

Applicability: X ADULT Operations Only _ JUVENILE Operations Only _ DEPARTMENT-WIDE

IMPP #: 12-131A

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SECURITY AND CONTROL: Resident Identification Processing

Original Date Issued: 03-15-22 Replaces IMPP Issued: N/A **CURRENT EFFECTIVE DATE: 03-15-22**

Approved By: , Secretary

Next Scheduled Review: 01/2025

POLICY

Residents admitted to the custody of the Department are to be fingerprinted and issued a standardized identification badge. The identification badge is to be affixed to the resident's clothing and replaced or reissued on a periodic basis based upon need and security considerations. Identifying information is to be maintained on each resident by departmental units and appropriately shared with other criminal justice agencies.

DEFINITIONS

Digital Image: Electronically produced bust view and side view pictures that are maintained on the Department's central computer system.

Official Photos: Photographs taken to satisfy some valid correctional purpose as defined by Departmental staff.

Resident Identification Badge: A laminated, clip-on card containing a resident's digital image, the resident's name and KDOC number which is to be affixed to the resident's clothing.

PROCEDURES

I. Fingerprinting

- A. All residents are to be fingerprinted during the admission process. This process is to include the completion of Federal Bureau of Investigation (FBI) Fingerprint Forms through the use of AFIRS. (Attachment A). One is to be maintained in the resident's master file. The Kansas Bureau of Investigation will receive the automated file. All fingerprint forms are to have the following fields completed:
1. Date of Arrest, the date shown here is to reflect the date of the resident's admission to the facility;
 2. ORI, this is to be the identifying ORI number of the facility completing the fingerprint record;
 3. Contributor, the name of the facility completing the fingerprint record;
 4. Address, the address of the facility completing the fingerprint record;
 5. Reply Desired? is to be marked Yes so that an official rap sheet from the FBI will be forwarded to the facility completing the record;

6. Send copy to, this field is to be left blank;
7. Date of Offense, this field is to contain the date of offense provided on the Journal Entry;
8. Place of Birth (State or Country), this field is to be completed;
9. County of Citizenship, this field is to be completed;
10. Miscellaneous Numbers, this field may be left blank;
11. Scars, Marks, Tattoos, and Amputations, this field is to be completed;
12. Residence/Complete Address, this field is to be left blank;
13. City, this is a continuation of the address and is to be left blank;
14. State, this is a continuation of the address and is to be left blank;
15. Official Taking Fingerprints, this must contain the legible name of the person taking the fingerprints;
16. Local Identification/Reference, this field is to contain the resident's KDOC Number;
17. Photo Available, this box is to be checked as there is a photo in the resident file available upon request;
18. Palm prints taken? This box is to be checked only when Departmental technology can provide this option;
19. Employer, this field is to be left blank as the resident is no longer employed;
20. Occupation, this field is to be left blank;
21. Charge/Citation, On the FBI record -these fields are to list the 3 – 4 most serious offenses for which the resident was convicted;
22. State Usage, this is for the KBI, please leave this field blank;
23. Last Name, First Name, Middle Name and Suffix. This field must be filled out Legibly;
24. Signature of Person Fingerprinted, this field is to contain the resident's signature;
25. Social security no., this field is to be completed;
26. Aliases, Maiden, Last Name, First Name, Middle Name, Suffix, this field is to be filled out;
27. FBI No. leave this field blank even if you know the number;
28. KBI No., leave this field blank even if you know the number;
29. Date of Birth MM DD YY, this field is to be completed using the format provided;
30. Sex, this field is to be completed;
31. Height, this field is to be completed;
32. Weight, this field is to be completed;

- 33. Eyes, this field is to be completed;
 - 34. Hair, this field is to be completed; and,
 - 36. All fingerprint boxes are to be completed taking care that the prints are classifiable.
- B. The two (2) completed FBI Fingerprint Records are to be forwarded to the KBI Records section the same day as completed.

