT EFFECTIVE DATE: 02-27-25**

Approved By: , Secretary Next Scheduled Review: 02/2028

POLICY

All residents shall be requested to designate individuals to be notified in the event of any serious illness or injury affecting the resident which requires hospital admission for a life-threatening condition, or in case of the resident's death.

All deaths of residents within the custody of the Secretary of Corrections shall require that an autopsy by a medical examiner or coroner be requested and that a mortality review be conducted. The actions and notifications of authorities, as outlined in this policy, are required of designated staff, consistent with current law and the operational interests of the facility.

DEFINITIONS

Designated Individuals: The persons identified by the resident to be notified in the event the resident requires placement in a hospital for any serious illness (including mental illness) or injury or in the event of the resident's death.

Health Services Administrator (H.S.A.): The individual responsible for ensuring the organization and delivery of all levels of quality accessible health services in the facility. The H.S.A. works under the direction of the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Hospitalized/Hospitalization: Placement of a resident in a public or private medical care facility outside of the facility for a life-threatening condition. "Hospitalized" does NOT refer to the placement of a resident in an infirmary operated by or on the grounds of a State correctional facility or placement of a resident in programs operated by or on the grounds of Larned State Hospital.

Injury: A complicated bone fracture, head injury, severe lacerations, wound, or other physical harm which requires a resident to be hospitalized.

Legal Representative: Includes executors, administrators, conservators, and guardians.

Life-Threatening Condition: A condition that could lead to the death of the resident.

Offender: A person under post-incarceration supervision with the Secretary of Corrections.

Resident: A person who is in the legal custody of the Secretary of Corrections housed in a correctional facility.

Serious Illness: A complicated or chronic mental, physical condition, or sickness which requires surgery or that a resident to be hospitalized.

Site Medical Director: The physician at each site who serves as the facility clinical health authority and is responsible to the Regional Medical Director for all clinical matters and to the Health Services Administrator for all administrative matters.

PROCEDURES

I. Selection of a Designated Individual and Direction for Disposition of Remains

- A. At the time of initial intake all residents shall be requested to designate an individual who is to be notified in the event of his/her death.
 - 1. **ADULT**: In accordance with IMPP 11-102A.
 - 2. **JUVENILE**: In accordance with IMPP 11-102J.
- B. Additionally at the time of the initial intake, all residents shall be requested to complete a "Disposition of Deceased Resident Body Form" (Attachment A) to indicate the disposition of their remains should they expire while in Departmental custody. Attempts shall be made to obtain a signature from the parent/legal guardian of a juvenile resident under the age of 18.
 - 1. Residents shall be informed that should they decline to complete the form, the disposition of their remains, should such become necessary, shall be in compliance with the provisions of K.S.A. 65-904(b).
- C. All residents shall also complete the Personal Effects Information Form (Attachment B) to identify the person(s) designated to receive the resident's personal property possessed during incarceration and the balance of the resident's trust fund account that exceeds \$2,500 at the time of his death.
- D. Completed forms shall be maintained in the resident's skeleton central file and be reviewed with the resident for accuracy:
 - 1. **ADULT**: At each 120-day review.
 - 2. **JUVENILE**: At each 180-day review.

II. Emergency Information and Emergency Notification Forms

- A. An Emergency Information Form (Attachment C) shall be completed by each resident upon admission to the custody of the Kansas Department of Corrections.
 - 1. The Emergency Information Form shall be reviewed and updated by the unit team at each 120-day review or at any time requested by the resident. Any revisions necessary shall be made by the resident and a new form placed in imaged files, per IMPP 05-104D.
 - a. The new/most current form shall be filed on the top of the previous Emergency Information forms which shall be retained in the file and marked or stamped "VOID".
 - 2. The Emergency Information Form shall be maintained in the resident's skeleton central file and shall be referred to in the event the need arises to notify the individual designated by the resident, in accordance with this policy.

