# Program Manual

**Subject:** Work Release Program  
**Number:** 8010.1B

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**Summary of Changes:**

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**Approved:**

Quincy L. Booth, Director  
1/18/2018
1. **PURPOSE AND SCOPE.** To establish policy and procedures for:
   a. Placing sentenced misdemeanant inmates and court ordered pretrial defendants into contract Community Correctional Centers (CCC) referred to as Halfway Houses, Halfway and work release from a DOC jail facility;
   b. Action upon program failure, or upon other court-ordered disposition Releasing inmates and pretrial defendants upon expiration of their sentence, ; and
   c. Providing overall contract administration of the program.

2. **POLICY.** It is DC Department of Corrections (DOC) policy to place eligible inmates/defendants in a work release program upon referral by DOC or court order for sentenced misdemeanants, or court-ordered pretrial work release supervision. Work release is conducted from a community correctional center (referred to as a Halfway House) or a DOC jail facility, as an alternative form of incarceration.

3. **APPLICABILITY.** This directive applies to the following entities:
   a. The DOC Office of Community Corrections (OCC) which oversees work release, inmate/defendant placement revocation and administration and oversight of CDF and CTF based work release and contracted Halfway House services;
   b. Eligible sentenced misdemeanants from the Central Detention Facility (CDF) and the Correctional Treatment Facility (CTF);
   c. Pretrial defendants who are court-ordered to participate in the program; and
   d. Contract service providers who operate the Halfway Houses.

4. **PROGRAM OBJECTIVES**
   a. An inmate may be referred for work release in one of two ways:
      1) The Court may order work release for pre-trial defendants or sentenced misdemeanants; or
      2) DOC may authorize work release for sentenced misdemeanants
   b. DOC may authorize inmates in the work release program to work from the CDF, the CTF, a Halfway House,
c. A needs assessment shall be conducted for each sentenced misdemeanant referred by DOC. The OCC shall advise the referring authority when an inmate/defendant is not accepted into the program, stating specific reasons.

d. Halfway House inmates/defendants shall receive structured supervision and accountability in a community setting to enhance their opportunities for successful reentry.

e. Absconders and escapees shall be detected and promptly reported.

f. DOC shall monitor Halfway Houses to ensure they are administered and managed in a professional and responsible manner, consistent with legal requirements, local regulations, and contractual agreements.

g. DOC shall maintain an appeal system for resolution of inmate grievances.

5. NOTICE OF NON-DISCRIMINATION

a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §§ 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

6. DIRECTIVES AFFECTED

a. Directives Rescinded

1) PS 8010.1A Work Release Program (4/4/12)

b. Directives Referenced

1) PP 1280.2 Notification and Reporting Procedures for Significant Incidents and Extraordinary Occurrences

2) PP 1300.1 Freedom of Information Act (FOIA)

3) PM 1300.3 Health Information Privacy
SUPERSEDES: 8010.1A
April 4, 2012

REVIEW DATE: January 18, 2019

SUBJECT: WORK RELEASE PROGRAM
NUMBER: 8010.1B
Attachments: Attachments A-M

4) PS 2000.2 Retention and Disposal of Department Records
5) PP 3800.4 DOC Language Access Program
6) PM 4022.1 Community Correctional Disciplinary Procedures
7) PP 4030.1 Inmate Grievance Procedure (IGP)
8) PP 4060.2 Inmate Record
9) PP 4352.1 Inmate-Offender Death
10) PM 5006.1 Inmate Reception Center Manual
11) PP 5010.3 Contraband Control
12) PP 5010.9 Use of Force and Application of Restraint

7. AUTHORITY
a. DC Code § 22-4501 Definitions
b. DC Codes §§ 24-241.01 through 24-241.10, Work Release Program
c. DC Code §§ 2-1931, et seq., Language Access

8. STANDARDS REFERENCED
a. ACA Standards for Adult Community Residential Services: 4-ACRS-2A-07, 4-ACRS-2A-08, 4-ACRS-2A-09, 4-ACRS-2A-12, 4-ACRS-2C-05, 4-ACRS-3A-01 through 4-ACRS-3A-07, 4-ACRS-4C-01 through 4-ACRS-4C-24, 4-ACRS-5A-01, 4-ACRS-5A-06, 4-ACRS-5A-10, 4-ACRS-6A-04, 4-ACRS-6A-10, 4-ACRS-6A-12, 4-ACRS-6A-13, 4-ACRS-6B-02, 4-ACRS-6B-03, 4-ACRS-6C-01 through 4-ACRS-6C-04, 4-ACRS-7D-05, 4-ACRS-7D-08, 4-ACRS-7D-10, 4-ACRS-7D-11, 4-ACRS-7D-15, 4-ACRS-7D-32, 4-ACRS-7D-33, and 4-ACRS-7D-34

Quincy L. Booth
Director
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CHAPTER ONE
PROGRAM EVALUATION AND PLACEMENT

1. DEFINITIONS
   a. Abscond. When a pretrial inmate is absent from a Halfway House or Jail Work Release program without authorization;
   b. Escape. When a sentenced misdemeanant is absent from a Halfway House or Jail Work Release program without authorization;
   c. Crimes of Violence. Crime of Violence means aggravated assault; act of terrorism; arson; assault on a police officer (felony); assault with a dangerous weapon; assault with intent to kill; commit first degree sexual abuse, commit second degree sexual abuse, or commit child sexual abuse; assault with significant bodily injury; assault with intent to commit any other offense; burglary; carjacking; armed carjacking; child sexual abuse; cruelty to children in the first degree; extortion or blackmail accompanied by threats of violence; gang recruitment, participation, or retention by the use of threatened use of force, coercion, or intimidation; kidnapping; malicious disfigurement; manslaughter; manufacture or possession of a weapon or mass destruction; mayhem; murder; robbery; sexual abuse in the first, second, or third degrees; use, dissemination, or detention or a weapon of mass destruction; or an attempt or conspiracy to commit any of the foregoing offenses.
   d. Special Needs. A mental and/or physical condition that requires specialized accommodations or arrangements. Individuals with special needs may include, but are not limited to, persons with emotional, developmental, mental or physical disabilities, including chronic illness, substance abuse and addictions.

2. RESPONSIBILITIES
   a. Office of Community Corrections (OCC)
      1) The Office of Community Corrections is responsible for monitoring the operations of the Halfway Houses and ensuring that each Halfway House is in compliance with its contract. The OCC is also responsible for overseeing DOC inmates’ court ordered to receive electronic monitoring placed in the Halfway House.
      2) CONTRACT ADMINISTRATION
         a) DOC contracts with private vendors for all Halfway House housing and services provided to DOC inmates. OCC shall maintain a
separate file for each facility that contains the signed contractual agreement, a statement of work, clarifications and deficiency reports, the technical proposal, and all contract modifications.

b) Pursuant to the contractual agreements, the Contractor shall conform to DOC policies and procedures that are specifically cited in the contractual agreement.

3) **CONTRACT MONITORING.** OCC shall regularly inspect each Halfway House and document program compliance, deficiencies found, the service provider’s plan for corrective action, and the results of re-inspections. The contract file shall also document any technical assistance that was provided to the contractor and the result.

4) **MEDICAL.** DOC shall maintain a written agreement with contracted health care providers for delivery of medical and dental services to all Halfway House inmates/defendants.

5) The OCC is responsible for coordinating all drug/alcohol testing results for work release program participants.

6) Halfway Houses shall notify the OCC of all pretrial defendants who violate the rules of the work release program and submit judge’s notifications if removal of the defendant is necessary.

7) OCC shall notify the Pretrial Services Administration (PSA) in all instances whereby a defendant is deemed inappropriate for program participation and PSA shall be responsible for informing the relevant judicial officer.

8) The Halfway House Case Manager shall prepare final progress reports for all sentenced misdemeanants participating in the program and forward to the OCC for appropriate action.

b. **Halfway Houses/Community Correctional Centers (CCC).** Each Halfway House is responsible for day-to-day operations and programs pursuant to their contractual agreement with DOC and consistent with applicable federal and local regulations, as well as this directive.

c. **Case Managers.** DOC Case Managers shall screen their respective caseload to identify inmates who are eligible for work release program placement at either a Halfway House or from the CTF or CDF. This screening shall include, but not be limited to, interviewing the inmate to determine his/her request or refusal for program placement and providing an overview of the program and general rules. Case Management staff shall prepare the referral package for sentenced misdemeanor candidates.
d. **RECORDS**

1) The Inmate Records Office shall prepare an inmate package and shall forward this package to the OCC when an inmate/defendant is qualified for placement in a Halfway House.

2) The Inmate Records Office shall retain the inmate’s/defendant’s official institutional record at CDF. The official institutional record shall contain all original copies of judgments, commitment documents, and other pertinent court orders.

e. **Warden.** The Warden or his/her designee shall be the institutional approving authority for non-waiver referral packages submitted from the CDF and CTF.

f. **DOC Case Management Division.** The DOC Case Management Division shall be the institutional approving authority for non-waiver referrals and the institutional level reviewing authority for referrals requiring a waiver when the CDF/CTF submits a Work Release referral.

g. **Deputy Director.** The Deputy Director or his/her designee shall be the final approving authority in all cases requiring a waiver for work release program placement.

3. **HALFWAY HOUSE WORK RELEASE PROGRAM ELIGIBILITY CRITERIA**

a. Work release program participants shall meet the following eligibility criteria:

1) must be within 180 days of their mandatory release date;

2) must have no history of escape/absconder, or the commission of a crime of violence or assaultive behavior in the past ten (10) years, unless a waiver is granted (see ¶ b. of this section);

3) The *instant* charge or conviction is not one for domestic violence; unless a waiver is granted (see ¶ b. of this section);

4) The *instant* charge or conviction is not one for a sex offense;

5) No other pending charges, outstanding detainers or outstanding warrants;

6) The inmate has not been remanded back to the jail for violating work release in the last 12 months

7) Inmate must be competent with no medical, psychiatric or substance abuse issues or requirement for inpatient medical, psychiatric or substance abuse treatment that would impede the inmate’s ability to
successfully participate in the work release program with reasonable accommodations.;

8) Inmate must be classified as Minimum or Medium custody;

9) All work release program participants require medical clearance including a mental health/psychological assessment;

10) A juvenile records clearance for inmates between the ages of 18 and 21;

11) Inmate shall sign an agreement for participation in the work release program, Request for CCC Placement form (Attachment A);

12) An inmate agrees to seek and maintain full-time employment or enrollment in approved educational or training opportunities;

b. Employer must sign an agreement for the inmate’s participation in the work release, Employer Agreement for Work program (Attachment B), Waivers. A waiver may be granted by the Deputy Director, or his/her designee, for sentenced misdemeanants with the following:

1) A history of escape/absconderence or assaultive behavior within the past 10 years; a history of violent crimes involving harm and danger to another person(s), including but not limited to Armed Robbery, Arson, Assault with Intent to Kill, Assault with a Dangerous Weapon, Burglary I, Child Abuse, Child Molestation, Manslaughter, Mayhem, Murder, And Rape While Armed.