II. Resident Digital Imaging

- A. The format for Resident Digital Images is to be the same at all facilities.
- 1. Admission and Discharge personnel at the initial intake facility are to be responsible for capturing a digital/video image of each resident.
 - a. The digital images captured by the initial intake facility is to be up loaded to the Department's central computer system, from where it may be accessed and utilized by the facilities to which the resident may be subsequently assigned.
 - b. The admitting facility is to produce a laminated resident badge using the bust view digital image.
 - (1) The laminated resident badge is for resident use in accordance with sections IV., V., and VI. of this IMPP.
 - 2. Resident digital images are to be taken as the resident normally appears, and:
 - a. A digital image is to be taken of each resident with the hair pulled back behind the head or cut to a length of one and one-half inches, at the resident's option;
 - b. A digital image is to be taken of all male residents with all facial hair removed; and,
 - c. This process is to consist of two separate digital images (before and after). If there is need to remove facial hair and/or adjust head hair, the resident is to be given a direct order to remove facial and/or adjust head hair (otherwise there is to be one digital image).
 - (1) Refusal of removing facial hair and/or adjusting head hair is to be a violation of K.A.R. 44-12-304, constituting a Class I offense and the resident is to be placed in Administrative Segregation as a security risk, per K.A.R. 44-14-302 (g).
 - (a) The required digital images are to be taken by use of force.
 - 3. Under any of the following circumstances, resident digital images are to be retaken and up-loaded to the Department's central computer system as previously described in Section II.A.1.a.
 - a. Whenever the resident's physical appearance changes significantly;
 - b. At least every three (3) years;
 - c. Prior to release from KDOC custody if not already taken within the last three months prior to release; and/or,
 - d. Whenever requested by the health authority.

III. Issuance and Appearance of Resident Identification Badges

- A. The resident identification badge is to be as specified in the KDOC "Picture Link Manual".
- B. There is to be no variation in the identification badge to differentiate facility, unit, custody restriction or other in-house designation on the badge itself. Color-coded clips maybe used to differentiate housing unit, custody, etc., as determined necessary to meet the facility's needs.
- C. Alphanumeric codes, as required by IMPP 10-119D, are to be incorporated within the manufacture of each individual badge to indicate any approved religious diet or special medical diet needs of the resident.

IV. Issuance, Replacement & Reissuance of Resident Identification Badges

- A. An identification badge is to be issued to each resident and is to be transferred with the resident throughout the KDOC system.
 - 1. Residents transferred to a work release program are to be required to turn in the regular resident identification badge at the receiving facility. Such residents are to be issued a work release resident identification badge.
- B. Resident identification badges are to be replaced or reissued for the following reasons:
 - 1. If the badge becomes worn or tattered through normal wear and tear;
 - 2. If the resident's physical appearance changes significantly;
 - 3. If the badge is lost or destroyed;
 - 4. If there is a change in any approved religious diet or special medical diet needs of the resident; or,
 - 5. Routinely every three [3] years if none of the above reasons occur.
- C. Identification badges are to be replaced at KDOC's cost if replaced because of wear and tear, change in physical appearance (except as specified below), or at the scheduled three (3) years.
- D. The cost of identification badges replaced due to loss or destruction by the resident may be paid for by the resident via the affected resident's submission of an expenditure request to the facility business office for the replacement cost of their badge.
 - 1. The expended monies are to be deducted from the resident's trust fund account, and remitted to the facility's fee fund.
 - 2. In the event that the affected resident indeed refuses to initiate an expenditure request, he or she is to be charged with a violation of K.A.R. 44-12-1002, and be assessed a fine if found guilty.
 - 3. Cost of the badge is to be determined by combining the cost of the badge media, laminate pouches, and badge clip. This composite cost will be determined by the Deputy Secretary of Facilities Management, and is to be as specified in the KDOC "Picture Link Manual".
 - 4. No resident is to be held financially responsible for the replacement of badge that has become worn or tattered due to normal wear and tear.
 - 5. If the resident has made any pre-approved significant changes in their appearance such as a perm or hair color, a replacement is to be made for a fee of \$5.00.
 - a. Replacement is required through an Account Withdrawal Request (AWR) submitted to the facility Business Office where the fee is to be obligated to the resident's

account. Once the fee is debited from the resident's account, it is to be deposited in the Facility Fee Fund.

- b. A new digital image for the replacement badge must be taken.