III. Identification of Deceased Residents/Offenders, or Hospitalized Residents

- A. Each Health Services Administrator shall establish procedures by which a designated medical staff member shall immediately inform the designated facility staff member of the following:
 - 1. The name and KDOC number of the resident within the facility who has died or has been hospitalized due to a life-threatening condition;

2. The name, address, and telephone number of the hospital, if applicable;
3. A brief allowable diagnosis of the resident's illness or injury, as applicable;
4. The name and telephone number of the physician and/or hospital, if other than the Site Medical Director;
5. The circumstances surrounding the resident's death, or the illness or injury necessitating the hospitalization of the resident; and,
 - a. All information provided to the designated individual regarding the circumstances surrounding the death or injury shall be approved by the Warden/Superintendent or designee.
6. The most current information on the emergency contact reflected in the Emergency Information Form (Attachment C) contained in the skeleton central file. This shall be done by contacting Unit Team.

IV. Procedures for Notification of the Designated Individual/Emergency Contact

- A. Wardens/Superintendent shall notify the emergency contact in the event of a resident's death. If the Warden/Superintendent are not available to affect the notification, a Deputy Warden/Superintendent shall assume the responsibility to make the notification.
 1. In facilities having a chaplain, the Warden/Superintendent shall assign either the chaplain or the respective unit team manager the responsibility to notify the emergency contact of a hospitalization due to a life-threatening condition.
 - a. Whether the chaplain or the appropriate unit team manager is assigned, the other staff member shall assume this responsibility if the assigned staff member is not available.
 2. In facilities not employing a chaplain, the resident's unit team manager shall have responsibility for notifying the emergency contact unless the responsibility is assigned to other staff through a general order.
 3. If the chaplain or unit manager is not available, the shift supervisor shall be responsible for notifying the emergency contact.
 4. Designated staff members shall be responsible themselves or contact the unit team to obtain the most current notification information provided by the deceased, or resident with a life-threatening illness.
- B. The staff member responsible for the notification is to commence contact efforts immediately, but no later than six (6) hours from the time of verification of the resident's death or hospitalization.
- C. The staff member performing the notification to the emergency contact shall gather all pertinent data concerning the reason for the death or hospitalization.
 1. The data gathered to provide the designated individual shall include the following:
 - a. Information from Section III. A. 3, and III. A. 5 above.
 - b. If the resident's death is imminent and approved by the hospital and Warden/Superintendent, information on the procedures for visitation at the hospital.
 - (1) The location of the hospital shall not be disclosed to the emergency contact unless the resident's death is imminent and approved by the Warden/Superintendent or designee.

- c. The name of the facility employee and the facility telephone number to contact for further assistance.
 - d. The designated individual or legal representative is to be provided information regarding claiming the resident's body, and personal property or money belonging to the resident.
- D. Technical questions concerning the medical condition of the hospitalized, ill, or injured resident shall be referred to the attending physician through appropriate facility medical staff.
- E. If the responsible staff member is unable to contact the emergency contact by telephone, the following procedures shall be implemented:
 - 1. State or local police in the area of the emergency contact's residence shall be contacted for assistance in the notification.
 - 2. If state or local police are unsuccessful in notifying the emergency contact, an e-mail shall be sent to the last recorded e-mail address of the individual informing him/her of the resident's death or hospitalization.
 - a. The information in Section IV.C. shall be provided.
- F. If the Site Medical Director reasonably believes the resident's condition is life threatening, contact efforts shall begin immediately upon the resident's departure from the facility. Staff shall not await a decision to admit the resident to the hospital before commencing contact efforts in the event the resident's condition is believed to be life threatening.
- G. If the hospital policy permits visiting and the security risk is low, the Warden/Superintendent or designee may authorize hospital room visitation or other communications with residents.
- H. The KDOC Office of Victim Services is responsible for notification of the resident's death to the victim(s).

V. Documentation of Notification Procedures

- A. The Emergency Notification Form (Attachment D) shall be completed by the staff member upon completion of the notification procedure.
 - 1. The notification form shall reflect the manner in which one of the emergency contacts were notified.
 - a. The staff member performing the notification procedure shall attempt to notify an individual identified on the Emergency Information Form in the following priority:
 - (1) Person to be notified,
 - (2) First alternate person to be notified, and;
 - (3) Second alternate person to be notified.
 - 2. The original completed notification form shall be forwarded to the records office for filing in the resident's central file or electronic records in accordance with IMPP 05-104D.
 - 3. Copies of the completed notification form shall be forwarded to the Health Services Administrator.