2) When the instant offense is for domestic violence, a police report (PD163) and a recommendation from the institution’s classification committee, reviewed and approved by the Chief Case Manager/designee shall be included with the referral package.

3) A stay away order (a condition of work release ordering the defendant to stay away from a specific person(s) and/or place); or

4. INMATE DECLINATION FROM PARTICIPATION. The Case Manager shall ensure that documentation is obtained when an inmate declines Halfway House placement for work release or electronic monitoring. Declination shall be recorded on the Request for Halfway House Placement Form (Attachment C) and filed in the inmate’s institutional record.

5. REFERRAL PACKAGE

a. Sentenced Misdemeanant Packages. Case Management shall submit the referral package to OCC. The referral package shall contain the following documentation:
1) Halfway House Referral Package checklist (Attachment D);
2) Warden’s transmittal memorandum to OCC or when applicable, the waiver memorandum to Deputy Director;
3) Institutional Transfer Report (report must have been prepared/updated within the past 60 days);
4) Request for Halfway House Placement (Attachment C), containing the inmate’s signature;
5) Halfway House General Rules and Orientation Form (Attachment E) containing the inmate’s signature and when applicable;
   a) Face Sheet #1;
   b) Computation Certificate;
   c) Judgment and Commitment Order(s);
   d) Medical Clearance Form;
   e) Copy of current photograph;
   f) Copy of fingerprint card;
   g) Copy of criminal history check;
   h) Protective Custody waiver (if applicable);
   i) Wing card
   j) Copy of Separation Orders, if applicable, including location of separatees;
   k) Release Plan that includes recommendation for special needs assistance as appropriate;
   l) LSIR or Northpointe Assessment; and
   m) WALES check.

b. **Pre-trial Court Ordered Work Release Packages**. When a pre-trial defendant receives an order for work release, the Inmate Records Office shall review the order, complete a record check, and prepare a work release package. These packages shall be submitted by the Inmate Records Office to the OCC and contain the following with the exception of the Medical Clearance which is requested by the OCC once a bed space becomes available:
1) Computation Certificate (when applicable);
2) Judgment and Commitment Order(s);
3) Copy of fingerprint card;
4) Copy of photograph;
5) Wing Card; and
6) Face Sheet.

6. PROCEDURE FOR WORK RELEASE REFERRALS

a. Sentenced Misdemeanants

1) Case Managers shall forward referral packages for sentenced misdemeanants through the chain-of-command to the Warden or designee for review and approval/disapproval.

2) The Warden or designee shall then forward the package to OCC for review except when a waiver is required and the Warden forwards the package to the Deputy Director for consideration.

3) OCC staff shall review each referral package, approve or disapprove the referral and determine the appropriate work release program placement, if approved.

4) If Halfway House placement is determined, OCC staff shall ensure that each appropriate inmate is placed in a Halfway House as soon as eligible and bed space becomes available. A Halfway House Administrator may submit justification to the OCC Administrator to deny an inmate/defendant’s placement when the inmate/defendant does not meet placement criteria or there are extenuating circumstances.

5) Both the OCC and the Halfway House Administrators may appeal a placement to the DOC Deputy Director when either determines that placement may not be suitable.

6) OCC staff may re-designate an inmate to another Halfway House or to work release from the CDF or CTF if it is determined that the initial placement is not suitable.

b. Court-Ordered Work Release

1) The Central Detention Facility Inmate Records Office shall conduct appropriate record searches and documentation for pending cases and outstanding warrants and detainers.

2) The DOC Inmate Records Office shall notify the judge’s chambers whenever it is determined that the defendant/inmate has open cases,
outstanding warrants, or detainers. The Inmate Records Office shall forward to the OCC a daily log of inmates/defendants that receive court orders to participate in work release.

3) The OCC shall forward a request to the health care provider for a medical clearance.

4) The medical provider shall perform a medical clearance on each inmate listed on the Request for Medical Clearances Memorandum and advise the OCC Administrator of the results of the medical clearance(s) within forty-eight (48) hours.

5) The level of medical clearance required depends on the clinical evaluation of each inmate.

6) Inmates undergoing medical or psychiatric treatment for psychiatric problems, substance abuse, medical problems and medical complaints will require an evaluation appropriate to their medical and/or psychiatric condition and must be cleared by their assigned health care provider or their designee only.

7) Upon receipt of the medical clearance, the Office of Community Corrections shall facilitate placement into the work release program.

8) The Inmate Record Office shall notify the judge’s chambers whenever it is determined that the defendant/inmate does not meet program criteria, with the exception of pretrial inmates ordered to work release from the CDF or CTF. In those instances, the OCC designee shall notify the judge’s chambers when the defendant/inmate does not meet program criteria.

7. TRANSFER PREPARATION

a. OCC shall electronically submit (email) the list of inmates/defendants approved for transfer into a Halfway House to the Inmate Records Office.

b. On the day of transfer to a Halfway House, the Inmate Records Office shall complete a clearance check and prepare an Inter-Institutional Transfer (IIT) form (Attachment F) identifying the inmate and the designated Halfway House. The Inmate Records Office shall email the signed IIT form to Inmate Reception Center.

c. On the day of transfer to a Halfway House facility, the OCC shall notify the contract health services provider, via fax. The health services provider shall provide the inmate/defendant with a 3-day supply of medication and prescription (7-day supply and prescription for HIV & AIDS patients).
d. On the day of transfer to a Halfway House, the Inmate Reception Center shall ensure that the transport officer receives the following documents:

1) Inter-Institutional Transfer (IIT);
2) Fingerprint card;
3) A recent photograph;
4) Medication/prescription.
CHAPTER TWO
INMATE PROGRAMMING AND PARTICIPATION

1. INTAKE SCREENING, ORIENTATION AND PROGRAM PLANNING

a. Orientation for Inmates designated to Work Release from the Halfway House

1) Once an inmate has been approved for participation in the work release program, the inmate and the employer (if applicable) shall be oriented to the rules, regulations, and procedures of the work release program.

2) The case manager or designee shall review all rules and regulations outlined in the Work Release Program Agreement (Attachment A) with the inmate. The inmate must sign the Work Release Program Agreement, verifying receipt and understanding of the Agreement.

3) The case manager or designee shall send a copy of the Work Release Program Employer Agreement (Attachment B) to all employers. The employer must sign the Work Release Program Employer Agreement, verifying receipt and understanding of the Agreement.

b. Program Participation Criteria for Work Release from the CDF or CTF Facility. When applicable, the OCC shall ensure/verify that the following conditions and criteria are met prior to the approval of the inmate’s employment:

1) Pre-trial defendants designated to work release from the CDF/CTF must either be employed full time, part time no less than 30 hours per week, or currently enrolled in an approved educational or vocational training program.

2) All work release program participants require medical clearance including a mental health/psychological assessment.

3) The job site or program site must be located within a 10-mile radius of the District of Columbia

4) The employer must be able to guarantee the inmate a minimum of thirty (30) hours of work per week;
5) The employer must provide verification of Worker’s Compensation Insurance for the inmate employee (copy of Certificate of Liability) or verified by the Workers Compensation Commission;

6) The employer or vocational provider must provide the OCC with the inmate’s work schedule or class schedule.

7) Inmate may work or attend class a maximum of six (6) days per week;

8) Inmate may work or attend class a maximum of twelve (12) hours, including travel time, per day;

9) The employer or vocational program provider must provide the OCC with information regarding the inmate’s salary for verification to include:
   a) Rate of pay (e.g., hourly wage, salary) which meets minimum wage standards;
   b) Frequency of pay(e.g., weekly, bi-weekly);
   c) Approved method of payment (e.g., payroll check, money order, or direct deposit);
   d) Type of work and/or any special conditions for employment;
   e) Requirement that FICA/taxes be taken out and indicated on inmate’s pay stub.

10) The employer or vocational program provider shall sign the Work Release Employer Guidelines.

11) All modes of transportation to and from the employment or program site shall have prior approval of the OCC. Any changes must be approved by the OCC in advance.

12) Any change to employment or program participation is permitted only after having obtained prior approval from the OCC.

13) Inmates are not allowed to be employed or supervised by a family member, a parolee, or a probationer unless approved by the OCC.

14) Inmates shall not use or possess alcohol or any controlled dangerous substance or drug unless prescribed for and/or approved by the medical
provider. A copy of the approval shall be provided to the OCC and stored in the inmate’s program file.

c. Employer/Program Verification. The OCC will refer potential employers to the OIS for verification and legitimacy.

d. The OCC designee shall conduct weekly random verification checks to ensure that inmates are present at their place of employment or vocational/educational program for the first 30 days; bi-weekly visits 31 to 60 days; and, monthly visits 61 days and beyond.

e. The OIS will conduct random verification checks on behalf of the OCC for all inmates in the Jail Work Release Program.

f. The OIS or designee shall document these activities using the Resident Employment Verification form (Attachment G).

g. The employer agreement must be picked up by the OCC designee during the first site visit or before the inmate's first day on the work site.

h. The OCC shall complete a Work Release Monthly Performance Report Card (Attachment H) for each inmate in the program. The report card shall rate the inmate’s performance in the program from 1 to 4, with 4 being the highest. The ratings and any other concerns will be discussed with the inmate. The inmate shall provide their signature acknowledging they understand and accept their performance rating. A copy of the report card shall be placed in the inmate's electronic file in PaperClip.

i. Medication procedures for Work Release from the CDF or CTF.

1) All prescribed medications shall be collected by security and brought to the Pharmacy department for verification by a pharmacist.

2) These medications will be maintained in the pharmacy and dispensed to the inmate in seven-day increments. Controlled substances, psychotropic medications, and any medication requiring the use of a syringe, however, will be administered by the nursing staff while the inmate is in the CDF or CTF.
3) If an inmate is on a medication regimen requiring three to four doses per day, the inmate is responsible for taking each day’s required doses to work.

4) Medications scheduled to be but not in fact consumed while outside the facility, will not be allowed back into the CDF or CTF, and must be discarded prior to reentry.

5) Inmates who are unable to bring their personal medications to the facility will be provided their medications by the Health Services contractor based upon formulary medications

j. DOC Operations

1) For inmates assigned to the work release program from the CDF or CTF, DOC operations shall escort program participants through the Inmate Reception Center for exit and entrance to the respective facility, and shall sign program participants in and out of the CDF as they are leaving for and returning from work.

2) Inmates shall only be released according to the approved released times on the Daily Work Release Tracking Log.

3) Inmates will not be released for work on their court dates and will remain in custody until the OCC notifies Operations that the inmate is approved to resume the work release program.

k. Participation Criteria for a Halfway House

1) All inmates/defendants shall receive an intake briefing within 24 hours of arrival at the facility.

2) Within seventy-two (72) hours of admission, each inmate/defendant shall receive a more comprehensive orientation and personal interview.

