



M I R R O R

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www.MirrorInc.org

Welcome to Mirror, Inc, Residential Reentry Center.

Mirror, Inc., established in 1972, is a not-for-profit, private corporation providing substance use treatment, re-entry, and prevention services to people in need. Mirror provides substance use treatment including residential services in four Kansas locations, outpatient services in eight Kansas locations, and prevention services in eight Kansas counties. Mirror serves as a Regional Residential Re-entry Center for individuals releasing from Federal Bureau of Prison facilities and returning to Topeka, KS, and surrounding areas, as well as Kansas City, KS and MO. Residents are placed at the Residential Re-entry Center (RRC) to complete the remainder of their term of incarceration as they transition to the community. We assist residents to obtain employment, suitable housing, and support networks/services in the community as they transition from the Federal Bureau of Prisons to the jurisdiction of the United States Probation Office. The goal of our program is to assist residents in making a successful transition back to the community

Accountability and security are paramount at the re-entry center; RRC staff utilize a variety of evidence-based measures to ensure the safety of the community, the staff, and our residents. Accountability measures include but are not limited to GPS tracking, facility access/ exit systems, camera systems, physical/ telephonic tracking, electronic records system, headcounts, pat searches, facility searches, breathalyzer, and drug testing. In addition to the accountability and security priorities at the re-entry center, another main focus is proactively assisting residents in developing prosocial skills for making an effective transition to the community. This priority is accomplished by employing professional staff who utilize proven skill sets to motivate residents to successfully engage in employment opportunities, obtain housing, successfully reintegrate into family dynamics, address mental health/medical/substance use treatment needs, and find appropriate support structures in the community. The goal of the residential re-entry programs is to provide an environment in which residents can make a successful transition back into the community. Outpatient Services for substance use disorder are offered in Wyandotte County, Shawnee County, Sedgwick County, Crawford County and Montgomery County, Kansas. These services are available to residents by referral through the United States Probation Office.

Mirror Inc. RRC
2201 SE 25th St
Topeka KS 66605
785-783-3274

David Arellano, Director
Sarah Thompson, Employment Placement/Deputy Director
Melissa Goodman, VP Correctional Services
Jason Stoffer, Case Manager
Chrystine Rodriguez, Case Manager

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 Direct HC

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)

Mirror
Resident Guide to Sexual Misconduct/Abuse

Mirror has a ZERO-TOLERANCE policy regarding sexual abuse and sexual harassment within its residential programs/facilities. In accordance with the Prison Rape Elimination Act (PREA), Mirror is committed to ensuring a safe and humane environment for all residents, where residents have the right to be free from sexual misconduct/abuse. The purpose of this guide is to ensure residents are aware of the safeguards that exist for their protection. Any resident who is the victim, or is aware of an incident of sexual misconduct/abuse should report the incident to staff or investigators immediately. All reports will be investigated thoroughly and with respect to the resident's safety, dignity, and privacy, without fear of retaliation.

Definitions

Sexual abuse: includes

1. Sexual abuse of a resident by another resident; and
2. Sexual abuse of a resident by a staff member, contractor, or volunteer

Sexual abuse of a resident by another resident: includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

3. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
4. Contact between the mouth and the penis, vulva, or anus;
5. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument, and
6. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident:

7. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
8. Contact between the mouth and the penis, vulva, or anus;
9. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
10. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
11. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
12. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in this section'
13. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks or breast in the presence of a resident, and

14. Voyeurism by a staff member, contractor, or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is changing clothes in his/her room; requiring a resident to expose his/her buttocks, genitals, or breasts outside of an approved strip search; or taking images of all or part of a residents naked body or of an inmate S

Sexual harassment includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Staff Sexual Misconduct – the following acts when performed by a staff member, contractor, or volunteer when directed at a resident for the purpose of gratifying the sexual desire(s) of any person, encouraging a resident to engage in staff sexual misconduct:

1. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in this guide;
2. Any display by a staff member, contractor, or volunteer of his/her uncovered genitalia, buttocks, or breast in the presence of a resident;
3. Voyeurism by a staff member, contractor, or volunteer;
4. Unwelcome sexual advances, or requests for sexual favors;
5. Dealing, offering, receiving, or giving favors or attention to an offender for purposes of grooming, bribing, or otherwise seeking to engage a resident in activities prohibited by policy;
6. Attempting to perform acts prohibited by this policy; and
7. Aiding or abetting another person to perform acts prohibited by this policy.

Your Rights

No one has the right to pressure you to engage in sexual acts. You do not have to tolerate sexual assault or pressure to engage in unwanted sexual behavior regardless of your age, size, race, ethnicity, or sexual orientation. Sexual acts or sexual contact between any staff person and a resident, even if the resident consents, initiates, or pursues, are always prohibited.

What to do if You Have Been Sexually Assaulted

- **Get to a safe place**
- **Even if you want to clean up immediately after the assault, it is important to save any evidence**
- **Don't use the bathroom, brush your teeth, shower, change your clothes, or eat.**
- **Save sheets and any clothing that was involved in the incident**
- **Report the sexual assault**
- **Once the sexual abuse is reported, an investigation will begin**

Reporting Sexual Misconduct/Abuse

Sexual misconduct/abuse must be reported before action can be taken. Do not rely on anyone else to report misconduct/abuse – when it is experienced or seen report it immediately. There are several ways you may make a confidential report, and you are encouraged to use the reporting method with which you are most comfortable.

- Notify any Mirror staff member. It is part of their job to report any allegation, ensure the resident's safety, and maintain confidentiality.
- Notify your Case Manager in person, in writing, or by telephone
- Notify your probation or parole officer
- Placing a grievance in the locked grievance box at the key (which is checked once each business day)
- Placing a note in the Social Service Coordinator's/PREA Compliance Manager's box(Melissa Goodman)
- Making a written or verbal report to any Mirror employee
- Making a report to the Executive Director in person or by mail, email, or phone:
 - Melissa Goodman
2201 SE 25th
Topeka, KS
785-783-3274
mhandley@mirrorinc.org
- Contact the BOP RRM, Melissa Acevedo, at 913-551-1113
- Making a written report to:
Office of Inspector General
U.S. Department of Justice
Investigations Division
950 Pennsylvania Avenue, N.W.
Room 4706
Washington, DC 20530
- Contact the police

Services and Protection for Victims of Sexual Assault

Any resident who alleges that he/she has been sexually assaulted will be offered immediate protection and will be referred for a medical examination and a support/advocacy agency.

Do not shower, brush teeth, or wash clothes or underclothing. This could wash away hair or other bodily fluids, which are critical evidence. Also, save anything that touched the perpetrator (e.g., a condom, tissue or a towel, or anything that he/she left behind. You will be checked for the presence of physical evidence which supports your allegation. A medical professional will perform a pelvic and/or rectal examination to obtain samples of or document the existence of physical evidence such as hair, body fluids, tears, or abrasions which remain after the assault.

All medical services resulting from sexual abuse/assault occurring in or facility, or by a facility staff person outside while you are a resident of the facility, will be free of charge for the victim. In these cases, residents will be referred for medical services to Stormont Vail.

If you have been the victim of an assault by a staff person, resident(s) or other individual, you may seek crisis support, victim advocacy, and counseling. If you are the victim of sexual abuse/assault, a crisis support/victim advocacy agency will be contacted for you; however, you may contact a 24-hour Crisis Hotline 888-822-2983 at any time. If you wish to call a local number to report abuse or obtain advocacy, please call 785-354-7927 during the hours of 8:00 am to 5:00 pm, Monday- Friday. You have the right to refuse any medical or mental health services offered to you.

The Investigation Process

Mirror staff will take seriously and review all allegations of sexual misconduct/abuse. Allegations will be investigated by Mirror unless the allegation is of a criminal nature, in which case the allegation will be referred to local law enforcement. The investigation may also include staff from the appropriate corrections contracting body (Federal Bureau of Prisons). The purpose of the investigation is to determine the nature and extent of the misconduct. You may be asked to give a statement during the investigation. If criminal charges are brought, you may be asked to testify during the criminal proceedings.

