

**MIRROR, INC.**  
**ARRIVAL / INTAKE CHECKLIST**

Resident's Name: \_\_\_\_\_ Reg. No: \_\_\_\_\_

Legal Status: \_\_\_\_\_ Component: \_\_\_\_\_

Arrival Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Arrival Time: \_\_\_\_\_ A.M. / P.M.

**PROGRAM TECHNICIANS RESPONSIBILITIES**

**INSTITUTIONAL TRANSFERS:**

1. Make sure the arrival signs in.
2. Thumbprint card.
3. Get one (1) full set of prints
4. Take picture with digital camera.
5. Sign transfer orders.
6. Personal property inventory
7. Linen / property disposition
8. Collect UA
9. Collect BA
10. Arrival shakedown / vehicle shakedown
11. Inventory medication

Staff Signature

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**DIRECT COURT:**

1. Make sure the arrival signs in.
2. Get one (1) full set of prints.
3. Take picture with digital camera.
4. Personal property inventory
5. Linen / property disposition
6. Collect UA
7. Collect BA
8. Arrival shakedown / vehicle shakedown
9. Inventory medication

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**PUBLIC LAWS / PRE TRIALS**

1. Make sure the arrival signs in.
2. Get one (1) full set of prints - public law only.
3. Take picture with digital camera.
4. Personal property inventory
5. Linen / property disposition
6. Collect UA
7. Collect BA
8. Arrival shakedown / vehicle shakedown
9. Inventory medication

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**LIST ALL PRESCRIBED MEDICATIONS THE RESIDENT ARRIVED WITH:**

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CASE FILE INDEX & AUDIT

Section 1: Case Notes

\_\_\_\_ Program Plan  
\_\_\_\_ Case Notes

Section 2: Referral

\_\_\_\_ Referral for Placement in a RRC Program  
\_\_\_\_ Institutional Referral for RRC Placement  
\_\_\_\_ Institutional Progress Report  
\_\_\_\_ Pre-sentence Investigation Report  
\_\_\_\_ Community Based Program Agreement

Section 3: Program

\_\_\_\_ Emergency Information Sheet  
\_\_\_\_ Thumbprint Card  
\_\_\_\_ Fingerprint Cards  
\_\_\_\_ Furlough Application, Approval & Record  
\_\_\_\_ Transfer Orders  
\_\_\_\_ Notice of Arrival  
\_\_\_\_ Judgment & Commitment  
\_\_\_\_ Program Component Descriptions  
\_\_\_\_ Conditions of Residential Community Program  
\_\_\_\_ Medical/Psychological Evaluation

Section 4: Medical / Health Awareness

\_\_\_\_ Initial Health Assessment  
\_\_\_\_ Medical Procedures  
\_\_\_\_ Physical Health & Medication Procedures  
\_\_\_\_ Medication Call  
\_\_\_\_ Consent for Emergency Health Care  
\_\_\_\_ Suicide Prevention  
\_\_\_\_ Hepatitis Information  
\_\_\_\_ HIV/AIDS Information  
\_\_\_\_ Sexual Abuse/Assault Intervention  
\_\_\_\_ Sexual Assault Intervention Policy  
\_\_\_\_ Sexually Transmitted Disease Information  
\_\_\_\_ Tuberculosis (TB) Information  
\_\_\_\_ Universal Precautions Instructions

Section 5: Employment

\_\_\_\_ Employment Information Form  
\_\_\_\_ Employment On-Site Verification Form  
\_\_\_\_ Employment Supervision Notice  
\_\_\_\_ Work Schedule(s)  
\_\_\_\_ FBOP Employment Guidelines  
\_\_\_\_ USPO Pre-Release Employment Guidelines

Section 6: Aftercare / Counseling

\_\_\_\_ Aftercare Referral  
\_\_\_\_ Counseling & Aftercare Guidelines  
\_\_\_\_ Chemical Surveillance Program  
\_\_\_\_ Poppy Seed Consumption Warning

Section 7: Discipline

\_\_\_\_ Disciplinary Incident Log  
\_\_\_\_ Mirror, Inc. Program Sanctions Policy

\_\_\_\_ FBOP Prohibited Acts  
\_\_\_\_ Mirror, Inc. Prohibited Acts  
\_\_\_\_ Facility Rules  
\_\_\_\_ Basic Rules of Conduct  
\_\_\_\_ Personal Space Guidelines  
\_\_\_\_ Resident's Contract  
\_\_\_\_ Resident Behavior Contract (if applicable)

Section 8: Finances

\_\_\_\_ Resident's Budget  
\_\_\_\_ Resident Financial Responsibility Plan  
\_\_\_\_ Subsistence Policy  
\_\_\_\_ Subsistence Records and Reports  
\_\_\_\_ Contractual Agreement Policy

Section 9: RRC Program Policies

\_\_\_\_ Accountability Policy  
\_\_\_\_ Safety & Accountability (Swipe Card)  
\_\_\_\_ Receipt of Linens  
\_\_\_\_ Property Matrix  
\_\_\_\_ Resident's Property Inventory  
\_\_\_\_ Consent to Release Personal Belongings  
\_\_\_\_ Religious Services Request & Approval  
\_\_\_\_ Visitation Policy  
\_\_\_\_ Recreation Policy  
\_\_\_\_ Smoking Policy  
\_\_\_\_ Curfew of TV's / Telephones / Radios  
\_\_\_\_ Use of Electronic Communications Equipment  
\_\_\_\_ Material Safety DATA Sheets  
\_\_\_\_ Facility Duties  
\_\_\_\_ Daily Living Quarters Checklist  
\_\_\_\_ Quality Care Policy / Grievance Procedure

Section 10: FOI

\_\_\_\_ FOI Exempt Log  
\_\_\_\_ Release of Information  
\_\_\_\_ Notice to Offenders  
\_\_\_\_ Confidentiality of Drug/Alcohol Counseling Records  
\_\_\_\_ HIPPA

Section 11: Passes & Furloughs

Section 12: Personal

\_\_\_\_ Authorization to Operate a Motor Vehicle  
\_\_\_\_ Mileage Logs  
\_\_\_\_ Executed Program Activity Form  
\_\_\_\_ Executed Itineraries  
\_\_\_\_ Miscellaneous Legal Documents

Section 13: Release

\_\_\_\_ Release Plan  
\_\_\_\_ Sentence Computation Sheet  
\_\_\_\_ Notice of Release & Arrival

## FILE CHECKLIST / AUDIT

Resident's Name: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Legal Status: \_\_\_\_\_ Arrival Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Release Date: \_\_\_\_-\_\_\_\_-\_\_\_\_ 10% Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Program Component:      ( ) Pre Release    ( ) CC / WR    ( ) Lock-Down

1. Intake Completed within 48 hours of resident's arrival. Program Planning within 7 days. \_\_\_\_\_
2. Arrival paperwork – Dispersed within 2 working days of resident's arrival. \_\_\_\_\_
3. Physical examination – Direct Court Commitments & Public Laws within 5 days of their arrival. \_\_\_\_\_
4. Drug, Alcohol, Mental Health Counseling referral within 7 days of arrival. \_\_\_\_\_

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CASE FILE INDEX & AUDIT

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\_\_\_\_ Case Notes

**Section 2: Referral**

N/A Referral for Placement in a RRC Program  
N/A Institutional Referral for RRC Placement  
N/A Institutional Progress Report  
N/A Pre-sentence Investigation Report  
N/A Community Based Program Agreement  
\_\_\_\_ Treatment Service Program Plan  
\_\_\_\_ Pre Trial Services Report  
\_\_\_\_ Order Setting Conditions of release

**Section 3: Program**

\_\_\_\_ Emergency Information Sheet  
N/A Thumbprint Card  
\_\_\_\_ Fingerprint Cards  
N/A Furlough Application, Approval & Record  
N/A Transfer Orders  
\_\_\_\_ Notice of Arrival  
N/A Judgment & Commitment  
\_\_\_\_ Program Component Descriptions  
\_\_\_\_ Conditions of Residential Community Program  
\_\_\_\_ Medical/Psychological Evaluation  
\_\_\_\_ Pre trial Reporting Conditions

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\_\_\_\_ Chemical Surveillance Program  
\_\_\_\_ Poppy Seed Consumption Warning  
\_\_\_\_ PS 6B Release Form

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# INITIAL INTAKE FORM

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

Facility Name and Address:				
Contract Staff Completing the Interview (Print):				
Name of Offender:			Register Number:	
Offender Home Address:			DOB:	SSN:
Race:	Sex:	Religion:	Date and Time of Arrival:	

## 1. NOTIFICATION IN CASE OF EMERGENCY/DEATH (Offender Completes):

In an emergency or death, I direct that my \_\_\_\_\_, whose name and address is:  
(Relationship)

(Name) (Street) (City) (State) (Phone)

Name and Telephone Number of Personal Physician: \_\_\_\_\_

Special Medical/Mental Health Needs: To include medications issued at the institution, medication left, prescribed medications to be controlled by facility, medication compliance, etc. \_\_\_\_\_

Disposition of Personal Property: \_\_\_\_\_

Personal and Release Needs: \_\_\_\_\_

## 2. STATUS (Contract Staff Completes):

Component Assigned: Community Corrections Pre-Release Home Confinement

Type of Case (BOP or USPO):

(BOP cases are in custody and subject to removal to a BOP institution)

Case Manager Assigned: \_\_\_\_\_

## 3. SIGNATURES (Contract Staff and Offender Completes):

Contract Staff Signature Date & Time Offender Signature Date & Time

Record Copy – Facility Director; Copy – CCM

(This form may be replicated via computer)

Name \_\_\_\_\_ Reg. # \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Admission Date/Time \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

**In Case of Emergency Notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**For Office Use Only:**

Sex Offender: Yes No

Hx of Violence: Yes No

VCCLEA: Yes No

Body Fluid Alert: Yes No

Visitation Restriction: Yes No

Special Conditions: Yes No

PICTURE

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## Arrival & Intake:

Upon arriving at Mirror, Inc., Residents will undergo an arrival orientation. The arrival orientation consists of:

- sign-in
- notification of BOP and USPO of arrival
- photographs
- fingerprints
- collection of arrival breath sample
- collection of urine sample
- personal property inventory
- issuance of linens
- issuance of intake manual
- briefing on meal / food policies
- briefing on duties and responsibilities
- briefing on house rules
- assigned to living quarters
- given a tour of the facility.

Within 48 hours of the resident's arrival, he / she will undergo an intake conference with a staff person. The resident will have been instructed to read and study the agency's intake manual and to complete all forms as completely as possible. At the intake conference, staff will:

- complete the BOP intake forms
- assess the status of the resident's physical and mental health
- review the agency's policies and procedures, in detail, with the resident
- assist the resident to complete all of the required forms contained in the intake manual
- answer any questions the resident may have regarding agency policies and procedures
- brief the resident regarding cleaning chemicals & materials and review applicable MSDS
- assist the resident in directing questions or information to his / her Case Manager at appropriate places in the intake manual.

Within seven (7) days of his / her arrival the resident will meet with his / her Case Manager to conduct a formal program plan for the resident's placement at Mirror, Inc. During the program planning conference, the resident and the Case Manager will establish long-range (program-duration) goals and objectives relative to:

- employment
- counseling and aftercare requirements
- financial responsibility
- family matters and issues
- resolution of pending legal matters or issues
- release plans
- discipline
- duties and responsibilities
- recreation
- health.

LEVEL I / II  
COMMUNITY CORRECTIONS / WORK RELEASE COMPONENT

The Community Corrections / Work Release (CC/WR) component of the Community Corrections Program is typically reserved for "Public Law" and "Direct Court" and/or higher security Residents. The objectives of the CC / WR program component are:

1. to provide a higher level of supervision and security for placements who have demonstrated a propensity to ignore or an inability to follow a regular plan of supervision
2. to provide intensive supervision of persons released on bond by the Federal District Court; and
3. to serve as a substitute for incarceration in a closed correctional facility for persons sentenced by the Federal District Courts.

On occasion, the Federal Bureau of Prisons may place an Institutional Transfer on the CC / WR program component for reasons related to the original offense, previous institutional adjustment, program duration, etc.

Persons placed at Mirror, Inc. on the CC / WR program component must:

- obtain gainful, full-time, permanent employment
- establish a release residence.

Persons placed on the CC / WR program component are not eligible for passes. The universal, daily curfew for persons on this program component is 5:00 P.M. (except for employment purposes and for mandatory program activities (such as counseling, drug screening, etc.).

Authorized Absences from the facility:

Persons placed on the CC / WR program component are required to be at the facility at all times except:

- authorized employment
- mandatory program activities (such as mandated counseling, drug screening, court appearances, etc.)

- discretionary program activities authorized by the resident's Case Manager (such as doctor, dental, or legal appointments)
- approved recreational activities
- religious services approved by the resident's Case Manager.

Residents on the CC / WR program component must be at the facility at all other times. It is the resident's responsibility to make sure that Mirror, Inc. staff knows precisely where he / she is 100% of the time when signed out from the facility.

Persons who violate the accountability policies and/or procedures of CC / WR program component may be disciplined via the Federal Bureau of Prisons disciplinary process and/or the internal Mirror, Inc. disciplinary process. Persons who violate the accountability policies and/or procedures of the CC / WR program component may also be subject to federal prosecution or other federal action for escape or for absconding.

**PROGRAM LEVELS:**

**LEVEL I:**

Upon arrival, residents are restricted to the facility except for medical, legal, or religious purposes.

**LEVEL II:**

Curfew:	5:00 P.M.
Recreation:	As set with Case Manager
Religious:	3 hours once / week
Program Activity:	As necessary
Passes:	No Passes

**LEVEL III / IV  
PRE-RELEASE COMPONENT**

The Pre-Release Component of the Residential Re-Entry Center is typically reserved for Residents transferring from other correctional facilities to finish the last of their prison sentences. The objectives of the Pre-Release Component are to provide the resident with an opportunity to:

- obtain gainful, full-time, permanent employment
- establish a release residence
- re-establish family ties
- establish community ties.

There are two (2) levels in the Pre-Release Component of the Residential Re-Entry Center. Residents arriving at Mirror, Inc. assigned to the Pre-Release Component are assigned to Level III until such time as he / she has secured and become established in full-time, gainful, permanent employment. Residents are eligible for promotion in the Pre-Release Component after he / she has achieved all of their program goals established for the current program level and approved by the Program Review Team and CCM's office.

**PROGRAM LEVELS:**

**Level III:**

Curfew: 7:00 P.M.  
Recreation: As set with Case Manager  
Religious: 3 hours once / week  
Program Activity: As necessary  
Passes: 1 4-hour / week on day off – with no location changes.

**Level IV:**

Curfew: 9:00 P.M.  
Recreation: As set with Case Manager  
Religious: 3 hours once / week  
Program Activity: As necessary  
Passes: As long as all other program requirements are being upheld (no disciplinary pending, etc.) resident will take at least 1 – 12 hour pass with 1 public verifiable location change. Upon successful completion, one will become eligible for at least 1 – 24 hour pass with 2 public verifiable location changes. Upon successful completion, one will become eligible for at least 1 – 48 hour pass with 4 public verifiable location changes.

**LEVEL V – HOME CONFINEMENT COMPONENT**

Residents progressing through Pre-Release / Level 4 can be recommended for Level V Home Confinement Program. Only the CCM can give the final approval for this program, and this approval is required before relocating from the RRC. Residents in the Home Confinement component will be responsible for telephonic adjustments to comply with needed accountability checks, and will provide telephone bills and other documentation as requested to aid in accountability checks. Residents in this component may be placed on G.P.S. for accountability purposes as designated by facility staff.

\_\_\_\_\_  
*Resident Signature/Date*

\_\_\_\_\_  
*Staff Signature/Date*

I, \_\_\_\_\_, Register Number \_\_\_\_\_, hereby authorize employees of the U.S. Department of Justice and employees of any facility contracting with the U.S. Department of Justice to release any and all of the contents of information in my inmate central file 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 the custody of the U.S. Attorney General serving sentence or under the supervision of the U.S. Parole Commission or the U.S. Probation Office. 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-based correctional program.

I understand that while a resident of a residential re-entry center or work release program I may be expected to contribute to the cost of my residence through payments to the contractor and that if required I agree to make such payments at the rate included in the contract. I understand that failure to make payments may result in termination from such a program.

I understand that urinalysis or other Bureau of Prisons authorized testing to detect unauthorized drug or alcohol use may be required as a condition of residence in a residential re-entry center 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 am expected to assume financial responsibility for my health care while I am a resident of a residential re-entry center or work release program. Should I be unable or unwilling to bear the cost of necessary medical care I understand that I may be transferred to a suitable institution or facility, at the Government's option, to receive such care. I understand that no medical care may be provided to me at Government expense without prior authorization from the Bureau of Prisons.

I understand that while a resident of a residential re-entry center or work release program I will be required to abide by the rules and regulations promulgated by such program.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

NAME \_\_\_\_\_ REG# \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_ SSN \_\_\_\_\_ MEDICAL CARD YES \_\_\_\_ NO \_\_\_\_

Allergies/Medication Reactions: \_\_\_\_\_

Current Medication/Condition: \_\_\_\_\_

State of Resident's health in his/her own words:

Do you smoke? Yes \_\_\_\_ No \_\_\_\_ If so, how much \_\_\_\_ How long? \_\_\_\_ Age started \_\_\_\_

When was your last physical exam? \_\_\_\_\_

Have you been tested for tuberculosis within the past 30 days? Yes \_\_\_\_ No \_\_\_\_  
If yes, Positive \_\_\_\_ Negative \_\_\_\_ Treatment, if positive \_\_\_\_\_

Have you been tested for HIV in the past six (6) months? Yes \_\_\_\_ No \_\_\_\_  
Positive \_\_\_\_ Negative \_\_\_\_  
If positive, medical recommendations \_\_\_\_\_

If no HIV test, do you want to be tested (at your own expense)? Yes \_\_\_\_ No \_\_\_\_

Method of birth control \_\_\_\_\_

Have you or any member of your family ever had any of the following?

Condition	Yes	No	Person(s)	Current Status
Tuberculosis	____	____	_____	_____
Rheumatism/Arthritis	____	____	_____	_____
Problems with bleeding or Healing wounds	____	____	_____	_____
Birth defects	____	____	_____	_____
Mental Illness	____	____	_____	_____
Strokes or blood clots	____	____	_____	_____
Asthma	____	____	_____	_____
Seizures	____	____	_____	_____
Mononucleosis	____	____	_____	_____
Hepatitis	____	____	_____	_____

Any current or chronic medical conditions not mentioned above? \_\_\_\_\_

\_\_\_\_\_  
(See Personal History Form for other medical information.)

Have you ever thought about committing suicide?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    (If "Yes", please describe circumstances and state when.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any member of your family committed or attempted to commit suicide?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    (If "Yes", please explain circumstances and state when.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or a family member been diagnosed with a significant psychological disorder?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    (If "Yes", please explain circumstances.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or a family member been diagnosed with Post Traumatic Stress Disorder?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    (If "Yes", please explain circumstances.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

**TO BE COMPLETED BY STAFF**

**Does client need to see a doctor or dentist at this time?**

☐ Yes ☐ No (If "Yes", for what?)

**Do arrangements need to be made for HIV and/or TB test? (Specify)**

☐ Yes ☐ No

**Does the resident have a condition for which he or she should not be in the kitchen?**

☐ Yes ☐ No

**Explain**

**Other comments:**

**Staff Signature**

**Date**

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Please be advised that we are not a medically based facility. If you feel you have a physical condition, which prevents you from completing the RRC program, please notify your case manager and/or the facility director immediately. The CCM will be notified and conferences held to determine whether an appointment for a physician evaluation is appropriate or determine an alternative plan of action.

If you should develop medical problems during the course of your stay with Mirror Inc., please follow the below procedures carefully. We will do our best to meet your medical needs, but you must follow the procedures outlined below in order to receive the care you need expeditiously.

1. Upon admittance or at the first sign of a medical problem verbally inform your Case Manager or the Program Technician on duty.
2. Fill out the request form that is available in each case manager's office. Submit the clinic request to the Case Manager on duty **IMMEDIATELY**. Be aware that the Hunter Health Clinic, United Methodist Urban Ministries, and/or other health care facilities charge on a sliding fee scale per your ability to pay.
3. If your physician makes additional referrals, arrangements will be made on individual basis. You will be responsible for all charges incurred.
4. If your physician deems you are in need of medication, you are financially responsible. If you are unable to access funds for the medication, the terms in items #2 will apply.
5. If you enter Mirror, Inc. with a pre-existing condition and have medication available at your place of residence, etc., you will be given permission to place the number of phone calls necessary (supervised by staff) to have the medication forwarded to you at this facility.
6. If at any time you are in need of medical care and do not believe that such care is available at this facility please notify the Facility Director in writing.
7. Please be informed that you may at any reasonable time contact a physician or medical facility of your choice and make your own financial arrangements. However, all care, to include medications, must be coordinated with the RRC Facility Director.

I have read or had read to me, and agree to follow the above procedures for medical care.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

Staff, upon admission, will complete an initial health assessment form. During orientation if a health problem arises, staff will arrange an appointment with a physician as soon as possible. After orientation, residents will arrange their own appointments in consultation with their Case Manager.

On admission the resident will have received a sheet informing him/her of the program's policies and procedures regarding medication. This will be discussed for any needed clarification during intake.

Residents bringing prescription and/or over-the-counter medications into the facility will turn them in to the staff upon arrival.