3) Orientation shall include but not be limited to verbal and written notification of the rules and regulations governing facility operations, conduct and discipline, and program services.

4) Inmates/defendants shall receive written orientation materials and/or verbal translations in their language if they do not understand English. Contractors shall at a minimum contract with a telephone interpreter
service to enable limited or non-English proficient inmates/defendants to access or participate in programs or services.

5) The Halfway House shall make counseling and social service programming available to all inmates/defendants to assist in their successful community reintegration.

6) The Halfway House shall ensure that the assigned case manager assists the inmate to establish individual program goals and objectives and make referrals and recommendations on behalf of the client to appropriate treatment staff and community resources.

7) The Halfway House Job Counselor shall counsel, screen, and place inmates/defendants in employment or training situations determined by the individual’s needs, ability, prior experience, and available employment opportunities.

8) The Halfway House shall provide inmates/defendants with opportunities to maintain family ties and community involvement.

9) The Halfway House shall allow inmates/defendants to make confidential contact with attorneys and their authorized representatives (law students, special investigators, lay counsel or other persons who have legitimate connections with the relevant legal issue). The Halfway House shall make provisions for legal visits because of special circumstances, uncensored correspondence, and telephone communications.

10) Each inmate/defendant shall in conjunction with the case manager, establish a monthly budget. Court-ordered obligations (e.g., Victims of Violent Crimes and Child Support) shall be paid out of each inmate’s/defendant’s wages, as authorized by D.C. Code § 24-241.06.

11) Inmates/defendants authorized to drive shall possess a valid driver’s license, registration and inspection certificates, appropriate insurance and Halfway House authorization to operate a vehicle. Inmates/defendants shall operate the vehicle for employment purposes only and in compliance with all federal and District of Columbia laws and regulations.

2. WORK RELEASE PROGRAM RULES AND DISCIPLINARY PROCEDURES

a. Disciplinary Procedures for Inmates Designated to Work Release from the CDF and CTF. Inmates participating in the work release program are subject to the disciplinary procedures outlined in PP 5300.1 Inmate...
Disciplinary and Administrative Housing Hearing Procedures. Inmates who violate the rules of the work release program may be subject to removal from the program, as well as any other appropriate penalties provided for by applicable law, regulation, or policy.

b. Disciplinary Procedures for Inmates Designated to Work Release from a Halfway House

1) Halfway House contractors shall administer DOC rules of discipline pursuant to PP 4022.1 Community Correctional Center Disciplinary Procedures.

2) The Halfway House and DOC rules shall be prominently posted and included in the inmate’s/defendant’s orientation package and discussed with the inmate/defendant during orientation.

3) Removal for Disciplinary Reasons

a) Pretrial defendants charged with one or more Class I infractions shall be immediately remanded to the CDF pending judicial intervention and review, pursuant to PP 4022.1.

b) Sentenced misdemeanants charged with one or more Class I infractions shall be immediately remanded to the CDF pending administrative disposition.

c) Procedures for remanding inmates/defendants to custody after a finding of guilt for commission of one or more Class II or Class III infraction is prescribed in this Chapter, ¶ e.

4) Inmates/defendants charged with one or more Class II and/or Class III infractions may be restricted to the Halfway House prior to the hearing before the Halfway House Disciplinary Board. The hearing shall be conducted as soon as possible but no later than 72 hours after the referral to the Disciplinary Board. If a Disciplinary Board hearing cannot be scheduled within the seventy-two (72) - hour period, the Halfway House Administrator or the shift supervisor shall appoint a temporary board to expeditiously provide the hearing.

5) The Disciplinary Board Committee shall read the alleged violation(s) to the inmate/defender.
6) The inmate/defendant shall have the opportunity to present his or her version of the facts and introduce any supporting materials. Upon request, an attorney may be present to observe the proceedings in accordance with PP 4022.1.

7) The Committee may continue the hearing to secure additional information and/or recommend removal from the program.

8) The Committee chairperson shall prepare a memorandum summarizing the incident, findings, and recommendation(s) to the OCC Administrator, who may concur or disagree with the findings.

9) Recommendation to remove an inmate/defendant for disciplinary reasons on class II and class III infractions. Procedures when the disciplinary recommendation is removal are:

   a) After the hearing, the Disciplinary Board chair shall prepare an affidavit detailing the committee’s findings and recommendations and forward it through the Halfway House Administrator to the OCC Administrator.

   b) The OCC Administrator may overrule the recommendation to remand the inmate/defendant from the Halfway House. The inmate/defendant would remain in the center and the OCC Administrator shall provide written justification for denial of the recommendation for removal/remand.

   c) If the OCC Administrator sustains the recommendation for removal, the OCC Administrator shall forward the affidavit to the Office of the General Counsel for legal sufficiency review and approval for removal.

      1. Inmate. Upon approval, an inmate would then be remanded to the CDF for further administrative disposition.

      2. Pretrial Defendant. Upon approval, the inmate/defendant would be remanded to the CDF. OCC would present the affidavit to the District of Columbia Superior Court Criminal Division requesting a Show Cause revocation hearing before the defendant’s judge of record.

3. **INMATE’S GRIEVANCE AND APPEAL PROCESS.** Inmates/defendants shall use the grievance process provided by the Halfway House contractor. Upon
exhaustion of all remedies, the inmate may appeal to the DOC Director in accordance with PP 4030.1 Inmate Grievance Procedures.

4. MEDICAL AND DENTAL SERVICES

a. DOC shall ensure the Halfway House contractor provides the following services:

1) Orientation for inmates/defendants about available health care services in the at-large community.

2) Referrals for inmates/defendants with medical and mental health needs.

3) Coordination with the Department of Behavioral Health’s Core Service agencies and support systems.

b. Offsite Health Services

1) When the inmate/defendant requests routine medical attention, the Halfway House staff shall contact the local health care provider/clinic for approval to send for treatment.

2) Emergency Care

   a) If the inmate’s/defendant’s medical condition appears to be life threatening, Halfway House staff shall request emergency assistance from the DC Fire and Emergency Medical Service (DCFEMS).

   b) If DCFEMS transports the individual to a medical facility, Halfway House staff shall notify the OCC Administrator of the inmate’s/defendant’s location and pertinent information related to the emergency.

   c) OCC shall make appropriate initial notification and status updates pursuant to PP 1280.2H Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.

   d) OCC shall submit a written report from the Halfway House staff to the DOC Health Services Administrator within 24 hours, providing the inmate’s name, DCDC Number, symptoms observed by staff, inmate’s complaints, or the nature of the emergency if the inmate
was not at a Halfway House just prior to the emergency, method of transportation, and condition of the inmate.

c. Employment Related Accidents/Injuries

1) Employers are responsible for medical care when an inmate is injured on the job.

2) Inmates/defendants who encounter medical emergencies in the community shall notify the Halfway House or OCC as soon as possible.

3) The employer shall notify the Halfway House or OCC when an inmate is injured.

d. All Inmates/defendants shall immediately report to the assigned facility, with all related medical documentation after completing medical treatment or release from the hospital.

e. Inmates/defendants who fraudulently report a medical complaint, shall assume the full responsibility for all costs of transportation, treatment, and care when the health care provider, in conjunction with the DOC Health Services Administrator, determines that no emergency existed.

f. Medication Storage

1) Inmates/defendants shall surrender all prescription or over-the-counter medication immediately upon entering the facility.

2) The Halfway House shall have a locked container for the storage and security of medication. Only authorized Halfway House staff shall have access to the key or combination number to unlock the storage container.

3) Each Halfway House shall maintain a medication log that the inmate/defendant shall sign when obtaining his/her medication dosage.

5. MEDICAL OUT-COUNT

a. When an inmate/defendant is admitted to a local hospital for medical services, the Halfway House shall place the inmate/defendant on medical out-count for the duration of his/her hospital stay.

b. When an inmate/defendant is placed on medical out-count the Halfway House staff shall notify DOC in accordance with the requirements of PP 1280.2H.
c. Halfway House staff shall make an on-site visit to the hospital within the shift during which the admission occurred. The purpose of the visit is to ensure positive identification of the inmate/defendant and to verify the circumstance surrounding the admission.

d. Halfway House staff shall conduct at least two telephonic verifications per shift with the nurse’s station until the inmate/defendant is released.

Halfway House shall keep the bed space open until the inmate/defendant is either released or returned to the Halfway House.

6. INMATE/DEFENDANT DEATH. Pursuant to PP 4352.1 Inmate/Offender Deaths:

a. Within one hour of an inmate’s/defendant’s death, or within one hour of the time staff becomes aware of the death, the contract halfway house shall notify the OCC Administrator.

b. The OCC Administrator shall notify the CDF Command Center.

c. Contract halfway houses shall utilize the incident reporting and notification forms and procedures specified in PP 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.

7. DRUG SCREENING, TESTING, AND TREATMENT FOR WORK RELEASE PROGRAM

a. All work release inmates/defendants shall be tested for the use of illegal drugs. Inmates/defendants with a history of drug use may be required to participate in the drug treatment program even if they do not test positive for drugs.

b. Each Halfway House shall establish procedures to ensure appropriate maintenance of the chain of custody for all urine samples.

c. A breathalyzer test shall be administered when an inmate/defendant is suspected of using alcohol. Staff shall enter in the designated logbook the inmate’s name, DCDC number, test date and results, and a brief description of conduct/behavior that prompted reasonable suspicion for testing.

d. Inmates accepted into the work release program at the CDF/CTF will submit to a urinalysis to ensure abstinence from substances while in the program.
e. Any inmate with a positive screening will submit to a second screening within 21 days to compare target parameters.

f. Alcohol or drug use may result in program removal, based upon one or more of the following conditions:

1) Failure to cooperate with drug counseling, treatment, or regular urine testing;

2) Refusal to submit to a breathalyzer test as instructed by a staff member;

3) Refusal to submit a urine sample as instructed by a staff member or tampering/attempting to tamper with the specimen;

4) Confirmed positive urinalysis test.

8. RELEASE PROCESS

a. Inmates shall be released on the day of the expiration of their respective sentence or on the day when release becomes mandatory.

b. DOC is the releasing authority for court order work release and sentenced misdemeanor inmates/defendants. The Inmate Records Office shall, pursuant to complete clearance checks in the authorized database system provided for release from custody.

c. The inmate shall sign the required paperwork and any notifications/ conditions for community supervision.

d. If the inmate is released to community supervision, the Halfway House Administrator shall ensure that written notice is issued to the Court Services and Offender Supervision Agency (CSOSA). Notice shall include a copy of the individual’s release plan and documentation that the conditions of supervision were explained to the inmate.

e. The OCC Administrator shall conduct random audits not less than once a year to assure that staff are providing all required activity and documentation in the release plan, and that reports are routed to the appropriate official(s) in a timely manner.

f. The OCC Administrator shall audit files of participants who successfully completed the program to assure that each release package contained all required documentation and was appropriately forwarded in a timely manner.
g. The OCC Administrator shall audit files at each facility to ensure contractor compliance with appropriate and timely release procedures.
CHAPTER THREE

PROGRAM FAILURES
TECHNICAL VIOLATORS, ESCAPE, ABSCOND AND REMAND

1. SUSPENSION OR REVOCATION OF HALFWAY HOUSE PLACEMENT.
   Placement in a work release program may be suspended or revoked and the inmate remanded to custody based on violation of any of the following conditions:
   a. Abscond. Absconderence is when a pretrial inmate is absent from a community residential program without authorization;
   b. Escape. When a sentenced misdemeanant is absent from a community residential program without authorization;
   c. Arrest for a new charge and/or bench warrant;
   d. A finding of guilt for a violation of the Halfway House disciplinary code of offenses or other facility rules;
   e. The Halfway House in conjunction with OCC may remand the inmate/defendant to the CDF when the resident is an escape risk; the resident poses a threat to the staff or other residents; or would otherwise interfere with the orderly operation of the Halfway House;
   f. Upon Court order; or
   g. By order of the DOC Director.

