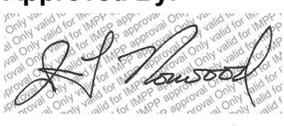


KANSAS DEPARTMENT OF CORRECTIONS

 Kansas Department of Corrections	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 15-101A	PAGE NUMBER 1 of 8
		WORK RELEASE AND PRISON/NON-PRISON BASED PRIVATE INDUSTRY PROGRAMS: Selection Criteria and Placement Procedures	
Approved By:  Secretary of Corrections		Original Date Issued:	11-16-17
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APPLICABILITY:	<input checked="" type="checkbox"/> ADULT Operations Only	<input type="checkbox"/> JUVENILE Operations Only	<input type="checkbox"/> DEPARTMENT-WIDE
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POLICY STATEMENT

In order to reduce recidivism and facilitate reentry and transition to the community at release, it is the policy of the KDOC to prepare offenders for, and provide access to, work release and prison-and-non-prison-based private industry employment, when it is safe for the community and the offender has a need for such a program.

DEFINITIONS

Clinical Services Report: A report prepared by clinical professional staff that provides information about risk and need of potentially violent offenders, including sex offenders.

Director of Sex Offender Management: A Central Office position that oversees the department's management of sex offenders, monitors the sex offender treatment program/contract, and administers the Multidisciplinary Team (MDT) and override process for sex offenders.

Multidisciplinary Team: Individuals selected by the Secretary of Corrections from a variety of state and private sources for the express purpose of assessing whether or not a person meets the definition of a sexually violent predator.

Private Non-Prison Based Work Release: Minimum-custody offender employment for a private business enterprise that operates within a community setting outside a correctional facility, pursuant to K.A.R. 44-8-115.

Private Prison Based Work Release: Offender employment for a private business enterprise that operates on the grounds of a correctional facility, pursuant to K.A.R. 44-8-116.

Program Management Committee: The committee, consisting of the warden or designee and an administrative/supervisory representative from the Programs and the Security divisions of the facility responsible to review and approve or deny proposed classification exceptions, program placements including amendments to program plans, and transfer requests/recommendations.

Traditional Work Release: Offender employment for a private business enterprise pursuant to K.S.A. 75-5267 and K.S.A. 75-5268.

Work Release Program: Any work release programs as authorized by KSA 75-5267 and governed by KSA 75-5268, applicable Internal Management Policies and Procedures, and facility general orders as approved by the Secretary of Corrections or designee, in a KDOC facility or county facility pursuant to an agreement with that county.

PROCEDURES

I. Preparing Offenders for Work Release

- A. As part of ongoing case management, unit team staff shall review cases that are 24 months from release, to determine whether the offender is a likely candidate for future referral to work release. Additionally, unit team shall work with the offender to help him/her prepare for work release or private industry, addressing readiness, barriers to minimum custody (such as detainers, disciplinary reports, other behavior issues, etc.); job readiness; anti-social thinking; etc.

II. Determining Eligibility for Work Release

- A. Every offender shall be screened to determine if s/he is a good candidate for work release placement, in time to place offenders in work release six (6) to 14 months from release, using the screening/referral tool at Attachment A. Any offender is eligible for work release, provided:
1. The offender does not have a diagnosis of pedophilia, or an Axis I diagnosis of not otherwise specified exhibitionism, fetishism, frotteurism, sexual masochism, sexual sadism, transvestic fetishism or voyeurism;
 2. The offender is managed as a sex offender who is not precluded by #1, and s/he has successfully completed sex offender treatment or obtained an override from treatment;
 3. The offender is physically capable of seeking and maintaining employment, with reasonable and available assistance for any physical limitation;
 4. Any medical or behavioral health treatment needs can be adequately addressed in the work release setting, including the ability to access necessary medication;
 5. The offender has no history of escapes from a secure facility in the last 10 years;
 6. The offender is not currently, and has not within the past year been, involved in organized criminal activities, including gang or security threat group activities;
 7. The offender has not been convicted of:
 - a. A Rule 1 disciplinary infraction; or
 - b. A Rule 2 infraction for arson, or dangerous contraband not involving a weapon or statutory violation (felony crime), within the last six (6) months
 8. The offender does not have a pending felony detainer or a misdemeanor detainer that it is known will require the offender to serve more than 60 days in a local jail after release from KDOC;
 9. The offender's history does not reflect current, ongoing violent, assaultive or dangerous behavior;
 10. There are no other indicators that an offender is too great a risk to the community if placed in a work release setting, including recent behavior, discharge summaries from treatment or a Clinical Services Report reflecting high risk for violent behavior, or otherwise.