VI. Notification in Instances Where Telephone Contact Was Not Made

- A. Within 72 hours of the resident's death or admission to a hospital, a letter shall be written by the Warden/Superintendent or designee providing the required notification and any additional details.

1. The letter shall be sent by certified mail, return receipt requested to the most current address of the emergency contact.
2. The letter shall contain:
 - a. The name, address, and telephone number of the correctional facility to contact for further verification of the incident.

VII. Notification of Appropriate Officials and Request for Autopsy

- A. Appropriate departmental, facility and medical staff, coroner and/or law enforcement officials are to be immediately notified of resident deaths and documentation is to be developed regarding the nature and circumstances of such deaths.
 1. In reporting the facts of a resident's death, information regarding the nationality of the resident, if not a U.S. citizen, is to be included in the report.
- B. Upon verification of a resident's death, the Warden/Superintendent or a designee is to report all pertinent facts concerning the death as follows:
 1. All resident deaths occurring during normal working hours are to be reported to the Director of Healthcare Compliance in the KDOC Central office and the Office of Victim Services (OVS) on the same day as the resident's death.
 - a. If the death occurs after normal business hours or on a holiday or weekend, this notification shall be to the Central Office duty officer and to OVS.
 - b. The notification to OVS must be made by calling the OVS Duty Phone.
 2. If the death occurs during normal working hours, the report of death is to be provided immediately to the Deputy Secretary of Facility Management, Deputy Secretary of Juvenile and Adult Community-Based Services, and the Central Office Director of Enforcement, Apprehensions, and Investigations.
 - a. If the death occurs after normal business hours, or, on a holiday or weekend, the Central Office Duty Officer is to be notified pursuant to procedures established in IMPP 01-113D.
 - b. The Central Office Duty Officer is to report the death to the Secretary, Deputy Secretary of Facility Management/Deputy Secretary of Juvenile and Adult Community-Based Services, Executive Director of Programs and Risk Reduction, Director of Enforcement, Apprehensions, and Investigations and the Director of Healthcare Compliance in the KDOC Central office as early as possible.
 3. The warden/superintendent or designee is to immediately provide the report of death to the KBI for full review.
 4. Irrespective of the cause of death, if the deceased resident has been identified as holding citizenship in a country other than the United States, or is an international resident transfer, the report is to be provided to the Deputy Secretary of Facility Management/Deputy Secretary of Juvenile and Adult Community-Based Services or designee, in accordance with IMPP 11-105A.
 - a. If identified as an international resident transfer or foreign national, The Deputy Secretary of Facility Management/Deputy Secretary of Juvenile and Adult Community-Based Services or designee is to provide prompt notification to the appropriate consular office/officer per provisions of the International Treaty Agreement and, if determined necessary, the U. S. State Department.
 5. The initial notifications shall immediately be followed with a written incident report as

specified by IMPP 01-113D.

6. Incident reports may be submitted to the designated Central Office staff by FAX or E-mail.
- C. The coroner of the county in which the resident died is to be contacted immediately by the warden/superintendent or a designee to provide notification of the death and to request that an autopsy be performed.
1. The county coroner is to determine whether the autopsy should be performed.
 - a. The Warden/Superintendent or designee is to request that, if an autopsy is performed, a copy of the autopsy report be provided to the warden/superintendent for documentation purposes.
 - (1) The Warden/Superintendent or designee is to provide a copy of the autopsy report to the Director of Healthcare Compliance in the KDOC Central office for review.
 - b. Exceptions to the autopsy requirements may be made because of religious objections with approval from the Director of Health Care Services and the Secretary of Corrections.
 2. In the event the county coroner declines to perform or authorize the autopsy, the requesting Warden/Superintendent or designee, is to immediately inform the Deputy Secretary of Facility Management/Deputy Secretary of Juvenile and Adult Community-Based Services who is to immediately notify the Chief Legal Counsel of the situation.
 - a. The need for further contact with the coroner is to be determined by the Deputy Secretary of Facility Management/Deputy Secretary of Juvenile and Adult Community-Based Services and/or the Chief Legal Counsel.
- D. Wardens/Superintendents are to request administrators of hospitals, county jails, or juvenile detention facilities to which residents have been transferred for treatment or housing, to report any resident death to the correctional facility from which the resident was transferred.
1. The Warden/Superintendent or designee is to follow the notification procedures indicated and is to give instructions to the hospital's administrator for the disposition of the resident's body, per Section XI., below.

