



KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 12-116D	PAGE NUMBER 1 of 2
		SUBJECT: SECURITY AND CONTROL: Polygraph Examinations of Offenders	
Approved By:  Secretary of Corrections		Original Date Issued: 11-03-15	Replaces Version Issued: N/A
		CURRENT VERSION EFFECTIVE: 11-03-15	

APPLICABILITY:	_ ADULT Operations Only	_ JUVENILE Operations Only	<input checked="" type="checkbox"/> DEPARTMENT-WIDE
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POLICY STATEMENT

Procedures shall be developed for the administration of polygraph examinations to offenders as may be required to complete an investigation. Polygraph examinations shall be administered only with the offender's written consent. Absolutely no polygraph examinations shall be administered to alleged victims of sexual assault/abuse in connection with the alleged offenses involved.

Polygraph examination results shall not be considered conclusive evidence or utilized as substitutes for facility disciplinary hearings or post incarceration supervision revocation actions. Except when the polygraph is required as a condition of participation in a treatment program, the refusal of an offender to submit to a polygraph examination shall not be the basis for disciplinary or post incarceration supervision revocation actions, or, reported to the offender's file.

Polygraph examinations requested by outside agencies or individuals may be allowed. The agency or individual requesting such an examination shall be responsible for any cost associated with the administration of the examination.

DEFINITIONS

None.

PROCEDURES

I. Offender Consent

- A. The offender's consent shall be obtained using the Offender's Consent to Polygraph Examination form (Attachment A), prior to the administration of any polygraph examination.

II. Authorization for and Purpose of Polygraph Examinations

- A. No offender shall be requested to submit to a polygraph examination as a part of an internal investigation or on the request of outside agencies or individuals without the prior approval of the warden/superintendent. In making this decision, the following shall be taken into consideration:
 - 1. The matter under investigation;
 - 2. The need to determine if the offender has been truthful during other phases of an investigation; and,

3. The investigative efforts which have been expended or remain to be utilized.

III. Scheduling of Polygraph Examinations

- A. Schedules for approved polygraph examinations to be administered on departmental premises shall be limited to times and locations within the facility or office which provide for a minimum of disruption to the daily administration of the facility or parole office.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff 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 or offenders, or an independent duty owed by the Department of Corrections to employees, 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 REQUIRED

None.

REFERENCES

None.

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Offender's Consent to Polygraph Examination	1 page

KANSAS DEPARTMENT OF CORRECTIONS
OFFENDER'S CONSENT TO POLYGRAPH EXAMINATION

A. Name of Correctional Facility or Parole Office _____

B. Name of Examiner _____

C. Employer of Examiner _____

D. Name of Offender _____

DOC Number _____

I hereby consent to a polygraph examination by the above-named examiner. I understand that this is a voluntary examination. I further understand that the results of this polygraph examination shall not be considered as conclusive and that disciplinary action or post incarceration supervision revocation action shall not be taken based on the results of this examination.

Signature of Offender

Date

Witness

Date

Witness

Date