III. Referring an Offender for Work Release Placement and Making the Decision Whether to Place

- A. If after screening, unit team concludes a referral to work release is appropriate, using the screening/referral form (Attachment A), unit team shall make a referral for work release. In the referral, unit team shall specifically address:
1. Work history, employment/education risk/need per LSIR, employment history, and job readiness (e.g., whether the offender has completed any job readiness class, etc.), and

what plan the offender has for seeking/gaining/keeping employment, including the transportation to/from job search/work plan when applicable.

2. Relevant substance abuse history (e.g., recent use, treatment, impact on employment in the past, etc.).
 3. If the offender is high or moderate risk for anti-social thinking, based on the LSIR attitudes/orientation, criminal history, companions and/or leisure time domains, what has been done to address this, if anything (e.g., completed *Thinking for a Change*).
 4. Whether the offender completed a work release readiness class; if so, was it a successful/unsuccessful completion, and when.
 5. The status of the offender's identification (driver's license, birth certificate, social security card) and if the offender was required to register for selective service, if/when that was done. Note: Identification is necessary to obtain employment, so should be addressed before an offender goes to work release.
 6. Any special services related to employment assistance the offender may qualify to receive, such as vocational rehabilitation or veteran status.
 7. If there is a pending detainer, what has been done to address it, and the status; and specifically, if the offender will likely be required to serve time in a local jail after release, and how that fact impacts work release placement.
 8. Any pro-social support the offender may have (e.g., family, clergy, mentor, etc.; describe the status of this relationship, and where this person is), and whether the offender will still have access to him/her if placed in work release.
 9. Is work release placement a goal in this offender's case plan and/or is the referral made at the recommendation of the Prisoner Review Board? If so, please indicate any details about the Board's recommendation.
 10. Is there any pending behavioral or medical health issue that work release should know about, and if so, what is the status?
 11. Any other information you think would be useful to making the decision about whether to place this offender in work release, or about what case management and job assistance the offender may require once at work release.
 12. That the rules of the program to which the offender is being referred have been provided to and reviewed with the offender, including special rules related to offenders managed as sex offenders when applicable.
 - a. Rules and procedures for non-KDOC for work release programs are available, and will updated as needed, on the KDOC Intranet.
- B. Once the referral has been completed, it shall be processed as follows:
1. If the offender is **managed as a sex offender**, send the referral to the Director of Sex Offender Management.
 - a. The Director of Sex Offender Management shall make a recommendation to approve or disapprove the referral for further processing, after considering sex offending history, risk/need assessments, treatment progress, notes and discharge summary, polygraph results, status current or potential as a sexually violent predator, clinical reports or information, diagnoses, parole violations, institutional behavior, or any other information relevant to current risk for sexually reoffending. The Director shall forward information with his/her

approval/disapproval/conditions to the referring facility, to include in the ongoing referral process/information.