Keep in mind, a thorough review and/or investigation takes time. Information must clearly support or refute any allegation with evidence, information gathered from witnesses, and documentation. After the review of investigation is finished, one of the following decisions will be reached:

- There is sufficient evidence to conclude the allegation is true.
- There is insufficient evidence to conclude the allegation is or is not true.
- There is enough evidence to prove the allegation is not true. Residents who make a report or allegation in good faith will not be disciplined in any way. However, if it is determined that a resident knowingly made a false allegation of sexual assault, the appropriate corrections contracting body will be notified and may take steps to notify the Federal Probation Office, Bureau of Prisons, or take other disciplinary steps.
- There is not enough evidence to prove the allegation is true, but there is evidence to prove another law, policy, or rule was violated.

When an allegation is proven to be true, a staff member or a resident who sexually abuses or assaults a resident may be disciplined up to and including removal from employment with Mirror and/or prosecution.

Avoiding Sexual Assault

Here are some things you can do to protect yourself against sexual assault:

- Carry yourself in a confident manner at all times. Do not permit your emotions (fear/anxiety) to be obvious to other.
- Do not accept gifts or favors from others. Most gifts or favors come with strings attached to them.
- Find a staff member with whom you feel comfortable discussing your fears and concerns.
- Do not accept an offer from another resident to be your protector.
- Be alert! Do not use contraband substances such as drugs or alcohol; these can weaken your ability to stay alert and make good judgments.

- Be direct and firm if others ask you to do something you do not want to do. Do not give mixed messages to other inmates regarding your wishes for sexual activity.
- Choose your associates wisely. Look for people who are involved in positive activities like educational programs, psychology groups, or religious services. Get involved in these activities yourself.
- Trust your instincts. If you sense that a situation may be dangerous, it probably is. If you fear for your safety, report your concerns to staff.

Remember:

Sexual assault is a serious crime. All reported incidents of sexual assault will be investigated. If you are a victim of such an assault, REPORT IT IMMEDIATELY. You will be protected from the assailant.

Staff or residents who engage in sexual abuse or assault of residents will be investigated by law enforcement authorities and if found guilty will be subject to a full range of criminal and administrative sanctions.

Any sexual act between inmates and staff (even when no objection is raised) is ALWAYS illegal.

It is NEVER appropriate for a staff member to make sexual advances, comments or to engage in sexual contact with a resident. Even if the resident wants to be involved with the staff member, the staff member is not allowed to respond. It is not appropriate for a resident to approach a staff member sexually.

I acknowledge by signing below that I have reviewed the Mirror PREA Resident Handbook.

Resident Signature:_____ **Date:**_____

Staff Signature:_____ **Date:**_____

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 # _____

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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 to 72 hours of the resident's arrival, he / she will undergo an intake conference with staff personal. 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
- register with Shawnee Co. Sheriff's Dept.
- 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.
- meet with Social Service Coordinator for program assessment

Within seven (7) days of his / her arrival the resident will meet with his / her Case Manager to conduct a formal Personal 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 short-term tasks relative to risk/needs level from the results of the assessment, domains indicated below:

- education/employment
- financial
- family/marital
- leisure/recreation
- companions
- alcohol/drug problem
- emotional/personal
- attitudes/orientation

Resident Signature/Date

Staff Signature/Date

COMMUNITY CORRECTIONS

The Community Corrections component is typically reserved for “Public Law” and “Direct Court” and/or higher security Residents. The objectives of the CC 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
3. to serve as a substitute for incarceration in a secured 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 program component for reasons related to the original offense, previous institutional adjustment, program duration, etc.

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

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

Persons placed on the CC 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 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 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 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 program component may also be subject to federal prosecution or other federal action for escape or for absconding.

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.

HOME CONFINEMENT COMPONENT

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 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.

Resident Signature/Date

Staff Signature/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 ____

Which form of Birth Control due you currently or most recently used? (Please check all that apply).

____ Condoms (Male or Female) ____ Abstinence ____ Vasectomy ____ Tubal Ligation

____ Implants, Sponges, Shots, Patches ____ Breastfeeding ____ Spermicidal

____ Other (Please provide information) _____

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	____	____	_____	_____

Initial Health Assessment (continued)

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

Staff Signature

Date

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.

Resident signature

Date

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.

Resident signature

Date

Staff Signature

Date

Suicide is one of the most studied psycho-behavioral phenomena 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 because 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 dependent. 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.

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.

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.

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:
- Weight Loss
 - A sore mouth
 - Sores or wounds that will not heal
 - Unexplained rashes
 - Shingles
 - Rare Cancers
 - Pneumonia that doesn't respond to treatment
 - 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:
- Hugging
 - Use of toilets, sinks, bathtubs, or swimming pools
 - Sneezing or coughing
 - Sharing bed linens
 - Using dishes, utensils or food handled by a person infected by AIDS.
 - Pets or insects
 - Donating blood
- B. HIGH RISK FACTORS for contracting AIDS are:
- Unprotected oral, vaginal, or anal sex with multiple partners.
 - Sex with known prostitutes, I.V. drug users, homosexual or bisexual men or sex with many different partners.
 - Use of alcohol or drugs, which lowers judgment.
 - Sharing needles or other equipment in I.V. drug use.
 - Infected mother to unborn child.
 - Exchange of blood through open wounds or accidental puncture of skin or mucous membrane surfaces

1. TO CONTROL THE SPREAD OF AIDS AND TO PROTECT YOURSELF, YOU SHOULD PRACTICE THE FOLLOWING:

- 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.
- If there's any doubt about your partner, use a latex condom and a spermicide with nonoxynol
- Do not use I.V. drugs. If you do, don't share equipment (e.g., your works, your needles, etc.,) with anyone.
- Do not have sex when you're high or drunk. Your judgment is impaired which may result in your engaging in high-risk behavior.
- If there is any doubt of your HIV status, have a HIV screening before becoming pregnant.
- If you are in a high-risk group, do not donate your blood, sperm, or organs.
- 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.
- 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 Topeka Area Sexual Assault Center is available during daytime hours at 354.7927 or during evening hours at 234.3300.

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.

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.

Resident Signature

Date

Staff Signature

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.

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 Condylomato 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 several 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.

Resident Signature

Date

Staff Signature

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 lung's 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 must 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 skin test is a way 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.

Resident Signature

Date

Staff Signature

Date

***Barrier protection** should be always used 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.

Resident Signature

Date

Staff Signature

Date

1. A plan for a job search is to be developed with and approved by the Case Manager/Administration at least 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. The approved plan will be followed unless permission to change this plan is given by the SSC/EPS or the Case Manager. Residents shall call in for any changes in the plan.
4. 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.
5. RRC residents may only seek employment that meets BOP & USPO guidelines – per se: full-time (40 hours per week), permanent, gainful employment.
6. All residents are expected to be employed in a full-time (40-hours per week), permanent, stable job within the first 21 days of their arrival at the facility, or upon employment search eligibility.
7. 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.
8. The resident 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.
9. 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.
10. 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.

11. Residents are allowed to work overtime. FBOP placements are restricted to no more than 60 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.
12. 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.
13. 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.
14. 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.
15. 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.
16. 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.

Resident Signature

Date

Staff Signature

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 Topeka, 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.

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.

Resident Signature

Date

Staff Signature

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 Topeka, 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. 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.

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 $\frac{2}{3}$ 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 and 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.

Resident Signature

Date

Staff Signature

Date

Mirror, Inc. of Topeka

Federal Residential Re-Entry Center

PROHIBITED SUBSTANCES/CONTRABAND POLICY

This memorandum is written to define and document the Mirror Residential Re-entry Center's (RRC) Policy on the possession and/or use of drugs, substances, narcotics, paraphernalia and prohibited items while a resident of this program.