VIII. Control of the Health Record Following a Resident Death; Mortality Review

- A. Immediately upon the pronouncement of the death of a resident, the nurse on duty is to assume responsibility for the custody and maintenance of the resident's health records.
1. No materials are to be removed from the deceased resident's medical or behavioral health files.
- B. After the death of a resident, the Health Services Administrator is to ensure that all additions, deletions, and/or corrections to the resident's electronic health record are designated, and include the date, time, and initials of the person making the entry.
1. Copies of such documents, as required for medical review purposes, are to be made by the Health Services Administrator and distributed as necessary.
- C. A designated facility Enforcement, Apprehensions, and Investigations unit member or the shift supervisor are to obtain two (2) complete copies, to include all medical and behavioral health files, from the Health Services Administrator no later than 24 hours following the resident's death.
1. The facility staff member taking possession of the health record is to ensure that it is placed and maintained in a secure location, with controlled access, until the health record

can be delivered to the warden/superintendent or his/her designee.

- D. Within 48 hours, the Warden/Superintendent or designee is to provide a copy of the entire health record to both the Director of Healthcare Compliance in the KDOC Central office and to the Kansas Bureau of Investigation.
 - 1. The health record is to be retained, secured with the Warden/Superintendent or the Enforcement, Apprehensions, and Investigations unit at the Warden/Superintendent's instruction until all final reports, i.e., autopsy results, pharmacology reports, death certificate, etc., have been received.
 - a. Any additional reports, received after the initial copy of the health record was provided to the Central Office, are to be distributed as follows:
 - (1) All original copies are to be properly scanned into the electronic health record and,
 - (2) Copies are to be routed to the Central office, and the KBI, respectively, via the Director of Healthcare Compliance in the KDOC Central office and the Director of Enforcement, Apprehensions, and Investigations.
- E. The Director of Healthcare Compliance or designee is to conduct the mortality review of each resident death that occurs within the Department of Corrections' facilities. The mortality review is to be retained within the KDOC Central Office as designated by the Secretary of Corrections.

IX. Disposition of the Resident's Body

- A. As soon as possible after the occurrence of a death, but subsequent to any investigation by the KBI, the Warden/Superintendent, or a designee, with the concurrence of the county coroner, is to permit the movement of the body, and arrange for the delivery of the body to either:
 - 1. The funeral home under contract with the Division of Purchases and the facility for the proper disposition of the resident's body consistent with statutory requirements and regulations of both the State Board of Health and the Board of Mortuary Arts; or,
 - 2. If no contract exists, to a licensed funeral home within reasonable proximity to the facility.
- B. When a funeral home has been designated to receive the resident's body, the Warden/Superintendent, or a designee, is to make proper notifications of individuals, in accordance with the resident's directives contained within the "Disposition of Deceased Resident Body Form" (Attachment A), as to where the resident's body may be claimed.
 - 1. Prior to any release of the resident's body to a designated funeral home, the Warden/Superintendent or a designee is to ensure that fingerprints are taken from the body of the deceased resident, and that those fingerprints then become part of the investigation file regarding the resident's death.
 - a. Such fingerprinting is to be done irrespective of the cause of the resident's death, whether from homicide, suicide, accident, or natural causes.
- C. If the individuals designated by the resident within the "Disposition of Deceased Resident Body Form" decline to claim the body, the Warden/Superintendent or a designee is to arrange for disposition of the body in accordance with the provisions of K.S.A. 65-904(b).
 - 1. The unclaimed body of a resident is not to be cremated prior to 96 hours after the commencement of a diligent search for persons who may desire to claim the body.
- D. If following the cremation of the body, the individual designated by the resident to claim the body, or the closest living relative that can be identified, requests the cremains, they shall be provided.

