

Idaho Department of Correction 	Standard Operating Procedure Dual Divisions Facilities Management	Control Number: 501.04.03.001	Version: 2.3	Page Number: 1 of 4
		Title: Count and Accountability: Community Work Center (CWC) Offender		Adopted: 10-29-2002 Reviewed: 4-5-2010 Next Review: 4-5-2012

This document was approved by Kevin Kempf, chief of the Division of Community Corrections, and Pam Sonnen, chief of the Division of Prisons, on 4/5/10 (signatures on file).

BOARD OF CORRECTION IDAPA RULE NUMBER

[None](#)

POLICY STATEMENT NUMBER 501

[Institutional Daily Count Reports](#)

POLICY DOCUMENT NUMBER 501

[Institutional Daily Count Reports](#)

DEFINITIONS

[Standardized Definitions List](#)

Furlough: A temporary release without staff escort.

Work Release: A temporary release, without staff escort, only for the purpose of allowing the offender to work in the community.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish standardized procedures for ensuring offender accountability while assigned to a community work center (CWC).

SCOPE

This SOP applies to all CWC staff responsible for the count, accountability, transportation, and documentation of CWC offenders.

RESPONSIBILITY

Facility heads (or designees) are responsible for implementing this SOP and ensuring CWC staff adhere to the guidelines provided herein.

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GENERAL REQUIREMENTS

1. Counts

CWCs shall count their assigned offenders in accordance with SOP [501.02.01.001](#), *Correctional Facility Daily Count Procedures*. The only exception to the count procedures provided in SOP [501.02.01.001](#) is that CWCs shall use their own facility-developed in/out logs to count offenders who are physically away from the facility (see [section 2](#)).

Note: The exception does not apply to those offenders who are physically in the CWC and are away from their bunks at the time of the count. For those offenders, CWCs shall follow SOP [501.02.01.001](#).

2. Accountability

Offenders must be approved to leave the CWC. Offenders must also get permission from CWC staff to go outside of the CWC's property boundary for reasons such as to retrieve a ball, etc. As a result, staff and offenders must adhere to the following:

Approval to Leave Requirements

With the exception of work release offenders, offenders must have written approval each time they leave the CWC.

- **Furloughs** shall be approved in accordance with SOP [605.02.01.001](#), *Furlough Program: Offender*. (Also see [section 3](#).)
- **Work release** shall be approved in accordance with SOP [605.02.01.002](#), *Work Release: Offender*. (Also see [section 3](#).)

Note: Unless the place of employment changes, approval for work release only needs to be obtained once.

- **All other appointments (e.g., dental or optical)** shall be approved by the appropriate staff. (Also see [section 3](#).)

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Signing In and Out Requirements

It is critical for **the officer on duty** to maintain accurate in/out logs (described in [section 1](#)) to document when an offender leaves and returns to the CWC.

Work release offenders shall sign in and out using appendix 1, *CWC Offender Sign In and Out Sheet*, which is typically maintained in books at the CWC. (See CWC staff regarding the location of these books or other approved method.)

A new *CWC Offender Sign In and Out Sheet* shall be used at the beginning of each month. Designated CWC staff shall spot audit the sheet for accuracy on the part of the offenders. Ensuring that a new sheet is used each month and the spot audit is conducted is vital to ensuring CWC van fees are appropriately assessed.

Any time a change or update to the recorded destination or expected time of return is needed, the person designated as being responsible for the offender and destination shall notify the CWC control officer for approval. In addition, any time there is a temporary change to an offender's work release schedule (e.g., the offender has to work late or be picked up early), **the employer** is required to call or fax the CWC with any destination or time changes relating to employment.

3. Transportation

When an offender has been approved to leave the CWC for reasons such as a job search, interview, vocational rehabilitation, or medical appointment, the offender shall complete appendix 2, *CWC Offender Trip Permit*, and forward it to the CWC staff member responsible for the trip (e.g., the employment coordinator [EC] is responsible for employment-related trips). The staff member responsible for the trip shall verify the necessity and validity of the trip and sign and date the *CWC Offender Trip Permit* before the offender is added to a driver's schedule.

Note: Upon hire, the work release offender is not required to complete and submit the *CWC Offender Trip Permit* for trips to and from work. The offender's verified employment schedule shall replace the need for the permit.

The *CWC Offender Trip Permit* requires that a representative at the trip destination complete the bottom portion of the permit to confirm that the offender arrived and finished his intended business. CWCs shall develop an internal process to complete *CWC Offender Trip Permit* requirements.

With the exception of approved CWC offender drivers and CWC staff, anyone who transports an offender (e.g., a religious volunteer or employer) must check in and out with the CWC control officer when arriving and returning to the facility.

CWCs may allow offenders to drive other offenders to their approved trip destinations as long as the CWC has a drivers' schedule and process in place for offender drivers. The drivers' schedule may be completed by CWC staff or an offender who is usually designated a 'lead driver.' Ultimately, staff are responsible for the drivers' schedule. If the drivers' schedule was developed by an offender or 'lead driver', the designated staff member shall ensure that special favors or inappropriate van trips do not occur.

Transportation for shopping trips must be provided by CWC staff. In addition, facility heads (or designees) should use discretion when deciding what trips (e.g., to obtain a drivers license or Social Security card, or to a bank) may be provided by staff.

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4. Document Retention

Facility-developed in/out logs shall be affixed to (or maintained with) other documents used to clear count (e.g., out-count sheets and vacant bunk rosters), stored, retained for two (2) years, and then destroyed.