In addition to the prohibition on the **“INTRODUCTION, USE OF, OR POSSESSION OF ANY NARCOTICS, MARIJUANA, DRUGS OR RELATED PARAPHERNALIA NOT PRESCRIBED FOR THE INDIVIDUAL/RESIDENT BY APPROPRIATE MEDICAL STAFF” (BOP PROHIBITED ACTS 111, 112, 113 AND MIRROR, INC PROHIBITED ACTS AND SANCTIONS, A-8. A-9, A-10), THE FOLLOWING POLICY STATEMENT IS ALSO INCORPORATED INTO THE PROHIBITED SUBSTANCES/CONTRABAND POLICY OF MIRROR, INC. RRC:**

THE INGESTION, INHALATION, INJECTION, USE OR AND/OR POSSESSION OF ANY SUBSTANCE PROHIBITED BY THE FEDERAL BUREAU OF PRISONS AND MIRROR, INC. PROHIBITED ACTS AND SANCTIONS IS STRICTLY FORBIDDEN. THIS PROHIBITION INCLUDES ANY PRESCRIPTION MEDICATION, OVER THE COUNTER MEDICATION, ANY SUBSTANCE CONTAINING ALCOHOL, ANY HERB OR HERBAL SUPPLEMENT/SUBSTANCE WHICH WILL INCLUDE ANY AND ALL SYNTHETIC CANNABIS SUBSTANCE OR SPICE CANNABIS SUBSTANCE KNOW AS BUT NOT LIMITED TO:

K-2	SALVIA	SPICY D
STINGER		
SPICE	LA BAMBA	SMOKE
GENIE		
JWH-073	PEP SPICE	EARTHQUAKE
MYSTERY		
SYNTHETIC MARIJUANA	MARIA PASTORA	MAGIC MINT
SERENITY		
HU-210	MAGIC MINT	BUZZ
SAGE OF THE SEERS		
K-3	SALLY D	OCEAN BLUE
BLACK MAMBA		
JWH-018	DIVINER'S SAGE	SUPER GOLD POTPOURRI
HUSH		

OR ANY OTHER SYNTHETIC CANNABIS SUBSTANCE OR SPICE CANNABIS BY ANY OTHER NAME.

PROHIBITED SUBSTANCES/CONTRABAND POLICY, Pt 2.

IN ADDITION TO THE ABOVE POLICY:

THE INGESTION, INHALATION, INJECTION USE OF AND OR POSSESSION OF ANY HERB OR HERBAL SUPPLEMENT/SUBSTANCE WHICH WILL INCLUDE ANY AND ALL SYNTHETIC COCAINE AND/OR AMPHETAMINE/METHAMPHETAMINE TYPE (BATH SALTS) COMMONLY KNOWN, AMONG OTHER NAMES AS IVORY WAVE, VANILLA SKY, PURPLE WAVE, SNOW, IVORY COAST, ETC. IS STRICTLY PROHIBITED.

THESE SUBSTANCES OR ANY OTHER SUBSTANCES WHICH MIMIC THE EFFECTS OF CANNABIS OR COCAINE BY ANY NAME ARE CONSIDERED CONTRABAND AND ARE PROHIBITED FOR ALL INDIVIDUALS/RESIDENTS OF THE RRC. ANY INDIVIDUAL/RESIDENT FOUND TO BE USING OR IN POSSESSION OF ANY OF THESE SUBSTANCES WILL BE SUBJECT TO DISCIPLINARY ACTION.

IF YOU HAVE ANY QUESTIONS IN REGARD TO THIS POLICY, PLEASE SEE YOUR CASE MANAGER.

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. 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.
8. 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.
9. 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.

10. 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.
11. Recreation programs are available to residents whose program status is in good standing. The recreation programs are not available to residents who have disciplinary action pending or who are on sanctions.
12. 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 5:00 P.M. each day, Monday through Friday with an option of returning to the facility for lunch at 12:30 P.M. and from 1:00 P.M. The job search plan must be very specific and be approved by staff the preceding day using the job search itinerary.
13. Residents are expected to obtain and maintain full-time employment (40 hours per week) within the first 21 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.
14. 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.
15. Residents in need of medication must provide their own or have it provided for them.
16. RRC residents are responsible for scheduling and paying for medical/mental health appointments. Advance notice of these appointments must be given to staff.
17. 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.
18. The RRC will provide on-site substance abuse referrals for offenders with a condition for counseling. Substance abuse aftercare is support 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.

19. RRC Staff will assist residents in locating suitable housing for discharge planning. The search for an approved release plan will be limited with specific details agreed upon by the resident and the Case Manager. The time frame requested should fit the number and location of the places discussed with their Case Manager. The search must be specific and approved in advance with the appropriate paperwork.
20. 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.
21. There are to be no sexually explicit materials on the premises or in the resident's possession at any time.
22. There will be no sexual contact with anyone associated with Mirror, Inc., staff, or residents, on or off the premises.
23. The staff and/or Mirror, Inc. are not responsible for personal possessions that are lost or stolen.
24. 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.
25. 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.
26. Staff will conduct routine and random searches of a resident's cell phone, vehicle, body, and personal property which include the entire facility/common areas.
27. Lights out Sunday-Thursday is from 11:00pm until 5:00am. On Saturdays and Sundays, lights out is not until 1:00am, with a wake-up time of 5:00am. During the period of lights out, residents are expected to remain in their assigned dorms, with the exception of those returning from work who are allowed a period of time to eat a meal, shower, etc.

Resident Signature/Date

Staff Signature/Date

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.

Resident Signature

Date

Staff Signature

Date

PROHIBITED ACTS AND DISCIPLINARY SEVERITY SCALE

GREATEST SEVERITY CATEGORY

The CDC 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 and/or withhold earned statutory good time or non-vested good conduct time (up to 100%) 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% (27 – 41 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended).</p> <p>C. Disciplinary segregation (up to 12 months).</p> <p>D. Make monetary restitution.</p> <p>E. Monetary fine.</p> <p>F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation).</p> <p>G. Change housing (quarters).</p> <p>H. Remove from program and/or group activity.</p> <p>I. Loss of job.</p> <p>J. Impound inmate's personal property.</p> <p>K. Confiscate contraband.</p> <p>L. Restrict to quarters.</p> <p>M. Extra duty.</p>
101	Assaulting any person, or an 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 accomplished.	
102	Escape from escort; escape from any secure or non-secure institution, including community confinement; escape from unescorted community program or activity; escape from outside a secure institution.	
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, or any instrument used as a weapon.	
105	Rioting.	
106	Encouraging others to riot.	
107	Taking hostage (s).	
108	Possession, manufacture, introduction, or loss 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, body armor, maps, handmade rope, or other escape paraphernalia, portable telephone, pager, or other electronic device).	
109	(Not to be used)	
110	Refusing to provide a urine sample; refusing to breathe into a Breathalyzer; refusing to take part in other drug-abuse testing	
111	Introduction or making of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	
112	Use of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	

113	Possession of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	
114	Sexual assault of any person, involving non-consensual touching by force or threat of force.	
115	Destroying and/or disposing of any item during a search or attempt to search.	
196	Use of the mail for an illegal purpose or to commit or further a Greatest category prohibited act.	
197	Use of the telephone for an illegal purpose or to commit or further a Greatest category prohibited act.	
198	Interfering with a staff member in the performance of duties most like another Greatest severity prohibited act. This charge is to be used only when another charge of Greatest severity is not accurate. The offending conduct must be charged as “most like” one of the listed Greatest severity prohibited acts.	
199	Conduct which disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Greatest severity prohibited act. This charge is to be used only when another charge of Greatest severity is not accurate. The offending conduct must be charged as “most like” one of the listed Greatest severity prohibited acts.	

HIGH CATEGORY

CODE	PROHIBITED ACTS	SANCTIONS
200	Escape from a work detail, non-secure institution, or other non-secure confinement, including community confinement, with subsequent voluntary return to Bureau of Prisons custody within four hours.	A. Recommend parole date rescission or retardation. B. Forfeit and/or withhold earned statutory good time or non-vested good conduct time up to 50% or up to 60 days,
201	Fighting with another person.	

202	(Not to be used).	<p>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 between 25% and 50% (14 – 27 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended).</p> <p>C. Disciplinary segregation (up to 6 months).</p> <p>D. Make monetary restitution.</p> <p>E. Monetary fine.</p> <p>F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation).</p> <p>G. Change housing (quarters).</p> <p>H. Remove from program and/or group activity.</p> <p>I. Loss of job.</p> <p>J. Impound inmate's personal property</p> <p>K. Confiscate contraband.</p> <p>L. Restrict to quarters.</p> <p>M. Extra duty.</p>
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 damaging any security device, 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	(Not to be used).	
216	Giving or offering an official or staff member a bribe, or anything of value.	
217	Giving money to, or receiving money from, any person for the purpose of introducing contraband or for any other illegal or prohibited purpose.	
218	Destroying, altering, or damaging government property, or the property of another person, having a value in excess of \$100.00, 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 device, or through 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 by staff).	
221	Being in an unauthorized area with a person of the opposite sex without staff permission	
222	(Not to be used).	
223	(Not to be used).	
224	Assaulting any person (a charge at this level is used when less	

	serious physical injury or contact has been attempted or accomplished by an inmate).	
225	Stalking another person through repeated behavior which harasses, alarms, or annoys the person, after having been previously warned to stop such conduct.	
226	Possession of stolen property.	
227	Refusing to participate in a required physical test or examination unrelated to testing for drug abuse (e.g., DNA, HIV, tuberculosis.	
228	Tattooing or self-mutilation.	
229	Sexual assault of any person, involving non-consensual touching without force or threat of force.	
296	Use of the mail for abuses other than criminal activity which circumvent mail monitoring procedures (e.g., use of the mail to commit or further a High category prohibited act, special mail abuse; writing letters in code; directing other to send, sending, or receiving a letter or mail through unauthorized means; sending mail for other inmates without authorization; sending correspondence to a specific address with directions or intent to have the correspondence sent to an unauthorized person; and using a fictitious return address in an attempt to send or receive unauthorized correspondence).	
297	Use of the telephone for abuses other than illegal activity which circumvent the ability of staff to monitor frequency of telephone use, content of the call, or the number called; or to commit or further a High category prohibited act.	
298	Interfering with a staff member in the performance of duties most like another High severity prohibited act. This charge is to be used only when another charge of High severity is not accurate. The offending conduct must be charged as “most like” one of the listed High severity prohibited acts.	
299	Conduct that disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another High severity prohibited act. This charge is to be used only when another charge of High severity is not accurate. The offending conduct must be charged as “most like” one of the listed High severity prohibited acts.	

MODERATE CATEGORY

CODE	PROHIBITED ACTS	SANCTIONS
300	Indecent Exposure.	<p>A. Recommend parole date rescission or retardation.</p> <p>B. Forfeit and/or withhold earned statutory good time or non-vested good conduct time up to 25% 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% (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 inmate, and not issued to him through regular channels.	<p>available for year (a good conduct time sanction may not be suspended).</p> <p>C. Disciplinary segregation (up to 3 months).</p> <p>D. Make monetary restitution.</p> <p>E. Monetary fine.</p> <p>F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation).</p> <p>G. Change housing (quarters).</p> <p>H. Remove from program and/or group activity.</p> <p>I. Loss of job.</p> <p>J. Impound inmate's personal property.</p> <p>K. Confiscate contraband.</p> <p>L. Restrict to quarters.</p> <p>M. Extra duty.</p>
306	Refusing to work or to accept a program assignment.	
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).	
308	Violating a condition of a furlough.	
309	Violating a condition of a community program.	
310	Unexcused absence from work or any program assignment.	
311	Failing to perform work as instructed by the supervisor.	
312	Insolence towards a staff member.	
313	Lying or providing a false statement to a staff member.	
314	Counterfeiting, forging, or unauthorized reproduction of any document, article of 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).	
315	Participating in an unauthorized meeting or gathering.	
316	Being in an unauthorized area without staff authorization.	
317	Failure to follow safety or sanitation regulations (including safety regulations, chemical instructions, tools, MSDS sheets, OSHA standards).	
318	Using any equipment or machinery without staff authorization.	
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 inmate 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 or quarters in accordance with the posted standards.	
331	Possession, manufacture, introduction, or loss of a non-hazardous tool, equipment, supplies, or other non-hazardous contraband (tools 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, cosmetics, cleaning supplies, smoking apparatus and tobacco in any form where prohibited, and unauthorized nutritional/dietary supplements).	
332	Smoking where prohibited.	
333	Fraudulent or deceptive completion of a skills test (e.g., cheating on a GED, or other educational or vocational skills test).	
334	Conducting a business; conducting or directing an investment transaction without staff authorization.	
335	Communicating gang affiliation; participating in gang related activities; possession of paraphernalia indicating gang affiliation.	
336	Circulating a petition.	
396	Use of the mail for abuses other than criminal activity which do not circumvent mail monitoring; or use of the mail to commit or further a Moderate category prohibited act.	
397	Use of the telephone for abuses other than illegal activity which do not circumvent the ability of staff to monitor frequency of telephone use, content of the call, or the number called; or to commit or further a Moderate category prohibited act.	
398	Interfering with a staff member in the performance of duties most like another Moderate severity prohibited act. This charge is to be used only when another charge of Moderate severity is not accurate. The offending conduct must be charged as "most like" one of the listed Moderate severity prohibited acts.	
399	Conduct that disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Moderate severity prohibited act. This charge is to be used only when another charge of Moderate severity is not accurate. The offending conduct must be charged as "most like" one of the listed Moderate severity prohibited acts.	

LOW MODERATE CATEGORY

CODE	PROHIBITED ACTS	SANCTIONS
400	(Not to be used).	<p>B.1 Disallow ordinarily up to 12.5% (1-7 days) of good conduct time credit available for year (to be used only where inmate found to have committed a second violation of the same prohibited act within 6 months); Disallow ordinarily up to 25% (1-14 days) of good conduct time credit available for year (to be used only where inmate found to have committed a third violation of the same prohibited act within 6 months) (a good conduct time sanction may not be suspended).</p> <p>D. Make monetary restitution.</p> <p>E. Monetary fine.</p> <p>F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation).</p> <p>G. Change housing (quarters).</p> <p>H. Remove from program and/or group activity.</p> <p>I. Loss of job.</p> <p>J. Impound inmate's personal property.</p> <p>K. Confiscate contraband.</p> <p>L. Restrict to quarters.</p> <p>M. Extra duty.</p>
401	(Not to be used).	
402	Malingering, feigning illness.	
403	(Not to be used).	
404	Using abusive or obscene language.	
405	(Not to be used).	
406	(Not to be used).	
407	Conduct with a visitor in violation of Bureau regulations.	
408	(Not to be used).	
409	Unauthorized physical contact (e.g., kissing, embracing).	
498	Interfering with a staff member in the performance of duties most like another Low severity prohibited act. This charge is to be used only when another charge of Low severity is not accurate. The offending conduct must be charged as "most like" one of the listed Low severity prohibited acts.	
499	Conduct which disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Low severity prohibited act. This charge is to be used only when another charge of Low severity is not accurate. The offending conduct must be charged as "most like" one of the listed Low severity prohibited acts.	

Resident Signature

Date

Staff Signature

Date

PROHIBITED ACTS AND DISCIPLINARY SANCTIONS

GREATEST SEVERITY CATEGORY

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

CODE	PROHIBITED ACTS	SANCTIONS
A-1	Killing.	<p>A. Recommend program termination.</p> <p>B. Confiscate contraband.</p> <p>C. House restriction (60 days maximum).</p> <p>D. Loss of privileges (e.g., visiting, telephone, passes, television, recreation).</p> <p>E. Restriction to living quarters (45 day maximum).</p>
A-2	Assaulting or threat to assault.	
A-3	Abscond	
A-4	Setting a fire.	
A-5	Possession, manufacture, or introduction of a gun, firearm, weapon, sharpened instrument, knife, dangerous chemical, explosive or any ammunition, or any instrument used as a weapon.	
A-6	Rioting.	
A-7	Encouraging others to riot.	
A-8	Taking hostage (s).	
A-9	Possession, manufacture, introduction, or loss of a hazardous tool.	
A-10	Refusing to provide a urine sample; refusing to breathe into a Breathalyzer; refusing to take part in other drug-abuse testing	
A-11	Introduction or making of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	
A-12	Use of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	
A-13	Possession of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	
A-14	Sexual assault of any person, involving non-consensual touching by force or threat of force.	

A-15	Destroying and/or disposing of any item during a search or attempt to search.	
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HIGH SEVERITY

CODE	PROHIBITED ACTS	SANCTIONS
B-1	Abscond with subsequent voluntary return to Residential Re-Entry Center within four hours.	A. Recommend program termination. B. Confiscate contraband. C. House restriction (60 days maximum). D. Loss of privileges (e.g., visiting, telephone, passes, television, recreation). E. Restriction to living quarters (45 day maximum). F. Extra Duty.
B-2	Fighting with another person.	
B-3	Threatening another with bodily harm or any other offense.	
B-4	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.	
B-5	Engaging in sexual acts.	
B-6	Making sexual proposals or threats to another.	
B-7	Wearing a disguise or a mask.	
B-8	Adulteration of any food or drink.	
B-9	Engaging in or encouraging a group demonstration.	
B-10	Encouraging others to refuse to work, or to participate in a work stoppage.	
B-11	Giving or offering a staff member a bribe, or anything of value.	
B-12	Giving money to, or receiving money from, any person for the purpose of introducing contraband or for any other illegal or prohibited purpose.	
B-13	Destroying, altering, or damaging RRC property, or the property of another person, having a value in excess of \$100.00, or destroying, altering, damaging life-safety devices (e.g., fire alarm) regardless of financial value.	
B-14	Stealing.	
B-15	Demonstrating, practicing, or using martial arts, boxing (except for use of a punching bag), wrestling, or other forms of physical encounter.	
B-16	Being in an unauthorized area with a person of the opposite sex without staff permission	
B-17	Stalking another person through repeated behavior which harasses, alarms, or annoys the person, after having been previously warned to stop such conduct.	
B-18	Possession of stolen property.	
B-19	Refusing to participate in a required physical test or examination.	

B-20	Conduct that disrupts or interferes with the security or orderly running of the Residential Re-Entry Center.
B-21	Interfering with a staff member in the performance of duties.

MODERATE SEVERITY

CODE	PROHIBITED ACTS	SANCTIONS
C-1	Indecent Exposure.	A. Recommend program termination. B. House restriction (30 days maximum). C. Quarter's restriction (15 days maximum). D. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation). E. Confiscate contraband. F. Extra Duty G. Loss of pass privileges (up to one month). H. Special Program.
C-2	Misuse of authorized medication.	
C-3	Possession of money or currency, unless specifically authorized, or in excess of the amount authorized.	
C-4	Loaning of property or anything of value for profit or increased return.	
C-5	Possession of anything not authorized for retention or receipt by the offender, and not issued to him through regular channels.	
C-6	Refusing to work or to accept a program assignment.	
C-7	Violating a condition of a pass.	
C-8	Violating a condition of a community program.	
C-9	Unexcused absence from work detail or any program assignment.	
C-10	Failing to perform work detail or program assignment as instructed by staff.	
C-11	Insolence towards a staff member.	
C-12	Lying or providing a false statement to a staff member.	
C-13	Counterfeiting, forging, or unauthorized reproduction of any document, article of identification, money, security, or official paper.	
C-14	Participating in an unauthorized meeting or gathering.	
C-15	Being in an unauthorized area without staff authorization.	
C-16	Failure to follow safety or sanitation regulations (including safety regulations, chemical instructions, tools, MSDS sheets, OSHA standards).	
C-17	Using any equipment or machinery without staff authorization.	
C-18	Using any equipment or machinery contrary to instructions or posted safety standards.	
C-19	Interfering with the taking of head count.	
C-20	Gambling.	
C-21	Preparing or conducting a gambling pool.	

C-22	Possession of gambling paraphernalia.	
C-23	Giving money or anything of value to, or accepting money or anything of value from, another offender or any other person without staff authorization.	
C-24	Destroying, altering, or damaging RRC property, or the property of another person, having a value of \$100.00 or less.	
C-25	Being unsanitary or untidy; failing to keep one's person or quarters in accordance with the posted standards.	
C-26	Smoking where prohibited.	
C-27	Conducting a business; conducting or directing an investment transaction without staff authorization.	
C-28	Communicating gang affiliation; participating in gang related activities; possession of paraphernalia indicating gang affiliation.	
C-29	Circulating a petition	

LOW/ MODERATE SEVERITY

CODE	PROHIBITED ACTS	SANCTIONS
D-1	Malingering, feigning illness.	A. Loss of privileges.
D-2	Using abusive or obscene language.	B. Extra duty (10 hours max).
D-3	Conduct with a visitor in violation of RRC visitation regulations.	C. Loss of pass time.
D-4	Unauthorized physical contact (e.g., kissing, embracing).	D. Written reprimand or warning.
D-5	Unauthorized use of the mail.	
D-6	Tattooing.	

Resident Signature

Date

Staff Signature

Date

1. Beds will be made, and rooms will be maintained in a neat and orderly manner at all times. Your personal space will be dusted, swept, and mopped daily.
2. All trashcans will be emptied daily.
3. Clothing, including bed sheets and towels, will be washed at least once a week. Laundry hours are posted.
4. All food and beverage items must be stored in the locked cabinet at all times. Food and Beverage items must be consumed in eating areas used in areas other than dining room.
5. Resident will inform staff in writing and verbally of his/her whereabouts at all times.
6. 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.
7. You are not to go into any other bedrooms/dorm areas other than your own without permission.
8. 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/ towels/ etc is to be hung on your bunk, nor the sides of the bunk blocking the view of a resident's body.
9. You must be clothed and have something on your feet in all common areas of the facility.
10. **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 midriff clothing.

11. Time limits on the client phones are 15 minutes per person.
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. Recreation: **(Topeka Facility)**
 - 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.
17. Due to confidentiality, RRC residents are not allowed inside group rooms when group meetings are being held.
18. You must knock and wait for permission to enter ANY staff office.
19. Facility curfew is 5:00pm for all residents except as otherwise designated per program level.
20. 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 mealtimes.
21. If you have any questions, ask staff.
22. Show respect to others and their property.
23. No profanity or profane gestures.
24. No use or possession of drugs and/or alcohol including paraphernalia.
25. No violence or threats of violence.
26. No sexual contact on the premises.

- 27. Residents are expected to obey local, state, and federal laws.
- 28. No possession of weapons.
- 29. Smoking allowed in designated areas only (OUTSIDE).
- 30. No contraband (this includes pornography).
- 31. No gang representations.
- 32. No refusal to participate in any assigned activities.
- 33. No racial, ethnic, or sexual slurs.
- 34. No gambling.
- 35. Client's will not be in a position of authority over another client
- 36. Residents will follow all rules, policies and guidelines of Mirror, Inc.
- 37. You are responsible for learning and knowing the rules of the program.

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. Mirror Inc. is not responsible for lost or stolen items.
 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 TVs 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 the facility is absolutely prohibited and strictly enforced. Loss of these privileges will occur when residents break this policy.
-

Resident Signature/Date

Staff Signature/Date

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 3 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.

- ❑ 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.
- ❑ 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, bookstores 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.
- ❑ 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.

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:* _____

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.

Paystubs are due within 24-48 hours as part of documentation for hours worked, and taxes being withheld. This is in-line with the employment guidelines set forth in the resident's program plan.

In addition, any/all fines, debts, restitution will be addressed and outlined in your monthly budgets and organized as part of your Individualized Program Plan with the assistance of your Case Manager.

Any/All Child support obligations will be detailed in your IPP with your Case Manager.

Additional resources for financial planning and assistance will be provided during your Case Manager meetings.

Resident Signature/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.
- Credit 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).

Resident Signature/Date

Staff Signature/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.

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. 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 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. GPS will be placed on the resident prior to taking an overnight pass.
- 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 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) 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.

Resident Signature/Date

Staff Signature/Date

Mirror, Inc. of Topeka
Federal Residential Re-Entry Center
2201 SE 25th St
Topeka, Kansas 66605
785.783.3274

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

Mirror, Inc.

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 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't have more than 2 adult visitors during any given visitation session unless approved by your case manager.**

Visitation Times:

Regular visitation hours for most residents are as follows:

Friday: 6:30–8:30 p.m.

Saturday: 6:30-8:30 p.m.

Sunday: 2:00-4:00 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

Contraband:

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 can bring in 2 baby bottles and up to 4 diapers.

Parking:

The parking lot in front of the RRC building is for staff and visitors. Parking in any neighboring lot is prohibited.

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.

Allowable Property & Drop Off's:

Approved family members **may bring** their resident items of personal hygiene, clothing, cigarettes, food, and up to \$25 cash during **visitation hours only (Fri, Sat, & Sun)**. All gifts must be legal, and the RRC requires when you bring these items onto the premises, they must be shown to the staff on duty at the front desk for inspection. These items will only be allowed to be given to the resident during normal visitation with the approved visitor. If a family member or friend doesn't have prior approval and visitation paperwork signed, they will NOT be allowed on RRC grounds.

Call-in orders must be delivered by a business during scheduled visitation hours on Friday, Saturday, & Sunday. Due to repeated issues with center safety and security, drop-offs will NOT be allowed by family members or friends.

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 come to the door to collect your resident. You will need to check in at the front office and sign the visitors' log with staff. You will need to sign/check in upon returning the resident to the RRC.

Resident Signature/Date

Staff Signature/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**
- **A copy of the current insurance card on the vehicle**
- **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.

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

Resident Signature/Date

Staff Signature/Date

Smoking Policy/Approved Location

THE DESIGNATED SMOKING AREA FOR RESIDENTS IS ON THE BACKSIDE OF BUILDING 3, WHERE THE PICNIC TABLES ARE LOCATED.

RESIDENTS ARE NOT ALLOWED TO SMOKE IN FRONT OF THE BUILDING. 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. PLEASE DO NOT SMOKE UNTIL YOU GET TO THE DESIGNATED SMOKING AREA AND EXTINGUISH YOUR CIGARETTES BEFORE COMING BACK INSIDE THE BUILDING. 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 DESIGNATED AREA WILL BE ALLOWED DURING THE POSTED SCHEDULE ONLY.

AS ALWAYS, THE FACILITY IS NON-SMOKING. ANYONE WHO SMOKES IN THE FACILITY IS SUBJECT TO DISCIPLINARY SANCTIONS. SMOKING ACCESSORIES THAT ARE STRICTLY PROHIBITED INCLUDE ELECTRONIC CIGARETTES, ELECTRIC CIGARETTE ROLLERS, CIGARETTE ROLLING MACHINES, CIGARETTE TUBES, CIGARETTE ROLLING SUPPLIES (PAPERS, FILTERS, & OTHER PARAPHERNALIA), CHEWING TOBACCO, PIPE TOBACCO, ROLLING TOBACCO, CIGARS & CIGAR ACCESSORIES, (NO BLACK AND MILDs).

Resident Signature/Date

Staff Signature/Date

CELL PHONE POLICY

Mirror Inc, a Residential Reentry Center is under contract with the Federal Bureau of Prisons (BOP). The BOP requires a cell phone policy which is outlined below. While I am a resident of the RRC, the use of cell phones will require prior approval of the Case Manager, Chief of Security, and the Director of Federal Programs. This policy applies to those on Home Detention, Public Law or USPO placements will abide by this policy. I understand the ability to use and retain a cell phone is a privilege and responsibility afforded to residents of Mirror Inc.

I understand I will need to make a written request to seek approval to use a cell phone by completing the Cell Phone Authorization form. I will submit the form to my Case Manager during my weekly scheduled progress review meeting. The form will be reviewed by the Chief of Security and the Director of Federal Programs. This form must be accompanied by a current cell phone contract and/or invoice, and the cell phone must be inspected/searched by the Case Manager/Chief of Security prior to approval. Mirror staff will ensure all cell phone approvals are consistent with restrictions imposed by the US District Court, typically found listed on the Judgment and Commitment order and supervised by USPO staff. A cell phone is defined as any communication device which enables the user to communicate with another party through the internet or phone company. Mirror Inc retains the right to approve the characteristics and capacity of cell phones used by residents.

I understand I am authorized to only use the cell phone identified on the Cell Phone Authorization form. All cell phones will be tagged by Mirror staff to facilitate staff inspections of cell phones. I understand if I am caught with an unauthorized cell phone, I may lose the privilege of having any cell phone and the phone will NOT be returned until my release from the RRC. If a resident fails to follow rules and expectations regarding the use of cell phones and the phone is confiscated, the RRC has a phone available for residents to use to communicate with family, employers, health care providers, educational settings, or others impacting the reentry process. Cameras on cellphones must be covered. Staff will install a sticker which covers cameras. The sticker must remain in place during the entire time a resident lives on premises. Removing or altering the sticker will result in the cell phone being confiscated with progressive discipline to follow consistent with BOP policy. Recording (audio or video) staff and/or residents is not allowed and will result in an immediate loss of cell phone privileges.

I understand I am required to provide my Case Manager with a current cell phone bill each month which clearly reflects all services available on the phone. I understand the cell phone will be searched/inspected on a regular and routine basis. Failure to **immediately** provide the cell phone to a staff member will result in the cell phone being confiscated with progressive discipline to follow consistent with BOP policy.

I understand I must provide Mirror with all pass codes/passwords required to operate the cell phone or gain access to applications on the cell phone. Failure to provide immediate access to content on the cell phone will result in the cell phone being confiscated with progressive discipline to follow consistent with BOP policy.

I understand Mirror may install applications/programs on the cell phone to facilitate resident accountability. I understand I must seek the approval of Mirror staff prior to downloading or installing any program or application on the cell phone. I understand I **MAY NOT** access websites, programs, applications or content which are pornographic or contain nudity, violence, dating sites, public bulletin boards (e.g., Craigslist), or video chat programs (i.e. Skype or Facetime) unless authorized by Mirror staff.

I understand staff can take possession of any cell phone to inspect and search at any time. I will be informed if the phone has been confiscated and/or will be retained by the Federal Program Manager to permit a review of content. I will unplug my phone charger from wall outlets unless I am charging my cell phone. Unattended cell phone chargers will be removed from outlets and considered “nuisance contraband” and not returned.

I understand I must seek the approval of Mirror staff to add, disable, delete, remove an application or program installed or approved by Mirror staff. My failure to follow this requirement will be addressed by the Disciplinary policy/practices of the BOP and Mirror. Sanctions can include the loss of cell phone privileges. I understand residents who reside in the reentry center (RRC) may be required to install a sticker/label over the cellphone camera. Tampering or removing the sticker/label is considered an infraction and subject to disciplinary action. Mirror staff will inform the resident when the sticker/label can be removed. Mirror is not liable for any damage created by the application or removal of the sticker/label.

I understand I **MAY NOT** use the cell phone to communicate in any manner with other residents at Mirror, past residents of Mirror, inmates in BOP custody, and those under USPO supervision. If I communicate with unauthorized persons/parties I understand my cell phone will be confiscated with progressive discipline to follow consistent with BOP policy.

Residents are allowed to keep cell phones on their person while inside the RRC. While in the facility, the resident must keep the ringer on silent mode at all times. Cell phones conversations are prohibited after lights out (11:00 P.M weekdays & 1:00 A.M weekends); however, texting is allowed provided it does not disturb other residents. Headphones are required to listen to music/audio content stored on the phone or streamed into the phone. Bluetooth and other methods to link the phone with other devices must be operated consistent with the Electronics Use policy.

Mirror, Inc. is not responsible for lost, stolen, or broken cell phones and/or cell phone chargers whether in possession of the resident or the agency. Failure to follow these provisions will result in the cell phone being confiscated with progressive discipline to follow consistent with BOP policy.

Resident Signature / Reg. No.

Date

Staff Signature

Date

ELECTRONIC EQUIPMENT

Televisions:

Mirror provides cable on two (2) different televisions. One in each building's Day Room. No personal televisions are allowed.

DVD players: Personal DVD Players (can't access internet or take pictures/video) are allowed and MUST be used with headphones.

DVD's:

DVD's which are 'R' Rated, Unrated, or Explicit are not allowed. Pirated DVD's are strictly prohibited. All DVD's must be pre-approved by Mirror Staff and cannot exceed 10 per resident and must be placed on the property list. You are allowed to exchange DVD's for new movies; however, these will need to be listed on your property inventory with the exchanged DVD's listed as removed from facility.

Music:

Radios, MP3 Players, iPods, etc are allowed and MUST be used with headphones. Radios with external speakers are not allowed. Music only electronics CANNOT have touch screens, internet access, or camera/video.

Alarm Clocks:

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

Lap Top Computers:

Lap top computers are NOT allowed.

Game Players:

Hand-held game players are allowed. These must be battery operated and kept on silent. The hand-held games CANNOT have touch screens, internet access, camera/video, or downloaded movies.

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

Resident Signature/Date

Staff Signature/Date

USE OF ELECTRONIC COMMUNICATONS EQUIPMENT

I understand that while I am a resident of this or any federal residential re-entry center the use of 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 telecommunication 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 devise 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.

Resident Signature/Date

Staff Signature/Date

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. Empty the garbage can – Put in new liner in trash can.
11. Wipe down the outside of the refrigerator.
12. 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. Put new liner in trash can.
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 tables.
9. Sweep and mop the dining room floor.

BATHROOMS: MAIN FLOOR (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.

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.

Resident Signature/Date

Staff Signature/Date

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.**

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/Date

Staff Signature/Date

Mirror, Inc. QUALITY CARE POLICY (GRIEVANCE PROCEDURE)
Federal Residential Re-entry Center

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. Attn: Director
2201 SE 25th St Topeka, KS 66605

Mirror Inc.
President/CEO – Heath Bechler
130 E 5th, Newton, KS 67114

Since Mirror Inc. is a multiple site residential treatment provider; you may wish to express your written grievance to the site Director for the program you are residing in. 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 must request the appropriate F.B.O.P. grievance forms and procedures from:

United States Department of Justice
Federal Bureau of Prisons
Community Corrections Office
400 State Avenue
Kansas City, KS 66101

Resident Signature/Date

Staff Signature/Date



GPS Responsibilities

Please read the following GPS requirements closely:

*Residents are to charge their GPS units for one hour each and every day within a 24-hour period. This can be broken up into two different charge sessions, but it must be for a minimum of 30 minutes. If you are charging your GPS for less than 30 minutes it is not getting a charge at all. The charge must be for 30 CONSECUTIVE minutes.

*If your GPS is in the red, you will not be allowed to sign out. If your GPS dies while you are out, you will be required to return immediately to the facility, and an incident report may be written.

*The GPS unit should not be charged while sleeping. This is damaging to the cords and an ineffective way to charge the unit.

*If there is an issue with your GPS unit, please get with staff as soon as possible. In the instance where the unit is not charging correctly, staff will have you plug into an outlet in the dayroom and then get online to see if your GPS is registering online. Most people who report charging issues are only charging their GPS unit for a few minutes and it is spaced out over a period of a few days.

*Keeping your GPS charged is the responsibility of the resident. Failure to charge your GPS will result in an NOV and then an IR if it should happen again.

Resident Signature/Date

Staff Signature/Date

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 RRC Program.

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

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.

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 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.**

Resident Signature/Date

Staff Signature/Date

**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).

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 PRIVACY PRACTICES

Effective Date: September 23, 2013

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, Inc. (“Mirror,” “us,” or “we”) understands that information we collect about you and your health is personal. This Notice of Privacy Practices (“Notice”) describes the practices we will follow with regard to your “protected health information” (“PHI”).

PHI is a special term, defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its regulations (the “Privacy Rule”). PHI means individually identifiable health information (including demographic information) that is created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. We provide health care to our patients and clients in partnership with physicians and other professionals and organizations. The privacy practices described in this Notice will be followed by members of Mirror’s staff, their physician colleagues and other health care practitioners who provide medical and medical-related services to you, and who cooperate in sharing PHI about you as necessary to carry out treatment, payment, and health care operations at Mirror.

Keeping your health information private is one of our most important responsibilities. We are committed to protecting your PHI and following all laws regarding the use of your PHI. 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 Contact Office listed at the end of this Notice.

A. Our Rights and Obligations

1. We are required by law to maintain the privacy of your PHI.
2. We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning PHI.
3. We are required to follow the privacy practices described in this Notice. These privacy practices will remain in effect until we replace or modify them.
4. We are required to notify you following a breach of unsecured PHI.
5. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that the change is permitted by law. We reserve the right to have such a change affect all PHI we maintain, including PHI we received or created before the change. We will post a copy of the current notice in waiting areas, exam rooms, and on our website at www.mirrorinc.org. You may receive a copy of the current Notice at any time. The Notice will contain the effective date on the first page. If you are a new patient, you will be provided a copy of the current Notice the first time you register at Mirror for services. You will be asked to acknowledge in writing that you received this Notice.

B. How Mirror May Use or Disclose Your Health Information

The following categories describe the ways Mirror may use and disclose your PHI, 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 your PHI will fall within one of the categories.

1. Uses and Disclosures for Treatment, Payment and Health Care Operations

- a. Treatment: We may use or disclose your PHI to provide the necessary treatment to you. For example, if you are a client of one of the Mirror treatment programs, we may use your PHI to provide you with treatment or services. We may disclose your PHI to qualified mental health professionals; qualified medical professionals; qualified counselors or other social services professionals. Your treatment team members will internally discuss your PHI in order to develop and carry out a plan for your services. Mirror may share your PHI in order to coordinate the different things you need, such as prescriptions, medical tests, special dietary needs, personal assistance, etc. **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. Under the Federal Confidentiality Regulations, 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 Notice.**
- b. Payment Functions: We may use or disclose your PHI for all activities that are included within the definition of “payment” set out in the Privacy Rule and we may use or disclose your PHI to obtain payment for the services we provide. For example, we may use or disclose your PHI 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. In addition, payment functions may include reviewing the medical necessity for health care services, reviewing a plan of care for payment to one of Mirror’s community-based partners, such as a state mental hospital, a Community Mental Health Center, a Regional Alcohol and Drug Abuse Treatment or Assessment Center. We may also use or disclose your PHI 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. The definition of “payment” includes many more items, so please refer to the Privacy Rule for a complete list.
- c. Health Care Operations: We may use or disclose your PHI for all activities that are included within the definition of “health care operations” set out in the Privacy Rule. For example, we may use or disclose your PHI 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. The definition of “health care operations” includes many more items, so please refer to the Privacy Rule for a complete list.

2. Disclosures to Other Entities

- a. Business Associates: We may disclose your PHI to a “business associate,” such as our billing service, which performs administrative services on our behalf. Business associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided in the Privacy Rule, and only after agreeing in writing to appropriately safeguard your PHI.

- b. Other Covered Entities: We may disclose your PHI to other health care providers, health care clearinghouse or health plans, in connection with their treatment, payment, or health care operations.

3. **Uses and Disclosures for Which Your Permission May Be Sought**

For purposes of this subsection only, the following conditions apply. If you are present and able to give your verbal permission, we will only use or disclose your PHI with your permission. This verbal permission will only cover a single encounter, and is not a substitute for a written authorization. If you are not present or are unable to give your permission, we will use or disclose your PHI only if we determine (based on our professional judgment) that the use or disclosure is in your best interest.

- a. To Others Involved in Your Care: We may use or disclose your PHI to a relative or other individual who you have identified as being involved in your health care. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual's involvement in your health care.
- b. For Limited Notification Purposes: We may use or disclose your PHI to help notify a relative or other individual who is responsible for your health care, of your location, general condition or death.
- c. To Assist in Disaster Relief: We may disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to relatives or other individuals involved in your health care.

4. **Other Permitted Uses and Disclosures**

- a. Required by Law: We may use and disclose your PHI as required by federal, state or local law. As mentioned in Section B.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.
- b. Public Health: As required by law, we may use and disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- c. Disclosures about Victims of Abuse, Neglect or Domestic Violence: We may disclose your PHI, consistent with applicable federal and state laws, if we reasonably believe that you have been a victim of abuse, neglect, or domestic violence. Such disclosure will be made to a government authority, such as a social service or protective services agency which is authorized by law to receive reports of such abuse, neglect or domestic violence.
- d. Health Oversight Activities: We may disclose your PHI to health oversight 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.

- e. Judicial and Administrative Proceedings: We may disclose your PHI in the course of any administrative or judicial proceeding.
- f. Law Enforcement: We may disclose your PHI to a law enforcement official for limited purposes such as identifying or locating a suspect, fugitive, material witness or missing person, or complying with a court order or subpoena or other law enforcement purposes.
- g. Coroners, Medical Examiners and Funeral Directors: We may disclose your PHI to coroners, medical examiners and funeral directors as necessary for them to carry out their duties, such as identifying a deceased person or determining the cause of death.
- h. Organ and Tissue Donation: We may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues, as necessary to facilitate organ or tissue donation and transplantation.
- i. To the Secretary: We will disclose your PHI to the Secretary of the Department of Health and Human Services, when required to do, to enable the Secretary to investigate or determine our compliance with HIPAA and the Privacy Rule.
- j. Public Safety: We may disclose your PHI 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 made to someone able to prevent the threat.
- k. Proof of Immunization: We will disclose proof of immunization to a school that is required to have it before admitting a student if you have agreed to the disclosure on behalf of yourself or a dependent.
- l. Specialized Government Functions: We may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations.
- m. Worker's Compensation: We may disclose your PHI as necessary to comply with Worker's Compensation or similar laws.
- n. Appointment Reminders: We may use and disclose your PHI to contact you with appointment reminders for treatment or services provided by Mirror.
- o. Research Activities: We may disclose your PHI for research purposes when an institutional review board or a privacy board has (i) reviewed the research proposal and established protocols to ensure the privacy of the information, and (ii) approved the research.
- p. Additional Services: We may use or disclose your PHI to send you information about alternative medical treatments and programs, or about health-related products and services that may be of interest to you, provided Mirror does not receive financial remuneration for making such communications. We may similarly describe products and services provided by Mirror and tell

which plans Mirror participates in. When we see you, we may also use your PHI to encourage you to maintain a healthy lifestyle and get recommended tests, recommend that you participate in a disease management program, provide you with promotional gifts of nominal value, and tell you about government sponsored health programs. Finally, we may receive compensation that covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed to you.

