

INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: Adult Operat	ion Only JUVENILE	E Operations Only X DEPARTMENT-WIL	DE
IMPP #: 11-121D		PAGE #: 1 of 3	
DECISION MAKING: Release C	hecklist		
Original Date Issued: 08-16-22	Replaces IMPP Issued: N//	/A CURRENT EFFECTIVE DATE: 08-16-22	
ones Outh May to the saferon	ad Only valid to While at		
Approved By:	Secretary	Next Scheduled Review: 02/2025	
Appleted by:	- Last Continue and the Continue y	HOME CONCURSION NOTION. OL/LOLO	

POLICY

In order to provide verification that a resident has received all applicable release documents/materials, medications, funds, property, etc., a release schedule/checklist is to be completed and signed by both designated facility staff and the resident prior to his/her release.

DEFINITIONS

<u>Releasing Resident</u>: Any resident released from a correctional facility via a Prisoner Review Board decision, conditional release, guidelines release, sentence discharge, maximum sentence expiration, or court ordered release.

Release Schedule/Checklist: The form used to verify that a resident has received all release paperwork, medication, funds, and property.

<u>Institutional Parole Officer (IPO)</u>: A facility staff member working with facility unit teams and field parole staff in coordinating and tracking parole related issues and providing technical assistance to facilitate the timely release of offenders on parole.

Keep On Person Medications (KOP): Medications the resident is issued by the health care provider to carry on his or her own person.

VOR: Abbreviation for Violent Offender Registration.

<u>NCIC</u>: National Crime Information Center, a national automated information system established as a server to all local, state and federal criminal justice agencies.

PROCEDURES

- I. Each facility is to institute a process whereby a checklist is completed prior to a resident's release.
 - A. The checklist is to be verified as completed prior to a resident's release.
 - B. A staff member and designee in each of the following work areas are to be identified as a contact person responsible for ensuring that those items in their area of responsibility are completed:
 - 1. Records Office;
 - Business Office;
 - 3. Clinic:

- 4. Re-Entry and Release Planning Services; and
- 5. Property / A&D.
- C. The following mandatory items are to be included on a release schedule/checklist (Attachment A):
 - ADULT: NCIC Query per IMPP 05-108A;
 - Compact Release Notification (as required);
 - 3. Detainer Check;
 - 4. Transportation Arrangements;
 - 5. Final Good Time award entered;
 - 6. Victim Notification;
 - 7. **ADULT:** Sexually Motivated Indicator "Yes", has MDT reviewed for commitment;
 - 8. Master File checked for resident identification, etc;
 - 9. Federal Release Notification (as required);
 - 10. Close Resident Accounts, including Work Release;
 - 11. **ADULT:** Gratuity;
 - 12. Resident Funds;
 - 13. Medication;
 - 14. KOP meds;
 - 15. Medical appliances returned (as required);
 - 16. Medical discharge/Follow-up instructions;
 - 17. Final release plan submitted;
 - 18. Field Services notified;
 - ADULT: Reporting instructions from IPO to Resident;

<u>JUVENILE:</u> Juvenile residents shall receive their reporting instructions from the community probation officer.

- 20. Final Release Paperwork to Records/Classification;
- 21. **ADULT:** New Photograph as Required by Applicable Procedures of IMPP 12-131A;
- 22. Release Schedule;
- 23. V.O.R. Fingerprints;
- 24. Ksort Registration Entry has been made;
- 25. Correct Release Date & Sentence Guideline Indicator;

- 26. Check sentence record summary certification documented by Sentence Computation Unit;
- 27. Property Inventory; and
- 28. Property to Staging Area.
- D. Other items within a facility other than those listed above may be included in the review process, as deemed appropriate by the facility general orders.
- II. The release checklist is to be initiated no less than five (5) business days prior to the resident's release, or scheduled transfer to a releasing facility.
 - A. The release checklist is to be completed electronically through the use of a shared folder and must be completed by the close of business on the day prior to the resident's release or transfer for release. If an item is not completed, the designated staff member(s) in the responsible area is to receive a call/message from Records/Classification and they will have to complete the task immediately.
 - B. If a resident is transferred to another facility for release directly off the transport hub, the checklist must be completed and final signatures obtained by the originating facility.
 - C. If a resident is transferred to another facility for release at a later date, all mandatory sections of the checklist must be completed except for the area relating to the resident's gratuity. The transferring facility is to ensure the resident's funds are processed prior to transfer. The checklist is to be forwarded to the releasing facility where the resident's gratuity is to be calculated, the checklist completed, and final signatures obtained upon release.
 - D. The checklist is to be forwarded to the Records Office for imaging, rather than placement in the resident's central file.
 - 1. The checklist should be Imaged as document RELSCHL2 under Tab L2.

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

None.

HISTORY

08-16-22 Original

ATTACHMENTS

Attachment	Title of Attachment	Page Total
Α	Release Checklist	1 page

Resident Release Checklist

Facility:				
Resident Name: Resident Number:				
Date of Release:				
Release Action Responsible Area Completed by Date				
Release Schedule Parole Paperwork Detainer Check V.O.R. Form / Finger Print Cards Transportation Victim Notification N.C.I.C. Registration (Ksort) Complete Final Good-Time Sexually Motivated Ind. Compact Release Notification Federal Release Notification (If Applicable) Check Resident File for Property Check Sentence Summary Certification by SCU				
Resident Incentive Pay Close Resident Personal Accounts (W/R if Appl.) Gratuity Transportation i.e.; Tickets – Bus / Other Print Resident Checks				
Medical Medication Sent K.O.P. Meds Discharge / Follow-up Instruction Meds Ordered Medical Appliance Return				
□ Dorm Pack-out □ Property Inventory □ Property to staging area				
Final Parole Plan submitted Reporting Instructions from P.O. Parole Field Staff notifications Final Paperwork to Release Records New Photograph as Required				
Received for resident Funds: Medication: Property:				
Access / Resident Final Check-out: (Above – Have Resident sign at time of release as verification) (Below – Have Resident initial at time of release as verification)				
Given to resident Funds: Medication: Property: Release Papers from Records given to resident:				
Access Officer Name:				
Signature:				