- (1) The Director of Sex Offender Management may recommend approval subject to some specific conditions, and if so, those conditions shall be indicated with the approval, and shall become part of the rules the offender will follow if placed.
- b. The recommendation of the Director of Sex Offender Management shall be forwarded to the Deputy Secretary of Facilities Management or designee, who shall have the final say whether the sex offender's referral shall go forward. This decision shall be conveyed back to the referring facility as final.
2. If the offender is not managed as a sex offender or is managed as a sex offender and has been approved for further processing per #B1 above, the completed referral form shall be sent to the Unit Team Manager for approval/disapproval.
3. If the Unit Team Manager approves the referral, it shall be sent to the Classification Administrator for approval/disapproval.
4. If the Classification Administrator approves the referral, it shall be sent to the facility's Program Management Committee (PMC) for approval/disapproval.
5. If the PMC approves the referral, the Classification Administrator shall notify Victim Services, Medical and Behavioral Health of the referral seeking input from each.
6. After receiving input from Victim Services, Medical and Behavioral Health, the referral shall be sent to the work release facility or for non-KDOC programs, the designee of the Deputy Secretary of Facilities Management, for final determination, together with any input provided by Victim Services.
7. The work release facility shall make a final determination as to whether the offender will be placed in the facility and notify the referring facility or Deputy Secretary's designee of the decision.
8. The offender shall be advised of the final decision as directed by the referring facility, and the referring facility shall schedule the offender for transport or transfer and provide him/her with a copy of the rules for the work release program to which s/he is being transported or transferred.

IV. Placement in Traditional and Non-Prison Based Work Release

- A. All offenders placed in work release shall be required to do the following:
 1. The offender shall have been continuously housed in a minimum-security living area for at least 30 days, immediately preceding placement in traditional/non-prison-based work release.
 2. Complete an acknowledgement concerning work release placement, using Attachment B.
 3. Comply with all rules, general orders, policies and procedures of the program and department.
 4. Participate in any job readiness or other risk-reduction programming as required by his/her unit team counselor.
 5. Actively seek and maintain full time employment, in the time frame as directed by program staff and unit team counselor.

- a. If program and unit team staff determine the offender needs to complete some programming at the facility prior to full time employment that shall be reflected in the offender's case plan and his/her job search and employment requirement shall be tailored to this plan.
6. Remain in the facility at all times except when going to/coming from work, or as approved, for job searching, job training or point-to-point passes.
 - a. The facility shall develop, publish, post and make available information about how to request a pass; when passes will be granted; and methods for insuring the passes are used for the purposes granted only.
- B. Offenders managed as sex offenders shall also be required to do the following:
 1. For offenders with a SOTP Discharge Summary recommendation providing for no contacts with minors, the following shall apply:
 - a. No contact: the offender shall not have face-to-face or telephonic communication, physical touching of any kind, written correspondence, electronic/computer correspondence, or any indirect communication through third parties; and,
 - b. Incidental contact: the offender may have contact that randomly occurs as one goes about daily life, without prior planning or intent.
 2. Fully comply with all treatment requirements, including any community contract or relapse prevention plan prepared or agreed-to by the offender as part of sex offender treatment, including the requirement to participate in ongoing group treatment, polygraphs, or any other treatment requirements;
 3. Participate with unit team and treatment staff in developing a specific personal maintenance contract, using Attachment C, that takes into account the sexual preoccupation or sexual offending cycle of the offender, that addresses employment, transportation (vehicle or walking), social activities (church, library, shopping), computer access, programs, medication, visits, any conditions imposed by the Director of Sex Offender Management as a condition of approval of the work release referral, and any other issue deemed necessary by SOTP treatment, program or treatment staff.
 - a. Unit team and SOTP treatment staff shall communicate a minimum of once per month about progress, behaviors, and status of all offenders managed as sex offenders as part of the case management plan during work release.
- C. The Warden or Designee shall maintain as a permanent record in the offender's file of the following:
 1. Disbursement of the offender's earnings in accordance with IMPP 04-109A;
 2. The name, address, and telephone number of the employer;
 3. The job or position title in which the participant is employed;
 4. The rate of compensation and pay period interval; and
 5. The offender's regular work schedule.
- D. The Warden or designee shall provide information to the employer about the work release program including the address and telephone number of the facility.