X. Disposition of the Deceased Resident's Personal Property and Money

- A. In cases where a deceased resident's body is claimed by the individual, friends, relatives, or funeral home administrator designated within the "Disposition of Deceased Resident Body Form", the deceased resident's cash assets, not to exceed \$2,500, may be paid directly to the designated individual, relative, friend, or funeral home administrator claiming the body.
 - 1. Such payments shall be for the express purpose of assisting in the defrayal of funeral expenses incurred by the individual, relative, friend, or funeral home administrator claiming the deceased resident's body.
 - 2. The claimant must agree, in a written and witnessed statement, that the funds will be applied toward a basic proper funeral for the resident.
 - 3. If there are insufficient assets to total the allotted \$2500, the family or designated individual may make a claim for reimbursement of funeral expenses using a claim form according to procedures set forth in IMPP 01-117D (Claims Procedure for Department Employees or General Public.)
- B. Any remaining personal property and money shall be provided to the person designated by the resident to receive said property in accordance with the "Personal Effects Information Form" (Attachment B).
- C. Should no person claim the body or estate, the deceased resident's personal property and money, subsequent to deduction of any funds necessary to defray the cost of the disposition of the resident's remains, shall be disposed of as provided by K.S.A. 75-52,135.

XI. ADULT: Offender Death in the Community

- A. Notification Procedures.
 - 1. When the parole officer receives and verifies information that an offender under supervision has died, the parole officer of record is to attempt to contact an immediate family member(s) to inform them of the death and offer condolences.
 - a. Should the family member(s) pose questions regarding incidents under investigation, the parole officer is to indicate that information cannot be released until the investigation is completed and facts are known.
 - 2. If the offender has no known immediate family for notification, the parole officer is to attempt to contact an acquaintance and/or landlord to inform them of the death.
 - a. Under no circumstances is the parole officer to take control of the offender's property or financial assets or attempt to dispose of it.
 - 3. As necessary parole staff are to contact the offender's landlord, employer, any agency contact person providing services, and KDOC contractors providing service at the time of the offender's death to provide death notification.
 - 4. The assigned parole officer shall complete an incident report in accordance with IMPP 01-113D.
- B. Documentation of Offender Death
 - 1. Upon notification that an offender under supervision has died, the parole officer is to attempt to confirm the death by obtaining a death certificate, coroner's report, autopsy report, or at a minimum, an obituary from the newspaper and/or a confirmed news report from a newspaper/radio/television web site.
 - a. Parole Staff may contact their regional or central office Public Information Officer

to confirm the legitimacy of the web site if needed.

2. Once documentation of offender death has been obtained, a case report is to be prepared detailing the circumstances of the offender's death.
3. The case report with attached documentation is to be forwarded to the parole supervisor for review within 10 days of learning of the death.
 - a. If the parole supervisor concludes that the documentation of death is adequate, the appropriate death movement shall be entered in the offender management system by the supervisor.
 - b. If the parole supervisor concludes that documentation is inadequate, the parole officer is to be informed and further instructions provided.
 - (1) If necessary, the Central Office Interstate Compact Unit and the Parole Operations Manager may be contacted for assistance in obtaining documentation of death.
4. A copy of the case report with supporting documentation of death is to be forwarded to the Kansas Bureau of Investigation records section.

XII. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents, or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

KSA 65-904, 75-52,135, 75-7024,
IMPP 01-113D, 01-117D, 05-104D, 11-102A, 11-102J, 11-105A

HISTORY

12-10-15 Original
11-02-22 Revision 1
10-06-23 Revision 2
02-27-25 Revision 3

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Disposition of Deceased Resident Body Form	1 page
B	Personal Effects Information Form	1 page
C	Emergency Information Form	2 pages
D	Emergency Notification Form	1 page

DISPOSITION OF DECEASED RESIDENT BODY FORM

I, _____, understand that I am responsible for the arrangements for the disposition of my body in the event of my death while in the custody of the Secretary of Corrections. I further understand that, if prior arrangements have not been made for the disposition of my remains, disposition will be in compliance with the provisions of K.S.A. 65-904(b) which states: "The unclaimed body of a deceased inmate in the custody of the secretary of corrections may be cremated at the expense of the department of corrections."

CHOICE OF DISPOSITION:

_____ Family or friends will claim my body.

CONTACT: _____

ADDRESS: _____

TELEPHONE: _____

_____ I have made prior arrangements with a funeral home.

CONTACT: _____

ADDRESS: _____

TELEPHONE: _____

_____ I desire to have final disposition of my body in compliance with K.S.A. 65-904(b).

Print Resident Name & Number

Resident Signature

Date

KANSAS DEPARTMENT OF CORRECTIONS
PERSONAL EFFECTS INFORMATION FORM

Date

Resident Name

KDOC #

Person designated to receive personal effects in the case of resident death

Relationship to Resident

Address

City, State, Zip

Phone Number(s) including Area Code

E-mail Address

Other Relevant Information:

Alternate person designated to receive personal effects in the case of resident death

Relationship to Resident

Address

City, State, Zip

Phone Number(s) including Area Code

E-mail Address

Other Relevant Information:

I release corrections officials and/or designated contractors from any liability for disclosing emergency medical information to the designated emergency contacts listed above.

Dates Reviewed:

Resident's Signature

Date

Staff Witness

Date

This form is to be maintained in the resident's skeleton central file. It shall be reviewed every 120 days for adults/180 days for juveniles by the unit team and resident, and updated with information provided by the resident, or, replaced as necessary.

KANSAS DEPARTMENT OF CORRECTIONS
EMERGENCY INFORMATION FORM

Date

Resident Name

KDOC #

Person to notify in case of resident death or hospitalization due to serious illness/injury

Relationship to Resident

Address

City, State, Zip

Phone Number(s) including Area Code

E-mail Address

Other Relevant Information:

First alternate person to notify in case of resident death or hospitalization due to serious illness/injury

Relationship to Resident

Address

City, State, Zip

Phone Number(s) including Area Code

Other Relevant Information:

Second alternate person to notify in case of resident death or hospitalization due to serious illness/injury

Relationship to Resident

Address

City, State, Zip

Phone Number(s) including Area Code

E-mail Address

Other Relevant Information:

I release corrections officials and/or designated contractors from any liability for disclosing emergency medical information to the designated emergency contacts listed above.

Dates Reviewed:

Resident's Signature

Date

Staff Witness

Date

This form is to be maintained in the resident's skeleton central file. It shall be reviewed every 120 days for adults/180 days for juveniles by the unit team and resident, and updated with information provided by the resident, or, replaced as necessary.

**KANSAS DEPARTMENT OF CORRECTIONS
EMERGENCY NOTIFICATION FORM**

Resident Name _____		KDOC # _____	Date _____
Person Notified _____		Relationship to Resident _____	
Address _____		Phone Number(s) including Area Code _____	
City, State, Zip _____		E-mail Address _____	
Notification by: _____		Position (UTM or Chaplain) _____	
Name _____			
Time of Notification: _____			
Manner of Notification: ☐ by telephone			
☐ through state/local police			
☐ by e-mail			
☐ by mail			
Briefly describe notification efforts/manner in which notification finally accomplished: _____			

Diagnosis of resident's condition: _____			

Circumstances surrounding hospitalization/death of resident: _____			

Name of Hospital: _____			
(Do Not Disclose to _____			
Emergency Contact) _____			
Address _____			
Phone Number _____			
Name of Physician: _____			
(Do Not Disclose to _____			
Emergency Contact) _____			
Phone Number _____			
Visitation Procedures, in case of imminent death only or approved by the Warden/Superintendent or designee.			

Telephone Procedures, in case of imminent death only or approved by the Warden/Superintendent or designee.			

Signature of Staff Member _____			

When notification is completed, the original of this form shall be placed in the resident's skeleton central file.