


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 Reentry Center (CRC) Inmate		Adopted: 10-29-2002 Reviewed: 4-5-2010

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 inmate to work in the community.

PURPOSE

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

SCOPE

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

RESPONSIBILITY

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

Control Number: 501.04.03.001	Version: 2.3	Title: Count and Accountability: Community Reentry Center (CRC) Inmate	Page Number: 2 of 4
---	------------------------	--	-------------------------------

Table of Contents

General Requirements	2
1. Counts.....	2
2. Accountability	2
Approval to Leave Requirements.....	2
Signing In and Out Requirements.....	3
3. Transportation	3
4. Document Retention.....	4
References.....	4

GENERAL REQUIREMENTS

1. Counts

CRCs shall count their assigned inmates 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 CRCs shall use their own facility-developed in/out logs to count inmates who are physically away from the facility (see section 2).

Note: The exception does not apply to those inmates who are physically in the CRC and are away from their bunks at the time of the count. For those inmates, CRCs shall follow SOP 501.02.01.001.

2. Accountability

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

Approval to Leave Requirements

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

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

Control Number: 501.04.03.001	Version: 2.3	Title: Count and Accountability: Community Reentry Center (CRC) Inmate	Page Number: 3 of 4
---	------------------------	---	-------------------------------

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 inmate leaves and returns to the CRC.

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

A new *CRC Inmate Sign In and Out Sheet* shall be used at the beginning of each month. Designated CRC staff shall spot audit the sheet for accuracy on the part of the inmates. Ensuring that a new sheet is used each month and the spot audit is conducted is vital to ensuring CRC 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 inmate and destination shall notify the CRC control officer for approval. In addition, any time there is a temporary change to an inmate's work release schedule (e.g., the inmate has to work late or be picked up early), **the employer** is required to call or fax the CRC with any destination or time changes relating to employment.

3. Transportation

When an inmate has been approved to leave the CRC for reasons such as a job search, interview, vocational rehabilitation, or medical appointment, the inmate shall complete appendix 2, *CRC Inmate Trip Permit*, and forward it to the CRC 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 *CRC Inmate Trip Permit* before the inmate is added to a driver's schedule.

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

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

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

CRCs may allow inmates to drive other inmates to their approved trip destinations as long as the CRC has a drivers' schedule and process in place for inmate drivers. The drivers' schedule may be completed by CRC staff or an inmate who is usually designated a 'lead driver.' Ultimately, staff are responsible for the drivers' schedule. If the drivers' schedule was developed by an inmate 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 CRC 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.

Control Number: 501.04.03.001	Version: 2.3	Title: Count and Accountability: Community Reentry Center (CRC) Inmate	Page Number: 4 of 4
---	------------------------	---	-------------------------------

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 CRC Inmate 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 CRC Inmate Trip Permit (see appendix 2) shall be retained for 30 days and then destroyed.

REFERENCES

Appendix 1, *CRC Inmate Sign In and Out Sheet*

Appendix 2, *CRC Inmate Trip Permit*

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

Standard Operating Procedure [605.02.01.001](#), *Furloughs*

Standard Operating Procedure [605.02.01.002](#), *Employment Release for Residents*

– End of Document –

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

Inmate'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							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
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

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

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

CRC Inmate Trip Permit

Date Submitted: _____ CRC Location: _____ CRC Phone Number: _____

Please check the appropriate type of appointment you will be going on.

Job Search Interview Voc-Rehab Doctor Appt. Pharmacy Dental Other

Please make sure all information below is filled out completely.

Inmate Name: _____ IDOC #: _____

Is scheduled for an appointment at _____ on _____ at _____
Business Name Date Time

Business Address: _____ Business Phone: _____
Street, City, State & Zip

CRC Staff Approval Section

Name: _____ Signature: _____ Date: _____

Phone Number: _____

**Business Representative's Section
(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 Inmate is responsible for returning this form to the CRC control officer (or designee).

Appendix 2
501.04.02.001
(Appendix last updated 2/25/10)

CRC Inmate Trip Permit

Date Submitted: _____ CRC Location: _____ CRC Phone Number: _____

Please check the appropriate type of appointment you will be going on.

Job Search Interview Voc-Rehab Doctor Appt. Pharmacy Dental Other

Please make sure all information below is filled out completely.

Inmate Name: _____ IDOC #: _____

Is scheduled for an appointment at _____ on _____ at _____
Business Name Date Time

Business Address: _____ Business Phone: _____
Street, City, State & Zip

CRC Staff Approval Section

Name: _____ Signature: _____ Date: _____

Phone Number: _____

**Business Representative's Section
(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 Inmate is responsible for returning this form to the CRC control officer (or designee).

Appendix 2
501.04.02.001
(Appendix last updated 2/25/10)

Appendix 2
501.04.03.001
(Appendix last updated 2/25/10)