V. Presentation of the Resident Identification Badge

- A. Resident identification badges are to always be worn with the photograph visible.
- B. Except as provided in Section V.B.1., below, resident identification badges are to be worn and displayed at all times on the left breast pocket, or if there is no pocket, the left breast pocket area of the outer-most garment, with the following exceptions:
 1. Any resident who has a job assignment off of facility grounds which requires contact with the general public and/or whose job assignment off of facility grounds involves heavy physical labor which might cause the badge to be lost or damaged may be permitted to carry the identification badge on their person while off facility grounds and working with the permission of the detail supervisor.
 - a. It is to be within the discretion of the warden of the facility where the resident is housed, and supervising staff of the agency where the resident is placed in a job, to determine whether the resident assigned to a job pursuant to IMPP 10-125 (Provisions for use of Resident Labor for Community Service Work) is to wear the identification badge, or whether the resident is to carry the identification badge on them while off facility grounds and working.
 2. Work release residents placed in independent work release centers are not to be required to display or wear identification badges either on the facility grounds or outside the facility. Such residents are to be required to carry identification badges on their person both while off and on facility grounds.
 3. Residents in a work release program, which is not at an independent work release center are to be required to wear identification badges while on facility grounds. These residents are not to be required to wear identification badges while off facility grounds but must have identification badges on their person while off facility grounds.

VI. Disposal of Resident Identification Badges

- A. Upon a resident's discharge from a Kansas correctional facility he/she is to, on the day of his/her departure, surrender the Identification Badge to the facility from which he/she is leaving.
 1. If the facility Records Office can verify that a resident was committed and served his/her sentence under an alias, that information is to be provided to the Receiving and Discharge staff responsible for the resident's out-processing.
 - a. Any such resident, who does not have a driver's license in his/her possession at the time of release from the facility, is *not* to be allowed to retain the KDOC badge for use as identification in the community.
- B. Each facility is to establish procedures to transfer the Resident Identification Badge to the receiving Parole Office. If the resident will not receive post-incarceration supervision, the Resident Identification Badge is to be destroyed.
- C. The Resident Identification Badge may be released with the resident if needed for identification purposes, if the resident requests to retain the badge, and providing that the name affixed to the resident's badge is not an alias.
 1. Prior to allowing the resident to depart the facility with the identification badge, the magnetic strip is to be disabled.

VII. Resident Identification Equipment and Set-up

- A. All equipment utilized for resident digital imaging and other processes for the development of resident badges must be approved by the Deputy Secretary of Facility Management and the Information Resource Manager.
- B. All digital image backgrounds are to be prepared in compliance with the provisions of the KDOC "Picture Link Manual".
 - 1. Staff responsible for the equipment utilized for digital imaging and processing the badges must ensure that the backgrounds are well lighted to ensure the visual quality of the image.
- C. Facilities are to either be equipped with a digital image capture station or a video camera. Facilities with digital image capture stations are to have the ability to take digital images and to produce resident badges. Facilities with video cameras are to only have the ability to take resident digital images. Once the images are taken, the video tape must be sent to a facility having a digital imaging capture station for producing resident badges.

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 are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

K.A.R 44-12-302; 44-12-304; 44-12-1002
IMPP 10-119D; 10-125

HISTORY

03-15-22 Original

ATTACHMENTS

Attachments	Title of Attachments	Page Total
A	FBI Fingerprint Card	2 pages

**FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
 WASHINGTON, D.C. 20537**

PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

JUVENILE FINGERPRINT SUBMISSION YES <input type="checkbox"/>		DATE OF ARREST MM DD YY		ORI CONTRIBUTOR ADDRESS	
TREAT AS ADULT YES <input type="checkbox"/>				REPLY YES <input type="checkbox"/> DESIRED?	
SEND COPY TO: (ENTER ORI)		DATE OF OFFENSE MM DD YY		PLACE OF BIRTH (STATE OR COUNTRY) COUNTRY OF CITIZENSHIP	
MISCELLANEOUS NUMBERS		SCARS, MARKS, TATTOOS, AND AMPUTATIONS			
		RESIDENCE/COMPLETE ADDRESS		CITY STATE	
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER)		LOCAL IDENTIFICATION/REFERENCE		PHOTO AVAILABLE? YES <input type="checkbox"/>	
				PALM PRINTS TAKEN? YES <input type="checkbox"/>	
EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.				OCCUPATION	
CHARGE/CITATION 1.		DISPOSITION 1.			
2.		2.			
3.		3.			
ADDITIONAL		ADDITIONAL			
ADDITIONAL INFORMATION/BASIS FOR CAUTION				STATE BUREAU STAMP	

		(STAPLE HERE)				LEAVE BLANK					
		STATE USAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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		SUBMISSION	APPROXIMATE CLASS	AMPUTATION	SCAR						
STATE USAGE		LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX									
SIGNATURE OF PERSON FINGERPRINTED			SOCIAL SECURITY NO.			LEAVE BLANK					
ALIASES/MAIDEN LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX											
FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH	MM	DD	YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING			5. R. LITTLE					
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING			10. L. LITTLE					
		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY							