

TCJS PREGNANT RESTRAINT INSTRUCTIONS

(Developed 8/1/25)

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REQUIREMENTS/DEADLINES

Effective 9/1/2025, you must begin tracking and reporting instances of pregnant inmate restraint **monthly**. Therefore, rather than waiting until the beginning of each year, if you restrain a pregnant inmate (or an inmate who gave birth less than 12 weeks prior), you must submit your pregnant inmate restraint form via Microsoft Forms and submit your supporting documentation via box no later than the 5th of the month.

If you did not restrain any pregnant inmates (or an inmate who gave birth less than 12 months prior), during the reporting period, you will not have to submit a pregnant inmate restraint form.

Your first monthly pregnant inmate restraint report (which will be your September 2025 report) is due between 10/1/2025 and 10/5/2025, as it will account for all incidents in the previous month. You must submit your pregnant inmate restraint form via the Microsoft Teams link below each month and supporting documentation via box. Further instructions regarding box will be sent at a later date.

Link to Pregnant Inmate Restraint Report via Microsoft Forms:

<https://forms.office.com/r/ubv4Xr3Jha>

Because the monthly requirement will not take place until 9/1/2025, **you will still need to submit/report all other instances of restraint from 1/1/2025 – 8/31/2025 via the Microsoft Forms link above no later than February 1, 2026. This will be a one-time occurrence**

PREGNANT INMATE RESTRAINT OVERVIEW

Per Gov. Code Sec. 511.0104, pregnant inmates, or any inmate that has given birth 12 weeks prior, cannot be restrained unless:

- It is necessary to prevent an immediate and credible risk that the prisoner will attempt to escape
- The inmate poses an immediate and serious threat to the health and safety of the prisoner, staff, or any member of the public;
- A health care professional responsible for the health and safety of the prisoner determines that the use of restraints is appropriate for the health and safety of the prisoner and/or her unborn child;

All instances of restraint are reviewed by TCJS, and violations are determined on a case-by-case basis.

DEFINITIONS/INSTRUCTIONS FOR FIELDS ON THE PREGNANT INMATE RESTRAINT FORM

Reports are submitted to the Legislature after TCJS review, so please be as thorough as possible in your explanations below.

County Jail/Facility Name:

Name of your county. If your facility is a private facility, include a (P) at the end. Ex. Brooks (P).

If your facility is an Operation Lonestar Unit, include OLS at the beginning Ex. OLS – Lopez Unit

Reporting Period:

This will be the previous month, as you are reporting all instances/instances that occurred in the prior month. For example, the reporting period for the form you submit on 10/1/2025 will be September 2025, as it accounts for all instances/inmates in the previous month

Inmate Name:

Last, First

Date Restraints Were Used on the Inmate:

Date you restrained the inmate. If you restrained the inmate on several different dates, you will need to submit an additional pregnant inmate restraint form for each instance of restraint.

Location Of Event Where Restraints Were Used:

- **Jail:** Anywhere within the jail.
- **Hospital/Doctor's Office:** Hospital or offsite doctor's office.
- **In-Transport:** The inmate was restrained while being transported.
- **Other:** List any location not included above.

Type(s) Of Restraints Used:

Select all of the following types of restraints used:

- **Handcuffs:** Self explanatory.
- **Leg Irons:** Self explanatory.
- **Restraint Chair:** Self explanatory.
- **Wrap:** Self explanatory.
- **Other:** List any other type of restraint that is not included above.

What Was the Inmate Doing Just Prior To Being Restrained?

In detail, explain the behavior the inmate was engaging in prior to being restrained.

(For Example, the inmate was screaming and yelling at the medical staff because she did not want XYZ procedure.)

When The Restraints Were Used, Was the Inmate Pregnant, Or Had She Given Birth Less Than 12 Weeks Prior To The Use of Restraints?

Select Yes or No.

Was The Inmate Restrained Before Or After Delivery?

Select Before Delivery or After Delivery.

Was The Inmate Restrained While Being Transported to a Local Hospital?

Select Yes or No.

Name And Title Of Jail Supervisor Who Determined That the Inmate Must Be Restrained?

Self-explanatory

Was The Use of Restraints Necessary to Prevent an Immediate and Credible Risk That the Inmate Would Attempt to Escape?

Select Yes or No.

A pregnant inmate is not considered an escape threat just because they are being transported. Several reasons TCJS may consider a pregnant inmate an escape threat are active escape attempts, previous escape attempts, if an inmate has aggravated charges (ex., aggravated assault, aggravated robbery, aggravated kidnapping, etc.), and failure to appear/ "bail jumping" within the past two years.

Did The Inmate Pose an Immediate and Serious Threat to The Health and Safety of Herself, Staff, Or the Public?

Select Yes or No.

Did The Health Care Professional Responsible for the Health and Safety of the Inmate Determine That the Use of Restraints Was Appropriate for The Health and Safety of the Inmate And, If Applicable, the Pregnant Inmate's Unborn Child?

Select Yes or No.

What Were The Reasons For Restraining the Inmate?

In detail, explain the behavior the inmate was engaging in that made you restrain the inmate.

(For Example, the inmate attempted to kick the hospital staff when they tried to perform XYZ procedure.)

Describe The Process Used in Determining That the Inmate Must Be Restrained?

In detail, explain why you decided to restrain the inmate. (For Example, I decided to restrain the inmate because the inmate could have severely injured hospital staff while attempting to kick them.)

Could Less-Restrictive Restraints Have Been Used While Still Protecting the Health and Safety of the Inmate and, If Applicable, the Inmate's Unborn Child?

Select Yes or No.

Did The Health Care Professional Responsible for the Health and Safety of the Inmate Request Jail Staff to Refrain From Using Restraints or to Remove the Restraints?

Select Yes or No.