V. Termination and Removal Procedures

- A. The Warden or Director of the work release facility, or designee may terminate an offender's participation in a work release program for any of the following:
1. The offender is not working conscientiously or effectively toward getting or keeping employment after a reasonable time and after receiving reasonable support in this effort, including if the offender is terminated for cause or under circumstances that indicate the offender's risk has become unacceptable.
 2. The offender is subject to disciplinary action as a result of a serious rule violation or repeated minor conduct rule violations which become unduly disruptive or create too much risk.
 3. The offender becomes involved in criminal activity or is suspected of criminal activity that is reported to the district or county attorney for prosecution.
 4. The offender is not able to conform to the program structure or facility rules based upon documented situations by the staff.
 5. The offender's activities may bring discredit to the overall work release program.
 6. The offender requests, in writing, their voluntary removal from the program, and/or
 7. The offender leaves the facility without proper authorization or does not return as directed or schedule.
 8. The offender is managed as a sex offender, and the SOTP treatment provider and unit team consult on the case and determine his/her behavior indicates an increased risk of sexually reoffending; and/or the MDT determine the offender is high risk under the sex predator act.
 9. If for any other reason the placement becomes unsafe for the facility, community or offender.
 10. Based on institutional need and programming requirements upon recommendation of the PMC.
- B. Offenders may be transferred to another KDOC facility if extended hospitalization or treatment is recommended, or if the offender is financially unable to meet the cost of short term hospitalization. The offender may be removed from the program or returned after treatment.
- C. If an offender is terminated from a work release program, the reasons shall be documented, and the offender transferred from the facility.

VI. Prison Based and Non-Prison Based Private Industry Employment

- A. All eligible offenders who are 12 to 96 months from release (except offenders serving an indeterminate sentence who must be within 36 months of their parole eligibility date, or off-grid sentence committed after 7/1/93, who must be within 36 months of release) shall be considered for non-prison private industries assignment. Eligibility for prison-based assignments is 12 – 180 months from release. It is at the Warden's discretion to approve offenders with less than 12 months and more than 180 months left to release. Employment review by the PMC shall occur, at minimum, every eight (8) years to determine eligibility for continued assignment to prison based Private Industry program. Authorized by KSA 2011 Supp. 75-5210(a)(k)&(m) and KSA 75-5267 and KAR 44-7-108.
- B. The selection criteria set out in II.A above (for placement in work release) shall be followed for placement in private **non-prison-based** employment. Criteria for **private prison-based**

employment shall be dictated by the security of the area where the industry is located and reflected in facility general orders. All facilities shall utilize Attachment D, Prison Based Private Industry Application, to determine eligibility per KDOC policies and requires Program Management Committee's approval.

- C. Offenders may be referred to private industries at other facilities, using the referral form and criteria at Attachment A, except in the wardens' discretion sex offenders who are in treatment, making progress, and not deemed to be an undue risk after consultation with the treatment provider, can be placed in a non-prison-based or prison-based private industry. Referrals for private industries at other facilities shall be sent to the Classification Administrator of the receiving facility, and if the offender is approved, the offender shall be transferred to the receiving facility. Transfer for prison based private industries is at the discretion of the warden and Attachments D, E and F must accompany the transfer request.

VII. Per Diem

- A. For any offender placed in a work release program or private industry job, a per diem rate of 25% of his/her income shall be charged to the offender for food and lodging. The per diem for KDOC work release programs shall be returned to the State General Fund or to the political subdivision, federal government or community-based center for such offender's food and lodging in work release; for non-KDOC work release programs it shall be placed in that entity's fund per internal policy; or if the offender is participating in a private industry program other than work release, the minimum amount collected shall be deposited to the correctional industries fund.

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

K.S.A. 75-5267, 75-5268, 75-5210(a)(k)&(m)
KAR 44-7-108, *et seq.*, 44-8-101
IMPP 04-109A, 10-136, 11-101, 11-103, 11-106, 12-120
ACO 2-4G-01
ACI 3-4288, 3-4389, 3-4391, 3-4396, 3-4409

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Screening/Referral for Work Release and Private Industry Employment	5 page(s)
B	Offender Acknowledgement Concerning Work Release Placement	1 page(s)
C	Offender Managed as a Sex Offender - Work Release Plan	1 page
D	Private Prison Based Industry Application	2 pages
E	Offender Acknowledgement and Agreement for Prison Based Employment	1 Page
F	Consent of Prison Based Employment	2 pages