2. REMAND FROM A HALFWAY HOUSE
   a. The sending Halfway House shall prepare an Inter-Institutional Transfer (IIT) form when an inmate/defendant is scheduled for return to custody through the CDF.
   b. The sending Halfway House shall notify the CDF Transportation Unit.
   c. When DOC transport arrives at the Halfway House, staff will turn the custody of the inmate over to the Transportation Unit.
   d. The CDF Shift Commander shall ensure Inmate Reception Center staff inputs the recommitment in JACCS.
e. When an inmate/defendant is returned to the CDF, senior staff at the Halfway House shall ensure that all property is collected and inventoried and shall notify the person designated by the inmate to collect the property within 10 days or it will be disposed of. The call shall be logged.

3. PRETRIAL DEFENDANT PROGRAM FAILURE

a. When a pre-trial defendant is remanded to CDF from a Halfway House for failure to comply with the program, the Halfway House Administrator or designee shall, by noon of the next business day, send an affidavit along with the inmate’s signature of receipt of the rules and regulations and, if applicable, the new arrest report, to OCC. The affidavit shall contain information regarding the defendant’s legal status, a report of the inmate’s adjustment and participation in the program, justification for the remand request, and supporting documents.

b. When a pre-trial defendant designated to work release from the CDF or CTF violates the conditions of the work release program, the OCC, by noon of the next business day, shall send an affidavit along with the inmate’s signature of receipt of the rules and regulations. The affidavit shall contain information regarding the defendant's legal status, a report of the inmate’s adjustment and participation in the program, justification for the remand request, and supporting documents.

c. The OCC Administrator or designee shall forward copies of the affidavit to the D.C. Superior Court Criminal Division and the US Attorney’s Office.

4. ESCAPE/ABSCONDE PROCEDURES. When an inmate or pretrial defendant fails to return to his or her designated facility at the established time, the following escape or absconder procedures shall automatically go into effect.

5. CURFEW VIOLATION

a. HALFWAY HOUSE Work Release Program Participants

1) If an inmate or pretrial defendant fails to return to a Halfway House by his or her curfew and has made no contact with the center, staff shall, within fifteen (15) minutes after the individual’s curfew, begin to physically search the center to further verify that the inmate/defendant is not in the Halfway House.
2) Staff shall conduct a count of inmates/defendants who are in the facility and document findings on the program count sheet and daily log.

3) Staff shall then attempt to contact the inmate’s/defendant’s employer, persons listed on the individual’s social pass, area hospitals, the Central Cell Block, and authorized locations to which he or she has signed out previously. Staff shall document their findings from each inquiry.

6. ESCAPE/ABSCOND ACTIVATION

a. Work Release Program Participants

1) When the inmate/defendant has not returned to the Halfway House after two (2) hours past curfew, center staff shall advise the Halfway House Administrator and request permission to place the individual on escape or abscond status.

2) Halfway House staff shall notify DOC in the following manner:

a) If the escape or absconence occurs Monday through Friday between the hours of 7:30 am and midnight, Halfway House shall contact the OCC.

b) If the escape or absconence occurs between midnight and 7:30 am or on the weekend, or a DC Government legal holiday, the Halfway House Administrator shall verbally notify the OCC Administrator or Duty Officer.

c) Halfway House staff shall provide all pertinent and available information regarding the escapee or absconder to the OCC.

d) Halfway House staff shall immediately notify the Halfway House Administrator and OCC Administrator when the defendant is charged with or an inmate is serving a sentence for a violent crime, or the inmate/defendant is subject to a stay-away order.

e) The OCC Administrator shall notify the DOC Office of Investigative Services when the escapee/absconder is serving a sentence for/has been charged with a violent crime or is subject to a stay-away order.
f) The DOC OIS shall notify the DC Metropolitan Police Department (MPD) Special Operations Command Center (SOCC) of all escapes/absconds from a Halfway House.

b. DOC CDF and CTF Jail Work Release Program Participants

1) Operations shall verbally notify the OCC if an inmate has not returned to the facility at his/her approved returned time identified on the Daily Work Release Tracking log. Late arrivals exceeding 30 minutes shall be considered abscond.

2) Operations shall document the late arrivals and escapes/abscondences and enter information into the District Wide Escape Management System (DEMS), and forward all appropriate paperwork.

3) The OCC will update the tracking log to include all schedule changes and court dates.

   a) If the escape or abscondence occurs, IRC staff shall immediately contact the OCC and provide all pertinent and available information regarding the escapee or absconder to the OCC.

   b) OCC staff shall immediately notify the OCC Administrator when the defendant is charged with or an inmate is serving a sentence for a violent crime or the inmate/defendant is subject to a stay-away order.

   c) The OCC Administrator or designee shall notify the DOC OIS when the escapee/absconder is serving a sentence for/has been charged with a violent crime or is subject to a stay-away order.

   d) The DOC OIS shall notify the DC Metropolitan Police Department (MPD) Special Operations Command Center (SOCC) of all escapes/absconds from a Halfway House.

7. ESCAPE/ABSCOND PACKAGE PREPARATION

   a. Before the close of business, the IRC Supervisor shall prepare the escape/abscond report package when the escapee is designated to the CDF and CTF. Halfway House Administrator or designee shall forward the escape/abscond report package to OCC when the escape is designated to
the Halfway House. The escape/abscond report package shall include all of the following documents:

1) First Sheet of Escape Report – District-Wide Escape Monitoring System (DEMS) (Attachment I)

2) DCDC Form 1/Report of Significant Incident/Extraordinary Occurrence narrative when applicable (Attachment J)

3) Emergency Notification (Attachment K)

4) Apprehension Report (Attachment L) (if applicable)

5) Judge Violation Report/Affidavit (Attachment M)

6) Judgment and Commitment Orders or the Pretrial or Court Order Work Release Order

7) Face sheet 1 (if applicable)

8) Computation Certificate (when applicable)

9) Inmate’s sign in/out sheet for the Halfway House or IRC

10) Copy of Signed Rules and Regulations

11) Emergency Notification Log

12) Inmate’s photograph

13) Inmate’s fingerprint card

8. ESCAPE DATA ENTRY

a. When the OCC declares the individual as officially on escape or abscond status, OCC staff shall input required data into the District-wide Escape Monitoring System (DEMS) and input the required information into the Jail and Community Correctional System (JACCS).

b. DEMS will automatically fax notification to the appropriate designees as follows:
1) Office of Investigative Services (OIS)

2) Central Detention Facility (CDF) Command Center

3) OCC Administrator

4) DOC Deputy Director

5) DOC Director

6) Metropolitan Police Department (MPD) Communications all MPD Precincts

7) U.S. Marshals

9. **APPREHENSION PROCEDURES.** Inmates/defendants return from escape/abscond status through the following processes:

a. Apprehension by OIS, US Marshals or MPD;

b. Voluntary return to the Halfway House where housed before the escape/abscondence;

c. Voluntary return to the CDF Tower; or

d. Commitment on new charges.

10. **APPREHENSION NOTIFICATION.** When an escapee/absconder is apprehended and remanded to custody by the US Marshals or DOC OIS, the reporting official shall document the time and date and shall notify the OCC by phone.

11. **VOLUNTARY RETURN TO THE HALFWAY HOUSE**

a. Sentenced Inmate (Escapee)

1) The inmate shall be held at the respective center and returned to the Halfway House count.

2) Halfway House staff shall telephonically notify the OCC to request transport of the inmate as an administrative removal.
3) Upon approval from OCC, the Halfway House shall complete an Inter-Institutional Transfer (ITT) form for transfer to the CDF.

4) When DOC transport arrives at the Halfway House custody of the inmate will be transferred to DOC staff

5) The CDF Shift Commander shall ensure R&D staff inputs the recommitment in JACCS.

b. Pretrial Defendant (Absconder)

1) Halfway House staff shall report an absconder’s return to the OCC Administrator or designee through the Halfway House Administrator.

2) Upon determination and approval that the defendant shall be removed from the Halfway House, Halfway House staff shall contact the CDF to remand the defendant into custody in accordance with subsection a., above.

12. VOLUNTARY RETURN TO THE CDF

a. When the inmate/defendant reports to the CDF Tower to voluntarily return to custody, the Tower Officer shall immediately obtain the inmate’s/defendant’s name, DCDC#, the date and the Halfway House from which the individual escaped/absconded.

b. The Tower Officer shall ask the inmate to remain in the parking lot near the gate but shall not allow the inmate/defendant to enter the Sally Port.

c. The Tower Officer shall immediately notify the Inmate Reception Center and convey all pertinent information received.

d. The Inmate Reception Center shall verify through JACCS, All Jails Location screen that the inmate/offender is in 15 Abscond or 52 Escape status. Upon verification Inmate Reception Center staff shall make notification to the Inmate Records Office.

e. The Inmate Records Office shall locate the returnee’s official inmate institutional record to ensure that there is a legal commitment to DOC and the individual is/was a work release participant and forward a copy
to the Inmate Reception Center.

f. When the Inmate Reception Center notifies the Tower Officer to take
the inmate/defendant into custody, the Sally Port Officer shall escort the
individual to the Inmate Reception Center for further processing.

g. Recommitting a Sentenced Inmate

1) The Inmate Reception Center Control shall notify the OIS of the
recommitment.

2) The OIS shall execute the escape warrant.

3) If the warrant has not been issued, the OIS shall issue and execute
the escape warrant.

h. Recommitting a Pretrial Defendant

1) If the individual is a pretrial defendant, the Inmate Reception Center
shall prepare a Form 41 US Marshal Commitment to temporarily
hold the individual.

2) The Inmate Reception Center shall obtain a faxed copy of the
escape/abscond report from the DOC OIS or OCC.

3) Within twenty-four hours of commitment on a Form 41 or on the
next business day, the OIS shall escort the pretrial defendant to the
Central Cellblock.