Completed CWC Offender Sign In and Out Sheet (see appendix 1) shall be collected, stored (in calendar month order), retained for two (2) years, and then destroyed.

Completed CWC Offender Trip Permit (see appendix 2) shall be retained for 30 days and then destroyed.

REFERENCES

Appendix 1, *CWC Offender Sign In and Out Sheet*

Appendix 2, *CWC Offender Trip Permit*

Standard Operating Procedure [501.02.01.001](#), *Correctional Facility Daily Count Procedures*

Standard Operating Procedure [605.02.01.001](#), *Furlough Program: Offender*

Standard Operating Procedure [605.02.01.002](#), *Work Release: Offender*

– End of Document –

**IDAHO DEPARTMENT OF CORRECTION
CWC Offender Sign In and Out Sheet**

Offender's Name: _____ IDOC #: _____

Place of Employment: _____ Month: _____

*Please use Military Time

**V=Van, W=Walked, E=Employer, D=Drove

	Initials	Date Out	*Time Out	Destination	**V-W-E-D	*Time In	Date In
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							

Note: If more lines for the current month are needed, print & staple another page to this one.

Work and Appointment Schedule

Offender's Name: _____ IDOC #: _____ Month: _____

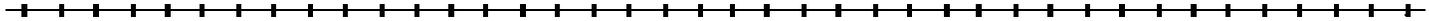
It will always be your responsibility to maintain your schedule calendar. You will not be permitted to go to work or appointments if your schedule is not completed and you will receive disciplinary action. If your schedule is constant, it will be posted two weeks in advance. If your schedule varies, you will place it on the schedule week as soon as it is posted at work. If your schedule changes you must change it on the schedule sheet and fill out a schedule change memo. This must be done by 2000 or as soon as you get back to the center. Your schedule must be legible! The following is an example:

SUNDAY
Date: 11/25/99
Work 0800-1730 GED 1900-2000
<i>Hours Worked: 8</i>

SUNDAY Date:	SUNDAY Date:	SUNDAY Date:	SUNDAY Date:	SUNDAY Date:
<i>Hours Worked:</i>				
MONDAY Date:	MONDAY Date:	MONDAY Date:	MONDAY Date:	MONDAY Date:
<i>Hours Worked:</i>				
TUESDAY Date:	TUESDAY Date:	TUESDAY Date:	TUESDAY Date:	TUESDAY Date:
<i>Hours Worked:</i>				
WEDNESDAY Date:	WEDNESDAY Date:	WEDNESDAY Date:	WEDNESDAY Date:	WEDNESDAY Date:
<i>Hours Worked:</i>				
THURSDAY Date:	THURSDAY Date:	THURSDAY Date:	THURSDAY Date:	THURSDAY Date:
<i>Hours Worked:</i>				
FRIDAY Date:	FRIDAY Date:	FRIDAY Date:	FRIDAY Date:	FRIDAY Date:
<i>Hours Worked:</i>				
SATURDAY Date:	SATURDAY Date:	SATURDAY Date:	SATURDAY Date:	SATURDAY Date:
<i>Hours Worked:</i>				
Total Hours Worked for Week:				

**IDAHO DEPARTMENT OF CORRECTION
CWC Offender Trip Permit**

CWC Offender Trip Permit		
Date Submitted: _____	CWC Location: _____	CWC Phone Number: _____
Please check the appropriate type of appointment you will be going on.		
Job Search <input type="checkbox"/>	Interview <input type="checkbox"/>	Voc-Rehab <input type="checkbox"/>
Doctor Appt. <input type="checkbox"/>	Pharmacy <input type="checkbox"/>	Dental <input type="checkbox"/>
Other <input type="checkbox"/>		
Please make sure all information below is filled out completely.		
Offender Name: _____	IDOC #: _____	
Is scheduled for an appointment at _____	on _____	at _____
	Business Name	Date Time
Business Address: _____	Business Phone: _____	
	Street, City, State & Zip	
<u>CWC Staff Approval Section</u>		
Name: _____	Signature: _____	Date: _____
Phone Number: _____		
<u>Business Representative's Section</u> (At the site of the appointment)		
My signature confirms that the above named individual arrived and finished the scheduled appointment as indicated above.		
Name: _____	Signature: _____	Date: _____
The Offender is responsible for returning this form to the CWC control officer (or designee).		
Appendix 2 501.04.02.001 (Appendix last updated <u>2/25/10</u>)		



CWC Offender Trip Permit		
Date Submitted: _____	CWC Location: _____	CWC Phone Number: _____
Please check the appropriate type of appointment you will be going on.		
Job Search <input type="checkbox"/>	Interview <input type="checkbox"/>	Voc-Rehab <input type="checkbox"/>
Doctor Appt. <input type="checkbox"/>	Pharmacy <input type="checkbox"/>	Dental <input type="checkbox"/>
Other <input type="checkbox"/>		
Please make sure all information below is filled out completely.		
Offender Name: _____	IDOC #: _____	
Is scheduled for an appointment at _____	on _____	at _____
	Business Name	Date Time
Business Address: _____	Business Phone: _____	
	Street, City, State & Zip	
<u>CWC Staff Approval Section</u>		
Name: _____	Signature: _____	Date: _____
Phone Number: _____		
<u>Business Representative's Section</u> (At the site of the appointment)		
My signature confirms that the above named individual arrived and finished the scheduled appointment as indicated above.		
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Appendix 2 501.04.02.001 (Appendix last updated <u>2/25/10</u>)		

Appendix 2
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(Appendix last updated 2/25/10)