SCREENING/REFERRAL FOR WORK RELEASE AND NON-PRISON-BASED INDUSTRY EMPLOYMENT

Initial Screening by Unit Team

Offender Name & Number: _____ Date: _____

Unit Team Counselor Name & Phone #: _____

Offender's release date (mandatory or released by PRB)? _____ To what county? _____

1. Does the offender have a diagnosis of pedophilia, or an Axis I diagnosis of not otherwise specified exhibitionism, fetishism, frotteurism, sexual masochism, sexual sadism, transvestic fetishism or voyeurism?
 Yes No If **yes, not eligible** to proceed.

2. Is the offender managed as a sex offender, and has not completed sex offender treatment?
 Yes No If **yes, not eligible** to proceed.

Note: If this referral is for private industry, the warden may approve placement if the offender is in treatment and making progress, and after consulting with treatment provider. Please indicate status of treatment and feedback from provider if this referral is for private industry: _____

3. Is the offender physically capable of seeking and maintaining employment, with reasonable and available assistance for any physical limitation? Yes No If **no, not eligible** to proceed.

4. Does the offender have any medical or behavioral health treatment need that cannot be adequately addressed in the work release setting, including access to medication?
 Yes No If **yes, not eligible** to proceed.

5. Does the offender have a history of escape from a secure facility in the last 10 years?
 Yes No If **yes, not eligible** to proceed.

6. Is the offender currently, or has s/he within the past year, been involved in organized criminal activities, including gang or security threat group activities? Yes No If **yes, not eligible** to proceed.

7. Has the offender been convicted of a Rule 1 disciplinary infraction or Rule 2 infraction for arson, or dangerous contraband not involving a weapon or statutory violation (felony crime) within the last six (6) months? Yes No If **yes, not eligible** to proceed.

8. Does the offender have a pending felony detainer? Yes No If **yes, not eligible** to proceed.

Describe/explain detainer: _____

9. Does the offender history reflect current, ongoing violent, assaultive or dangerous behavior?
 Yes No If **yes, not eligible** to proceed.

10. Are there any other indicators that this offender is too great a risk to the community if placed in a work release setting, known to you? Yes No If **yes, not eligible** to proceed.

Briefly describe: _____

NOTE: If the above answers (1 – 10) indicate that this offender **is not** eligible for work release, but for some reason you believe s/he should be considered, please explain why:

NOTE: If the above answers (1 – 10) indicate that this offender **is** eligible for work release, but for some reason you believe s/he **should not** be considered, please explain why:

Referral to Work Release

If after screening, unit team concludes a referral to work release is appropriate, complete the following:

Offender Name & Number: _____ Date: _____

Unit Team Counselor Name & Phone #: _____

Offender's release date (mandatory or released by PRB)? _____ To what county? _____

To which work release program is this referral being made?

Choice #1: WWRF HCF Johnson County Shawnee County TCF

Other (describe): _____

Choice #2: WWRF HCF Johnson County Shawnee County TCF

Other (describe): _____

A. Employability

What is the offender's work history; LSIR education/employment score; and what job readiness classes has s/he done?

Completed OWDS already? Yes No

Risk level on education/employment: Low Moderate High

Comments: _____

B. Relevant substance abuse history (e.g., recent use, treatment, impact on employment in the past, etc.)

Completed CDRP, SARP, SAP or TC? Yes No If yes, which one: _____

Has offender had past community treatment? Yes No

Comments: _____

C. If the offender is high or moderate risk for anti-social thinking, based on the LSIR attitudes/orientation, criminal history, companions and/or leisure time domains, what has been done to address this, if anything (e.g., completed *Thinking for a Change*).

Attitudes & Orientation score: _____

Completed Thinking for a Change? Yes No

Comments: _____

D. Has the offender completed a work release readiness class?

Completed work release readiness class? Yes No

Comments: _____

E. What is the status of the offender's identification (driver's license, birth certificate, social security card); and if the offender was required to register for selective service, was this done/when? _____

Note: This issue should be addressed before sending the offender to work release.