4) The OIS shall execute the escape warrant and the pretrial
defendant shall then be booked on the new charge of Escape.

i. The Inmate Reception Center OIC shall document the recommitment in
JACCS:

1) Document the time and date that the inmate escapee or defendant
absconder is admitted;

2) Transfer the inmate's record from location 52 or 15 into location 12
(CDF); and

3) In the appropriate JACCS Booking Screen pull-down, designate the
apprehending agency as "Other" and specify "Self-Return" in the JACCS notes section.

j. The Inmate Reception Center shall notify the Command Center and shall contact the OCC Administrator if the inmate/defendant is admitted Monday through Friday between the hours of 7:30 am and 12 midnight, or shall notify the Weekend Duty Officer for Community Corrections if the inmate/defendant is admitted between Saturday at 12:01 am and 7:30 am, Monday.

13. NEW ARREST

a. Halfway House staff shall verbally notify DOC in the following manner:

1) If the arrest occurs Monday through Friday, to include holidays, between the hours of 7:30 am and 12 midnight, the Halfway House shall contact the OCC.

2) If the arrest occurs between Saturday at 12:01am and Monday 7:30 am, the Halfway House Administrator shall notify the OCC Duty Officer. Halfway House staff shall alert the Halfway House Administrator and the OCC Administrator when the inmate/defendant is serving a sentence for or has been charged with a violent crime or is subject to a stay-away order.

3) The OCC Administrator shall notify the OIS when the inmate/defendant is serving a sentence for, has been charged with a violent crime, or is subject to a stay-away order.

b. The inmate/defendant shall immediately be placed on Re-arrest status in JACCS.

c. Authorized Halfway House staff shall complete and fax an official DCDC Form 1, Report of Significant Incident/Extraordinary Occurrence (Attachment J) to the OCC, providing all known information concerning the reported arrest.

14. NEW COMMITMENTS – SCREENING FOR OUTSTANDING ESCAPE/ABSCOND WARRANTS AND DATA-RECONCILIATION

a. The IRC Receiving and Discharge Control, upon commencement of each shift and prior to processing any inmates, shall print a copy of the Halfway House Inmates on Escape or Abscond Status crystal report.
Based upon DEMS and JACCS data entry at the time of an escape/absconder, this crystal report contains the DCDC number and location of inmates on escape (52) or abscond (15).

b. The IRC R&D Control officer shall check the DCDC number of each inmate being committed against the DCDC numbers on the *Halfway House Inmates on Escape or Abscond Status* crystal report.

c. If the inmate’s DCDC number matches on the Escape or Abscond Status report, the Inmate Reception Center shall:
   1) Transfer the inmate's record from location 52 or 15 into location 12 (CDF);
   2) In the appropriate JACCS Booking Screen pull-down, designate the apprehending agency; and
   3) Notify OCC.

d. The OCC shall complete the *Apprehension Report* in DEMS, thereby synchronizing the records in JACCS and DEMS.

15. REPORTING AND DOCUMENTATION

   a. Within one (1) hour of the escapee’s/absconder’s return to custody, the reporting official in the Inmate Reception Center shall fax all pertinent information to the OCC staff who shall prepare an apprehension report.

   b. The OCC shall input the apprehension report into DEMS.

   c. DEMS will make automatic notification by fax to the following offices:
      1) CDF Command Center
      2) OIS
      3) Administrator, OCC
      4) Office of the Director
      5) Office of the Deputy Director
      6) DOC Records Office
      7) MPD Communications and all MPD Police Precincts
      8) U.S. Marshals
CHAPTER FOUR

CONTRACT SERVICE PROVIDERS RESPONSIBILITIES

1. STAFF TRAINING

   a.  DOC shall provide orientation regarding designated DOC policy requirements to include but not be limited to: to prevention of sexual misconduct against inmates/offenders, PREA, HIPPA, suicide prevention, transgender classification and housing training, the DOC disciplinary process, access and use of the language line and applicable District or DOC legal requirements for program administration and delivery.

   b.  Pursuant to the contractual agreement and the Contractor’s own personnel requirements, the service provider shall plan, coordinate and administer a staff training and development program that is supervised by a qualified employee.

   c.  Each Halfway House shall provide an in-house pre-service training that may include but not be limited to: a historical perspective of the facility, facility goals and objectives, program rules and regulations, job responsibilities, personnel policies, offender supervision, and report preparation.

   d.  All employees shall sign and date a statement indicating receipt of facility orientation. The Contractor shall provide, during the employee’s first year and each subsequent year of employment, training that shall cover but not be limited to: security procedures, supervision of defendants, use of force regulations and restraint techniques, report writing, defendant rules and regulations, defendant rights and responsibilities, fire and emergency procedures, safety procedures, key and tool control, interpersonal relations, defendant social and cultural diversity, communication skills, counseling techniques, first aid/CPR, crisis intervention, PREA, prevention of sexual misconduct against inmates/defendants, transgender classification and housing training, prevention of sexual harassment and legal issues.

2. KEY AND TOOL CONTROL.  The Halfway House shall maintain a control plan for accessing, using and storing keys, tools and utensils.

3. INMATE/DEFENDANT PROPERTY

   a.  Inmates/defendants shall not exceed the maximum allowable property. The inmate’s Personal Property Form will be maintained in the inmate’s record.
b. If the inmate is transferred from the Halfway House to another facility for disciplinary or medical reasons for a period of more than three (3) days, the facility shall inventory the inmate’s property and store it for up to five (5) days so that the individual authorized on the Property Release Form can pick it up. If the inmate/defendant escapes, the facility may inventory and appropriately dispose of the property.

4. CONTRABAND CONTROL. The Halfway House shall conduct and document regular searches of the facility, inmate/defendant property, staff and visitors to control the introduction of contraband.

a. If a strip search of an inmate/defendant is necessary, it shall be conducted by and witnessed by another staff member of the same sex as that with which the inmate is housed, as provided for in PP 5009.2 Searches of Inmates, Inmate Housing Units, Work and Program Areas. Strip searches shall be thorough and conducted in such a way that the dignity of the inmate will not be offended.

b. Body cavity searches shall only be performed by medical personnel and only at the CDF.

c. Inmates/defendants who attempt to introduce contraband may be subject to the center disciplinary process or the MPD may be called, depending on the type of contraband, at the discretion of the Center Administrator or senior staff member present.

d. Halfway House staff shall confiscate contraband and shall in accordance with DOC policy 5010.3 Contraband Control, place each item in a sealed container with a label indicating the date, time, and location of the seizure and signed by the employee.

e. The Halfway House Administrator shall release major contraband to the District of Columbia MPD.

f. The Halfway House Administrator shall destroy nuisance contraband pursuant to PP 5010.3, Contraband Control.

5. MEDICATION CONTROL AND DISTRIBUTION. An inmate’s personal medication shall be kept in a locked cabinet and made available upon the inmate’s/defendant’s request and signature acknowledging access and issuance.

6. ACCOUNTABILITY FOR INMATES/DEFENDANTS. The Halfway House will provide adequate supervision to inmates/defendants by accounting for their
whereabouts through counts and the regular monitoring of inmate/defendant whereabouts and activities. The service provider shall maintain documentation for at least one year to show that regular audits were conducted on each inmate file to ensure that the staff document inmate movement accurately.

7. **USE OF FORCE.** The use of physical force is restricted to the protection of staff, inmates/defendants, visitors and property, as described in the DOC PP 5010.9, “Use of Force”. Force shall be used only to the extent necessary to control the incident.

8. **REPORTING SERIOUS INCIDENTS.** The Halfway House Administrator or designee shall immediately notify the DOC OCC Administrator of death, suicide or suicide attempt; serious assault on a staff member or an inmate/defendant; discharge of a firearm at or by a staff member or an inmate/defendant; use of force or chemical agents; serious vehicle accident involving a staff member or an inmate/defendant; bomb threat; escape/abscond; new arrest; or any incident that involves a major interruption to operations.

a. When making notification, Halfway House staff shall communicate all pertinent information, including, but not limited to, the inmate’s/defendant’s name, DCDC number, charge, sentence, date admitted to OCC, and a brief description of the incident and the action taken.

b. The Re-Arrest Form shall be used to report the information on new arrests.

c. All notifications, including rearrests, shall be documented on the Emergency Notification Form.

d. An inmate, who does not return to the HALFWAY HOUSE at the designated time and has not, called and had his or her time extended, shall be considered to have escaped and the procedures outlined in PP 1280.2, “Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences from Community Correctional Centers” shall be followed.

9. **RECORDS MANAGEMENT**

a. The inmate/defendant record shall be treated as confidential and secured in a locked file cabinet, replaced by a sign-out card when removed, and returned immediately when no longer needed. It shall be returned before the end of the shift by the staff member who removed it and shall not be kept out
overnight. It shall not be removed from the premises without authorization of the Center Administrator or the Administrator, OCC.

b. Halfway House staff shall ensure that information generated as a result of the inmate’s participation in the Halfway House program are filed in the appropriate section of the Inmate Record.

c. The Halfway House shall maintain and store each inmate’s/defendant’s record in accordance with PP 4060.2, “Inmate Record”.

d. In addition, medical information is subject to PM 1300.3A Health Information Privacy Program and PM 1300.1H, “Freedom of Information Act and HIPAA”.

e. The contracting Halfway House shall ensure that all Halfway House staff receives training regarding records privacy and confidentiality.

f. The inmate record shall contain the initial assessment identifying inmate/defendant needs and problems, the treatment plan, counseling reports, and any narrative notation.

g. Any staff member making an entry in the Inmate Record shall sign and date it and file it in chronological order.

h. When the inmate/defendant is released/removed/escapes/absconds, the contract community correctional center shall maintain the inmate’s institutional record pursuant to PS 2000.2 Retention and Disposal of Department Records.

i. These official records are DOC property and are subject to federal and local regulations governing confidentiality.

10. VISITORS. At the discretion of the service provider, a social visiting policy and schedule may be established and posted. Halfway House staff shall monitor and control the movement of visitors.

11. VOLUNTEERS. The service provider shall coordinate the use of volunteers who may be recruited from all segments of the community and all social and cultural groups. The Center Administrator will establish efforts to reach out to the community and encourage community members to volunteer at the center.
APPENDIX – ATTACHMENTS

Chapter 1
Attachment A  Agreement for Work Release Participation
Attachment B  Employer Agreement for Work Release
Attachment C  Request for Halfway House Placement
Attachment D  Halfway House Referral Package Checklist
Attachment E  Halfway House General Rules and Orientation
Attachment F  Inter-Institutional Transfer

Chapter 2
Attachment G  Resident Employment Verification
Attachment H  Monthly Performance Report Card

Chapter 3
Attachment I  DEMS (District Escape Monitoring Systems) Escape Report
Attachment J  DOC Form 1 Report of Significant Incident/Extraordinary Occurrence
Attachment K  Emergency Notification
Attachment L  Apprehension Report
Attachment M  Judge Affidavit/ Violation Report
Department of Corrections Community Corrections

Agreement for Work Release

Having accepted the Work Release Program offered me by the District of Columbia Department of Corrections and/or the District of Columbia Superior/District Court, I (print name) __________________________, DCDC #______________ further accept the terms and conditions of the work release program stated below, with a clear understanding on my part that any violation of these terms and conditions can result in my removal from the program and possible disciplinary action.

WORK RELEASE LEAVE CRITERIA

1. I will not leave the District of Columbia unless specifically authorized by the Office of Community Corrections.

2. I am allowed a maximum of twelve (12) hours away from my designated DOC confinement facility to include travel time and may only work a maximum of six (6) days a week. Requests to be out of the facility for more than twelve (12) hours must be pre-approved by the Office of Community Corrections.

3. My work release will be revoked if I incur writs, holds, detainers, warrants, charges or arrests in addition to the case in which I am allowed work release.

TRANSPORTATION

4. I shall reach my place of employment by the shortest and most direct route and in the least amount of time possible. Upon completion of each day’s approved activities I shall immediately return to my designated DOC confinement facility. Other stops are prohibited unless authorized by work release staff.

5. I shall not purchase and/or operate a motor vehicle without having obtained the approval of the Office of Community Corrections. I will be required to have a valid driver’s license, current insurance coverage and proper vehicle registration consistent with the law before operating a motor vehicle. I shall provide photocopies of drivers’ licenses and verification of vehicle insurance of those individuals approved to transport me while out in the community.

6. All modes of transportation to and from the employment site shall have prior approval of the Office of Community Corrections. Any changes must be approved by the Office of Community Corrections.
7. If I drive my personal vehicle to work I must obtain prior approval, submit valid driver’s license, proof of registration and insurance information, and park it on institutional grounds in public parking areas. I must make certain that the vehicles are securely locked. At no time may a vehicle be left unattended on institutional grounds with the motor running or with the keys available. I am not allowed to transport any other persons nor allow anyone else to operate the vehicle without permission from the Office of Community Corrections. I will not store items that are considered contraband in my vehicle and I will limit the amount of items stored in my vehicle. If I am unable to store work tools at my work-site, I may obtain permission from the Office of Community Corrections to store these tools in my approved vehicle. I shall provide an inventory list of tools to the Office of Community Corrections for approval. Furthermore, I agree to permit my personal vehicle to be subject to search at any time while on institutional grounds.

EMPLOYER REQUIREMENTS
8. My employer must provide verification of workers compensation coverage to ensure that appropriate taxes are deducted from my pay.

9. I shall be permitted to change employment only after having obtained prior approval from the Office of Community Corrections.

10. I am not allowed to be employed or supervised by a family member, a parolee, or a probationer unless approved by the Office of Community Corrections.

11. I am required to receive payment from my employer through direct deposit. If I am unable to receive direct deposit, I must notify the Office of Community Corrections and obtain prior approval for other forms of payment.

12. Any changes in work schedule must be requested by the employer between the hours of 8:30 AM and 11:00 PM Monday through Friday and must be approved by the Office of Community Corrections. During business hours, work release staff can be reached at (202) 671-2099. Prior to 8:00 AM and 11:00 PM, call the Command Center at (202) 523-7000.

13. I shall buy the necessary materials, clothing and/or equipment essential to my employment with the approval of the Office of Community Corrections. I shall not make any unauthorized purchase or conduct any personal business while out in the community unless previously approved by the Office of Community Corrections.

14. I will demonstrate an acceptable work ethic and satisfactory job performance as deemed by my employer and the Office of Community Corrections. Reports of poor work ethic/job
performance may result in disciplinary action and possible removal from the work release program.

**ON-THE-JOB RULES**

15. I am not allowed to leave the job site, even for meals or breaks without approval from the Office of Community Corrections.

16. I shall not be absent from any approved day’s work without the prior consent of Office of Community Corrections. I will remain gainfully employed. If I am terminated from employment, I may face disciplinary action and possibly be removed from the work release program depending on the reason for termination.

17. I shall be prohibited from entering into any contract to engage in business including, but not limited to, borrowing money, purchasing property or incurring debts or opening bank or charge accounts that is beyond the nature of my employment, without permission of the Office of Community Corrections.

**WORK RELEASE PROGRAM REQUIREMENTS**

18. I am not allowed to have visits with friends or relatives while out in the community.

19. I shall not possess, bring or introduce onto the property of or into my designated detention facility any property not specifically authorized, including but not limited to the following contraband:

   a. Cellular telephone or other portable communication device and accessories thereto. Any item, the mere possession of which is unlawful under District of Columbia or federal law;
   b. Any controlled substance listed or described in Unit A of Chapter 9 of Title 48 [§ 48-901.01 et seq.] or any controlled substance scheduled by the Mayor pursuant to § 48-902.01;
   c. Any dangerous weapon or object which is capable of such use as may endanger the safety or security of a penal institution or any person therein Any object designed or intended to facilitate an escape;
   d. Outside clothing of any sort. Any other uniform, or civilian clothing.
   e. Any alcoholic liquor or beverage;
   f. Hypodermic needle or syringe or other item that can be used for the administration of unlawful controlled substances;

20. I shall not use or possess any alcoholic beverage inside or outside of the institution.
21. I shall not use or possess any controlled dangerous substance or drug including marijuana unless prescribed for and/or approved by the medical provider and with prior notification to the Office of Community Corrections.

22. I shall conduct myself with respectability during my release from confinement, obeying all laws and regulations of those jurisdictions that I will be traveling through, and the community in which I am employed.

23. I shall not have any unnecessary contact with any person including my family while on Work Release, subject to exception determined by the Office of Community Corrections.

24. I shall avoid whenever possible any contact or confrontation with those people of questionable character or under law enforcement supervision such as probation, parole, or electronic monitoring.

25. I shall be neat and clean while on work release as much as the nature of my employment permits.

26. I shall assist members of any law enforcement agency while still maintaining my constitutional rights.

27. I shall not have any further privileges exceeding that which is provided to other Detention Center inmates with respect to housing, food, medical, religious and educational services and I shall abide by all institutional rules and shall be subject to the institution’s disciplinary process.

28. I shall be responsible for obtaining my own lunch while I am out in the community on work release. I must obtain prior approval from the Office of Community if I wish to leave the work site for lunch.

29. I shall notify the DOC of any emergency problem that prevents my arrival at work, or return to the Detention center at my scheduled time. The Office of Community Corrections can be reached at (202) 671-2099 from 7:30 am to 12 midnight. You must call the call the Command Center if your emergency occurs between the hours of 12:01am to 7:29am at (202) 523-7000.

30. I shall submit to the following tests or examinations that may be requested by the Work Release Counselor/Supervisor/Shift Leader: breathalyzer, urinalysis, or any other test or examination in conjunction to my continued participation in the work release program. NOTE: A
positive indication in the above mentioned tests may result in the suspension or removal from the work release program.

31. All medical needs will be handled and/or approved by the DOC medical provider or my approved health care provider except for emergencies while out in the community or otherwise approved by DOC. I will notify or have the emergency health provider notify the DOC Command Center if a medical emergency occurs while I am out in the community. I understand that failure to notify DOC of a medical emergency may result in me being placed on the escape/abscond list.

32. I shall abide by the court ordered conditions of release including but not limited to stay away orders. I shall not have any contact with the victim(s) or co-defendants of my offense to include offense location or with any victims or co-defendants if I am on supervision in any other cases, if applicable.

33. I shall submit completed employment search verification forms each time I am permitted to job search.

34. I understand that I may be required to wear a GPS electronic monitoring devise. I am responsible for the attached device and if damaged in any fashion determined to be my fault, I shall be required to pay the replacement cost.

35. I will return from work each day wearing only those work clothes necessary to perform my job. All other items (cell phones, tools, radio, gym bags, box cutters, etc.) must be left at work, placed in my vehicle, or placed in my designated locker, if applicable.

36. My signature below authorizes DOC staff to access payroll records maintained by my employer. In the event I am terminated from my employment, the Office of Community Corrections will also have permission to collect my funds due after termination.

37. I am allowed one (1) cell phone for work, travel and emergency related reasons only. This phone must be pre-approved by the Office of Community Corrections and custody staff. I will provide my cell phone number to the Office of Community Corrections and will allow the Office of Community Corrections staff to access my phone for periodic review. While in the community, I will not access social media sites to include but not limited to, Facebook, Twitter, Instagram or my personal email without permission from the Office of Community Corrections. The cell phone is not permitted in the Detention Center.
38. I am solely responsible for my local and federal tax reporting, filing and payment responsibilities.

g. Special considerations/restrictions:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Further, I understand that if I fail to report back to my designated detention center at the scheduled time, it will be considered a breach of these rules and I may face possible disciplinary action as well as have a warrant issued for my arrest and charged with Escape/Abscond. I also understand that any failure to abide by these guidelines could jeopardize any further participation in this program.

**Protection from Abuse**

Below is an overview of the Prison Rape Elimination Act (PREA) standards. Included in these are for all work release supervisors who provide supervision to DC Department of Corrections inmates. PREA standards require that we inform you of our zero-tolerance policy for all forms of sexual misconduct and that it extends to you as well and that the policy includes sexual abuse and sexual harassment and that we advise you on how to report such incidents.

**Avoiding Inappropriate Relationships**

Under PREA standards, sexual misconduct between inmates and work release employers, and employees is illegal and can result in criminal and civil penalties. Such behavior is also a violation of DOC policy.

- Maintain healthy boundaries by keeping relationships professional, respecting others and being friendly but not friends.
- Do not engage in behaviors that lead to the appearance of an inappropriate relationship or that could develop into an inappropriate relationship, such as inappropriate touching, flirting, sending intimate letters or cards, making suggestive comments, arranging private meetings outside the scope of the job responsibilities, etc.
- Report immediately any inappropriate behavior observed and/or initiated by employers or employees.
An investigation in sexual misconduct can result in criminal charges being filed against the perpetrator of the offense. Additionally, individuals making a false report of sexual misconduct may be criminally charged.

**Reporting an Incident**

If you are a witness to any sexual assault or have suspicions of sexual abuse, sexual misconduct, or sexual harassment, please report at (800) 521-1639 immediately. All information shall remain confidential.

This Agreement shall be binding upon and inure to the benefit of myself and the DCDOC hereto and our respective heirs, representatives, successors, transferees, and permitted assigns.

This Agreement shall not be assignable by me.

For consideration of participation in the DOC Work Release Program, the receipt and sufficiency of which is hereby acknowledged, and in favor of the other terms of this Agreement, I hereby, for myself, and for any one claiming by, through or under me fully, voluntarily, and irrevocably remise, release, acquit, satisfy, discharge and indemnify the District of Columbia and its respective past, present, and future employees, agents, servants, attorneys, insurers, heirs, successors, assigns and/or personal or official representatives of each and all of any and all causes of action, suits, debts, medical bills, contracts, controversies, agreements, promises, claims and demands whatsoever, in law or in equity, including but not limited to any cause of action or claim of violation of state, District, or Federal rights, that I ever had, now have, shall or may have, against the District, while on release including but not limited all claims for injury, disability, loss, or property destruction that may occur to myself or anyone, as a result of contact with or actions by me while on work release and all costs associated with such liability.

I am at least 18 years of age and am competent to contract in my own name. I have read this agreement before signing below, and I fully understand the contents, meaning and impact of this agreement.

I hereby acknowledge that I have received a copy of the Agreement to participate in the Work Release Program and I agree to all terms and conditions of the same.

___________________________________________________________________________
Inmate Name

___________________________________________________________________________
Inmate Signature ______________

Date

___________________________________________________________________________
DOC Case Manager Name
Department of Corrections Community Corrections

Employer Agreement for Work Release

______________________________
Name and DCDC # of Work Release Participant

These guidelines are provided to you so that you and the work release participant’s direct supervisor thoroughly understand the rules governing the participant company, the participant, and the Department of Corrections. If you have any questions or concerns, you should call the Office of Community Corrections at 202-671-2099. Work release participants should be given the same opportunities for work and advancement as your other employees. You must have a business license if required by law, and you must maintain any necessary appropriate insurance coverage.

Notification

The employer shall notify the Office of Community Corrections if the participant is late, absent, resigns, departs early or otherwise leaves your place of business without authorization. Contact the police immediately in the event of any violations of the law, and then notify DOC staff. Notifications between 8:00 AM and 11:30 PM shall be made to the Office of Community Corrections at (202) 671-2099. Notifications before 8:00 AM and after 11:30 PM shall be made to the DOC Command Center at (202) 523-7000.

Termination

If termination becomes necessary, the employer shall notify the Office of Community Corrections prior to notifying the participant whenever possible. The designated Office of Community Corrections staff will contact the employer to secure the participant’s final earnings or other payments. The participant signed an agreement authorizing DOC staff to collect any funds due after termination from employment should he/she be unable to collect pay.

Wages

The employer shall pay the participant directly through direct deposit unless other form of direct payment is previously authorized by DOC. The employer shall not give advances or lend money to participants. Time records shall be available for review by the Office of Community Corrections staff in order to maintain the participant’s accountability. The employer and employee shall maintain their respective responsibilities regarding reporting, payment of all local and federal tax liabilities and withholdings.

Transportation/Vehicle Use
Participants are allowed with the permission of DOC to drive as a function of his employment duties as well as to and from work, provided they display proof they possess a valid driver’s license along with current automobile insurance. Under no circumstances will the inmate be allowed to operate a licensed vehicle on a public road, during the course of his routine job duties without possession of a driver’s license and authorization. Any travel that your employer provides shall be the shortest route possible and shall not include any non-business related stops.

**Workman’s Compensation/Job Injuries**

The employer is required to have Workman’s Compensation Insurance. Your signature below certifies that Workman’s Compensation Insurance covers the company as required by law and that this coverage will remain in effect as required by law.

If the participant is injured on the job, you should refer or transport his/her to the nearest medical facility for treatment and notify staff of the participant’s institution. Your insurance carrier is liable for medical expenses in such cases. The participant shall also be seen by the DOC health provider to ensure that the inmate is being properly treated.

**On-the-Job Rules**

Work release participants may not:

- Work at sites beyond a 10 mile radius of the District of Columbia
- Be employed or supervised by a family member, parolee, or a probationer unless approved by the Office of Community Corrections;
- Have visits with friends are relatives;
- Make unauthorized purchases;
- Leave the job site, even for lunch, without prior DOC approval;
- Conduct personal business; or
- Use alcohol, marijuana or controlled dangerous substances.
- Access social media sites to include but not limited to, Facebook, Twitter, Instagram or personal email without permission from the Office of Community Corrections.

Any violations of these work release rules shall be immediately reported to the Office of Community Corrections by the employer.

**Overtime and Non-Scheduled Time**

- Work release participants are allowed time out of the facility for a maximum of twelve (12) hours per day and may only work a maximum of six (6) days per week.
- For changes in schedule or any other non-scheduled hours, the employer shall request such changes by calling the Office of Community Corrections staff in as far as advance as possible.
Employer shall notify the Office of Community Corrections staff immediately if the employee fails to appear from work, fails to adhere to the work schedule or his or her employment is terminated.

**Protection from Abuse**

In 2012 the US Department of Justice set guidelines for correctional officials to protect people in their custody from sexual abuse and sexual harassment. Below is an overview of the Prison Rape Elimination Act (PREA) standards. Included in these are for all work release supervisors who provide supervision to DC Department of Corrections inmates. PREA standards require that we inform you of our zero-tolerance policy for all forms of sexual misconduct and that it extends to you as well and that the policy includes sexual abuse and sexual harassment and that we advise you on how to report such incidents.

**Avoiding Inappropriate Relationships**

Under PREA standards, sexual misconduct between inmates and work release employers, and employees is illegal and can result in criminal and civil penalties. Such behavior is also a violation of DOC policy.

- Maintain healthy boundaries by keeping relationships professional, respecting others and being friendly but not friends.
- Do not engage in behaviors that lead to the appearance of an inappropriate relationship or that could develop into an inappropriate relationship, such as inappropriate touching, flirting, sending intimate letters or cards, making suggestive comments, arranging private meetings outside the scope of the job, etc.
- Report immediately any inappropriate behavior initiated by an inmate
- Report immediately any inappropriate behavior observed between inmates, other workers and/or the public.

An investigation in sexual misconduct can result in criminal charges being filed against the perpetrator of the offense. Additionally, individuals making a false report of sexual misconduct may be criminally charged.

**Reporting an Incident**

The employer and/or all supervisors who will be supervising the work release participant shall report immediately any knowledge, suspicions or information regarding an incident of sexual misconduct. If you are a witness to any sexual assault or have suspicions of sexual abuse, sexual misconduct, or sexual harassment, please call [202-523-7000 for the DOC Command Center] to report immediately. All information shall remain confidential.

**Disclosure of Criminal History**
As a work release employer, you are entitled to know the inmate’s current offense(s) and term of confinement. According to material in the inmate’s records, below is information regarding his/her sentence and current offense:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

By my signature below, I acknowledge that I have read and understand the Employer Guidelines.

____________________________________
Supervisor Name

____________________________________
Supervisor Signature

____________________________________
OCC Staf Name

____________________________________
OCC Staff Signature

PM 8010.1B
Attachment B
DECLINE/REQUEST HALFWAY HOUSE PLACEMENT

I, _______________________________ Decline placement in a
Halfway House.

I, _______________________________ Request placement in a
Halfway House consistent with:

☐ Pretrial Status  ☐ Mandatory release on _____________

I have read (or had read to me) and understand the rules for Halfway House
participation.

Inmate/Defendant’s Name ___________________________ Signature _____________ Date _____________

Witness’ Name ___________________________ Signature _____________ Date _____________
HALFWAY HOUSE REFERRAL CHECKLIST

1 _____ Cover Memorandum;
2 _____ Face Sheet No. 1;
3 _____ Computation Certificate;
4 _____ Judgment and Commitment Order(s);
5 _____ Copy of Inmate/Defendant’s Fingerprint Card and Photograph;
6 _____ A Progress Report or an Inter-Institutional Transfer Report, indicating any special needs;
7 _____ Request for Halfway House Placement (Attachment A) and Conditions for Participation in a DOC Halfway House (Attachment F) both of which have the inmate’s signature affixed;
8 _____ Any applicable Separation Orders and location of any separates.
9 _____ Release Plan;
10 _____ LSI-R or Northpointe Report
11 _____ PRISM - official printout of inmate/defendant’s prior criminal history;
CONDITIONS FOR PARTICIPATION IN A
DOC HALFWAY HOUSE

I, ________________________________, DCDC# ___________________ hereby authorize
employees of the District of Columbia Department of Corrections and employees of any facility
contracting with the Department of Corrections to release any or all of the contents of my inmate
records to educational facilities, social agencies, prospective employers, etc., for the purpose of
assisting in all phases of community programming and release planning.

I also authorize the above persons to advise prospective employers that I am currently in
custody serving a sentence. This consent will remain in effect until my release from supervision
or until revoked in writing by me. Revocation of this authorization may result in my removal from
a community release program.

I understand that while a resident of a community corrections center or work release program I
will be expected to contribute to the cost of my residency through payments to the DC Treasurer
(the Halfway House contractor shall collect required funds from me) and I agree to make such
payments. I understand that failure to make payments may result in my removal from a
community release program.

I understand that urinalysis or other authorized testing to detect unauthorized drug or alcohol
use may be required as a condition of residence in a Halfway House or work release program,
and, if required, I agree to submit to such testing. I understand that ingestion of poppy seed
products may result in positive test results for unauthorized drug use and is therefore prohibited.

I understand that I may be required to cooperate with a substance abuse assessment and
participate in any treatment recommended as a result of the assessment.

I understand that I may be required to abide by the conditions of supervision as imposed by the
sentencing court including payments of fines and restitution.

I understand that while a resident of a Halfway House or work release program, I will be
required to abide by the rules and regulations promulgated by such program.

I understand that I must report to my place of employment and return to the CCC punctually.
My failure to report to work and return to the facility at the scheduled time will be considered as
abscondence or escape. I understand that I may not leave my place of employment without
prior approval of my employer and the Halfway House Administrator/ Director.
I understand that without prior approval from the Administrator, Community Corrections Release, I am not permitted to open charge accounts, incur debts, receive loans, sign any contracts or drive a motor vehicle.

Except in a 911 emergency, I understand that DOC contracted health service providers shall provide me with medical care and/or referral for services.

I understand that I am expected to exercise good judgment in situations not covered by these regulations.

I understand that violation of any of these regulations may result in removal from the Program and possible disciplinary and/or legal action.

I HAVE READ OR HAD READ TO ME AND UNDERSTAND THE CONDITIONS OF COMMUNITY-BASED PROGRAMS AND AGREE TO COMPLY WITH THESE CONDITIONS AND ANY OTHER DOC REGULATIONS AS MAY BE APPLICABLE TO THE PROGRAM.