Medications are locked in the staff office. All staff have access to resident medications. Prescription and non-prescription medications are self-administered under staff supervision. Documentation of administration is to be made by the appropriate agency staff on a medication administration record kept in the resident's health record. This will include the resident's name, resident's number, names of medication, and staff member observing.

All medications not approved by the resident's physician, outdated medications, and medication left by any resident leaving the program will be disposed of according to Mirror Policy and Procedure. Documentation of disposal will be obtained.

Residents with any health problems arising after admission will be referred to a physician as soon as possible. If the Case Manager or Facility Director is not in the facility, staff on duty will seek medical attention for the resident, if needed through the clinic or emergency room after calling the duty officer on call.

Allergic reaction to medications, medication errors, serious injuries or illness will be recorded in resident's health file and reported immediately to the resident's physician and the Facility Director.

### **Medication Control:**

#### **Procedure for Medication Administration:**

- Only one resident in the office at a time to take medication.
- Resident is to pour the correct dose into the palm of his/her hand.
- Resident is to show medication in his/her hand to staff before taking it.
- Staff is to immediately chart the medication taken, and this shall become a permanent part the resident's treatment file.
- Resident must have a glass of liquid (i.e., water, juice, etc.) with him/her when coming to the office for medication.
- All oral medications will be taken with fluids.
- Staff will not administer medication more frequently than recommended or ordered.

**OVER-THE COUNTER MEDICATION AGREEMENT:**

I, \_\_\_\_\_, release Mirror, Inc. from any liability if I choose to take an over-the-counter medication while in the RRC program at this facility. I agree to take any such medication under the supervision of staff and will discuss my usage of the medication with the Facility Director or Case Manager before I take anything.

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\_\_\_\_\_  
*Resident signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

\*Signature denotes receipt of copy

# Memorandum

**To:** RRC RESIDENTS  
**From:** Director of Federal Programs  
**CC:** RRC Staff  
**Date:** 05/28/08  
**Re:** **MEDICATION CALL**

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MEDICATION CALL TIMES CITED BELOW ARE WHEN YOU SHOULD ACCESS YOUR MEDICATIONS. IF YOU HAVE MEDICATION THAT MUST BE TAKEN AT TIMES OTHER THAN "MED CALL" OR IF YOU WILL BE OUT OF THE FACILITY WHEN YOUR MEDICATIONS (FOR WORK, COMMUNITY ACCESS, ETC), YOU MAY REQUEST THE NECESSARY MEDICATIONS AS NEEDED ON A CASE-BY-CASE BASIS. ANY MEDICATIONS YOU TAKE OUT OF THE FACILITY BUT DO NOT USE MUST BE RETURNED TO STAFF IMMEDIATELY UPON YOUR RETURN TO THE FACILITY.

ALL MEDICATIONS, PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS MUST BE GIVEN TO FACILITY STAFF AS SOON AS YOU GET A PRESCRIPTION FILLED OR PURCHASE OVER-THE-COUNTER MEDICATIONS.

## MED CALL

0600 – 0630 HRS

1200 – 1230 HRS

1830 – 1900 HRS

2200 – 2230 HRS

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*Resident Signature/Date*

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*Staff Signature/Date*

I, \_\_\_\_\_ DOB \_\_\_\_\_  
request Mirror, Inc. to provide emergency health care to me in case of injury or illness  
when necessary due to unconsciousness or inability to act on my own behalf. Payment  
for these health services will be made by me.

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\_\_\_\_\_  
*Resident signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

Suicide is one of the most studied psycho-behavioral phenomenon's in our society. Hundreds of studies are continuously in progress and statistics on the occurrence abound in the psycho-sociological literature. Yet, every significant study seems to preface statistics with a qualifying statement that indicates that we really don't know how many people in our society die by taking their own lives. Many factors contribute to this statistical dilemma.

- Fewer than 25% of the known suicides leave notes affirming the suicide.
- Many suicides are misdiagnosed as accidental deaths, especially where suicide is accomplished in a vehicular traffic environment.
- Many suicides are deliberately masked as accidental deaths by family members (sometimes with the aid of local medical professionals) to avoid the social stigma associated with suicide. This happens, especially in rural areas of the country.

Given the inherent difficulty in compiling a truly accurate and reliable statistical database on the occurrence of suicide, it is difficult to make accurate comparisons in the occurrence of suicide within sub-cultural components of society. It is also difficult to construct or develop reliable profiles or anticipator scenarios where suicide can be predicted or anticipated. However, it seems that the most accurate and reliable studies on the occurrence of suicide come from the correctional community. While studies of the occurrence of suicide in correctional facilities are not entirely unflawed, they seem to provide information that is less contaminated by misdiagnosed or masked incidents.

This is what we, as a society, know (or think we know) about suicide.

- Suicide is generally predicated by depression. (Depression is a mental-emotional state of consciousness marked by self-associated disparaging ideology and/or a sense of hopelessness.)
- Women attempt suicide more frequently than men, but men more frequently successfully complete the suicide act than do women. (The ratio is about 4 to 1 reversible.)
- The average person in the United States is more likely to die as a result of suicide than as a result of homicide.

➤ In America:

- There is a successful suicide approximately every 17 minutes.
- Approximately 86 people take their own lives every day.
- Approximately 1500 people attempt to take their own lives every day.
- Suicide is the eighth leading cause of death.

Historically, our society has typically associated suicide with mental illness, substance abuse, and lower socio-economic status. The more the phenomenon of suicide is studied, it seems the nature of the relationship between these factors and suicide seems to change.

The most recent relevant social scientific studies indicate that persons who are mentally ill are at higher risk of suicidal behavior. But they do not attribute suicidal behavior as a particular attribute of a particular mental health diagnosis. They indicate, rather, that suicidal behavior is more a result of the burden and stigma associated with being mentally ill.

Likewise, with chemical dependency, social scientists currently believe that people do not engage in suicidal behavior because they are chemically dependant. They believe that chemical dependency and suicidal behavior share common causation.

The over-all evaluations of statistics seem to indicate that we cannot predict a person's potential to engage in suicidal behavior based on socio-economic status. Suicidal behavior seems to spread itself relatively equally across all social and economic classes, stations and facets of society and economy.

What the statistics do seem to indicate, even if the indicator is somewhat foggy, is that the risk factor of suicidal behavior increases with age, increases if there is a family history of suicidal behavior, and increases in association with increases with mental illness, psychiatric disorders and substance abuse.

In summary, anyone and everyone in our society is, to widely varying degrees, at risk for suicide or suicidal behavior. It is the policy of Mirror, Inc. that all staff and residents of the facility should be aware that they and anyone around them might be at some risk of suicide. If conscious reflection, awareness and observations are taking place, suicidal behaviors can be prevented.

## SUICIDE PREVENTION

The very best way to help prevent suicidal behavior is to:

1. Be aware of the magnitude of the problem that suicide represents in our society and in our community;
2. Be aware of the risk factors that indicate a potential for suicidal behavior;
3. Maintain a realistic awareness and assessment of how many of suicide risk factors are relevant to you and your circumstances; and
4. Be aware and observant about how suicide risk factors are relevant to those around you.

These risk factors include:

- Diagnosed mental illness or psychological disorder (especially Post Traumatic Stress Disorder).
  - History of suicidal behavior.
  - Family History of suicide / suicidal behavior.
  - History of irrational impulsive behavior.
  - Intoxication.
  - History of chronic substance abuse or addiction.
  - Serious, chronic illness.
  - Recent loss of a significant relationship.
5. Be aware and observant of certain behaviors that could be indicative of suicidal ideation.

These behaviors may include:

- Verbalization or other articulation of suicidal thoughts.
- Subtle "suicidal gestures";
- Impulsive behaviors;
- Physical and/or emotional isolation.
- Uncharacteristic substance abuse;
- Violent manic-depressive mood swings.
- Vehement, angry outbursts or deliberate, focus alienation.

I have read or have had read to me the Mirror, Inc. policy concerning suicide prevention. I understand that I must disclose to Mirror, Inc. staff any suicidal thoughts I may entertain or that may seem to invest themselves in my thoughts. I understand that if I become aware or strongly suspect that any other resident of the facility is subject to or experiencing suicidal thoughts, I must report this matter immediately to Mirror, Inc. staff.

## WHAT TO DO

If the events and circumstances of your situation, life, and personal and family history indicate to you that you are at "risk" of suicidal behavior, it would be in your very best interest to consult a mental health professional, even though you may not have entertained any specific suicidal thoughts. This is no different than consulting a medical doctor should you become aware that you are at risk for cancer or heart disease. Any member of Mirror, Inc. staff can assist a resident with a referral for mental health counseling. Your best approach for a mental health counseling referral will be your assigned Case Manager or one of the Drug & Alcohol Aftercare counselors at the Mirror, Inc. facility.

If you are experiencing suicidal thoughts, it is critical that you address this matter to staff immediately. Any staff person will put you in touch with crisis intervention services. In the event that you are unwilling to discuss critical suicidal thoughts with Mirror, Inc. staff, you may access crisis intervention services yourself by calling (316) 660-7500. Crisis intervention services are provided by Comcare of Sedgwick County.

If you become aware of risk factors and possible suicidal behavioral indicators relative to another resident of the facility, please discuss this matter with any Mirror, Inc. staff person at your very first opportunity. Some people purport that someone's suicidal intent is that person's private concern, and that intervention is inappropriate. The act of suicide or attempted suicide results in the absorption of agency resources to the degree that programming and opportunities for all other residents are diminished. If there is clear and convincing evidence that a resident passively participated in the suicide or suicide attempt of another resident, disciplinary and, perhaps, even legal action will be initiated.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

The word "Hepatitis" means "inflammation of the liver". It can be caused by a number of agents, including bacteria, drugs, toxins, and excess alcohol, but of serious concern is hepatitis that results when any one of the several hepatitis viruses infect the liver.

What are the different types of viral hepatitis?

- Hepatitis A: "infectious hepatitis" caused by infected people neglecting to wash their hands after elimination and passed onto others through food or other items placed into the mouth. In addition, hepatitis A can be spread when drinking water or eating shellfish that have been contaminated. Hepatitis A often produces fever, however, the disease is generally resolved without any long-term effects.
- Hepatitis B: "serum hepatitis" is found in all body fluids of infected people, including blood, semen, saliva, and urine. The principle way of spreading hepatitis B is through intimate contact with infected people or otherwise coming into contact with their body fluids. The HBV is a very hardy virus, which can live up to a week in a dried drop of blood. Hepatitis B may have a broad clinical range of symptoms including complete recovery for most people, death due to severe hepatitis (less than 1% of the cases), or chronic liver disease which may progress to liver cancer (5-10% of all cases).
- Hepatitis C: "non-A, non-B hepatitis" was isolated in the late 1980's and found in the blood of infected persons. It is caused by blood transfusions, sharing IV needles, and other contact with an infected person's blood (i.e.: workplace exposure). The US blood supply has been screened for HCV since May 1990.
- Hepatitis D: also known as "delta hepatitis" is an infection that only exists in combination with hepatitis B. Hepatitis D is spread in the same ways that hepatitis B is spread. In the US, infections with hepatitis D occur primarily among those individuals who must receive blood products frequently or among those who inject illicit drugs.
- Hepatitis E: "epidemic" or "water-borne" hepatitis is acquired when water or food is contaminated with human feces is ingested.

What are the symptoms of Hepatitis?

The symptoms of hepatitis vary a great deal. A large number of people have no symptoms at all, while others have severe symptoms. Early signs are similar to the flu-general fatigue, joint and muscle pain, and loss of appetite. Nausea, vomiting,

and diarrhea or constipation may follow with a low-grade fever. As the disease progress, tenderness may exist in the liver area and jaundice may occur.

#### Hepatitis Vaccines

There are vaccines available for hepatitis A and B. The hepatitis B vaccine is now required for infants. This vaccine is a series of three injections given at a determined time apart. You must take all three injections. If you have had the Hepatitis B series, it is recommended that you ask your physician to check your titer to see if you are still immune to hepatitis B. As of yet, there is no vaccine for hepatitis C. If you are exposed to hepatitis A, you may want to take an injection of gamma globulin, which can reduce your risk of infection. If you have been exposed to hepatitis B, you may be given a blood product with a high concentration of protective hepatitis B antibody called hepatitis B immune globulin (HBIG).

#### More on Hepatitis C

Approximately 4 million people in the US have been diagnosed with hepatitis C (HCV). Of those who are exposed, 85% become chronically affected and the remaining 15% recover without complications. Of the chronically affected, up to 20% develop severe chronic liver disease over a period of 20-30 years. This disease accounts for 8,000-10,000 deaths a year and also accounts for the majority of liver transplants done. Because less than a third of those infected with hepatitis C have symptoms, many don't know that they have the disease until 10-20 years later, when they develop symptoms of cirrhosis or liver cancer. The virus can lay dormant for 10, 20, or more years. Although these people feel fine, they can spread the infection to others. The biggest cause of hepatitis C is injection of illegal drugs using contaminated needles and other equipment. Although hepatitis C is not curable, its symptoms can be treated. The antiviral agent interferon-alpha, given in two-coursed treatments once a week for three weeks, leads to temporary improvement of liver function in about 10% to 20% of cases. It, too, can cause flu-like symptoms, depression and other side effects. And even when it works, it often has to be repeated. More recently, adding ribavirin-another antiviral drug-to the interferon regimen has increased its effectiveness tenfold. The result in almost half of the cases is long-term improvement but not a cure.

Resident Signature / date

Staff Signature / date

Acquired Immune Deficiency Syndrome (AIDS) is, at this point, an incurable disease caused by the Human Immunodeficiency Virus (HIV), which weakens the natural human defense systems. There are two primary stages to the AIDS disease process:

- A. CARRIER STATE - a person is infected with the virus and can infect or pass it on to others but does not manifest or show symptoms of the illness his or herself.
- B. ACTIVE AIDS - The person infected with the virus has symptoms of the illness that "may" include:
1. Weight Loss
  2. A sore mouth
  3. Sores or wounds that will not heal
  4. Unexplained rashes
  5. Shingles
  6. Rare cancers
  7. Pneumonia that doesn't respond to treatment
  8. Unexplained mental changes

During this stage this disease is lethal when severe infections, primarily pneumocystis carinii pneumonia and Kaposi's sarcoma overcome the weakened defense mechanisms.

- A. AIDS is NOT passed from a carrier to a non-infected person by any of the following activities:
1. Hugging
  2. Use of toilets, sinks, bathtubs or swimming pools
  3. Sneezing or coughing
  4. Sharing bed linens
  5. Using dishes, utensils or food handled by a person infected by AIDS.
  6. Pets or insects
  7. Donating blood
- B. HIGH RISK FACTORS for contracting AIDS are:
1. Unprotected oral, vaginal or anal sex with multiple partners.
  2. Sex with known prostitutes, I.V. drug users, homosexual or bisexual men or sex with many different partners.
  3. Use of alcohol or drugs, which lowers judgment.
  4. Sharing needles or other equipment in I.V. drug use.
  5. Infected mother to unborn child.
  6. Exchange of blood through open wounds or accidental puncture of skin or mucous membrane surfaces.
- C. TO CONTROL THE SPREAD OF AIDS AND TO PROTECT YOURSELF, YOU SHOULD PRACTICE

THE FOLLOWING:

1. Do not have sex with a known AIDS patient, HIV positive person or someone who is in the high-risk category (e.g., past or present I.V. drug users, prostitutes, homosexual or bisexual men). Remember, your partner may not tell you about such risk.
2. If there's any doubt about your partner, use a latex condom and a spermicide with nonoxynol
3. Do not use I.V. drugs. If you do, don't share equipment (e.g., your works, your needles, etc.,) with anyone.
4. Do not have sex when you're high or drunk. Your judgment is impaired which may result in your engaging in high-risk behavior.
5. If there is any doubt of your HIV status, have a HIV screening before becoming pregnant.
6. If you are in a high-risk group, do not donate your blood, sperm or organs.
7. In recent studies, heterosexual sex is the method of infection of 75% of the people with the AIDS virus worldwide. Always know your sexual partner well. Do not have sex with persons in the high-risk groups or with a number of different partners.
8. PLEASE REMEMBER, EVERYONE IS "AT RISK" OF GETTING AIDS, NOT JUST THOSE IN THE HIGH RISK CATEGORY. BE GOOD TO YOURSELF; PRACTICE SAFE SEX. DO NOT INJECT ILLEGAL DRUGS AND SEE YOUR PHYSICIAN FOR REGULAR HEALTH CHECK-UPS.

AIDS TESTING:

A simple screening blood test will tell you if you carry the Human Immune Virus (HIV). If the first test run by the lab is positive, a second confirming test is run on the same blood sample to determine if you are infected. Many county health departments across the State of Kansas offer AIDS screening tests at little or no cost. They allow you to use a false name and all information is absolutely confidential.

If you have difficulty arranging testing or have any questions contact the following:

- 1-800-342-2437 Kansas AIDS Information Line
- 1-800-342-AIDS Kansas AIDS Information Line
- 1-800-227-8922 American Social Health Organization

These lines are frequently busy. If you feel it's important, please try again!

My signature below certifies I have been given a copy of this information on AIDS.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

The terms "rape" and "sexual assault" are frequently used interchangeably, in frank discussion, throughout our society. "Sexual abuse" refers specifically to any mistreatment of a resident of this facility that is sexual in nature and which is intended to intimidate, humiliate or harm the resident, or which is intended to disrupt the resident's participation in this RRC program in any way. "Sexual assault" refers to physical contact with or forcible exposure of any sexually oriented portions of a resident's anatomy for any of the following reasons:

- To obtain sexual gratification.
- To intimidate the resident.
- To embarrass the resident.
- To generate an environment of hostility.
- To prevent the resident from fully participating in the RRC program.
- To disrupt the orderly operating of the facility.

The term "rape" refers to the penile penetration of any part of a resident's anatomy and subsequent ejaculation for any of the following reasons:

- To obtain sexual gratification.
- To intimidate the resident.
- To generate an environment of hostility.
- To prevent the resident from fully participating in the RRC program.
- To disrupt the orderly running of the facility.

While the majority of the victims of sexual assault in this country are women, statistics tell us that approximately 15% of the victims of sexual assault are men.

The purpose of this portion of the Mirror, Inc. RRC Intake Manual is to offer some insight into the possible circumstances of sexual abuse and sexual assault within a correctional environment and to offer some suggestions for reducing each resident's vulnerability to the crime of sexual assault.

It is important to remember that victims of sexual assault are never responsible for the inappropriate and illegal behavior of the people who choose to assault them and whatever a victim does to survive an assault is the right thing to do.

Sexual assault and rape are generally not sex crimes. They are usually crimes of violence intended to intimidate, humiliate or control. For this reason, rapes and sexual assault may frequently be protracted crimes with multiple actions against or assaults on the same victim or group of victims.

Rapists typically plan their crimes. A rapist will look for the right opportunity and a vulnerable victim. Regardless of who you are, you could become the victim of sexual assault or rape. There are no "absolute" defenses against sexual assault

or rape. There are, however, ways of reducing the potential for becoming a victim. The best defense against sexual assault and rape is prevention.

1. Eliminate the perception of vulnerability. If a situation or circumstances "doesn't feel right," get out of it. Don't be afraid of hurting anyone's feelings or being embarrassed. Learn to identify and avoid potentially dangerous situations. Trust your instincts. Just because you have previously known and had a good relationship with another resident doesn't necessarily eliminate his/her as a potential attacker.

2. Avoid being alone or isolated in secluded or poorly lighted areas of the facility. There is safety in numbers.

3. If someone seems to be paying an inordinate amount of or inappropriate attention to you, remove yourself from his or her presence. If they seem to follow you, report the matter to the program technician on duty immediately.

4. Be Assertive. Assertive behavior may reduce your vulnerability to sexual assault or rape.

- Make eye contact with people in your environment. Eye contact is a powerful way to say, "I am in control of myself and my environment. Do not violate my boundaries."
- Speak up. Speak clearly and with authority. Speaking with a soft voice may give the impression of vulnerability to certain people. Be definitive and positive in your statements.
- Strong body language sends the same message as eye contact. Walk and move with a sense of purpose – like you know what you're doing and where you're going.

5. Pay attention to your instincts. Do not invalidate them by thinking, "I'm just being paranoid." If you feel someone can't be trusted or that you may be in danger, there is probably a good reason for that. Listen to your feelings and act on them before trouble begins.

6. Report any suspicious behavior by any resident to staff immediately. Staff will monitor residents whose behavior is suspicious. Staff will address any resident behavior that is suspect or inappropriate.

If you are attacked, the decision to resist is up to you and dependant upon the circumstances. Fighting should always be the very last resort. Breaking away and fleeing to staff is always the preferable decision. Whether resistance is active or passive, you should scream, yell and call for assistance. Attract as much attention to your situation as possible.

At no time is a resident of Mirror, Inc. authorized to keep or in any other way maintain any weapon with which to defend him or herself.

Your safety is the most important consideration in the face of an attack. Knowing ahead of time what your physical and emotional capabilities are will dictate your most logical reactions when faced with an attack. If resistance seems to escalate the violence and escape is not possible, then choosing to submit may be the best self-defense from further harm. Submitting is not consenting, and it may be the only way to prevent further harm. Try to remember as many details about the attack as possible. These will aid in disciplinary actions and prosecution later.

#### **Following An Attack:**

1. Get to a staff person as soon as possible and report the incident.
2. The staff person will call the police and the Director of Federal Programs, Case Manager and a Victim Advocate.
3. Do not change clothes, clean your clothing, bathe or shower before reporting. This will preserve any physical evidence that may aid in prosecution.
4. You will probably be asked to go to the hospital emergency room. At the hospital, you will be examined by a

doctor for any injuries and for physical evidence. Baseline testing for any sexually transmitted diseases is routinely performed at this time.

5. If you have any questions about reporting, medical treatment, or if you need to talk with someone, the Wichita Area Sexual Assault Center is available 24 hours a day at 263-3002.

#### **Conclusion:**

The most important step you can take in protecting yourself from sexual assault is to acknowledge that it can happen to you. The following principles should be helpful in helping you reduce your degree of vulnerability to sexual assault.

- Be alert when you are alone.
- Be aware of the people around you, your surroundings and the total environment.
- Be assertive and do not allow yourself to be intimidated.
- Stay calm.
- Think clearly.
- Be discriminating regarding whom you confide personal matters and lifestyle.
- Remember that you can only minimize your chances of a sexual assault, you cannot eliminate them.
- Trust your instincts.

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I have read or have had read to me the above-listed information regarding Sexual Abuse/Assault Intervention. I understand the principles set forth regarding minimizing the chances of being abused or assaulted. I understand that I must report suspicious behavior to Mirror, Inc. staff immediately or as soon as feasibly possible. I understand that I must report any circumstance of abuse or assault that I am subject to or which I become aware. I understand that I am subject to disciplinary action and/or prosecution if I engage in any behavior that comprises sexual abuse or sexual assault.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

If you believe you are a sexual assault victim:

WE WILL meet with you privately or you may choose to be accompanied by a friend.

WE WILL have same sex staff conduct the initial interview at your request if one is available.

WE WILL take your assault seriously and fully investigate the matter for you regardless of the gender, race, ethnicity, sexual orientation, age or religion of those parties involved.

WE WILL not prejudge you or your actions. Assault victims are not responsible for the criminal actions of others.

WE WILL treat you and your case with courtesy, dignity, sensitivity and understanding.

WE WILL assist you in arranging for your medical needs.

WE WILL provide you with counseling referral information.

WE WILL upon request, not release your name to the public or to the press.

WE WILL discuss and explain the criminal justice process. You will be kept informed of the progress of the investigation.

WE WILL continue to be available in order to answer your questions and to assist you as the process of the investigation and /or prosecution proceeds.

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\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

### The ABCs of STDs

Sexually Transmitted Diseases (STDs) are among the most common infectious diseases in the United States today. More than 20 STDs have been identified, and they affect millions of men and women in this country each year.

The first step toward preventing STDs is to understand how they are spread, their common symptoms, and how they are treated. There are five key points about all STDs in this country today:

- STDs affect men and women of all backgrounds and economic levels. Nearly two-thirds of all STDs occur in people younger than 25 years of age.
- The incidence of STDs is rising.
- Many STDs cause no symptoms at first, particularly in women. Even when an STD causes no symptoms, a person who is infected may pass the disease to a sex partner.
- Health problems caused by STDs tend to be more severe and more frequent for women than for men. Some STDs can spread into the uterus (womb) and fallopian tubes to cause pelvic inflammatory disease (PID), a major cause of both infertility and ectopic (tubal) pregnancy. The latter can be fatal. STDs can be passed from a mother to her baby before or during birth; some of these newborn infections can be cured easily, but others may cause a baby to be disabled or even die.
- When diagnosed and treated early, almost all STDs can be treated. The most serious STD for which no cure now exists is acquired immunodeficiency syndrome (AIDS), a fatal viral infection of the immune system.

### Acquired Immunodeficiency Syndrome (AIDS)

AIDS was first reported in the United States in 1981. It is caused by the human immunodeficiency virus (HIV), a virus that destroys the body's ability to fight off infection. People who have AIDS are very susceptible to many life-threatening diseases and to certain cancers.

Transmission of the virus primarily occurs during sexual activity and by sharing needles used to inject intravenous drugs.

### Chlamydia Infections

These infections are now the most common bacterial STDs in the United States. In both men and women, chlamydial infection may cause an abnormal genital discharge and burning when urinating. In women, untreated Chlamydia may lead to PID, one of the most common causes of infertility in women and ectopic pregnancy. Most people with Chlamydia have few or no symptoms, but once diagnosed, Chlamydia is treatable with an antibiotic drug.

### Genital Herpes

Genital herpes affects millions of Americans. Herpes infections are caused by herpes simplex virus (HSV). The major symptoms of infection are painful blisters or open sores in the genital area. These may be preceded by a tingling or burning sensation in the legs, buttocks, or genital region. The herpes sores usually disappear within two to three weeks, but the virus remains in the body and the lesions may recur from time to time.

Severe or frequently recurrent genital herpes is now treated with acyclovir, which helps control the symptoms but does not eliminate the virus from the body.

Women who acquire genital herpes during pregnancy can transmit the virus to their babies. Untreated HSV infection in newborns can result in mental retardation and death.

### Genital Warts

Genital warts (also called venereal warts, or Condylomata acuminata) are caused by a virus related to the virus that causes common skin warts. Genital warts usually first appear as small, hard, painless bumps in the vaginal area, on the penis, or around the anus; if untreated, they may grow and develop a fleshy, cauliflower-like appearance.

Scientists believe that the virus responsible for genital warts also may cause several types of genital cancer. Genital warts are treated with a topical drug (applied to the skin), by freezing, or if they recur, with injections of a type of interferon. If the warts are very large, they can be removed by surgery.

### Gonorrhea

The most common symptoms of gonorrhea are a discharge from the vagina or penis and painful or difficult urination. Common complications in women include PID, ectopic pregnancy, and infertility.

Historically, penicillin has been used to treat gonorrhea, but several penicillin-resistant forms have appeared. Other antibiotics or combinations of drugs must be used to treat these resistant strains.

### Syphilis

Syphilis has declined in recent years. The first symptoms of syphilis may go undetected because they are mild and disappear spontaneously. The initial symptom is a painless open sore on the penis or around the vagina. If untreated, syphilis will advance to more advanced stages, including a short-lived rash and, eventually, serious involvement of the heart and central nervous system. The full course of the disease can take years. Penicillin remains the drug most commonly used to treat syphilis.

### Other diseases

Other diseases that may be sexually transmitted include trichomoniasis, bacterial vaginosis, cytomegalovirus infections, hepatitis B, scabies, and pubic lice.

### **STDs and pregnancy**

STDs in pregnant women are associated with a number of negative outcomes including spontaneous abortion, prematurity, low birth weight, and infection in the newborn.

Thirty to 70 percent of babies born to acutely infected mothers become infected. The infections may include pneumonia, potentially blinding eye infections, and permanent neurological damage. Low birth weight and prematurity appear to be associated with most acute STDs, including chlamydial infection and gonorrhea.

### **How can STDs be prevented?**

Safe sexual behavior and seeking proper health care can help keep people from becoming infected or re-infected with STDs and from experiencing complications.

### **Use condoms correctly every time you have sex.**

Persons who engage in sexual behaviors that can place them at risk for STDs should use latex or polyurethane condoms every time they have sex. A condom put on the penis before starting sex and worn until the penis is withdrawn can help protect both the male and the female partner from STDs. When a male condom cannot be used appropriately, sex partners should consider using a female condom.

Common methods of birth control, like the oral contraceptive pill or the contraceptive shot or implant, do not give women protection from STDs. Women who use these

methods should also use condoms every time they have sex to prevent STDs.

Condoms do not provide complete protection from all STDs. Sores and lesions of other STDs on infected men and women may be present in areas not covered by the condom, resulting in transmission of infection to a new person.

### **Anyone diagnosed as having an STD should:**

- Notify all recent sex partners and urge them to get a checkup.
- Follow doctor's orders and complete the full course of medication.
- Avoid all sexual activity while being treated.

Most STDs are readily treated, and the earlier a person seeks treatment and warns sex partners about the disease, the less likely the disease will do irreparable physical damage, be spread to others, and in the case of a woman, be passed on to a newborn baby.

### **Other sources**

For AIDS questions, the U.S. Public Health Service has a confidential toll-free hotline number: 1-800-342-2437. The American Social Health Association provides free information and keeps lists of clinics and doctors who provide STD treatment. ASHS's national toll-free, confidential number is 1-800-227-8922.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB of the lungs coughs, sneezes, laughs, or sings. TB can also affect other parts of the body, such as the brain, the kidneys, or the spine. At the beginning of the 1900's, tuberculosis was so rampant that it was the leading cause of death in the United States, accounting for 10% of all deaths. In the 1930's the TB test was developed to diagnose exposure to TB. In the 1940's antibiotics were introduced that were effective against the TB bacteria. Rates of TB dramatically fell. In 1986, however, for the first time since the 1940's, annual tuberculosis morbidity in the US increased mostly due to HIV and AIDS.

#### Who gets TB?

Anyone can get TB, but some people are at higher risk. Those at higher risk include:

- people who share the same breathing space (such as family member, friends, co-workers) with someone who has TB disease;
- poor people;
- homeless people
- foreign-born people from countries where a lot of people have TB;
- nursing home residents;
- prisoners;
- alcoholics and IV drug users;
- people with medical conditions such as diabetes, certain types of cancers, and being underweight; and especially
- people with HIV infection.

It is not easy to become infected with TB. Usually a person has to be close to someone with TB disease over a long period of time. TB is usually spread between family members, close friends, and people who live or work together. TB is spread most easily in closed spaces over a long period of time.

It is important to understand that there is a difference between being infected with TB and having TB disease. Someone who is infected with TB has the TB bacteria in their body. The body's defenses are protecting them from the germs and they are not sick. Someone with TB disease is

sick and can spread the disease to other people. A person with TB disease needs to see a doctor as soon as possible.

#### What are the symptoms of TB?

A person with TB infection will have no symptoms. A person with TB disease may have any, all or none of the following symptoms:

- a cough that will not go away;
- feeling tired all the time;
- weight loss;
- loss of appetite;
- fever;
- coughing up blood
- night sweats.

#### The TB Test

The TB skin test is away to find out if a person has been exposed to the TB bacteria. The preferred testing method is called the Mantoux test. A small amount of testing material is injected into the first layer of the skin, usually on the inner forearm. The test is read 48 to 72 hours after it has been given. If there is a reaction to the testing material, the site is measured. If the size falls into a certain category, the test is classified as either negative or positive.

Most treatment facilities require that their employees receive regular TB tests. It is recommended that all staff that work in treatment centers get annual TB tests, even if their employers do not require it.

#### How is TB treated?

Treatment for TB depends on whether a person has TB disease or only TB infection. A person who has become infected with TB, but does not have TB disease, may be given preventive therapy, which may consist of daily medication for 6-12 months. If a person has TB disease they will usually receive a combination of several drugs (most frequently INH plus two or three others), usually for six to nine months. The infected person will probably begin to feel better in only a few weeks. It is very important that they continue to take the full course of medication.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

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**\*Barrier protection** should be used at all times to prevent skin and mucous membrane contamination with blood, body fluids containing visible blood, or other body fluids (cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, semen and vaginal secretions).

Barrier protection should be used with ALL tissues.

The type of barrier protection used should be appropriate for the type of procedures being performed and the type of exposure anticipated. Examples of barrier protection include disposable lab coats, gloves, and eye and face protection.

**\*Gloves** are to be worn when there is potential for hand or skin contact with blood, other potentially infectious material, or items and surfaces contaminated with these materials.

**\*Wear face protection** (face shield) during procedures that are likely to generate droplets of blood or body fluid to prevent exposure to mucous membranes or the mouth, nose and eyes.

**\*Wear protective body clothing** (disposable laboratory coats (Tyvek)) when there is a potential for splashing of blood or body fluids.

**\*Wash hands or other skin surfaces** thoroughly and immediately if contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

**\*Wash hands immediately** after gloves are removed.

**\*Avoid accidental injuries** that can be caused by needles, scalpel blades, laboratory instruments, etc. when performing procedures, cleaning instruments, handling sharp instruments, and disposing of used needles, pipettes, etc.

Used needles, disposable syringes, scalpel blades, pipettes, and other **sharp items are to be placed in puncture resistant containers** marked with a biohazard symbol for disposal.

**REMEMBER:** Wipe up any spill or accident possibly involving fluids with a disinfectant such as a 1:10 solution of bleach water.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

1. A plan for a job search is to be developed with and approved by the Employment Placement Specialist (EPS) 24 hours prior to the search. This plan is to include an outline of the name of the business or company, address, phone number and the name of the contact person if known where application will be made and the date of this contact.
2. Each resident is to sign out when they are leaving and sign in when they return from job search. The sign-in/out sheet shall include the name, address, and phone number of the first location on the approved plan for that morning or afternoon, and reference their approved employment search itinerary.
3. Residents on employment search status are required to conduct an aggressive search for employment from 8:00 A.M. until 12:00 P.M. and from 1:00 P.M. until 4:00 P.M. each day, Monday through Friday. Residents are required to make as many employment contacts as possible during these times, but no less than three contacts each morning and three contacts each afternoon will be acceptable. If a resident returns to the facility earlier than 12:00 P.M. or earlier than 4:00 P.M. his or her employment search will be deemed insufficiently aggressive and the resident will be in violation of the RRC program employment policy.
4. The approved plan will be followed unless permission to change this plan is given by the EPS or the Case Manager. Residents shall call in for any changes in the plan. Residents must call-in if they deviate from or become more than five minutes ahead of or behind their employment search itinerary.
5. The resident must present the EPS with a job search report form for each application made or interview attended.
6. During the job search process, residents will return to the facility during lunch. The search may continue again in the afternoon by using the sign out book with the plan for the afternoon. Residents will not be gone from the facility for job search for more than 4 hours at one time.
7. Once a job is obtained, the resident will fill out an employment information form for their case file, a release form for the employer, and a weekly employment schedule. Those residents' with authorization to operate a personal vehicle require a mileage sheet.
8. RRC residents may only seek employment that meets BOP & USPO guidelines – per se: full-time (40 hours per week), permanent, gainful employment. Residents may not seek employment through temporary employment services except where the employment is specifically intended to be temporary placement to permanent hire by the contracting company.
9. All residents are expected to be employed in a full-time (40-hours per week), permanent, stable job within the first 15 days of their arrival at the facility.
10. A resident cannot work in a job that stocks, sells or serves alcoholic beverages, or in a job where there is any contact with weapons, ammunition or explosives.
11. The employer must provide a statement of the pay period, hours worked, gross wages, deductions made and overtime earned. This statement may be in the form of a paycheck stub.
12. The RRC resident shall be supervised at all times. The supervisor shall not be anyone on parole/probation or an ex-inmate. RRC staff will ensure through documentation that the employer is aware of the offender's legal status prior to the first workday.
13. Staff will verify resident weekly work schedules. If a resident works a varied schedule, the resident shall provide a daily or weekly schedule. Work schedules must be submitted to the CM

prior to the beginning of the schedule rotation. The schedule must be signed by the resident's supervisor.

14. Residents are allowed to work overtime. FBOP placements are restricted to no more than 55 hours each week and no more than 6 days out of 7. The employer/supervisor must call the RRC Case Manager or EPS to notify the program of any changes in the normal work schedule. Residents are not allowed to be signed-out for work over 12 hours at a time.
15. Residents' work sites may vary, however, there must be a viable method for staff to locate the resident at any time during work hours. Options are a supervisor's pager or cellular telephone, or an office dispatcher or receptionist telephone number.
16. Residents are to find their own transportation to and from work. Approved options are the bus, walking, bicycle, employer or co-worker who is willing to provide reliable transportation. Friends and family members may transport with approval from the Case Manager. The Case Manager must approve transportation with any individual in advance. People providing transportation to residents must submit copies of their driver's license, vehicle registration receipt, and valid insurance card prior to transporting the resident.
17. Residents are to be in their place of employment during work hours. They are not allowed to leave during lunch, etc. without prior permission from staff.
18. Residents are required to maintain employment with good to excellent work performance reviews. Residents who are terminated from employment for poor performance or for inappropriate behavior will be subject to disciplinary actions based on violation of this program employment policy.
19. Residents may not self-terminate or change employment without the advanced approval of the Case Manager and without giving sufficient notice. Sufficient notice is generally defined as two-week notice unless otherwise defined by the employer. Residents who self-terminate or change employment without prior authorization from their Case Manager, or who terminate without serving the required notice are subject to disciplinary action for violation of this program employment policy.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

The following policies are established by the United States Probation Office, District of Kansas,

**"General Requirements for Employment Upon Release from B.O.P. Custody"**

1. Suitable employment must allow time to report to the U.S. Probation Office.
2. Suitable employment must allow time to participate in the drug or alcohol aftercare program if this is a condition of your parole, supervised release, mandatory release, or probation supervision. Participation may include counseling appointments and / or drug screening.
3. The use or possession of firearms is prohibited.
4. You must have been employed for at least thirty days.
5. Residents must be employed "full-time" (i.e., 40 hours per week). Employment must be permanent – temporary or otherwise unstable employment will not be approved. Employment must be considered "gainful" in that it must provide sufficient salary and benefits to provide for the basic needs of the resident and his/her dependants. Employment will be verified by both Mirror, Inc. and by the assigned U. S. Probation officer prior to release.
6. Prior to release, travel is restricted to a 100 miles radius of Wichita, KS. After release from Mirror, Inc. and while under the supervision of the U.S. Probation Office, travel will be restricted to the State of Kansas. Persons under the supervision of the U.S. Probation Office must submit a written request for permission to travel outside of the State of Kansas.

NOTE: "Suitable employment" takes into consideration the pre-release resident's past criminal record. Employment or employment with particular employers or companies may not be approved if it would present a significant potential for compromising the resident's progress or integrity in reintegration programming.

Residents who have any questions regarding employment should contact their USPO.

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I have read or have had read to me the USPO General Employment Guidelines. I understand the restrictions and guidelines, and I agree to abide by all aspects of this policy and the associated procedures.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

Most residents placed at Mirror, Inc. will have some type of drug, alcohol or mental health aftercare counseling requirements. The Federal Bureau of Prisons, the United States Probation Office or the United States District Courts generally mandate these aftercare-counseling requirements. The nature and frequency of aftercare counseling is also dictated by the referring agency. Compliance with counseling and aftercare services requirements are administered at Mirror, Inc. staff according to the placement specifications. The actual services may be brokered to various agencies in the Wichita, Kansas area.

Full participation in the counseling and drug/alcohol aftercare components of a resident's program is mandatory. Counseling sessions and drug/alcohol aftercare activities are considered a priority over all other aspects of a resident's program. Residents are expected to make necessary arrangements with employment and any other program activities so that they can attend all counseling and drug/alcohol aftercare sessions.

If a resident must miss a counseling session or a drug/alcohol aftercare activity because of illness, he/she must notify the services provider well in advance of the scheduled appointment. He/She will be restricted to his/her living quarters without visitation, telephone or television privileges for at least a twelve-hour period.

Any unexcused absence from a counseling session or a drug/alcohol aftercare activity will result in disciplinary actions. Subsequent absences from a counseling session or a drug/alcohol aftercare activity will result in a review of the appropriateness of the resident's RRC program placement.

Residents should be aware that their Case Managers at Mirror, Inc. confer regularly with their drug/alcohol aftercare counselors. Input from counselors is a significant element in a resident's transition from one program component to another and in the advancement within a program component.

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I have read or have had read to me the policies and associated procedures regarding counseling and drug/alcohol aftercare promulgated by Mirror, Inc. I understand that it is my responsibility to attend and fully participate in each counseling appointment and each aftercare activity. I understand that counseling and drug/alcohol aftercare activities are a priority in my reintegration program plan, and that I must make all necessary accommodations to attend all counseling and aftercare activities. I agree to abide by all aspects of this policy and the associated procedures.

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

When a Mirror, Inc. staff person requests a UA (urinalysis) sample from a resident, he or she has two hours within which to produce the sample. During this period, the resident is restricted to the office area of the facility. Residents on notice for a UA may not smoke, eat or drink anything except water. Residents on notice for a UA may not leave of the facility until the UA sample is collected and properly documented.

If a resident does not produce a UA sample within the two-hour time period, it will be considered a deliberate delay (stall) and a refusal to submit a sample. Appropriate disciplinary procedures will follow.

When producing a UA sample, the following procedures are to be followed:

1. The resident must wash and dry his/her hands thoroughly.
2. The resident will receive the sample container from the attending staff person.
3. The resident will fill the sample container at least  $\frac{3}{4}$  full. The attending staff person will observe the delivery of the sample to ensure that the resident does not accidentally or deliberately contaminate or compromise the sample.
4. The resident will return the sample container to the attending staff person.
5. The attending staff person will securely affix the container lid.
6. The attending staff person will rinse and dry the sample container.
7. The attending staff person will complete the appropriate sample transmittal form in the presence of the resident. The resident will observe the staff person to ensure that all information entered onto the transmittal form is correct and accurate.
8. The resident will sign and date the transmittal form and the container seal.
9. The resident will observe the attending staff person affix the sample container seal and the sample bar code to the sample container.
10. The resident will compare the sample container bar code to the code on the sample transmittal form to ensure that they are the same.
11. The attending staff person will seal the sample container in the transmittal bag under resident observation.

When a Mirror, Inc. staff person requests a BA (breathalyzer) sample from a resident, he or she must deliver the sample immediately. Residents on notice for a BA may not smoke, eat or drink anything. Residents on notice for a BA may not leave the facility until the BA sample is collected and properly documented.

If a resident does not produce a BA sample immediately, it will be considered a deliberate delay (stall) and a refusal to submit a sample. If a resident feigns delivery of a BA sample but fails to deliver an adequate breath sample, it will be considered a refusal to submit a sample. Appropriate disciplinary procedures will follow.

When producing a BA sample, the following procedures are to be followed:

1. The resident will witness the pre-sample breath tester display reading.
2. The resident will blow into the breath sample collection tube as instructed by the staff person conducting the test.
3. The breath sample will be a strong exhalation into the collection tube for at least five seconds.
4. The resident will observe the post-sample breath tester display reading.
5. If the breath test indicates positive for the presence of alcohol, the resident will immediately be placed on notice for a UA.

I have read or have had read to me the policies and associated procedures regarding chemical surveillance program of Mirror, Inc. I understand that I am required to submit breath samples and urine samples as requested by staff in accordance with the guidelines stated above. I understand that refusing to submit samples as requested, delaying provision of samples or feigning the provision of samples constitutes a violation of FBOP and Mirror, Inc. Prohibited Acts and that I am subject to disciplinary action and sanctions up to and including termination from the RRC program for doing so.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, have been duly informed and advised of the guidelines restricting the consumption of foodstuffs prepared with poppy seeds during my placement at Mirror, Inc. I understand that, due to the chemicals in poppy seeds, urinalysis testing could result in a positive indication for the presence of illegal substances in my urine if I were to consume foods containing poppy seeds; therefore, I agree that during the period of my placement at Mirror, Inc. I will not consume foods containing poppy seeds. I understand that should any urinalysis test indicate the presence of controlled substances in my urine, I will be subject to disciplinary action and sanctions up to and including termination from the RRC program.

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\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

Name: \_\_\_\_\_

Reg. No: \_\_\_\_\_

[illegible]

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**Mirror Inc.  
Residential Re-Entry Center  
Program Sanctions**

**It is the philosophy of the RRC program that everyone has potential for change. An integral component of the Residential Re-Entry Center program is to clearly define structure and program expectations. The following graduated sanction system will be utilized for violation of any minor rule as described in the Facility Rules handout and Basic Rules of Conduct.**

**Sanctions for all rule violations are levied on an individual basis following Case Manager, Counselor, and Facility Director review and/or notification. These sanctions include but are not limited to:**

- 1) Verbal warning and/or reprimand.**
- 2) Redirecting the client by clarifying rules program expectations.**
- 3) Loss of in-house privileges such as TV.**
- 4) Restriction to the facility except for work.**
- 5) Extra duty.**
- 6) Loss of outside passes.**
- 7) Written therapeutic interventions as appropriate.**
- 8) Behavioral contracts.**
- 9) Referral to Center Discipline Committee for moderate to high rule violations.**

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

## PROHIBITED ACTS AND DISCIPLINARY SEVERITY SCALE

### GREATEST SEVERITY CATEGORY

The CDCC shall refer all Greatest Severity Prohibited Acts to the DHO with recommendations as to an appropriate disposition.

CODE	PROHIBITED ACTS	SANCTIONS
100	Killing	<p>A. Recommend parole date rescission or retardation.</p> <p>B. Forfeit earned statutory good time or non-vested good conduct time (up to 100 percent) and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended).</p> <p>B.1 Disallow ordinarily between 50 and 75 percent (27 – 41 days) or good conduct time credit available for year (a good conduct time sanction may not be suspended).</p> <p>C. Disciplinary Transfer (recommend)</p> <p>D. Disciplinary segregation (up to 60 days).</p> <p>E. Make Monetary restitution</p> <p>F. Withhold statutory good time (Note – can be in addition to A through E – cannot be the only sanction executed).</p> <p>G. Loss of Privileges (Note – can be in addition to A through E – cannot be the only sanction executed).</p>
101	Assaulting any persons (includes sexual assault) or any armed assault on the institution's secure perimeter (a charge for assaulting any person at this level is to be used only when serious physical injury has been attempted or carried out by an offender)	
102	Escape from escort; escape from a secure institution (low, medium, and high security level and administrative institutions); or escape from a minimum institution <u>with</u> violence	
103	Setting a fire (charged with this act in this category only when found to pose a threat to life or a threat of serious bodily harm or in furtherance of a prohibited act of Greatest Severity, e.g. in furtherance of a riot or escape; otherwise the charge is properly classified Code 218, or 329)	
104	Possession, manufacture, or introduction of a gun, firearm, weapon, sharpened instrument, knife, dangerous chemical, explosive or any ammunition	
105	Rioting	
106	Encouraging others to riot	
107	Taking hostage (s)	
108	Possession, manufacture, or introduction of a hazardous tool (Tools most likely to be used in an escape or escape attempt or to serve as weapons capable of doing serious bodily harm to others; or those hazardous to institutional security or personal safety; e.g., hacksaw blade)	
109	(Not to be used)	
110	Refusing to provide a urine sample or to take part in other drug-abuse testing	
111	Introduction of any narcotics, marijuana, drugs, or related paraphernalia not prescribed for the individual by the medical staff.	
112	Use of any narcotics, marijuana, drugs, or related paraphernalia not prescribed for the individual by the medical staff	
113	Possession of any narcotics, marijuana, drugs, or related	

	paraphernalia not prescribed for the individual by the medical staff.	
198	Interfering with a staff member in the performance of duties ( <u>Conduct must be of the Greatest Severity nature.</u> ) This charge is to be used only when another charge of greatest severity is not applicable.	
199	Conduct that disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons. ( <u>Conduct must be of the Greatest Severity nature.</u> ) This charge is to be used only when another charge of greatest severity is not applicable.	

### HIGH CATEGORY

CODE	PROHIBITED ACTS	SANCTIONS
200	Escape from unescorted Community Programs and activities and Open Institutions (minimum) and from outside secure institutions – without violence	A. Recommend parole date rescission or retardation  B. Forfeit earned statutory good time or non-vested good conduct time up to 50 percent or up to 60 days, whichever is less and/or terminate or disallow extra time (an extra good time or good conduct time sanction may not be suspended)  B.1 Disallow ordinarily between 25 and 50 percent (14 – 27 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended)  C. Disciplinary Transfer (recommend)  D. Disciplinary segregation (up to 30 days)  E. Make monetary restitution  F. Withhold statutory good time.  G. Loss of privileges; commissary, movies, recreation, etc.  H. Change housing (quarters)  I. Remove from program and/or group activity  J. Loss of job. Not applicable in a RRC.  K. Impound offender's personal property  L. Confiscate contraband  M. Restrict to quarters
201	Fighting with another person	
202	(Not to be used)	
203	Threatening another with bodily harm or any other offense	
204	Extortion, blackmail, protection; Demanding or receiving money or anything of value in return for protection against others, to avoid bodily harm, or under threat of informing.	
205	Engaging in sexual acts	
206	Making sexual proposals or threats to another	
207	Wearing a disguise or a mask	
208	Possession of any unauthorized locking device, or lock pick, or tampering with or blocking any lock device (includes keys), or destroying, altering, interfering with, improperly using, or mechanism, or procedure	
209	Adulteration of any food or drink	
210	(Not to be used)	
211	Possessing any officer's or staff clothing	
212	Engaging in, or encouraging a group demonstration	
213	Encouraging others to refuse to work, or to participate in a work stoppage	
214	(Not to be used)	
215	Introduction of alcohol into contract facility	
216	Giving or offering an official or staff member a bribe, or anything of monetary value	
217	Giving money to, or receiving money from, any person for	

	purpose of introducing contraband or for any other illegal or prohibited purposes	
218	Destroying, altering, or damaging government property, or the property of another person, having a value in excess of \$100,000 or destroying, altering, damaging life-safety devices (e.g., fire alarm) regardless of financial value	
219	Stealing (theft; this includes data obtained through the unauthorized use of a communications facility, or through the unauthorized access to disks, tapes or computer printouts or other automated equipment on which data is stored.)	
220	Demonstrating, practicing, or using martial arts, boxing (except for use of a punching bag), wrestling, or other forms of physical encounter, or military exercises or drill (except for drill authorized and conducted by staff)	
221	Being in an unauthorized area with a person of the opposite sex without staff permission	
222	Making, possessing or using intoxicants	
223	Refusing to breathe into a breathalyzer or take part in other testing for use of alcohol	
224	Assaulting any person (charged with this act only when less serious physical injury or contact has been attempted or carried out by an offender)	
298	Interfering with a staff member in the performance of duties. (Conduct must be of the High Severity nature.) This charge is to be used only when another charge of the high severity is not applicable.	
299	Conduct that disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons. (Conduct must be of the High Severity nature.) This charge is to be used only when another charge of high severity is not applicable.	

### **MODERATE CATEGORY**

<b>CODE</b>	<b>PROHIBITED ACTS</b>	<b>SANCTIONS</b>
300	Indecent Exposure	<p>A. Recommend parole date rescission or retardation.</p> <p>B. Forfeit earned statutory good time or non-vested good conduct time up to 25 percent or up to 30 days whichever is less, and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended).</p> <p>B.1 Disallow ordinarily up to 25 percent (1 – 14 days) of good conduct time credit</p>
301	(Not to be used)	
302	Misuse of authorized medication	
303	Possession of money or currency, unless specifically authorized, or in excess of the amount authorized	
304	Loaning of property or anything of value for profit or increased return	

305	Possession of anything not authorized for retention or receipt by the offender, and not issued to him through regular channels	available for year (a good conduct time sanction may not be suspended).
306	Refusing to work, or to accept a program assignment	C. Disciplinary Transfer (recommend)
307	Refusing to obey an order of any staff member (May be categorized and charged in terms of greater severity, according to the nature of the order being disobeyed; e.g., failure to obey an order which furthers a riot would be charged as 105, Rioting; refusing to obey an order which furthers a fight would be charged as 201, Fighting; refusing to provide a urine sample when ordered would be charged as Code 110)	D. Disciplinary segregation (up to 15 days)
308	Violating a condition of a furlough	E. Make monetary restitution
309	Violating a condition of a community program	F. Withhold statutory good time.
310	Unexcused absence from work or any assignment.	G. Loss of privileges: commissary, movies, recreation, etc.
311	Failing to perform work as instructed by the supervisor	H. Change housing (quarters)
312	Insolence towards a staff member	I. Remove for program and/or group activity
313	Lying or providing a false statement to a staff member	J. Loss of job. Not applicable in an RRC.
314	Counterfeiting, forging or unauthorized reproduction of any document, article or identification, money, security, or official paper. (May be categorized in terms of greater severity according to the nature of item being reproduced; e.g., counterfeiting release papers to effect escape, Code 102 or Code 200)	K. Impound offender's personal property
315	Participating in an unauthorized meeting or gathering	L. Confiscate contraband
316	Being in an unauthorized area	M. Restrict to quarters
317	Failure to follow safety or sanitation regulations	N. Extra duty.
318	Using any equipment or machinery	
319	Using any equipment or machinery contrary to instructions or posted safety standards	
320	Failing to stand count	
321	Interfering with the taking of count	
322	(Not to be used)	
323	(Not to be used)	
324	Gambling	
325	Preparing or conducting a gambling pool	
326	Possession of gambling paraphernalia	
327	Unauthorized contacts with the public	
328	Giving money or anything of value to, or accepting money or anything of value from: another offender, or any other person	

	without staff authorization	
329	Destroying, altering or damaging government property, or the property of another person, having a value of \$100.00 or less	
330	Being unsanitary or untidy; failing to keep one's person and one's quarters in accordance with the posted standards	
331	Possession, manufacture, or introduction of an non-hazardous tool or other non-hazardous contraband (Tool not likely to be used in an escape or escape attempt, or to serve as a weapon capable of doing serious bodily harm to others, or not hazardous to institutional security or personal safety; other non-hazardous contraband includes such items as food or cosmetics)	
398	Interfering with a staff member in the performance of duties. ( <u>Conduct must be of the Moderate Severity nature.</u> ) This charge is to be used only when another charge of moderate severity is not applicable.	
399	Conduct that disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons. ( <u>Conduct must be of the Moderate Severity nature.</u> ) This charge is to be used only when another charge of moderate severity is not applicable.	

### LOW MODERATE CATEGORY

CODE	PROHIBITED ACTS	SANCTIONS
400	Possession of property belonging to another person	B.1 Disallow ordinarily up to 12.5 percent (1 – 7 days) of good conduct time credit available for year (to be used only where offender found to have committed a second violation of the same prohibited act within 6 months); Disallow ordinarily up to 25 percent (1 – 14 days) of good conduct time credit available for year (to be used only where offender found to have committed a third violation of the same prohibited act within 6 months) (a good conduct time sanction may not be suspended). (See Chapter 4 Page 16 for VCCLEA violent and PLRA offenders)
401	Possessing unauthorized amount of otherwise authorized clothing	
402	Malingering, feigning illness	
403	Smoking where prohibited	
404	Using abusive or obscene language	
405	Tattooing or self-mutilation	
406	Unauthorized use of mail or telephone (Restriction or loss for a specific period of time, of these privileges may often be an appropriate sanction G) (May be categorized and charged in terms of greater severity, according to the nature of the unauthorized use; e.g., the telephone is used for planning facilitating, committing an armed assault on the institution's secure perimeter, would be charged as Code 101, Assault	E. Make monetary restitution
407	Conduct with a visitor in violation of Bureau regulations (Restriction, or loss for a specific period of time, of these privileges may often be an appropriate sanction G)	F. Withhold statutory good time
408	Conducting a business	G. Loss of privileges; commissary, movies, recreation, etc.
409	Unauthorized physical contact (e.g., kissing, embracing)	H. Change housing (quarters)
		I. Remove from program and/or group activity.
		J. Loss of job. Not applicable in an RRC

498	Interfering with a staff member in the performance of duties. (Conduct must be of the Low Moderate Severity nature.) This charge is to be used only when another charge of low moderate severity is not applicable.	K. Impound offender's personal property L. Confiscate contraband
499	Conduct that disrupts or interferes with the security or orderly running or the institution or the Bureau of Prisons. (Conduct must be of the Low Moderate severity nature.) This charge is to be used only when another charge of low moderate severity is not applicable.	M. Restrict to quarters N. Extra duty O. Reprimand P. Warning

**NOTE:** Aiding another person to commit any of these offenses, attempting to commit any of these offenses, and make plans to commit any of these offenses, in all categories of severity, shall be considered the same as a commission of the offenses itself.

When the prohibited act is interfering with a staff member in the performance of duties (Code 198, 298, 398, or 498), or conduct which disrupts (Code 199, 299, 399, or 499), the DHO or CDC in its findings, should indicate a specific findings of the severity level of the conduct, and a comparison to an offense (or offenses) in that severity level which the DHO or CDC finds is most comparable.

Example: "We find the act of \_\_\_\_\_ to be of High Severity, most comparable to prohibited act engaging in a Group Demonstration."

Sanction B.1 may be imposed on the Low Moderate category only where the offender has committed the same low moderate prohibited act more than one time within a six-month period except for a VCCLEA offender rated as violent or a PLRA offender.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

The Prohibited Acts & Sanctions listed below are for utilization within Mirror, Inc. internal disciplinary procedures.

Choice of recommended sanctions must coincide with the severity range of the infraction. Normally, the more severe infractions should carry greater penalties than those in lower severity levels. The Director of Federal Programs may increase or decrease the severity of the sanctions recommended, but may not exceed the ranges specified unless there is valid documentation of repeated violations of the same offense or similar offenses. Investigation of violations of Prohibited Acts codes A-1, A-2, B-4, B-5 may be suspended pending investigation by an outside agency at the discretion of the Director of Federal Programs.

## **GREATEST SEVERITY**

Code	Prohibited Act	Sanctions
A-1	Killing or threat to kill.	<p>A. Recommend disciplinary transfer and parole or probation revocation.</p> <p>B. Recommend program termination.</p> <p>C. House restriction (60 days maximum)</p> <p>D. Restriction to living quarters (45 days maximum)</p>
A-2	Assault or threat to assault.	
A-3	Abscond.	
A-4	Setting a fire.	
A-5	Possession, manufacture or introduction of a gun, firearm, weapon, ammunition, sharpened instrument, knife, dangerous chemical or explosive into the facility.	
A-6	Possession, manufacture or introduction of a dangerous tool into the facility.  Tools most likely to be used in an escape or an escape attempt or to serve as weapons capable of doing serious bodily harm to others; or those hazardous to institutional safety or personal safety.	
A-7	Refusing to provide a urine sample or to take part in any other drug or alcohol testing.	
A-8	Introduction of any narcotics, marijuana, drugs or related paraphernalia not prescribed for the resident by appropriate medical staff.	
A-9	Use of any narcotic, marijuana, drugs or related paraphernalia not prescribed for the resident by appropriate medical staff.	
A-10	Possession of any narcotic, marijuana, drugs or related paraphernalia not prescribed for the resident by appropriate medical staff.	
A-11	Absent without leave (A.W.O.L.) in excess of 1 hour.	
A-12	Interfering with a staff member in the performance of his or her duties.	

## **HIGH SEVERITY**

<b>Code</b>	<b>Prohibited Act</b>	<b>Sanctions</b>
<b>B-1</b>	Making, possessing or using intoxicants.	<p>A. Recommend disciplinary transfer.</p> <p>B. Require monetary restitution.</p> <p>C. Recommend program termination.</p> <p>D. House restriction (45 days maximum).</p> <p>E. Room restriction (30 day maximum).</p> <p>F. Extra duty assignment (20 hours maximum).</p> <p>G. Special program.</p> <p>H. Loss of privileges.</p>
<b>B-2</b>	Introduction of alcohol into the facility.	
<b>B-3</b>	Threatening another person with bodily harm.	
<b>B-4</b>	Fighting with another person.	
<b>B-5</b>	Stealing.	
<b>B-6</b>	Making sexual threats, sexual proposals or engaging in sexual acts.	
<b>B-7</b>	Giving or offering a staff member a bribe or anything of value.	
<b>B-8</b>	Adulteration of any food or drink.	
<b>B-9</b>	Destroying, altering or damaging center property or the property of another person.	
<b>B-10</b>	Destroying, altering or damaging life-safety devices.	
<b>B-11</b>	Generating a false fire or other emergency alarm.	
<b>B-12</b>	Lying or providing a false statement to staff. (Includes false or erroneous information presented on any Mirror, Inc. documents.)	
<b>B-13</b>	Operating a motor vehicle without authorization.	
<b>B-14</b>	Absent without leave (A.W.O.L.) 30-60 minutes.	
<b>B-15</b>	Violation of Mirror, Inc. Sign-In/Sign-Out procedures.	
<b>B-16</b>	Obtaining a tattoo or body piercing or self-tattooing or body piercing self.	
<b>B-17</b>	Smoking in an unauthorized area.	
<b>B-18</b>	Failure to respond to an emergency or an emergency signal in accordance with the agency's prescribed emergency response plan.	

## **MODERATE SEVERITY**

<b>Code</b>	<b>Prohibited Act</b>	<b>Sanctions</b>
<b>C-1</b>	Absent without leave (A.W.O.L.) 15-29 minutes.	A. Recommend disciplinary transfer.  B. Require monetary restitution.  C. Recommend program termination.  D. House restriction (30 days maximum).  E. Room Restriction (15 days maximum).  F. Extra duty assignment (15 hours maximum).  G. Special Program.  H. Loss of privileges.  I. Loss of pass privileges (up to one month).
<b>C-2</b>	Being out of place of assignment.	
<b>C-3</b>	Unexcused absence from work or a program assignment.	
<b>C-4</b>	Refusing to obey the order of a staff person.	
<b>C-5</b>	Misuse of authorized medications.	
<b>C-6</b>	Violation of the program employment policy.	
<b>C-7</b>	Insolence toward a staff person.	
<b>C-8</b>	Refusing to work or refusing to accept a program assignment.	
<b>C-9</b>	Violation of a condition of a pass.	
<b>C-10</b>	Being in an unauthorized area with a person of the opposite sex without staff permission.	
<b>C-11</b>	Failure to follow safety regulations.	
<b>C-12</b>	Smoking in an unauthorized area.	
<b>C-13</b>	Unauthorized use of a telephone.	
<b>C-14</b>	Possession of prescribed or "over-the-counter" medication without staff permission.	
<b>C-15</b>	Failure to pay subsistence in accordance with policy.	
<b>C-16</b>	Violating a law while in the community.	
<b>C-17</b>	Interfering with a staff person in the performance of his or her duty.	
<b>C-18</b>	Violation of a community program policy.	
<b>C-19</b>	Refusing to cooperate with or to provide information to a staff person conducting an official investigation.	
<b>C-20</b>	Failure to participate in an emergency drill.	
<b>C-21</b>	Conduct that disrupts or interferes with the security or orderly running of the facility. (This charge may be related to an infraction of any severity level, but should be used only where another charge is not applicable.)	

## LOW/MODERATE SEVERITY

Code	Prohibited Act	Sanctions
D-1	Using abusive, obscene or profane language.	A. Special Program.  B. Loss of privileges.  C. Extra duty assignment (10 hours maximum).  D. Loss of pass time (two weeks maximum).  E. Written reprimand or warning.  F. Loss of preferred quarters.
D-2	Unauthorized use of the mail.	
D-3	Absent without leave (A.W.O.L.) 5-14 minutes.	
D-4	Abuse of visiting privileges.	
D-5	Being out of established common area boundaries.	
D-6	Loitering in the office or kitchen areas.	
D-7	Failure to dress in accordance with agency policy.	
D-8	Use or possession of incense, room sprays, aerosols, candles, room fresheners, cardboard boxes or plastic bags in living quarters.	
D-9	Associating with co-residents or persons on probation or parole (except for purposes relating directly to program assignments).	
D-10	Failure to complete duties as assigned.	
D-11	Eating a meal without signing up in accordance with agency policy.	
D-12	Making loud and unnecessary noise.	
D-13	Possession of pornographic literature or materials.	
D-14	Possession of any item or object not registered on the resident's personal property inventory.	
D-15	Misuse of cleaning agents or household chemicals.	

Aiding another person to commit any of these offenses, attempting to commit any of these offenses, or making plans to commit any of these offenses, in all categories of severity, shall be considered the same as commission of the offense.

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I have read or have had read to me the Mirror, Inc. Prohibited Acts and their associated sanction. I understand that the acts articulated in this document are prohibited and I agree that I will abide by these prohibitions while I am placed at Mirror, Inc.

\_\_\_\_\_  
Signature of Resident / Reg. No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

1. Beds will be made and rooms will be maintained in a neat and orderly manner at all times. Offender's rooms/dorms will be dusted, swept and mopped on a daily basis.
2. All trashcans will be emptied daily.
3. Clothing, including bed sheets and towels, will be washed at least once a week. Laundry hours will be posted at each facility.
4. Food in resident's rooms/dorms is prohibited. Beverage containers must include a lid if used in areas other than dining room.
5. General house chores will be posted. It is the resident's responsibility to note the change and complete assignments.
6. Resident will inform staff in writing and verbally of his/her whereabouts at all times.
7. Bed checks are made during the night. If you have a physical or emotional problem during the night, you may go to the office in your building and visit with staff on duty.
8. You are not to go into any other bedrooms/dorm areas other than your own without permission.
9. There is to be nothing left out on your bunk. All towels and/or washcloths are to be hung on hooks, in your locker or hung on the foot of your bunk only. No clothing is to be hung on your bunk.
10. You must be clothed and have something on your feet in all common areas of the facility. **Facility Dress Code** is as follows:
  - No cut off shorts of any kind will be allowed
  - No sleeveless shirts, tank tops or A-Shirts will be allowed
  - Shorts and skirts must come to mid-thigh on all visitors
  - No see-through clothing of any kind will be allowed
  - Hats, caps or other headgear must be removed prior to entering the facility
  - Clothing that promotes or advertises alcohol, drugs, sex or violence is not allowed
  - Residents may not wear revealing or mid-riff clothing

11. Time limits on the telephone vary by facility.
12. You must bathe or shower daily. Indigent residents will receive general hygiene items from RRC staff.
13. There will be no borrowing, loaning, or trading.
14. RRC residents may have their personal radios in their rooms/dorms. Please remember this is a privilege and should not interfere with structured activities. Headphones must be used at all times.
15. No heat-producing items are to be used in the rooms/dorms. No extension cords may be used in the rooms and dorms at any time.
16. Due to confidentiality, RRC residents are not allowed inside group rooms when outpatient group meetings are being held. Times and location vary by facility.
17. You must knock and wait for permission to enter ANY staff office.
18. Facility curfew is 5:00pm for all residents except as otherwise designated per program level.
19. It is the resident's responsibility to sign up for a sack lunch and/or late tray if he/she is not present for the posted meal times.
20. If you have any questions, ask staff.

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*Resident Signature*

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*Date*

---

*Staff Signature*

---

*Date*

1. Show respect to others and their property.
  2. No profanity or profane gestures.
  3. No use or possession of drugs and/or alcohol including paraphernalia.
  4. No violence or threats of violence.
  5. No sexual contact on the premises.
  6. Residents are expected to obey local, state and federal laws.
  7. No possession of weapons.
  8. Smoking allowed in designated areas only (OUTSIDE).
  9. No contraband (this includes pornography).
  10. No gang representations.
  11. No refusal to participate in any assigned activities.
  12. No racial, ethnic, or sexual slurs.
  13. No gambling.
  14. Residents will follow all rules, policies and guidelines of Mirror, Inc.
- 

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

- 
1. Residents are expected to maintain their dorm in a neat and orderly manner. Bunk areas will be checked daily and residents must immediately correct the problem identified.
  2. In general, all personal belongings are to be placed in their assigned space. If room is not available for all belongings, residents must arrange for their extra belongings to be removed from the facility.
  3. Residents are expected to sweep and mop floors daily.
  4. No opened food items are to be left in the room as well as open drink containers or glasses with liquid in them. Absolutely no meals are to be eaten in the dorm area and all drink containers must have lids when used downstairs.
  5. Trash is to be emptied daily.
  6. Laundry is to be kept in a laundry bag until laundered. If clothes have an odor, they must be placed in a closed trash bag until laundered.
  7. All items in dorms must be on the resident's inventory list. Any items not on the personal inventory list or the approved property list are subject to confiscation.
  8. All electronics must be in proper working order. No personal TV's are allowed in the RRC. **Electronic equipment MUST be turned off when not in use.** If this policy is not strictly adhered to, the resident will lose the privilege of having consumer electronics at the facility.
  9. All windows are to be clear of items to allow for safe exit in case of fire. Windows are not to be opened when air conditioning is running.
  10. Smoking in rooms is absolutely prohibited and strictly enforced. Loss of these privileges will occur when residents break this policy.
- 

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

1. Orientation will be provided during the first week. During this time, residents will prepare to find a job, get identification, etc. During the orientation, residents will have no outside passes other than those necessary to be ready for the job search process and to attend religious services. If a resident is already employed when admitted to Residential Re-Entry Center (RRC), they may be allowed to work during this orientation but no other passes will be allowed.
2. In the Pre-Release Component, a pass can be approved for overnight or weekend absence up to curfew. Out of town passes will be allowed only with permission from CCM.
3. The time for an approved pass will be as long as necessary for the task to be completed as designated by the approving staff.
4. UA's and Blood/Alcohol (Breath) tests will be taken routinely and randomly.
5. No products containing alcohol are allowed in the facility. This is inclusive of such products as mouthwash, toothpaste, cough and cold medications, etc. The use of these products may result in a positive BA, which would result in an incident report and appropriate sanctions.
6. Residents must be accountable for their whereabouts 24 hours per day. Residents must sign in and out in the "Sign-Out/Sign-In Log" book in the presence of staff. Attention must be placed upon the accuracy of this information. The sign in/out book must include every destination, address, phone number, etc.
7. A level system is used to determine privileges given to each resident. Levels are earned based upon progress in the program. A description of the level system is found in your orientation folder.
8. As privileges are earned, residents use the "Program Activity Form" and/or "Pass Request Form" to request approval to use their privileges. These forms are completed weekly and given to your case manager for approval at least 24 hours in advance of the activity. In turn, the Case Manager, Director of Federal Programs and CCM (when applicable) will review your requests and provide permission or denial for these requests.
9. Visitation between residents and approved visitors is arranged during designated times. Residents and visitors must abide by the visiting policies established for the facility in which you reside. A copy of the visiting policies is located in the orientation packet. At admission, a visitor's list is developed by each resident and is subject to the approval of RRC staff and the CCM.
10. While at RRC, transportation to work, church shopping and all other outings into the community must be approved by your Case Manager and Director of Federal Programs when applicable.
11. Residents will develop, with their Case Manager, a budget to meet their needs while at RRC as well as establish a savings plan for their time of discharge. Banking needs can be handled by the Program Activity procedures. Banking trips must also be pre-approved by the Case Manager.
12. Cardio-vascular exercise is offered in-house daily. The YMCA recreation program is available to residents whose program status is in good standing. The YMCA recreation program is not available to residents who have disciplinary action pending or who are on sanctions.
13. Job search is allowed in blocks of time. Residents who are on employment search status must conduct an aggressive search for employment from 8:00 A.M. to 12:00 P.M. and from 1:00 P.M. to 4:00 P.M. each day, Monday through Friday. Residents must make as many employment contracts as possible during these periods. The job search plan must be very specific and be approved by staff the preceding day using the job search itinerary.
14. Residents are expected to obtain and maintain full-time employment (40 hours per week) within the first 15 days in the program. A plan for the resident to work less than 40 hours per week must be approved by the CCM, and the RRC staff must endorse that plan.

15. In order to maintain a vehicle on Mirror, Inc. premises the resident must provide: A photocopy of his or her valid driver's license;  
A photocopy of his or her driver's record;  
A photocopy of the registration receipt for the vehicle used;  
A photocopy of the valid, in-effect insurance card for the vehicle used.  
If someone other than the resident owns the vehicle used, the owner of the vehicle must provide a notarized statement authorizing the resident to operate his or her vehicle. The notarized statement must include a complete description of the vehicle including make, model, year, and type of vehicle, vehicle color and serial number. Vehicles will be subject to both random and suspect searches.
16. Residents in need of medication must provide their own or have it provided for them.
17. RRC residents are responsible for scheduling and paying for medical/mental health appointments. Advance notice of these appointments must be given to staff.
18. The use of an outside support system and/or groups is encouraged to meet the needs of RRC residents. Requests to attend related functions are submitted on the "Application To Attend Religious Services". Approved transportation is the responsibility of the resident.
19. The RRC will provide on-site substance abuse counseling for offenders with a condition for counseling. Substance abuse aftercare is supported by Mirror for those BOP residents with a condition to complete counseling. Aftercare counseling is a program priority. RRC residents are expected to make any necessary accommodations at work or with any other program activity to attend all scheduled aftercare counseling activities.
20. RRC staff will assist residents in locating suitable housing for discharge planning. The search for an apartment or place to live will be limited to four-hour blocks of time. The time frame requested should fit the number and location of places the resident will make application. The search must be specific and approved by staff 24 hours in advance with the appropriate paperwork.
21. Staff must approve transportation for any activity. Residents are not allowed to borrow each other's cars. Residents may not transport other RRC residents without approval of the CCM.
22. There are to be no sexually explicit materials on the premises or in the resident's possession at any time.
23. There will be no sexual contact with anyone associated with Mirror, Inc., staff or residents, on or off the premises.
24. The staff and/or Mirror, Inc. are not responsible for personal possessions that are lost or stolen.
25. Personal property left behind will be held for 30 days. Possessions left after 30 days will become the property of Mirror, Inc. to be disposed of at our discretion.
26. While at the Mirror, Inc. RRC, it is understood that any resident with a public safety factor notation shall participate in Mirror, Inc.'s electronic monitoring program (GPS) or other instrumentation as required.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

Resident: \_\_\_\_\_ Registration: \_\_\_\_\_

Staff Member witnessing behavior contract: \_\_\_\_\_

Due to my conviction for a crime, which falls in the category of a sex offense, I understand that additional security and accountability measures may be imposed on me while a resident of a facility that falls under the operational control of the Bureau of Prisons.

To promote accountability and personal responsibility, staff routinely searches the living areas of all inmates. The Bureau of Prisons Community Corrections Manager has established that, for the specified inmates, contraband includes items that may be used to further a program participant's sexual deviance (see below). Possession of these items by these inmates will result in disciplinary action, which may include revocation of supervision, extension of the period of supervision, or placement in a jail/prison setting. The following items are considered contraband for all identified inmates, as items constituting sexual risk factors (i.e., have the potential to contribute to future sexual offending):

- a. Any type of pornographic or sexually explicit material such as photographs, drawings, and written materials;
- b. Any photograph or "cut-out" from any publication of a nude or partially nude adult or child;
- c. Pictures/drawings of nude or partially nude adults and/or children;
- d. Any sexual apparatus or paraphernalia;
- e. Any publication or photograph depicting physical abuse or sexual violence;
- f. Any obvious collection of photographs, pictures, or drawings depicting any individuals in sexually explicit or suggestive poses or situations; to include publications whose primary focus is the display of children for any purpose.
- g. Any material that depicts, describes, or encourages activities which may lead to violence, sexual crimes, or exploitation; and,
- h. Any other material that, in the opinion of staff, is considered to have the potential to contribute to future sexual offending behavior.
- i. Any written material, song lyrics, journal entries, published materials that contain erotica considered to have the potential to contribute to future sexual offending behavior.
- j. No contact by any means (written, verbal, computer, in person, messages delivered by others) with any victim (including those victims with whom you avoided prosecution) unless previously approved by the Bureau of Prisons.
- k. Any behavior or interaction that is sexually inappropriate will be addressed by both the designated facility and the Bureau of Prisons.

In addition the following additional accountability and security precautions may be imposed on me while in this program depending on the circumstances surrounding my case:

- ☐ Shall register as a sex offender with local and county law enforcement in the jurisdiction in which I reside within 10 days of arrival at the Residential Re-Entry Center. Registration may be required by USPO or court order regardless of designated placement. Registration will be in accordance with established laws and regulations of the jurisdiction of placement.

### Resident Behavior Contract (Cont.)

- ☐ Shall not reside with any child under the age of 18 or have contact with any child under the age of 18 without prior approval of the Bureau of Prisons. Contact with natural or adoptive children must be strictly monitored by RRC staff or a treatment provider in the community trained in the management of Sex Offenders.
- ☐ Will report any incidental contact with a minor to RRC staff immediately.
- ☐ Agree to report any incidents of anger, frustration or hostility to RRC Staff immediately.
- ☐ Shall not go to or loiter around or near school yards, parks, playgrounds, arcades, or any other places primarily used by children under the age of 18, to include restaurants with playgrounds. This should include all nurseries, childcare facilities, to include childcare areas of churches or meeting locations. This may be further broken down by groups: Less than 5 years of age, 5-12 years of age, 12-15 years of age, 15-18 years of age. (Circle subgroup if applicable)
- ☐ Shall participate in Sex Offender Evaluations and Treatment as directed by the Bureau of Prisons, to include polygraph or PPG. Refusal to submit will be considered the same as an admission of guilt.
- ☐ Shall not have any Internet access or frequent any place that has Internet access available to its patrons. To include libraries, Internet cafes, book stores etc. Supervised Internet access for job search is to be approved by the facility staff, notification to proposed employers will include prohibited Internet access.
- ☐ Will not utilize any mobile communication device with Internet capabilities. (i.e. Blackberry, Cell phone, etc.)
- ☐ Will not frequent any place whose primary purpose is to serve alcoholic beverages, will not consume any alcoholic beverage or illegal substance.
- ☐ Will not frequent any establishment or location showing sexually explicit shows, movies, bars, restaurants, strip clubs, or gentlemen's clubs.
- ☐ Conditions imposed by the court of jurisdiction.
- ☐ Additional security and accountability restrictions may be imposed by the Bureau of Prisons or the Facility staff. These additional measures are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that failure to abide by the additional conditions stated above or the rules and regulations of the facility and the Federal Bureau of Prisons may result in disciplinary action.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RESIDENT'S FINANCIAL BUDGET**

Resident's Name: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Twice Monthly

**Gross Income:** Wages: Hourly wage(\$\_\_\_\_ • \_\_\_\_ ) x hours / pay period (\_\_\_\_) =

\$\_\_\_\_ • \_\_\_\_

Salary: \$\_\_\_\_ • \_\_\_\_ per month

Other Income: \$\_\_\_\_ • \_\_\_\_ per month (specify - \_\_\_\_\_)

\$\_\_\_\_ • \_\_\_\_ (**Total Gross Income**)

**Deductions:** \$\_\_\_\_ • \_\_\_\_ (Federal Income Tax Withholding)

\$\_\_\_\_ • \_\_\_\_ (State Income Tax Withholding)

\$\_\_\_\_ • \_\_\_\_ (FICA)

\$\_\_\_\_ • \_\_\_\_ (other withholding)

\$\_\_\_\_ • \_\_\_\_ (**Total Deductions**)

**Net Income:** \$\_\_\_\_ • \_\_\_\_ (total Gross Income) - \$\_\_\_\_ • \_\_\_\_ (total Deductions) = \$\_\_\_\_ • \_\_\_\_ (**Net Income**)

**Expenditures:** \$\_\_\_\_ • \_\_\_\_ Subsistence

\$\_\_\_\_ • \_\_\_\_ Offender Financial Responsibility

\$\_\_\_\_ • \_\_\_\_ Family / Child Support

\$\_\_\_\_ • \_\_\_\_ Transportation

\$\_\_\_\_ • \_\_\_\_ Savings

\$\_\_\_\_ • \_\_\_\_ Other \_\_\_\_\_

\$\_\_\_\_ • \_\_\_\_ Other \_\_\_\_\_

\$\_\_\_\_ • \_\_\_\_ Other \_\_\_\_\_

\$\_\_\_\_ • \_\_\_\_ **Total Expenditures**

☐ Approved ☐ Approved With Modifications ☐ Disapproved

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Resident Signature

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Case Manager Signature

RESIDENT NAME: \_\_\_\_\_

REGISTER NUMBER: \_\_\_\_\_

CONTRACT FACILITY: Mirror, Inc. of Wichita (RRC-7YA/7YB)

A staff member has provided me with information regarding the potential consequences of a refusal on my part to participate in the RESIDENT FINANCIAL RESPONSIBILITY PROGRAM.

I agree to provide proof of payments toward the satisfaction of the financial obligation(s) indicated on this form in accordance with the payment plan outlined below. I agree to follow this payment plan until the financial obligation(s) is/are satisfied or until I am released from the custody of the Bureau of Prisons.

PAYMENTS WILL BE MADE TO: \_\_\_\_\_

TOTAL AMOUNT OF OBLIGATION (S): \_\_\_\_\_

PAYMENT METHOD: Money Order or Certified Bank Check

FREQUENCY: \_\_\_\_\_

PAYMENT (S) BEGIN ON: \_\_\_\_\_

Date and Amount Paid	Assessment Balance	Fines Balance	Restitution Balance	State/Local Balance	Other Balance

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RESIDENT FINANCIAL RESPONSIBILITY PROGRAM: Tracking Document

RESIDENT NAME: \_\_\_\_\_ Reg. No: \_\_\_\_\_

**Legal Financial Obligation:**

- ☐ Special Assessments – 18 U.S.C. § 3013
- ☐ Court-ordered Restitution
- ☐ Fines and Court Costs
- ☐ State/Local Obligations (child support, alimony, other court orders)
- ☐ Other Federal Government Obligations (taxes, other)

**RRC Financial Issues:**

- ☐ Subsistence Compliance Status (per COIF guidelines)
- ☐ Medical/Other Agency Expenses
- ☐ Current Vehicle Expenses
- ☐ Release Planning Expenses
- ☐ Other

**RRC Income & Accounts Tracking:**

- ☐ Employment Income Average (for COIF)
- ☐ Employer(s):
- ☐ Checking Account Institution / Acct Number:
- ☐ Savings Account Institution / Acct Number:

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*Resident Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Staff Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

The United States Department of Justice, Federal Bureau of Prisons (F.B.O.P.) requires that each inmate in their custody reimburse the government for at least a portion of the cost of their incarceration, when and if they are able. This policy usually becomes effective when someone in federal custody is placed in, or is transferred to, a Residential Re-Entry Center. The rate of reimbursement, as identified by F.B.O.P., is 25% of the resident's gross weekly income. 25% is the figure decided upon by the F.B.O.P. based on the average spent by Americans for housing, which is approximately 25% of his or her gross income. Once a resident at Mirror, Inc. becomes employed, he or she will begin paying subsistence to F.B.O.P. Subsistence is collected at Mirror, Inc. and remitted to the F.B.O.P. Community Corrections Office in Kansas City, Kansas.

If a resident is paid on a weekly basis, his or her subsistence is collected weekly. If a resident is paid on a bi-weekly basis, subsistence is collected bi-weekly. If a resident is paid on another schedule, or irregularly, a subsistence payment schedule will be developed by the Case Manager as part of his or her budget.

**SUBSISTENCE MUST BE PAID BY 5:00 P.M. ON THE SATURDAY AFTER WHICH A RESIDENT HAS BEEN PAID.**

### Calculating Subsistence

Subsistence is calculated based on the resident's "total gross income". The phrase "total gross income" means all moneys received from wages and salaries, commissions, bonuses, over-time pay, rebates, tips, gratuities, stipends, awards, incentives, etc. from all jobs and from all other sources. This total is multiplied by 25% (or by .25). The resultant figure is then rounded down to the nearest whole dollar.

### Total Gross Income X .25 = Subsistence

Remember to round the resultant figure down to the nearest whole dollar. Do not round down the total gross income figure.

### Paying Subsistence

- Subsistence must be paid no later than 5:00 P.M. on the Saturday following receipt of pay.
- Subsistence must be paid in the form of a U.S. Postal or a bank money order. *Subsistence may not be paid in cash or by personal check.*
- Payment of subsistence must be paid in the correct and exact amounts. Staff cannot accept a subsistence payment in an incorrect amount, even if it is a very small amount.
- When paying subsistence, residents must provide their paycheck stub, which indicates the pay period, pay date, hours worked, overtime pay, leave and vacation hours, gross pay, all withholdings, and net pay. *Staff will not accept a subsistence payment unless the resident's paycheck stub is presented with it.* (The paycheck stub is photocopied and submitted to the Community Corrections Office in Kansas City along with Mirror, Inc. billings and remittance of subsistence.)

### Pro-Rated Subsistence

In most cases people are paid a week or more after the pay period ends. For example, a resident may be paid on Thursday, October 14<sup>th</sup> for the pay period of September 26<sup>th</sup> through October 9<sup>th</sup>. Most companies and businesses process their payroll in this manner. So when the resident paid his subsistence on October 16<sup>th</sup>, his subsistence was paid up through the end of the last pay period – October 9<sup>th</sup>. The resident still owed subsistence from October 10<sup>th</sup> through October 16<sup>th</sup>. The subsistence owed between a resident's last pay period and his or her release is referred to as *Pro-Rated Subsistence*.

This becomes an issue for some residents when they prepare to release from Mirror, Inc. When they release from Mirror, Inc., residents must pay their subsistence up through the release date. This includes the subsistence for the days between their last pay period and the release date. For some residents, the last subsistence payment made will be larger than usual to cover these extra days. Some forward planning is necessary to ensure that this expense is covered without creating a financial difficulty for the resident.

**Pro-rated subsistence is calculated as follows:**

**Number of hours worked between last pay period and release date X hourly pay rate X 25% = Pro-Rated Subsistence.**

The resultant figure in this calculation will also be rounded down to the nearest whole dollar figure.

These formulas may vary if the resident's pay includes tips, gratuities or commissions. His or her Case Manager will calculate the pro-rated subsistence for the resident. Pro-rated subsistence must be paid with a money order separate from the resident's last regular subsistence payment. If documentation from the resident's employer regarding withholding, etc. is available, it should be submitted along with the pro-rated subsistence payment.

---

I, \_\_\_\_\_, Reg. No. \_\_\_\_\_ agree to pay a scheduled amount of subsistence to the Federal Bureau of Prisons to help offset the cost of my incarceration through payments made to Mirror, Inc.

To promote financial responsibility, all gainfully employed residents are required to pay a portion of their care. Mirror, Inc. is required by the Federal Bureau of Prisons to collect subsistence payments as part of their programming.

The first payment is due upon receipt of the resident's first paycheck. Payments will continue until the resident is released from the facility.

A resident may be released from payment if he or she is laid off from his or her job due to lack of work or other economic circumstances. Residents who quit their jobs or are fired due to poor work performance or negligence will be required to continue subsistence payments. Residents who can produce documented proof of outstanding debts that are verified by F.B.O.P. and where payment of subsistence would create an undue hardship, may request, in writing to F.B.O.P., to be released from this condition of program placement. Waiver of the payment of subsistence may not be requested due to debts incurred while placed at Mirror, Inc.

The scheduled reimbursement (subsistence payment) required of all employed residents is 25% of the resident's total gross income (from all sources, including commissions, tips, gifts, gratuities, bonuses, overtime pay, stipends, premiums or per diems). All subsistence for any given week or pay period is to be paid by the resident no later than 5:00 P.M. on Saturday following the receipt of pay. Residents who are delinquent in paying subsistence are subject to disciplinary action and are not eligible for passes or other privileges until subsistence payments are caught up and on schedule.

The resident is aware that this agreement is a condition of acceptance into the Mirror, Inc. program and that this agreement will be part of his or her case file.

\_\_\_\_\_  
*Resident Signature / Reg. No.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

---

I understand that while I am a resident of this or any other federal residential re-entry centers I may not enter into any contractual financial agreements, encumber any financial obligations or establish any new lines of credit without permission from the center's facility director, the Federal Bureau of Prisons and/or the United States Probation Office.

Examples of contractual agreements include but are not limited to:

- Private or commercial loans;
- Membership in clubs, spas, or organizations where dues or fees are required;
- Credit cards;
- Debit cards; or
- IRA accounts, elective retirement accounts, or tax shelter accounts supported by automatic payroll deductions.

I understand that if I desire to enter into any contractual agreement I must submit a request in writing to my Case Manager describing in detail my specific need for entering into the contractual agreement. I understand that my Case Manager will corroborate the details of the agreement and, if he or she feels they are appropriate, he or she will forward the request to the center's facility director, the Federal Bureau of Prisons, and/or the United States Probation Office along with his or her recommendation for the approval or denial of the request. I understand that the final approval or denial of my request will come from the appropriate supervising authority (the Federal Bureau of Prisons or the United States Probation Office).

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*Resident Signature and Register No*

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*Date*

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*Staff Signature and Title*

---

*Date*

**1) Resident Movement:**

A "Sign-Out/Sign-In Log" will be maintained at each community site that records residents' approved movement from the program into the community. Residents may not sign out from the facility unless they are authorized by their respective Case Manager and documentation of such authorization is appropriately filed. Staff other than Case Managers may not authorize residents to sign out from the facility. Residents must provide specific information including address, telephone number, purpose of visit and method of transportation, return time and date, etc. each time he or she signs out from the facility. (See attached form.)

**2) Verification of Resident Movement:**

Staff will be required to monitor resident movement as follows:

- a) **Employment:** Staff will phone employers randomly to determine if resident is at his or her work location. If the resident is in Community Corrections Component, contacts with the employer may be made more frequently. These phone contacts will be recorded on the Employment Verification form, which is attached.
- b) **Religious Service:** Residents will be required to provide a bulletin or similar document, signed and dated by a religious services official, upon their return to the facility after worship service.
- c) **Shopping:** Shopping Program Activity Passes will be authorized only per demonstrated need. The duration of Program Activity Passes for shopping will be only as long as is reasonably necessary to procure the objects or materials needed. No "recreational shopping" will be authorized. Receipts will be provided to staff that verifies approved shopping activities.
- d) **Passes:** When residents earn and utilize passes, approved by the Case Manager and director, RRC staff will be required to verify the resident by telephone at least once per four hours of approved pass time. RRC staff will make an initial on-site visit to the proposed pass location prior to authorization of the first pass. A resident may have only one approved pass site unless otherwise authorized by the CCM. The pass site must have a landline telephone service to accommodate verification procedures. The pass site telephone service may not include 3-Way Calling™ or Call Forwarding™ service features. The pass site telephone service may not have Call Notes™ or any other answering services. A pass is used for overnight or weekend absence and is limited to a 100-mile radius.
- e) **Furlough:** Only the CCM approves furloughs. Absences from the facility exceeding two consecutive overnight periods or over a 100-mile radius must be authorized by furlough.

- f) **Educational Activities:** Residents authorized to attend educational activities must maintain a Sign-In/Sign-Out log to be signed by their respective instructors that verifies their attendance (dates and times) of the educational activity.
- g) **Transportation:** Residents may only be transported by persons on their approved visitors list unless otherwise authorized by their respective Case Manager. Persons transporting a RRC resident must provide a photocopy of his or her driver's license, the registration receipt for the vehicle used, and a copy of the valid, in-effect insurance card for the vehicle used.

**3) Procedure for CCM Notification of Late Returns:**

- a) Staff will notify RRC Facility Director immediately when any offender is late returning from work or other passes within the community.

**4) Work and Program Activity Routes:**

All RRC residents must furnish a route to work that outlines the most expedient and/or direct route that is to be used for traveling to and from work and all program activity locations. All RRC residents must go directly to and return directly from authorized sign-out locations. RRC residents may not stop at any other location en route to or en route from authorized sign-out locations without prior authorization from his or her Case Manager.

**5) Use of Vehicles:**

- a. Residents who are approved to operate a motor vehicle may maintain that vehicle at the RRC facility if the vehicle is properly titled, registered and insured. Proof of such must be provided to staff. If another person owns the vehicle, a notarized statement from the owner must be provided that indicates permission for the resident to use the vehicle.
- b. Residents will be required to complete and turn-in weekly mileage logs that record all vehicle use for the week. Staff will verify the log by checking the ending mileage with the odometer. A copy of the log is attached.
- c. Residents will not be allowed to transport other residents unless approved by the CCM.

**6) Visiting Policies:**

- a) All visitors' names must be presented at intake and approved prior to actual visitation. The visitor list must be approved by the resident's respective Case Manager.
- b) Upon submission of the weekly Request Sheet, visitors requested for that particular week must be listed and must have received prior approval from the Case Manager.

- c) Visitors must present identification and provide current address and phone number. Visitors must have official identification with them at all times while visiting at Mirror, Inc.

**7) Notice of Violent/Sex Resident Registration:**

- a) All residents required to register will be provided a document outlining the requirements of registration. A copy of this form is attached.
- b) All residents will be provided information on procedures for address change upon their discharge.

**8) Level System:**

All Mirror RRC's will be required to use a standardized level system. A description of the level system is attached. Earned time away from the facility will not be combined with other passes or approved activities in the community.

**9) Census Verification:**

All Mirror RRC's will be required to conduct head counts randomly within each hour during the day and evening. A copy of the form to be used and the procedure for use are attached.

**10) Cell Phone/Pager Use:**

Cell phones and pagers are not permitted to be in the possession of or used by residents housed in RRC facilities operated by Mirror Inc. If residents have these devices when admitted, they will be required to send them home with family or friends. If the resident does not have access to storage off site, they can be locked in a secure location until discharge from the program.

Rare exception to this policy may be made when it is justified by the employer in order for the resident to maintain employment. In such situations, the employer must contact the RRC Facility Director and present sufficient justification for review by the RRC Facility Director. If the RRC Facility Director agrees, approval may be provided. If approval is provided, the RRC Facility Director will determine with the employer when the device must be available and limit use of the device to those specific times only. When not in use, the device must be kept in a secure location accessed only by staff.

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*Resident Signature:* \_\_\_\_\_ *Date:* \_\_\_\_-\_\_\_\_-\_\_\_\_

*Staff's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_-\_\_\_\_-\_\_\_\_

### Swipe Card Use and Deposit

As a part of Mirror's Safety and Accountability System, swipe cards will be issued and used for entering and exiting Mirror buildings. Whether the door is already open or not, you are to swipe your card in the reader of the door used. The following actions will be considered violations of facility rules:

1. Exiting and entering buildings without the use of the assigned swipe card and reader system,
2. Propping open a door with any object,
3. Exiting or entering a swipe card-activated Mirror building through a window or "non-swipe" door,
4. Using the swipe card for anything other than swipe card reader operation.
5. Resident usage of the front door release button/intercom is strictly prohibited. Continued violations will result in disciplinary action.

When discharged from the facility, your immediate return of the assigned swipe card is required as a part of your release processing.

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\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

(revised 05/08)

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I, \_\_\_\_\_, Reg. No. \_\_\_\_\_ received the  
following items of linen upon my arrival at Mirror, Inc:

- |  |              |
|--|--------------|
| <input type="checkbox"/> 1 twin-sized flat sheet.  | \$10.00      |
| <input type="checkbox"/> 1 twin-sized fitted sheet | \$10.00      |
| <input type="checkbox"/> 1 pillow case             | \$5.00       |
| <input type="checkbox"/> 1 pillow                  | \$20.00      |
| <input type="checkbox"/> 2 blankets                | \$15.00 each |
| <input type="checkbox"/> 2 towels                  | \$5.00 each  |
| <input type="checkbox"/> 2 wash cloths             | \$3.00 each  |

I understand that during my tenure at Mirror, Inc. it is my responsibility to care for and maintain these linens. I understand that I must launder these linens at least once each week. Upon my release from Mirror, Inc., I understand that all of these linens will be returned to the facility, washed, dried and neatly folded. I understand that I am responsible to reimburse Mirror, Inc. for the cost of any linen that I fail to return, and for any linen that I return in a damaged condition.

---

*Resident Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Staff Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



**MIRROR, INC.**  
PROPERTY MATRIX  
MAXIMUM ALLOWABLE PROPERTY

ITEM	AMOUNT	COMMENT
Shoes	3 pair	Combination of tennis shoes, boots & dress shoes
Athletic Supporters	1	
Baseball Cap Stocking Cap	2	Combination total
Belts w/Buckle	1	
Briefs Boxer shorts	7	Combination of total
Clock	1	Battery Powered
Comb Brush Pick	1	Combination total Plastic only
Shower Shoes	1	
Bathrobe	1	
Padlock	1	Staff will retain 1 copy of key and/or combo
Disposable Razor	5	
Electric Razor	1	
Disposable Lighter Or Matches	1	Only 1 or box of Matches
Fan	1	Maximum of 12" Plastic Blades only
Fingernail Clippers	1	
Gloves	1	One pair work or dress
Gym or Walking Shorts	1	Loose leg/mid thigh, no spandex; solid colors
Picture Frame	1	No wall hanging; 8 X 10 maximum
Photo Album	1	8 X 10 maximum

Resident Initials

Staff Initials



**MIRROR, INC.**  
**PROPERTY MATRIX**  
**MAXIMUM ALLOWABLE PROPERTY**

ITEM	AMOUNT	COMMENT
Coats	2	1 heavy/1 light
Postage stamps	20	
Radio or Clock Radio or Walkman	1	Battery operated only Must have headphones
Reading light	1	Battery operated only
Ring	1	
Sewing Kit	1	
Socks	7 pair	Total work or dress
Sweat Suit	1	
T-shirts	7	No mesh, tank top, or mid-drift types No graphics/logos depicting drugs, alcohol or advertising
Shirts	5	Button type
Pants	5	Including Blue jeans
Dress Suit	1	Including jacket, pants & vest
Plastic Food Container	1	MUST BE ABLE TO SEAL TOP Shoe box size
Wallet	1	No attached chains or clips
Wrist watch	1	

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MY SIGNATURE BELOW ACKNOWLEDGES THAT I UNDERSTAND THE MIRROR, INC. PROPERTY MATRIX AND THAT VIOLATIONS MAY RESULT IN DISCIPLINARY ACTION BEING TAKEN.

\_\_\_\_\_  
Resident Signature/ Registration #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



**MIRROR, INC.**  
PROPERTY MATRIX  
MAXIMUM ALLOWABLE PROPERTY-FEMALE

ITEM	AMOUNT	COMMENT
Shoes	3 pair	Combination of tennis shoes, boots & dress shoes
Baseball Cap Stocking Cap	2	Combination total
Belts w/Buckle	1	
Underwear	7	
Bras	7	
Slips	2	
Clock	1	
Comb, Brush Pick	1	Combination total Plastic only
Shower Shoes	1	
Bathrobe	1	
Padlock	1	Staff will retain 1 copy of key and/or the combination
Disposable Razor	5	Staff will retain all but 1 razor at a time.
Electric Razor	1	
Disposable Lighter Or Matches	1	Only 1 or box of Matches
Fan	1	Maximum of 12" Plastic Blades only
Fingernail Clippers	1	
Gloves	1	One pair work or dress
Gym or Walking Shorts	1	Loose leg/mid thigh, no spandex; solid colors
Picture Frame	1	No wall hanging; 8 X 10 maximum
Photo Album	1	8 X 10 maximum

Resident Initials

Staff Initials



**MIRROR, INC.**  
PROPERTY MATRIX  
MAXIMUM ALLOWABLE PROPERTY-FEMALE

ITEM	AMOUNT	COMMENT
Coats	2	1 Heavy/1 Light
Postage stamps	20	
Radio or Clock Radio or Walkman	1	Battery operated only Must have headphones
Reading light	1	Battery operated only
Ring	1	
Sewing Kit	1	
Socks	7 pair	Total work or dress
Hose	2 pair	Knee highs or pantyhose
Sweat Suit	1	
T-shirts	7	No mesh, tank top, or mid-drift types No graphics/logos depicting drugs, alcohol or advertising
Shirts	5	Button type
Pants	5	Including Blue jeans
Dress outfits	2	Dress and/or pant suit Combination Total
Plastic Food Container	1	MUST BE ABLE TO SEAL TOP Shoe box size
Purse	1	
Wallet	1	No attached chains or clips
Wrist watch	1	
Jewelry	1	Small closed container No larger than 4" by 6"

\_\_\_\_\_  
*Resident Initials*

\_\_\_\_\_  
*Staff Initials*

Make-up/Nail polish	1	Sealable container-no larger than a shoe box
Feminine Hygiene Products	2	Combination Total Tampons and/or Pads
Hair Dryer/Rollers	1	Combination Total

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MY SIGNATURE BELOW ACKNOWLEDGES THAT I UNDERSTAND THE MIRROR, INC. PROPERTY MATRIX AND THAT VIOLATIONS MAY RESULT IN DISCIPLINARY ACTION BEING TAKEN.

\_\_\_\_\_  
*Resident Signature/ Registration #*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

## RESIDENT PROPERTY INVENTORY ARRIVAL/RELEASE

[illegible]

Date \_\_\_\_\_

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*Date* \_\_\_\_\_

Mirror, Inc. of Wichita  
Federal Residential Re-Entry Center  
236 S. Pattie  
Wichita, KS 67211  
(316) 264-5999

## CONSENT FOR RELEASE OF PERSONAL BELONGINGS

The purpose of this document is to allow Mirror, Inc. to release my belongings (e.g., clothing, hygiene items, other personal effects, monies, etc.) if I should leave this facility without taking my belongings with me, for whatever reason, when I leave the RRC facility.

I, \_\_\_\_\_ DOB: \_\_\_\_\_; authorize and empower MIRROR, INC. to release all of my personal belongings (as defined above) to:

\_\_\_\_\_  
Name of Resident's Relative/Friend

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Telephone number

I fully understand any and all personal property not removed by me, or my authorized agent noted above, within 30 days of my discharge will be considered by Mirror, Inc. to be "ABANDONED". Moreover, I further understand the disposal of my abandoned personal property shall be at the sole discretion of this agency's authorities.

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

Name of Resident: \_\_\_\_\_

Reg. No: \_\_\_\_\_

Religious Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Service Details**

*(State the day and times of the services you wish to attend.)*

Day: \_\_\_\_\_

Times of Services: From \_\_\_\_:\_\_\_\_ A.M./P.M. To \_\_\_\_:\_\_\_\_ A.M./P.M.

Name of pastor, clergy person or other Church official:  
\_\_\_\_\_  
\_\_\_\_\_

***Signature of Resident***

\*\*\*\*\*

*(For office use only)*

Case Manager: \_\_\_\_\_

Date of Verification: \_\_\_\_\_

☐ Approved ☐ Denied

Cause for Denial: \_\_\_\_\_  
\_\_\_\_\_

Sign-out times authorized:

From \_\_\_\_:\_\_\_\_ A.M./P.M. To \_\_\_\_:\_\_\_\_ A.M./P.M.

\_\_\_\_\_  
***Signature of Case Manager / Date***

**Mirror, Inc.**  
**Federal Residential Re-Entry Center (RRC)**  
**Requirements and Information for**  
**Approved Visitors and Drivers**

**Becoming Eligible to Visit a Resident at the RRC**

Before you can visit your family member/resident in the RRC facility, you must be approved by your resident's Case Manager. Your resident will submit your name, address, phone number and date of birth to their Case Manager, and the Case Manager will confirm that information before approving your visitation privileges. The approval process typically includes a criminal records check and a phone conversation between yourself and the Case Manager. Your resident's assigned USPO may be involved in the approval decision as well.

Former residents of Mirror, Inc., persons with felony convictions in their personal history, unescorted minors, and persons whose connection to the resident is not directly related to the goals of "strengthening family or therapeutic ties" will not be approved.

Once you have been approved to visit the facility, your resident will coordinate with you about the visitation schedule and will submit a *Visitor Request* form to have you approved to be on the premises for visitation for a specific date and time. A resident can not have more than 2 adult visitors during any given visitation session.

**Visitation Times**

Regular visitation hours for most residents are as follows:

**Friday** – 6:00–8:00 p.m.

**Saturday** – 2:00–4:00 p.m. **or** 6:00–8:00 p.m.

**Sunday** – 2:00–4:00 p.m. **or** 6:00–8:00 p.m.

Approved visitors can only visit during one scheduled visitation time per day.

**Bringing Children?**

**Children under the age of 18 will not be allowed to visit without an adult visitor escort, and children must be in the presence and control of adult visitors at all times.**

On occasion, the RRC may be home to a violent or predatory offender with whom most parents would not want their children to have contact. Parents need to be aware of this as they make the decision of whether or not to bring children to visitation at the RRC. If you plan to bring children to a visitation session, please **be sure that your resident knows of your plan** and includes that information on his *Visitor Request* form so that staff can take additional safety measures in preparation for your child's visit. When your child is here, it will be *your* responsibility to keep them engaged with you and not allow them to disturb other visiting families, residents, or staff.

**Appropriate Dress for Visitation at the RRC**

The general rule is that visiting attire "should not be revealing."

Specific dress requirements are as follows:

No cut-off shorts of any kind

No "sagging" pants (waistbands of pants must be worn at the waist)

No sleeveless shirts or tank tops

Shirts must be modest enough so that breasts, bras, and midriffs are not exposed

Shorts and skirts must come to mid-thigh on all visitors

No see-through clothing of any kind

No hats, caps, bandanas, or headgear of any kind

No clothing that promotes or advertises alcohol, drugs, sex, or violence

**Allowable Property and Contraband**

Family members **may bring** their resident items of personal hygiene, clothing, cigarettes, food, and up to \$25 cash. However, all gifts must be legal, and the RRC requires that when you bring these items onto the premises, they must be shown to the staff on duty at the front desk for inspection. Food, containers, and any other articles brought by the visitors are subject to search by Mirror staff.

Visitors **may not bring** in cell phones, pagers, weapons, cameras, pornographic materials, alcohol, drugs, paraphernalia, or any other item deemed inappropriate by facility staff.

**At no time will visitors be allowed to bring in any purses, bags, diaper bags or any other type of bag.** Visitors with infants are allowed to bring in 2 baby bottles and up to 4 diapers.

### **Parking**

**All visitors must park on the street.** The parking lot in front of the RRC building is for staff only. Our neighboring businesses have **not** extended permission to us for use of their parking lots for our visitors. Parking in any neighboring lot is prohibited and abuses may result in termination of visiting privileges at the facility.

### **Checking In and Out of the Facility**

All visitors are required to check-in at the front desk on arrival. You will need to **show your photo ID** to staff on duty. They will confirm that you are scheduled for that particular visitation session and, as noted above, will conduct a search of any property you are bringing into the facility. You will also be asked to sign-in on a *Visitor's Log* kept at the desk. At the end of your visitation session you will be asked to sign-out before leaving the building. Your resident will not be allowed to escort you to your car or beyond the front door of the building at the conclusion of the visitation session.

### **Visitation Conduct**

**Staff Instructions** - Visitors are required to follow the verbal instructions of the Mirror staff.

**Alcohol and Drugs** - Visitors will not be allowed to possess, sell, or be under the influence of alcohol or other drugs while on Mirror property. Visitors suspected of being "under the influence" of alcohol or drugs will be asked to leave and if they refuse, the police will be called. **Visitors are prohibited from smoking cigarettes on the RRC property and may not smoke with residents.**

**Physical Contact** - A short embrace at the start and end of the visiting session and holding hands during the session will be allowed. Sexual or physical contact beyond this will be deemed excessive and will result in termination of the visit, an incident report for the resident, and possible removal of a visitor's approved status.

**Language and Volume** - Residents and visitors are expected to maintain appropriate levels of speech. Yelling, screaming, arguing, talking loudly or using vulgar language is strictly prohibited. Any visitor who becomes belligerent or abusive to a resident, staff member or other visitors will not be allowed back onto facility grounds thereafter for visitation purposes.

***Visitation is not a right, but a privilege.***

### **Becoming a Driver for Your Resident**

If you have been approved as a visitor to the facility, you can be approved as a driver for your resident as well. To become an approved driver, you will need to bring to the RRC your **valid driver's license**, the **registration paperwork on your vehicle**, and a **copy of your current insurance card**. Staff will make a copy of these documents to keep on file. As any of these documents expire, updated copies will need to be provided to Mirror to continue the driving approval.

When picking up your resident for a transport, please recall that **you can not park or wait in the staff parking lot or in any other parking lot in this area**. Do not call your resident to the car by honking your horn. If you have to come to the door to collect your resident, you will need to leave your vehicle on the street to do so.

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Resident Signature

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Date

---

Staff Signature

---

Date

NAME: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Program Level: \_\_\_\_\_

**Conditions and Requirements of VISIT:**

All conditions of the Visiting Policy apply to visits by family/friends at this facility as defined in Mirror, Inc. Residential Re-Entry Center Visiting Policy (01/08). This policy is a part of your intake packet and is posted throughout the facility.

In order to schedule a visit with your approved visitors as designated on your Resident Visitor List you must request that visit by Tuesday 5:00 pm for visits requested for the following Friday through Sunday and must submit the name(s) of the person(s) you are requesting a visit from and the proposed date and time of the visit. Your request will be considered but may be adjusted depending on other visits already scheduled. Please use this form to schedule all visits.

PERSON(S) WITH WHOM YOU WOULD LIKE TO VISIT: \_\_\_\_\_

**DATE / TIME OF REQUESTED VISIT:**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

*(The person(s) with whom you request a visit must have been submitted on your Resident Visitors List and must be approved prior to the visit being allowed.)*

*Residents are allowed one visit per visiting day and must make a separate request for each visit requested.*

I have read or have had read to me the "Mirror, Inc. Residential Re-Entry Center Visitation Policy." I understand and agree to abide by all of the conditions and requirements stated in that policy.

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

**APPROVAL:**

Visit: ☐ approved ☐ denied

\_\_\_\_\_  
*Case Manager's Signature*

Explanation for recommendation for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mir , Inc. of Wichita (RRC-7YA/7YB)**  
**Federal Residential Re-Entry Center**  
**236 S. Pattie**  
**Wichita, KS 67211**  
**(316) 264-5999**  
**(316) 264-9889 (fax)**

Resident Name: \_\_\_\_\_

Reg. No: \_\_\_\_\_

## RESIDENT VISITATION LIST

Any person that you want to have visit you at Mirror, Inc. must be pre-approved by your Case Manager. Persons not approved by your Case Manager will not be allowed to visit at this facility. Residents may have no more than ten (10) persons on their visitation list. Candidates for visitation are limited to immediate and extended family members and friends and associates with no criminal history and with whom you had a relationship prior to your incarceration. Requests for changes in an approved visitors list must be submitted at your regular biweekly and will be considered/verified within 14 days of submission. All visitors 18 years of age and older must have a valid photo I.D.

	Date Added:	Name & Address:	Telephone Number:	Relationship:	Age:	CM Initials:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**INTAKE STAFF:** Please have each resident complete this form upon intake. Place it in the respective Case Manager's mailbox for approval.  
**CASE MANAGER:** Please review & approve those persons above who are appropriate for visitation privileges. Line out blank spaces and place this form in the "Approved Visitors" notebook at the Program Technician's workstation.  
**PROGRAM TECHNICIANS:** If a person is not listed on the "Approved Visitors List" he or she may not visit at this facility.

# Memo

**To:** ALL RRC Residents  
**From:** Director of Federal Programs  
**CC:** RRC Staff  
**Date:** 6/6/2008  
**Re:** RECREATION EQUIPMENT

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The Mirror Inc. Recreation Policy is as follows:

Work Out equipment is available in the Locker Room of the facility. It is available between the hours of 0600 and 2200 hours each day. The work out area is closed between the hours of 2200 hours and 0600 hours in order to allow residents to have adequate quiet time for rest.

The Work Out equipment is available on a voluntary basis as this time. In respect for other residents, no resident is allowed to use a particular piece of equipment for more that 30 minutes each day. In that there are several stations and there will be more added in the future; this allows each resident to access particular equipment.

In the event that voluntary monitoring is not observed by all residents, a strict sign up schedule may be implemented. (It is the preference of the administration that use of equipment be self-monitored).

In addition to the work out equipment available in house, it is also possible that residents may utilize the approved Exercise/Walking Route by submitting an appropriate Program Activity Form to your assigned case manager.

Outside recreation, utilizing a public facility is an option available for those residents as they gain community access. Utilization of a public facility (financial responsibility for dues and/or fees is the responsibility of the individual resident) should be discussed with your assigned case manager.

Once again, it is the hope and expectation of the administration that residents will respect each other in the use of the recreation equipment. As stated above, if abuses of the recreation posted times or use occurs, a more stringent access policy will be instituted.

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*Resident Signature / Date*

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*Staff Signature / Date*

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**FACILITY DUTIES/RESIDENT DETAILS**

Everyday each resident of the facility will have an assigned detail. Detail assignments are rotated each week as posted. Assignments are made based on work shifts and the availability of residents. Facility details are to be completed every day during the prescribed times and to the satisfaction of the program technician staff. When you complete your assigned detail it is your responsibility to inform the Program Technician on duty so that he/she can inspect your detail to make sure that it has been done completely and thoroughly. Wait until he/she has checked your detail assignment and make sure that he/she initials and signs off on the detail roster indicating that your detail (s) have been completed. The detail roster is maintained on a clipboard in Central Control. **ALL DETAILS ARE TO BE COMPLETED BY THE TIME POSTED ON THE HOUSE DETAIL LIST.**

**DETAIL DESCRIPTIONS**

**KITCHEN (A.M. / NOON / P.M.)**

1. Wash all pots, pans, utensils, and dishes as directed.
2. Let dishes, pots and pans air dry. Put dishes, pots and pans away as directed.
3. Clean the sinks (3 compartment sink and hand-washing sink) with powdered cleanser. Wipe down all stainless steel with stainless steel cleaner, including the hand-washing sink.
4. Clean the stove, countertop, salad bar and the prep table with a cleaning detergent.
5. Clean stove top, including grill.
6. Clean grease trap in stove, use degreaser.
7. Wipe down Vent Hood.
8. Wipe down the microwave, (inside and outside).
9. Put all food in containers, cover, date, and put in refrigerator.
10. Dispose of any food in the refrigerator that is not covered or dated.
11. Empty the garbage can – wash it out if necessary and put in a new trash liner.
12. Check pan under refrigerator and empty if necessary.
13. Wipe down the outside of the reach in refrigerator.
14. Clean storage room, (with cook's supervision).
15. Mop floor with fresh water; empty mop bucket and refill with fresh water  
(using the upstairs shower to dump and refill mop bucket.)

**DINING ROOM (A.M. / NOON / P.M.)**

1. Return any dirty dishes, glasses, cups, and utensils to the kitchen. Rinse them and place them neatly in the dish tub.
2. Empty the trash into the dumpster. Clean the inside and outside of the garbage can. Reline the garbage can with a can liner.
3. Refill the salt and pepper shakers, sugar, and creamer dispensers.
4. Damp-wipe the coffee maker.
5. Clean the countertop and sink at the coffee station.
6. Wipe down the microwave, (inside and outside).
7. Wipe down the resident refrigerator.
8. Clean and dust the walls and tables.
9. Sweep and mop the dining room floor.

**BATHROOMS: MAIN FLOOR AND DOWNSTAIRS (A.M. / P.M.)**

1. Clean sinks & toilets with the appropriate bathroom cleaners, wipe down the toilet bowl, seat, base and tank.
2. Scrub each shower stall using the appropriate bathroom cleaners and brushes.
3. Clean mirrors with glass cleaner.
4. Wipe down walls with disinfecting cleaner.
5. Refill the hand soap dispensers if necessary.
6. Restock toilet paper.
7. Sweep and mop the floors.

**YARD AND ASHTRAYS**

1. Pick up all trash and litter on the premises (driveway, parking lot, front yard, backyard, street, alley and pit area).
2. Sweep entryway, sidewalk, stairs and parking lot.
3. Empty the cigarette ashtrays.

**LAUNDRY ROOM**

1. Damp-wipe and dry the washing machines and dryers.
2. Empty the trash into the dumpster. Clean the trashcan and re-line it with a trash liner.
3. Clean windows with glass cleaner.
4. Sweep and mop the floor.
5. Dust wall above water heater.

**LOCKER ROOM**

1. Sweep and mop the floor.
2. Dust the tops of all lockers, tables, and desks/organize ironing area.
3. Wipe down and straighten all exercise equipment.
4. Take any cups etc. to the kitchen.
5. Empty the trash can and re-line with a new trash liner.

**TV ROOM**

1. Wipe down all tables.
2. Dust the TV stand and wipe down the TV and electronics with damp rag.
3. Clean the window with glass cleaner.
4. Take any cups, dishes to the kitchen.
5. Sweep and mop the floor.

**MAIN LEVEL HALLS**

1. Pick up all trash and litter, and place in a trashcan.
2. Sweep and mop the floor.
3. Dust woodwork.

**LOBBY / INTAKE ROOM**

1. Pick up all trash and place in trashcan.
2. Sweep, mop, and vacuum all floors.
3. Dust tables, ledges, and counters, with appropriate cleaners.
4. Empty trash. Clean the trashcans and reline with new trash liner.
5. Clean door and windows with glass cleaner.
6. Organize forms. Let staff know if any documents need refilled.

**STAIRS / BASEMENT**

1. Sweep all stairs including hallways leading to and from stairwell.
2. Mop all stairs including hallways leading to and from stairwell.
3. Take out any trash by back door to the dumpster.

**DORMS**

1. Pick up all trash and litter, and place in a trashcan.
2. Sweep and mop all floors including under/behind bunks.
3. Empty trash, take to dumpster, re-line trashcans with new liner.
4. Clean doors, windows, trim with glass cleaner.

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*Resident Signature / Reg. No.*

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*Date*

---

*Staff Signature*

---

*Date*

# Memo

**To:** ALL RRC Residents  
**From:** Director of Federal Programs  
**CC:** RRC Staff  
**Date:** 6/6/2008  
**Re:** SMOKING POLICY; EFFECTIVE 10/29/04

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**THE DESIGNATED SMOKING AREA FOR RESIDENTS IS THE PIT AREA.**

**ANY RESIDENT GOING OUT OF THE BUILDING MUST GO DOWN INTO THE PIT AREA REGARDLESS OF WHETHER THEY ARE SMOKING OR NOT.**

RESIDENTS ARE NOT ALLOWED TO SMOKE BEHIND THE FENCE. RESIDENTS MAY NOT SMOKE IN THE SIDEWALK AREA, NEAR THE FRONT DOOR OR STAFF PARKING AREA AT ANY TIME.

TO ACCESS THE SMOKING AREA YOU ARE REQUIRED TO LEAVE THROUGH THE FRONT DOOR AND GO DOWN THE STAIRS TO THE SMOKING AREA. PLEASE DO NOT SMOKE UNTIL YOU GET TO THE DESIGNATED SMOKING AREA AND EXTINGUISH YOUR CIGARETTES BEFORE COMING BACK UP THE STAIRS. UNDER NO CIRCUMSTANCE MAY YOU ACCESS THE SMOKING AREA THROUGH THE EXIT DOORS IN THE DORM AREAS; THESE DOORS ARE DESIGNATED FOR EMERGENCIES ONLY. DO NOT SMOKE DIRECTLY BY EITHER OF THE EMERGENCY DOORS (A 20 FT BOUNDARY IS REQUIRED).

AT NO TIME ARE RESIDENTS ALLOWED TO WALK AROUND THE BUILDING, LOITER IN THE PARKING LOTS, ETC.

SMOKING IN THE PIT AREA WILL BE ALLOWED BETWEEN THE HOURS OF 0600 AND 2200. **IN-THE-HOUSE CURFEW FOR ALL RESIDENTS IS 2200 HOURS (10:00 PM).** FOLLOWING THE CURFEW, SMOKE BREAKS WILL BE ALLOWED EVERY TWO HOURS FOR 10 MINUTES (AT APPROXIMATELY 00:00, 02:00, 04:00) THESE SMOKE BREAKS WILL BE DIRECTLY OBSERVED BY FACILITY STAFF. IF STAFF MEMBERS ARE UNAVAILABLE AT THE DESIGNATED TIMES SMOKE BREAKS MAY BE POSTPONED AT THE DISCRETION OF THE ON-DUTY STAFF UNTIL CIRCUMSTANCES ALLOW THEM TO MONITOR THE BREAK.

AS ALWAYS, THE FACILITY IS NON-SMOKING. ANYONE WHO SMOKES IN THE FACILITY IS SUBJECT TO DISCIPLINARY SANCTIONS.

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*Resident Signature / Date*

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*Staff Signature / Date*

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## **ELECTRONIC EQUIPMENT**

**RESIDENTS ARE NOT ALLOWED TO USE/POSSESS CELL PHONES.  
NO CELL PHONES ARE ALLOWED IN THE FACILITY.**

**Televisions:**

Mirror provides cable on two (2) different televisions upstairs. One is in the Dining Room and one is in the TV Room. No personal televisions, DVD players, playstations, etc. are allowed in the facility.

**Radios:**

Radios, MP3 Players, Ipods, etc are allowed and MUST be used with headphones. Radios with speakers are not allowed.

**Alarm Clocks:**

Battery operated alarm clocks are allowed. No extension cords are allowed in the dorm areas.

**Game Players:**

Hand-held (**non-video playing**) game players are allowed. These must be battery operated and kept on silent.

**FAILURE TO FOLLOW THE ABOVE PROTOCOL WILL RESULT IN DISCIPLINARY  
SANCTION (IMMEDIATE REMOVAL OF PERSONAL ELECTRONIC DEVICES) AND OTHER  
SANCTIONS AS APPROPRIATE.**

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*Resident Signature*

---

*Date*

---

*Staff Signature*

---

*Date*

### USE OF ELECTRONIC COMMUNICATIONS EQUIPMENT

I understand that while I am a resident of this or any federal residential re-entry center the use of telephonic paging devices (also known as "pagers" or "beeper"), cellular telephones (also known as "cell phones") or any other electronic telecommunications equipment will require prior approval from the Federal Bureau of Prisons or the United States Probation Office.

I understand that, should I need to use any of the aforementioned telecommunications devices, I will need to make a written request to the Federal Bureau of Prisons or to the United States Probation Office through my Case Manager. This request must clearly describe my specific need for use of the telecommunications device. If this need can be confirmed and verified by my Case Manager, the request will be forwarded to the Federal Bureau of Prisons or the United States Probation Office.

I understand that the final approval for use of any telecommunications device must come from the Community Corrections Manager at the B.O.P. Regional Community Corrections Office or from the Senior United States Probation Officer at the United States Probation Office.

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*Resident Signature / Reg. No.*

---

*Date*

---

*Staff Signature*

---

*Date*

Mirror, Inc.  
Material Safety Data Sheet  
Matrix

Name	Nature of Product	Manufacturer	Contact	
THERMO-CLEAN	All purpose cleaner	Rochester Midland Corp	800-535-5053	
	Floor Cleaner	Rochester, NY 14603		
ULTRA-STRIP	Floor stripper	Rochester Midland Corp	800-535-5053	
		Rochester, NY 14603		
THERMO-SEAL	Ultra High Gloss Sealer	Rochester Midland Corp	800-535-5053	
		Rochester, NY 14603		
MIST-N-SHINE	Spray Buff Compound	Rochester Midland Corp	800-535-5053	
		Rochester, NY 14603		
CLOROX BLEACH	Cleaner/laundry aid	Clorox Company	800-446-1014	
		Oakland, CA 94612		
ERA	Laundry Detergent	Procter & Gamble	800-765-5516	
		Cincinnati, OH 45224		
WD-40	Lubricant	WD-40 Company	800-424-9300	
		San Diego, CA 92138		
CARPENTER'S GLUE	Wood Glue	ELMER'S	800-848-9400	
		Columbus, OH 43229		
LIQUID DRANO	Drain cleaner	SC Johnson	888-352-2249	
		Sturtevant, WI 53177		
CLR	Calcium, Lime & Rust remover	Jelmar	800-240-0248	
		Skokie, IL		
SIMPLE GREEN	All purpose Cleaner	Sunshine Makers, Inc	800-228-0709	
		Huntington Harbour, CA 92649		
COMET DISINFECTANT	All purpose cleanser	Procter & Gamble	800-332-7787	
		Cincinnati, OH 45224		
AJAX CLEANSER W/ OXYGEN BLEACH	All purpose cleanser	Colgate-Palmolive	800-221-4607	
		New York, NY 10022		
WINDEX GLASS CLEANER	All purpose glass cleaner	Drackett Products Co.	513-632-1500	
		Cincinnati, OH 45232		
LEMON PLEDGE	Furniture polish	SC Johnson Wax	800-229-5635	
		Racine, WI 53403		
SATIN SHINE	Stainless Steel Cleaner	Sysco, Chemical	281-584-1790	
		Houston, TX 77077		
EASY OFF OVEN CLEANER	Oven Cleaner	Reckitt Benckiser	800-228-4722	
		Wayne, NJ 07474		
ENDUST	Furniture Polish	Sara Lee Household	800-392-7733	
		Exton, PA 19341		

Mirror, Inc.  
Material Safety Data Sheet  
Matrix

LYSOL CLING	Bowl Cleaner	Reckitt Benckiser	800-228-4722
		Wayne, NJ 07474	
LYSOL DISINFECTANT AEROSOL SPRAY	All purpose disinfectant	Reckitt Benckiser	800-228-4722
		Wayne, NJ 07474	
LYSOL TOILET BOWL CLEANER	cleaner	Reckitt Benckiser	800-228-4722
		Wayne, NJ 07474	
AJAX DISH LIQUID/ HAND SOAP	Dish soap Hand cleaner	Colgate/Palmolive	800-338-8388
		New York, NY. 10022	
SAFEGUARD HAND SOAP - ANTIBACTERIAL	Hand cleaner	Proctor & Gamble	800-332-7787
		Cincinnati, OH. 45202	
ZERO ICE	Ice Melt	Howard & Johnson	
		Milwaukee, WI	
KILZ	Aerosol Spray Primer	Masterchem Ind	800-424-9300
		Barnhart, MO. 63012	
SANI-TABS	Food contact surface sanitizer	U.S. Chemical Corporation	800-558-9566
		Watertown, WI 53094	
SCRUBBING BUBBLES	Bathroom cleaner	S.C. Johnson & Son, Inc.	800-558-5252
		Racine, WI 53403	
ZIP STRIP	Floor Stripper	Chemical Universe, Inc.	814-471-3602
		Kansas City, MO 64116	
TY-D-BOL	Toilet Cleaner	Janisource Pro Products	800-328-0026
		St. Paul, MN	
TSP SUBSTITUTE	Stripper	W.M. Barr & Co., Inc.	800-398-3892
		Memphis, TN 38113	
PURELL HAND SANITIZER	Hand Sanitizer	Gojo Industries, Inc.	330-255-6000
		Akron, OH 44311	
PRO LINE	Floor Cleaner	Proctor & Gamble	800-262-1637
		Cincinnati, OH 45201	
THE WORKS	Toilet Cleaner	Homecare Labs	800-448-5281
		P.O. Box 491150	
		Lawrenceville, GA 30049	
Resident Signature: _____		Staff Signature: _____	



**Mirror, Inc. of Wichita**  
Federal Residential Re-Entry Center  
236 S. Pattie  
Wichita, KS 67211

## MATERIAL SAFETY DATA SHEET

I HAVE BEEN INFORMED OF THE HAZARDOUS MATERIALS USED AT MIRROR, INC. RESIDENTIAL RE-ENTRY CENTER AND HAVE RECEIVED SAFETY INFORMATION REGARDING THESE MATERIALS.

I HAVE BEEN INFORMED THAT THE MSDS SHEETS ARE LOCATED IN THE FRONT OFFICE. I AM AWARE THAT IT IS MY RESPONSIBILITY TO FOLLOW ALL SAFETY GUIDELINES WHEN HANDLING CLEANING SUPPLIES OR OTHER HAZARDOUS MATERIALS.

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*Resident Signature*

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*Date*

---

*Staff Signature*

---

*Date*

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**DAILY LIVING QUARTERS CHECKLIST**

The following checklist must be completed by each resident assigned to the dorm by 8:00 A.M. each morning. Failure to complete the tasks itemized on this checklist will result in a "notice of noncompliance" for the condition of the dorm. Deficiencies must be corrected immediately. If deficiencies are not corrected, all occupants of the dorm will be issued a written warning. Each subsequent violation will result in an incident report for all occupants of the dorm. Residents assigned to dorm cited for deficiencies may not sign out on pass until all deficiencies have been corrected.

1. **Ensure that your bed is made neatly and correctly (institutional style).**
2. **Ensure that all clothing is in its proper place (hanging in your assigned locker or folded and stored in a dresser).**
3. **Ensure that all shoes are placed in your locker or dresser (shoes lying on the floor will be confiscated).**
4. **Ensure that the wastebaskets are emptied daily.**
5. **Ensure that all furniture is dusted, clean, neat, and well organized.**
6. **Ensure that all trash and paper is picked up.**
7. **Ensure that the lights are turned off prior to leaving the dorm.**

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I have read or have had read to me the daily living quarters checklist. I understand my responsibility for keeping the living quarters to which I am assigned clean, neat and orderly at all times. I agree to work in concert with the other residents assigned to my living quarters to ensure that each item on the "Daily Living Quarters Checklist" is accomplished prior to 8:00 A.M. each day.

\_\_\_\_\_  
(Resident Signature / Reg. No.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Date)

You have a right to quality care delivered to you in humane ways by competent staff. Your opinions, recommendations and possible grievances are important and can be expressed without alteration, interference, or delay to the party responsible for receiving and investigating them.

Mirror, Inc.  
236 S. Pattie, Wichita, KS 67211  
Facility Coordinator –

Mirror, Inc.  
VP Correctional Services – Ken McGill  
P.O. Box 711, Newton, KS 67114

Mirror, Inc.  
President/CEO – Beverly Metcalf  
P.O. Box 711, Newton, KS 67114

Mirror, Inc.  
Attn: Board Chairperson  
P.O. Box 711, Newton, KS 67114

Since Mirror, Inc. is a multiple site residential treatment provider; you may wish to express your written grievance to the site Facility Coordinator for the program you are residing in. By doing so, the Facility Coordinator may be able to resolve your complaint in a timelier manner. All written complaints are routinely reported to the President/CEO. A written report as to the final disposition of the grievance will be prepared and submitted to you, upon request, with a final copy placed in your file.

A resident who wishes to register a grievance with the Federal Bureau of Prisons utilizing F.B.O.P. grievance procedures may request the appropriate F.B.O.P. grievance forms.

Direct the grievance to:

Mr. Eric Jackson, CCM  
United States Department of Justice  
Federal Bureau of Prisons  
Community Corrections Office  
Gateway Complex, Tower II  
400 State Avenue, Suite 800  
Kansas City, KS 66101

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*Resident Signature*

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*Date*

---

*Case Manager*

---

*Date*

Resident Name:	Register Number:	Legal Status:
Program Component:	Arrival Date:	Release Date:

[illegible]

### UNRESTRICTED COMMUNICATIONS

I, \_\_\_\_\_, Reg. No. \_\_\_\_\_ hereby authorize Mirror, Inc. to release confidential information in its records, possession or knowledge, of whatever nature, which may now exist or which may come to exist, on an unrestricted communications basis to the United States Probation Office of the district of Kansas or any other district within the United States which demonstrates a legally vested or proprietary interest in my case.

The confidential information to be released will include but may not be limited to:

- Date and circumstances of entrance into this residential re-entry center;
- General adjustment to facility program rules and conditions;
- Urine and breath testing results;
- Release planning information;
- Information relating to medications, medical services received or any medical conditions;
- Test results;
- Date of release;
- Program status or release; and
- Prognosis for supervisory outcomes.

The information which I now authorize for release is to be used in connection with my participation in the aforementioned program which has been made a condition of my:

( ) parole ( ) probation ( ) supervised release ( ) incarceration ( ) commitment

I understand that the United States Probation Office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure to the United States District Courts, United States Parole Commission, or otherwise when necessary for the purpose of discharging its official supervisory duties over me.

I further understand that while I remain under the supervision of the United States Probation Office I cannot revoke this consent.

This consent will terminate upon the expiration of my period of supervision, which will occur on \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or at such time as the United States District Court or the United States Parole Commission acts to revoke or terminate the supervision.

\_\_\_\_\_  
*Resident Signature / Reg. No.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

---

**NOTICE TO OFFENDERS**

(Required To Register under the Kansas Offender Registration Act)

1. I understand that because I have been convicted of an offense listed in the Kansas Offender Registration Act, K.S.A. 22-4901 et. seq., I have a legal duty to register as provided by the act.
2. I understand that if this is my first conviction for an offense included in the act, this duty continues for a period of ten (10) years after my conviction, or if I was confined for that crime, for a period of ten (10) years after being paroled, discharged, or released from confinement.
3. I understand if this is my first conviction and I have been convicted of K.S.A. 21-3502 (a) (1) (A), K.S.A. 21-3502 (a) (2), K.S.A. 21-3506 (a) (1), or K.S.A. 21-3506 (a) (3) (A) or any attempt, conspiracy, or criminal solicitation to commit one of these offenses, that I will be required to register for life.
4. I understand that if I am convicted a second or subsequent time of an offense(s) covered by the act, I will be required to register for life.
5. I understand that if I am being discharged or paroled from a prison, hospital, or other institution or facility, the staff of the facility will collect my registrant information prior to my discharge, parole or release.
6. I understand that if I am being released on probation, have received a suspended sentence, have been sentenced to community corrections or have been released on post release supervision, the court will collect my registrant information.
7. After providing the registrant information I have a duty to verify that my registration information and form have been received by the sheriff of the county in which I intend to reside or am temporarily domiciled for more than ten (10) days. I understand that I must do so within then (10) days if coming into said county. If for some reason the sheriff does not have my registration, it will be collected immediately.
8. I understand that if for some reason I do not fit within the categories stated in numbers 5 and 6 of the above, but have been convicted of a crime which requires registration under the act, I have a duty to register with the sheriff of the county in which I reside or am temporarily domiciled for more than ten (10) days. I understand that I must do so within ten (10) days if coming into said county.
9. I understand that number 8 above includes any person who is a resident of this state who has been required to register under any federal, military or other state's law, even if that conviction was prior to the implementation of the Kansas Act.
10. I understand that if I enroll with a school or educational institution that is not located in my state or county of residence for more than 14 days, or for an aggregate period of thirty (30) days in a calendar year to attend school as a student that I will be required to register with the sheriff in that jurisdiction within ten (10) days of the commencement of the school term.

*(Notice To Offenders – Page 2)*

11. I understand that if there is any change in my attendance or if I am terminated from the school or educational institution defined in number 10 above that I must give written notice to the sheriff in that jurisdiction and the Kansas Bureau of Investigation within ten (10) days of such change or termination.

12. I understand that if I am employed, with or without compensation, outside of my county of residence for more than 14 days, or for an aggregated period of thirty (30) days in a calendar year that I will be required to register with the sheriff in the jurisdiction of my employment within ten (10) days upon commencement of employment.

13. I understand that if I there is any change in my employment or if I am terminated from employment as defined in number 12 above that I must give written notice to the sheriff in that jurisdiction and the Kansas Bureau of Investigation within ten (10) days of such change or termination.

14. I understand that I must give written notice of any change of address within ten (10) days of a change of residence to the law enforcement agency where last registered and the Kansas Bureau of Investigation.

15. I understand that if I change my residence to another state, I must inform the law enforcement agency where last registered and the Kansas Bureau of Investigation of my change of residence and must register in the new state within ten (10) days.

16. I understand that I will be required to verify my address, school or educational institutional, place of employment, and vehicle registration information as last reported with the Kansas Bureau of Investigation every ninety (90) days. The Kansas Bureau of Investigation will mail a non-forwardable verification form to my last reported address. I have a duty to sign and return the form within ten (10) days of receipt. I understand that if I fail to mail the verification form to the Kansas Bureau of Investigation within ten (10) days after receipt of the form or provide false information, I will be in violation of the act.

17. I understand that failure to register, or failure to update the registration or any other violation of the Kansas Offender Registration Act, is a Severity Level Ten (10) non-person felony.

I have been advised of the requirements of the Kansas Offender Registration Act and understand these duties. I have reviewed the information provided on this form prior to signing and understand that anyone who gives false information on this form could be subject to prosecution.

Addendum: The above "Notice to Offenders" appears on the backside of the "Kansas Offender Registration Form". Offenders who meet the criteria (parole staff will notify Mirror staff who these individuals are) set forth by the Kansas Courts must comply with the terms and conditions of this law. As an offender who meets the criteria set forth by the Kansas Courts regarding convicted sexual offenders and as a current client at one of the Mirror residential programs I understand that I must complete a "Kansas Offender Registration Change of Address Form" on admission and upon discharge from said Mirror facility. I further understand that said form must be mailed to the Crime Data Information Center, Kansas Bureau of Investigation (KBI), 1620

SW Tyler, Topeka, Kansas 66612, and to the local Sheriff in that particular jurisdiction. I also understand that when I am either admitted or discharged from the Mirror residential program the staff at Mirror may contact the KBI and/or the local Sheriff's office to ensure said notification has taken place. The Kansas Offender Registration Change of Address forms may be available at the Mirror facility you are residing in. It will be your responsibility to mail in the form to the KBI and to the local Sheriff. Should you require assistance please contact your designated State Parole Officer, the Facility Coordinator or your assigned Primary Counselor/Case Manager. **Please be informed nothing in this Mirror generated form is meant to replace the paperwork you are required to complete in order to be in compliance with this law. It is simply informing and/or reminding you that you must comply with the law and submit the proper paperwork to the proper authorities when the law requires you to do so.**

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_____	_____
<i>Resident Signature</i>	<i>Date</i>

_____	_____
<i>Staff Signature</i>	<i>Date</i>

Jfg:hb(08/03/01)

\*Signature denotes receipt of copy.

## CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal Law and Regulations. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal Law and Regulation by a program is a crime. Suspected violation may be reported to appropriate authorities in accordance with Federal Regulations.

Federal Law and Regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or Local authorities.

(See 42 U.S.C 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws and 42 CFR. Part for Federal Regulations)

(Approved by the Office of Management and Budget under Control #09300-0099).

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I HAVE READ THIS NOTICE AND UNDERSTAND MY RIGHTS OF  
CONFIDENTIALITY. I HAVE ALSO RECEIVED A COPY OF THIS FORM.

\_\_\_\_\_  
*Resident signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff signature*

\_\_\_\_\_  
*Date*

**MIRROR, INC. NOTICE OF USE OF PRIVATE HEALTH INFORMATION**  
***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

Mirror understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The following is a notice of our legal duties and privacy practices with respect to your health information as it relates to the pertinent sections contained in Title 45 of the Code of Federal Regulations (CFR) and the "Health Insurance Portability and Accountability Act" or HIPAA. If you have questions about any part of this notice or if you want more information about the privacy practices at Mirror, please contact the Facility Coordinator for the Mirror program you are enrolled in, or the Mirror Compliance Officer, John F. Gilbert, Executive Vice President (Human Resources/Compliance).

**A. How Mirror May Use or Disclose Your Health Information:**

The following categories describe the ways Mirror may use and disclose your health information, as part of our normal operations to assist you, without asking you for permission. For each category of uses and disclosures, we will explain what we mean and present some examples. In each category we will only disclose the minimum amount of information needed to accomplish the task. Not every use or disclosure in a category will be listed. However, the ways we are permitted to use and disclose information will fall within one of the categories.

1. **Treatment:** We may use or disclose health information about you to provide the necessary treatment for you. For example, if you are a client of one of the Mirror treatment programs, we may use medical (health) information about you to provide you with treatment or services. We may disclose health information about you to qualified mental health professionals; qualified medical professionals; qualified counselors or other social services professionals. **It is worth noting that programs offering alcohol and drug treatment services also fall under the Federal Confidentiality Regulations (also known as "Confidentiality of Alcohol and Drug Abuse Patient Records Title-42 CFR Chapter One Part 2).** This legislation is fairly detailed and wide sweeping in nature. The law has been on the books, so to speak, for over a quarter of a century. Under this law, release of information concerning clients enrolled in addiction treatment services is generally limited to disclosures only if permitted in writing by the client. **Some exceptions to this apply but will not be discussed in this document.** Your treatment team members will internally discuss your health information in order to develop and carry out a plan for your services. Different departments of the agency may share health or other information about you in order to coordinate the different things you need, such as prescriptions, medical tests, special dietary needs, personal assistance, etc. We also may disclose information with people outside the agency who may be involved in your medical (health) care, but only the minimum necessary amount of information will be used or disclosed to carry this out.
2. **Payment Functions:** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services received from providers, determine program responsibilities for benefits, and to coordinate program benefits. For example, payment functions may include reviewing the medical necessity for health care services, reviewing a plan of care for payment to one of the Mirror community-based partners such as a state mental hospital, a Community Mental Health Center, a Regional Alcohol and Drug Abuse Treatment or Assessment Center just to mention a few. We may also use or disclose health information to facilitate proper payment for treatment such as providing your Medicaid or other health insurance coverage identification number to a health care provider, a pharmacy, or other health providers who have agreed to provide services for our clients.
3. **Health Care Operations:** We may use or disclose health information about you to carry out necessary program related activities. Such activities may include activities related to plan coverage; conducting quality assessment and improvement activities; conducting or arranging for medical or program reviews, legal services, audit services, and fraud and abuse detection programs; business planning, management and general administration; case management and care coordination; accreditation, certification, licensing, or credentialing activities.

4. **Required by Law:** As required by law, we may use and disclose your health information. For example, we may disclose health information when required by a court order in a litigation proceeding such as a civil or criminal proceeding, a malpractice action, a child custody hearing, etc. **As mentioned in item 1 above the Federal Confidentiality Law also specifies when treatment providers are required to release information to the courts. Again this law is detailed and specific in nature and the court order must meet rigorous criteria set forth in 42 CFR 1-Part 2.**
5. **Public Health:** As required by law, we may use and disclose your health information to public health authorities for purposes related to: preventing or controlling disease; injury or disability; reporting child abuse or neglect; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
6. **Disclosures about Victims of Abuse, Neglect or Domestic Violence:** We may disclose protected health information about an individual who we reasonably believe is a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.
7. **Health Oversight Activities:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the Mirror programs. Examples would be sharing health information with the Kansas Department of Social and Rehabilitation Services, Division of Health Care Policy, Mental Health, Addiction and Prevention Services for their licensure activities involving free standing addiction focused facilities, or the Kansas Department of Corrections, Administrative Office of the United States Courts, United States Probation Office and the United States Department of Justice, Federal Bureau of Prisons for their audit and/or compliance activities involving contracting agencies.
8. **Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding. Please see items 1 and 4 above.
9. **Law Enforcement:** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, or complying with court order or subpoena and other law enforcement purposes.
10. **Coroners, Medical Examiners and Funeral Directors:** We may disclose your health information to coroners, medical examiners and funeral directors, if, for example, it is necessary to identify a deceased person or determine the cause of death.
11. **Organ and Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues, as necessary.
12. **Public Safety:** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of you, a particular person or the general public. Any disclosure, however, would only be to someone able to prevent the threat.
13. **National Security:** We may release health information to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.
14. **Protection Services for the President and Others:** We may disclose your health information to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.
15. **Worker's Compensation:** We may disclose your health information as necessary to comply with Worker's Compensation or similar laws.
16. **Appointment Reminders:** We may disclose your health information to contact you with appointment reminders for treatment or services provided by Mirror, Inc.
17. **Research Activities:** We may disclose health information about you for research purposes. However, if the research project involves specific confidential information about you, we will seek your specific written permission.

18. **Inmates (parolees, probationers, etc...):** If you are an inmate of a federal or state correctional institution or under the custody or supervision of a law enforcement official then we may release information about you that would be necessary (1) for the institution or law enforcement official to provide you with or make referral for proper health care; (2) to protect your health and safety or to protect the health and safety of others; or (3) for the safety and security of the correctional institution or Mirror programs.

## **B. When Mirror May Not Use or Disclose Your Health Information.**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time to the Mirror Facility Coordinator for the Mirror program you are enrolled in or the Mirror Compliance Officer. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission. **Please understand that criminal justice referrals are unable to revoke authorization(s) to certain parties.**

## **C. Statement of Your Health Information Rights**

1. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. Mirror is **not required** to agree to the restrictions you request. If you would like to make a request for restrictions, you must submit your request in writing to the Facility Coordinator for the Mirror program you are enrolled in.
2. **Right to Request Confidential Communications:** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to the Facility Coordinator for the Mirror program you are enrolled in.
3. **Right to Inspect and Copy:** You have the right to inspect and copy health information about you that may be used to make decisions about your treatment or benefits, with the exception of counseling notes, treatment plan evaluations, discharge summaries, alcohol/drug assessments, or information gathered for and used in legal or administrative proceedings. To inspect and copy such information, you must submit your request in writing to the Mirror Compliance Officer, indicated on page one of this document. If you request a copy of the information, we require that you prepay a reasonable fee to cover expenses associated with your request. Typically, we would charge \$1.00 per copied page and \$25.00 per hour of staff time to locate and copy your health information (regardless of the number of pages involved there will be a minimum charge of \$25.00 assessed to you).
4. **Right to Request Amendment:** You have the right to request that Mirror amend your health information that you believe is incorrect or incomplete. We are **not required** to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to the Mirror Compliance Officer listed on the first page of this document.
5. **Right to an Accounting of Disclosures:** You have the right to receive a list of "accounting of disclosures" of your health information made by us, except that we do not have to account for disclosures made for purposes described in Section A 1-3, of this document, disclosures authorized by you or disclosures made to you. To request this list of disclosures you must submit your request in writing to the Mirror Compliance Officer listed on the first page of this document. A minimum of \$25.00 will be assessed to you for this request since a brief letter will need to be drafted and sent to you at the location designated by you. Again, we will require that you pre-pay for this service.
6. **Right to Paper Copy:** You have the right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the Facility Coordinator for the Mirror program you are enrolled in, or the Mirror Privacy Officer, the Mirror Executive Vice President (Human Resources/Compliance). You may also obtain a printable copy of this Notice at our website, [www.mirrorinc.org](http://www.mirrorinc.org)

**D. Changes to the Notice of Privacy Practices:**

Mirror reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, Mirror is required by law to comply with the current version of this Notice.

**E. Complaints:**

If you believe your privacy rights have been violated, you may take the following actions:

File a **written complaint with Mirror** by contacting the Mirror Compliance Officer, John F. Gilbert at the Mirror Corporate Office P. O. Box 711, Newton, Kansas 67114 or by filing a written complaint with the United States Department of Health & Human Services, (Region 7 Office of Civil Rights), Bolling Federal Building, 601 East 12th Street, Kansas City, MO 64106

You will not be retaliated against for filing a complaint. Your health care services and/or benefits with Mirror will not be affected in any way.

The Mirror Board of Directors at their regularly scheduled meeting on November 18, 2004 approved the Mirror "HIPAA-Privacy Notice". This Notice of Privacy Practice shall become effective for agency use on the above date as well.

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*Resident Signature*

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*Date*

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*Staff Signature*

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*Date*

**Mirror, Inc.**  
**Federal Residential Re-Entry Center**

**Information for Residents Regarding  
DRIVING AUTHORIZATIONS**

It is possible for a resident at the Mirror RRC to be approved to drive themselves when venturing into the community. Driving authorizations are issued for use of a specific vehicle and are not an open approval to drive any vehicle that may be available to you.

To be approved to drive, you will need to provide your Case Manager with the following:

- **A copy of your valid Kansas Driver's License**
- **A copy of your current Kansas Driver's Record**  
The KSDL typically costs \$22-27 and the Driver's Record costs \$6.  
Both documents are available at the Kansas Department of Motor Vehicles, 1823 W 21<sup>st</sup>, Wichita, KS 67204 (316/821-9920).
- **A copy of the current insurance card on the vehicle**  
**Any resident seeking driving privileges must have FULL COVERAGE INSURANCE, including *Driver's Medical Coverage* (Effective 4/15/08 per BOP).**
- **A copy of the current vehicle registration receipt**  
If the insurance or registration on the vehicle expires while you are still engaged with Mirror, your driving privileges will be suspended until you provide your Case Manager with copies of the renewed documents, showing new expiration dates.
- **A signed and witnessed "Owner's Affidavit"**  
If the vehicle you intend to drive is registered in anyone's name other than your own, you will need to get a signed ***Owner's Affidavit*** from the registered owner of the vehicle stating that they agree to allow you to use their vehicle. The affidavit form is available through your Case Manager upon request. The affidavit must also be stamped by a Notary Public unless it is signed by the vehicle owner in the presence of a Mirror staff witness.
- **A copy of the Vehicle Search Report**  
Before your Case Manager can submit your Driver's Authorization request packet to the Director of Federal Programs for approval, the vehicle must be brought to the Mirror facility and a search of the vehicle must be conducted by Mirror staff. Upon completion of the search, that staff member will complete a ***Search Report*** and route that to your Case Manager.

Please note that once all these documents have been gathered and submitted to your Case Manager, **you are not authorized to drive until the Director has approved your authorization request.** Confirm your approval status before attempting to drive your vehicle.

You will also need to **see your Case Manager for direction in completing and submitting the Resident's Mileage Log form** required of all approved drivers at the RRC. Failure to provide this form to your Case Manager on a weekly basis is a violation of policy and will impact your continued driving privileges.

**DO NOT make unauthorized stops for gas.** When you need to get gas you will need to **submit a *Program Activity Request*** to go to the gas station. Getting gas "on the way" to somewhere else without your Case Manager's approval to do so is a 300-level violation. In addition, **you will be required to provide your receipt** for the gas purchase upon your return to the facility and again with your weekly ***Expense Report*** documents.

Please see your Case Manager with any questions or concerns about your driving privileges.

\_\_\_\_\_  
Resident Signature/Date

\_\_\_\_\_  
Staff Signature/Date