Has a birth certificate? Yes No

Has a social security card? Yes No

Has a valid driver's license? Yes No

Has a valid Kansas ID? Yes No

Has registered for selective service? Yes No Not required to register

Comments: _____

F. Is the offender's eligible for employment assistance through vocational rehabilitation or veteran status?

Yes No

G. If there is a pending detainer (not felony)? If so, what has been done to address it, and what is the status?

Pending non-felony detainer? Yes No

Comments: _____

H. Does this offender have a "pro-social" support person, **including a matched mentor**, and if so, who? Will the offender continue to have access to this support if s/he goes to work release?

Has a support person? Yes No

Has a mentor? Yes No

Comments: _____

I. Is work release placement a goal in this offender's case plan and/or is this referral made at the recommendation of the Prisoner Review Board?

Work release is a goal in case plan? Yes No

Work release has been recommended by the Prisoner Review Board? Yes No

If "yes," please state specifically what recommendation the PRB made, and when.

Comments: _____

J. Is there any pending behavioral or medical health issue that work release should know about, and if so, what is the status?

Pending behavioral and/or medical issue? Yes No

Comments: _____

K. Is there any other information you think would be useful to making the decision about whether to place this offender in work release, or about what case management and job assistance the inmate may require once at work release if admitted into the program?

Comments: _____

Processing the Referral for Work Release

1. If the offender is **managed as a sex offender**, referral was sent to the Director of Sex Offender Management and then Deputy Secretary of Facilities Management or designee?

Yes No Date: _____

Comments/Result: _____

2. If the offender is not a sex offender, or after #1 above, referral was sent to Unit Team Manager for approval?

Yes No Date: _____

Comments/Result: _____

3. If approved by Unit Team Manager, referral was sent to Classification Administrator for approval?

Yes No Date: _____

Comments/Result: _____

4. If approved by Classification Administrator, referral was sent to facility's PMC?

Yes No Date: _____

Comments/Result: _____

5. If approved by PMC, referral was sent to Victim Services, Behavioral Health, and Medical for input?

Yes No Date: _____

Victim Services Input: _____

Behavioral Health Input: _____

Medical Input: _____

6. If referral has been given final approval (i.e. PMC has approved and all feedback has been given), the referral was sent for processing to designated point of contact for the appropriate work release program?

Yes No Date: _____

Comments/Result: _____

Note: If this referral is for non-prison-based private industry employment at another facility, complete the first two (2) pages and send it to your Classification Administrator, who will send it to the Classification Administrator of the receiving facility.

OFFENDER ACKNOWLEDGMENT CONCERNING WORK RELEASE PLACEMENT

I, _____, # _____ have agreed to be placed in a work release program of the Kansas Department of Corrections at the following facility _____. With respect to that placement, I fully understand, agree and acknowledge the following:

1. That I may be terminated from the program, prior to and without successful completion of the program, for any of the following reasons:
 - a. Refusal to complete this acknowledgement;
 - b. Failure to comply with all rules, general orders, policies and procedures of the department and program;
 - c. Failure to remain in the facility at all times except when going to/coming from work, or as approved for job searching, job training, or point-to-point passes.
 - d. If I am a sex offender, failing to follow treatment requirements, my work release plan as developed with unit team and SOTP treatment staff, or my having contact through a third-party contrary to IMPP 15-101.
 - e. Failing to work conscientiously or effectively toward getting or keeping employment after a reasonable time and after receiving reasonable support in this effort, including if the offender is terminated for cause or under circumstances that indicate the offender's risk has become unacceptable;
 - f. Being subject to disciplinary action as a result of a serious rule violation or repeated minor conduct rule violations which become unduly disruptive or create too much risk;
 - g. Being involved in criminal activity or suspected of criminal activity which is referred for prosecution;
 - h. Being unable to conform to the program structure or rules based on documented situations;
 - i. Bringing discredit to the work release program;
 - j. I request to be removed from the program;
 - k. I leave the facility without proper authorization or fail to return as directed or scheduled; and/or,
 - l. If for any other reason the Secretary or designee, or any program, unit team and/or treatment staff conclude my continued participation in the work release program creates an undue risk to the facility, the community or me.
2. That I have no due process protection against or upon termination from the program and am not entitled to a hearing of any type or sort prior to, after or in connection with my termination from the program.
3. That I have no due process protection against my personal property being controlled as per the provisions of IMPP 11-101 (Inmate Privileges and Incentives).
4. That I have no due process protection against or upon being transferred to another facility if my termination from the program gives rise to the need to transfer me to another facility; and I am not entitled to a hearing of any type or sort prior to, after or in connection with my transfer to another facility.
5. If terminated from a work release program for disciplinary reasons I will be placed on Incentive Level I.
6. That if I am subject to a court order for restitution, regardless of whether such order makes restitution immediately payable, restitution payments will be deducted from my trust account in accordance with IMPP 04-109A.
7. That failure to agree to payment of court-ordered restitution in accordance with IMPP 04-109A will make me ineligible for assignment to traditional work release or private industry work release.

Offender's Signature

KDOC#

Date

Witness' Signature

Date

Offender Managed as a Sex Offender – Work Release Plan

The offender shall participate in and cooperate with the Unit Team and SOTP Community Program Provider by describing the areas in their deviant cycle as they relate to the work release responsibilities. Then record below how the offender will manage those responsibilities. If necessary, include the prohibited contact with minors/children as noted in the SOTP Discharge Summary with each applicable responsibility. Note: This plan may be modified as the offender progresses in treatment.

EMPLOYMENT:

TRANSPORTATION:

TRANSPORTATION PRIVATELY OWNED VEHICLE:

WALK ROUTES:

CHURCH:

LIBRARY:

SHOPPING TRIPS:

SELF HELP PROGRAMS:

MEDICATION:

COMPUTER ACCESS:

SUBSTANCE ABUSE:

VISITATION:

OTHER:

OFFENDER SIGNATURE: _____

COMMUNITY TREATMENT PROVIDER SIGNATURE: _____

UNIT TEAM MEMBER SIGNATURE: _____

DATE: _____

Private Prison Based Industry Application

Prescreening Employment Criteria

- High School Diploma / GED (Not required at time of application.)
- Level 3 (Level 2 offenders will be considered unless the offender lost a level due to disciplinary reasons or failure to participate in required programs.)
- 180 Months or Less to Projected Release Date (Discretion of the Warden for more than 180 months.)
- No DR's for 6 Months; No RI or Drug Related DR's within 12 Months (At the Warden's discretion, exception may be granted based on severity of DR.)

Name: _____ Number: _____ Cell: _____ Facility: _____

DOB: _____ SSN: _____ Custody: _____

Projected Release Date: _____ PE Date: _____ Current Job Assignment: _____

Current Offense(s): _____

High School Diploma / GED: Yes No If "No", Highest Grade Completed: _____

Higher Education / Special Training: _____

Work Experience – Prior to Incarceration

Employer & Position	Dates (From – To)	Job Duties	Reason for Leaving
1)			
2)			
3)			

Offender Acknowledgement and Agreement for Prison Based Employment

I, _____, # _____, agree to be placed in a prison-based employment program.

I understand, acknowledge and agree to all of the following conditions for employment:

1. I may be terminated from the program, prior to and without successful completion at the discretion of the employer or the (facility location) for any of the following:
 - a. Behavior, which interferes with my participation in the program.
 - b. Behavior, which is deemed to be incompatible with the program goals.
 - c. Behavior, which jeopardizes the security of efficient operation of the employment facility.
 - d. Behavior, which is inconsistent with KAR 44-12-328 and IMPP 02-118D defining staff relationships. Illustrations of inappropriate relationships include, but are not limited to:
 - i. Any transfer, gift or exchange of items such as money, stamps, tobacco products, food, etc.
 - ii. Any attempt to place a civilian employee on the offender visiting list.
 - iii. Any correspondence with a civilian employee of the employer.
 - iv. Any attempt to meet with a civilian employee of the employer other than during work and at the facility.
2. I am prohibited from requesting transfer to any other KDOC facility while employed in the prison-based program.
3. I understand and agree that there is no due process protection against or upon termination from this employment program. I am not entitled to any type of hearing prior to, after or in connection with termination from the employment program.
4. I understand and agree that I have no due process protection from transfer to another facility. I am not entitled to any type of hearing prior to, after or in connection with any transfer.
5. I understand and agree that any attempt to engage in a personal relationship with any staff including civilian employees of the employer is grounds not only for termination from employment, but also may result in disciplinary action against me for violation of provisions of the Inmate Rule Book.
6. I may request to be removed from the program and will not participate in any prison based private industries for 180 days.

Offender Signature

Number

_____/_____/_____
Date

Witness Signature

_____/_____/_____
Date

Consent of Prison-Based Employment

I, _____, # _____, have volunteered for employment with

_____.

I understand and agree that the following deductions shall be made from the wages earned from my employment.

1. Employment Deductions
 - a. Federal Income Tax
 - b. State Income Tax
 - c. Social Security Tax
 - d. Miscellaneous Deductions

2. Correctional Facility Deductions
 - a. Incidental Expenses: The offender shall be allowed to retain a stipend amount deemed necessary by the Warden for incidental expenses as defined in IMPP 04-109.
 - b. Room and Board: A deduction of 25% of gross pay per pay period (including work, holiday, sick, vacation, etc.) shall be withheld from offender earning for room and board.
 - c. Dependent Support
 - i. If dependents are receiving public assistance, 25% of remaining salary shall be forwarded to Kansas Payment Center as per specification provided by the Department for Children and Families or other states' jurisdiction.
 - ii. For obligations that relate to the care and support of the offender's immediate family and which have been reduced to judgement, 25% of the remaining salary shall be forwarded to the court ordering the support.
 - d. Victim's Compensation: No less than 5% of gross wages paid to any offender employed in private industries shall be deducted for the purpose of victim's compensation. The amount deducted may be court ordered payments for victim's compensation/restitution or payments to the Crime Victim's Compensation Board or a combination thereof so long as the total is not less than 5% of the offender's gross wages.
 - e. After deduction of the above amounts, payment of costs assessed to the offender pursuant to the code of civil procedure.
 - i. Payment of federal filing fees assessed by the courts pursuant to the 28 U.S.C. section 1915.
 - ii. Payment of state filing/docket fees assessed under K.S.A. 60-2001.
 - iii. Offenders owing other court costs associated with a civil procedure shall have two percent (2%) of their remaining salary remitted to the court. (Attorney fees are not included in court costs, unless there is a statute involved in the proceeding that clearly authorizes such.)
 - f. Accounts of offenders whose restitution debt are turned over to collection agents per K.S.A. 75-719 shall be debited for the application collection fee, which shall be submitted together with the restitution payment to the collection agency. The contract between the Attorney General's Office and the contracting agent determines the amount of the collection fee.
 - g. Offenders owing criminal court costs, fines and fees, including attorney fee reimbursements to county of conviction or Board of Indigent Defense Services as

provided in the journal entry of conviction shall have 2% of their remaining salary remitted to the court.

- h. Mandatory Savings: After the deductions noted above have been made, 10% of the offender's remaining salary shall be deposited in a savings account for disbursement to the offender only upon his release from custody.

3. Net Salary:

- a. Monies remaining after the above deductions may be expended at the offender's discretion subject to the applicable procedures established by the Department and the facility Warden.

Payment made for court costs and court ordered restitution may be applied differently by the court than reflected on the Department of Corrections records. It is my responsibility to inquire with the courts on the amount collected for court ordered restitution and civil procedure costs and how my payments were allocated by the courts. My signature below signifies my understanding of the required payroll deductions any my voluntary employment with this private company/industry.

Offender Signature

Number

_____/_____/_____
Date

Witness Signature

_____/_____/_____
Date