Inmate’s Name (Print) ____________________________ Signature ________________ Date ________________

Witness’ Name (Print) ____________________________ Signature ________________ Date ________________
<table>
<thead>
<tr>
<th>NAME</th>
<th>DCDC NUMBER</th>
<th>MOVE TO CODE</th>
<th>DESTINATION</th>
<th>REASON / SPECIAL INSTRUCTIONS</th>
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For: Lennard Johnson, Warden
### BUSINESS INFORMATION

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### VERIFICATION (YES or NO)

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<tr>
<th>Off Site Assignments</th>
<th>Business Owner has Criminal Record</th>
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### CONTACT PERSON

<table>
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<th>INMATE NAME and DCDC</th>
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Narrative:

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# WORK RELEASE PERFORMANCE MONTHLY REPORT CARD

## PARTICIPANT INFORMATION

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<tr>
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<th>DCDC#</th>
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<table>
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<th>Today's Date</th>
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## CHARACTERISTICS

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<th>2 MARGINAL</th>
<th>3 GOOD</th>
<th>4 EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Punctuality: Returns to the facility on time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Relations: Is respectful of institutional staff and follows facility rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication: Informs OCC of program related issues (i.e. schedule change, job location change, outside appointments)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Attendance: Reports to work on time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Productivity: Supervisor is satisfied with participants work performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Visits: Participant is present and observed working on the job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings Audit: Hours worked on earning statements reflect participants work schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INMATE SIGNATURE</td>
<td>DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAFF SIGNATURE</td>
<td>DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# District-wide Escape Monitor2 System (DEMS)

## Escape Report
- #: Pending
- Inmate:

## Inmate Identification/Description

<table>
<thead>
<tr>
<th>DCDC#</th>
<th>PDID#</th>
<th>FBSN#</th>
</tr>
</thead>
</table>

- Inmate Name (Last, First, Middle)
- AKA/Nicknames/Aliases

## Driver's License

<table>
<thead>
<tr>
<th>Driver's License #</th>
<th>Issuing State</th>
<th>Place of birth (City, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Race</td>
<td>Sex</td>
</tr>
<tr>
<td>0 Asian</td>
<td>0 Male</td>
<td>0 Acne</td>
</tr>
<tr>
<td>0 Black</td>
<td>0 Female</td>
<td>0 Dark</td>
</tr>
<tr>
<td>0 Hispanic</td>
<td></td>
<td>0 Fair</td>
</tr>
<tr>
<td>0 White</td>
<td></td>
<td>0 Light</td>
</tr>
<tr>
<td>0 Native American (Indian)</td>
<td></td>
<td>0 Medium</td>
</tr>
<tr>
<td>0 Other</td>
<td></td>
<td>0 Olive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 Pale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 Pock-Marked</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 Tanned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 Severe Acne</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 Tanned</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (feet / inches)</th>
<th>Weight</th>
<th>Build</th>
<th>Eye Color</th>
<th>Hair Color</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 Black</td>
<td>0 Partial G</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 Blue</td>
<td>0 RedorA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 Brown</td>
<td>0 Sandy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 Green</td>
<td>0 White</td>
</tr>
</tbody>
</table>

| Complexion             |        |       | 0 Gray    | 0 Bald      |
| Black                  |        |       | 0 Hazel   | 0 Black     |
| Dark                   |        |       | 0 PurpleNiolet | 0 Blond    |
| Light BrC              |        |       | 0 Brown   | 0 Brown     |
| Medium                 |        |       | 0 Gray    | 0 Gray      |
| Ruddy                  |        |       | 0 Albino  | 0 Albino    |
| Sallow                 |        |       | 0 Yellow  | 0 Yellow    |
| Unknow                 |        |       | 0 Other   | 0 Other     |
**Scars/Identifying Characteristics**

**Outstanding traits**

**Clothing Worn**

**Other Inmates Involved**

**Previous escape**

---

**Placement Information**

**Most Recent Date/Time Placed in Halfway**

**House**

**Furlough Destination**

---

<table>
<thead>
<tr>
<th>Institution</th>
<th>DC Jail</th>
<th>Fairview</th>
<th>Trudie Wallace House</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCC1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>CCC4</td>
<td>DCGH</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Central</td>
<td>EFEC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community Supervision</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Escape</th>
<th>Placement Type</th>
<th>Program Type</th>
<th>Escapee's Physical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Perimeter Breach</td>
<td>0 Institution</td>
<td>0 Weekender</td>
<td>0 Unharmed</td>
</tr>
<tr>
<td>0 Walk Away</td>
<td>0 ISP</td>
<td>0 Work Release</td>
<td>0 Wounded</td>
</tr>
<tr>
<td>0 Failure to Report</td>
<td>0 Pretrial</td>
<td>0 Work Programs</td>
<td>0 Unknown</td>
</tr>
<tr>
<td>0 Failure to Return</td>
<td>0 Court Ordered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Escape While in Transit</td>
<td>0 Parole Recommendation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Escape Re-Arrest</td>
<td>0 Sentenced</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Judge (if Pretrial/Court Ordered)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Inmate Offense

<table>
<thead>
<tr>
<th>Offense</th>
<th>Sentence</th>
<th>Date Started</th>
<th>Date Started (if work release)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority offense</td>
<td>Aggressive Sexual Offense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority offenses include: Homicides. First Degree Sexual Abuse, Any Degree Child Sexual Abuse. Any Crime of Violence While Armed, and Notoriety Cases.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Inmate Status**

- 0 Sentenced Felon
- 0 Sentenced Misdemeanor
- 0 Pretrial
- Check all that apply
  - D Aggressive Sexual Offense
  - 0BRA
  - D DC Superior Court
  - Domestic Violence
  - D Drug Offense
  - High Profile Offender
  - D History of Escape
  - D History of Repetitive Violence
  - D Megan's Law
  - D Previously detained (post 100/120 day case)

**Emergency Contact**

Relatives:
- Add relatives

Employers:
- Add employers

Residences:
- Add residences

**Stay Aways**

<table>
<thead>
<tr>
<th>Person (including MPD District)</th>
<th>Place (including MPD District)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Notifications

Escape Notification:

Apprehension Notification:

Complete detailed description of incident

Due Back Time: 11:59 PM

Escape Reported By

Name of Reporting Official ____________________________ Title ____________________________

Signature of Reporting Official  

Initial Report
# COMMUNITY RELEASE PROGRAMS COUNT SHEET

<table>
<thead>
<tr>
<th>CENTER</th>
<th>CAPACITY</th>
<th>COUNT</th>
<th>PREVIOUS CALLER COUNT Remov</th>
<th>PREVIOUS SENTENCE TRIAL DOC&amp;C/0</th>
<th>NEW MISDEM.</th>
<th>ESCAPE INTAKE</th>
<th>ARREST</th>
<th>RELEASES C/0</th>
<th>Admin. EXPIRATION als</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOPE VILLAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>C/0 COMM. STEP BACK</td>
<td></td>
</tr>
<tr>
<td>EFEC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXTENDED HOUSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>WHHI FAIRVIEW (TRUDIE WALLACE)</td>
<td></td>
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</table>

TOTAL FY07 CCC CAPACITY =

TOTAL CCC COUNT THE COUNT REFLECT PREVIOUS DAY MOVEMENT

TOTAL MALES

TOTAL FEMALE

+EM= Electronic Monitoring (ADDED INTO THE TOTAL COUNT)

SIGNATURE: ________
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

Employee Report of Significant Incident/Extraordinary Occurrence

<table>
<thead>
<tr>
<th>Institution</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Title</th>
<th>Signature</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Shift</th>
<th>Post</th>
<th>Type of Occurrence</th>
<th>Time of Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Inmates Involved Name/DCDC #</th>
<th>Staff Involved Name/Title</th>
<th>Witness Inmate/Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

Complete detailed description of incident (if force was used, include events leading up to use of force)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Actions Taken (in chronological order with times listed):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Description of weapons, if any (include photocopy if possible):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe injuries to staff or inmates/defendants and medical attention required (if any)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If force was used, describe type (i.e., physical, chemical, baton, etc) and how force was applied:

________________________________________________________________________

________________________________________________________________________
EMERGENCY NOTIFICATION FORM

☐ Abscond (pretrial) ☐ Escape (sentenced) ☐ New Arrest
☐ Inmate Assault ☐ Medical Emergency ☐ Facility Emergency
☐ Apprehension ☐ Other (Specify)

Name ___________________________ DCDC Number ___________________________

Name ___________________________ DCDC Number ___________________________

Weapon Used? ☐ Yes ☐ No Type: ___________________________

Time/Date of Occupancy: ____________ Place: ___________________________

Incident reported by: __________________________________________________________________________

Transported to: DOC, Greater SE Community Hospital or Other

Person Contacted Phone Number Time Result

Social Pass ____________ ____________ ____________

Employer ____________ ____________ ____________

Assistant Administrator ___________________________ Date Time
Administrator-Center: ___________________________ Date Time
Administrator-CRP: ___________________________ Date Time
Deputy Director: ___________________________ Date Time
Director: ___________________________ Date Time
DOC Warrant Apprehension: ___________________________ Date Time
Mayor’s Command Center: (202) 643-4359 Date Time
Before 6:00 p.m. call: (202) 616-8622 - After 6:00 p.m. call (202) 879-1002
Central Detention Facility ___________________________ Date Time

Notification made by: ___________________________ Date Time
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

Office of Community Corrections

APPREHENSION REPORT

Facility/Halfway House __________________________ Date of Report ________
Date of Abscond/Escape __________________________ Date Apprehended ________
Place of Apprehension __________________________ Time Apprehended ________
Method of Apprehension __________________________ By Whom ________
Absconder Information

Last Name __________________________ First Name __________________________ Middle
DCDC _______ DOB _______ HGT _______ WGT _______ SEX _______ RACE _______
Identifying Marks/scars __________________________
Place of Current Incarceration __________________________
New Offenses Committed While in Absconder/Escape Status __________________________

AGENCIES NOTIFIED (Indicate agency and contact person):

_________________________ __________________________

_________________________ __________________________

_________________________ __________________________

Reporting Official:

Print Name __________________________ Signature __________________________

Distribution
Director
Deputy Director
OCC Administrator
DOC Warrant Apprehension Unit
CDF Records Office
Inmate/Defendant Official Institutional Record
TO: The Honorable
Superior Court of the District of Columbia or United States District Court

FROM:
Director/Administrator

RE:

Criminal Case(s) No. __________________________  __________________________  __________________________
PDID No. __________________________  DCDC No. __________________________

Defendant Ordered to
☐ Pretrial Work Release
☐ Intensive Supervision
☐ Sentenced Misdemeanant

INTRODUCTION

The above named defendant was admitted to this facility on __________________________ pursuant to the court order entered in the above captioned case(s). Upon admission, the defendant was provided orientation as to the rules and regulations that govern this facility. A copy of said rules and regulations was given to the defendant, and the defendant signed an acknowledgement of receipt of same.

INSTITUTIONAL ADJUSTMENT

Since the defendant was placed in this facility, he/she has been employed for (or unemployed). The defendant has paid subsistence in the amount of __________________________ of __________________________. While in this facility, the defendant has been tested for illicit drug/alcohol use on the days listed and with the results indicated:

<table>
<thead>
<tr>
<th>DATE</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

The defendant has participated in the following programs pursuant to the court order or at the direction of the case management staff:

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Prior to the instant offense, the defendant has committed the following disciplinary infraction and the sanctions indicated were imposed:

<table>
<thead>
<tr>
<th>DATE</th>
<th>OFFENSE</th>
<th>SANCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

**CURRENT VIOLATION**


**RECOMMENDATION**

- Participation in the Work Release Program be terminated
- Defendant be returned to the halfway house after a five-day remand

Prepared by ___________________________ Date __________

Approving Authority’s Signature ___________________________ Title ___________________________ Date __________

Cc: CDF Records office
    US Attorney’s Office/555 Fourth Street N.W.
    Pretrial Services Director
    CRP Administrator