- q. Fundraising: We may use or disclose your PHI to contact you for fundraising purposes. However, you have the right to opt-out of receiving such fundraising communications. If you opt-out, we will not contact you for fundraising purposes.
- r. Inmates, Parolees and Individuals on Probation: If you are an inmate of a federal or state correctional institution or are under the custody or supervision of a law enforcement official, then we may release your PHI necessary (i) for the institution or law enforcement official to provide you with or make referral for proper health care; (ii) to protect your health and safety or to protect the health and safety of others; or (iii) to protect the safety and security of the correctional institution or Mirror programs.

C. When Mirror May Not Use or Disclose Your Health Information.

Except as described in this Notice, we will not use or disclose your PHI without your written authorization. In addition, we are required to obtain your authorization under the following circumstances:

- 1. Psychotherapy Notes: Most uses and disclosures of psychotherapy notes will require your authorization.
- 2. Marketing: Uses and disclosures of PHI which result in Mirror receiving financial payment from a third party whose product or services is being marketed will require your authorization.
- 3. Sale of PHI: Disclosures that constitute a sale of PHI will require your authorization.

If you do authorize us to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time by sending your written revocation to the Contact Office listed at the end of this Notice. If you revoke your authorization, we will no longer be able to use or disclose your PHI for the reasons covered by your written authorization. **Please understand that criminal justice referrals are unable to revoke authorization(s) to certain parties.**

D. 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 PHI. Mirror is not required to agree to the restrictions you request. Your request must be in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. Again, we are not required to agree to your request. However, if you tell us not to disclose your PHI to your health plan concerning health care items and/or services for which you have paid for in full out-of-pocket, we will abide by your request.
- 2. Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters and receive your PHI through a reasonable alternative means or at an alternative location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. Your request must be in writing. In your request, you must tell us how or where you wish to be contacted. Request forms are available from and must be submitted to the

Contact Office listed at the end of this Notice. We will make reasonable efforts to accommodate your request.

3. Right to Inspect and Copy: You have the right to inspect and copy your PHI that may be used to make decisions about your treatment or benefits, with the exception of psychotherapy 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 Contact Office listed at the end of this Notice. 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). We may deny your request to inspect and copy in certain very limited circumstances; if we deny you access to your PHI, you may request that the denial be reviewed.
4. Right to Request Amendment: You have the right to request that Mirror amend your PHI that you believe is incorrect or incomplete. Your request must be in writing and must include a reason or explanation that supports your request. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. If we approve your request, we will include the amendment in any future disclosures of the relevant PHI. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: is not part of the PHI maintained by Mirror; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. All denials will be made in writing.
5. Right to an Accounting of Disclosures: You have the right to receive a list of “accounting of disclosures” of your PHI made by us, except that we do not have to account for disclosures made for treatment, payment or health care operations (unless the disclosure was made through an electronic health record), disclosures authorized by you or disclosures made to you. If the PHI disclosed is an “electronic health record,” the accounting will include disclosures up to three years before the date of your request. If the PHI disclosed is not an “electronic health record,” the accounting will include disclosures up to six years before the date of your request. Your request must be in writing. Your request must include the time frame that you would like us to cover. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. 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 at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this Notice, send your written request to the Contact Office listed at the end of this Notice. You may also obtain a printable copy of this Notice at our website (www.mirrorinc.org).

E. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services, Region 7, Office of Civil Rights, Bolling Federal Building, 601 East 12th Street, Kansas City, MO 64106. To file a complaint with us, send a written complaint to the Contact Office listed at the end of this Notice.

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.

F. Contact Office

Mirror, Inc.
Attn: Compliance Officer
130 E 5th
Newton, KS 67114

Acknowledgment of Receipt of Notice of Privacy Practices.

Version Effective September 23, 2013

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for Mirror, Inc. ("Mirror"). I further acknowledge that a copy of the current notice will be posted at Mirror's facilities. I am aware that I may obtain an amended Notice of Privacy Practices on Mirror's website at www.mirrorinc.org, by writing to the Privacy Officer, or by requesting one at Mirror.

☐ I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

_____.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- ☐ Parent or guardian of minor patient
- ☐ Guardian or conservator of an incompetent patient

Name and Address of Patient:

MIRROR, INC.

ARRIVAL / INTAKE CHECKLIST

Resident's Name:

Reg. No:

Legal Status:

Component:

Arrival Date: ____ - ____ - ____

Arrival Time: ____:____ A.M / P.M

PROGRAM TECHNICIANS RESPONSIBILITIES

- ☐ Sign in, BA, & Pat Search
- ☐ Update R3M and SecurManage
- ☐ Email arrival sheet to List-RRC and probation
031- joel_cromwell@
- ☐ Brief explanation of intake process; complete resident intake checklist
- ☐ Collect UA; add client to UA spreadsheet
- ☐ Take photo and upload photo to R3M and SM
- ☐ Thumbprint and transfer orders for institutional transfers—**Upload to SM and R3M**
- ☐ Collect all medication; count medications; enter medications into SecurManage
- ☐ Inventory Property
- ☐ Inform client of hours of operation (lights out, visitation, chow hall)
- ☐ Brief Overview (Issue linens, swipe card, make bed daily, daily chores)
- ☐ Escort client to assigned bed
- ☐ Give tour of facility (both buildings, chow hall, laundry rooms, etc.)
- ☐ Update headcount sheet and boards
- ☐ SecureManage: admit client, **Status:** Active, **Counselor:** CM, **Program:** Topeka FBOP = IT, Topeka US Probation = Public law, Topeka HC = Home confinement, **Building:** Topeka In-House , Topeka Home Confinement, **Bed**, which room they're in unless they are HC then it would be no bed,
Comments: Arrival date and time
- ☐ SecurManage: enter UA, pat search, property search (under personal space search)
- ☐ Email arrival of client and what still needs to be completed in the intake process
- ☐ PREA Screening completed upon arrival and placed in Sarah's box
- ☐ Copy of Consent for Release of Personal Belongings from Intake Binder placed in client sign in and out folder & **uploaded into SM under intake-resident files** (Section 9.6 of Intake Binder)
- ☐ Complete Intake Binder within **24 hours** of arrival
- ☐ Complete checklist in Teams

☐ Intake complete : Staff Signature & Date _____

Deep Clean Mondays

**Here is what you need to do to have your assigned area pass
deep clean inspection:**

- Dresser cleared and wiped down
 - Trash emptied
 - Lockers and vents dusted
- All cords unplugged when not in use (daily)
 - Linens cleaned and beds made (daily)
 - Closets and drawers organized
- Beds, dressers, and lockers pulled away from walls for you to sweep and mop underneath/behind.

Once your assigned area is inspection-ready, please see your CT to have your room inspected and name checked off the list.

Thank you!



M I R R O R

 785.783.3274

 785.215.6087

www.MirrorInc.org

One Time Drop Off

A **one-time drop off** will be approved by your case manager on a case-by-case basis. This will be a scheduled appointment with only staff going outside to obtain the property. Family and friends will not be permitted on Mirror Property without approval and advanced notice. Once staff retrieves the items, they will be subject to a search. Please sign below stating you understand you will not be allowed any delivery of outside items with out prior approval.

Print

Date

Signature

Date

***This does not include any food delivery. See Case Manager for more info.**

Resident acknowledgement - Hazardous Communication

I acknowledge Mirror staff have presented me with information which addresses the following topics. Staff have explained these topics and I understand I can approach any staff member if I have a question or concern regarding hazardous materials located within the RRC.

- I understand the proper use of hazardous materials and potential health hazards. I understand this information can be found on the SDS which is maintained in the closet where chemicals are stored, in the Tech office, or with the Program Director.
- I understand the methods I may use to detect the presence or release of hazardous materials in the facility. I understand I may experience hazardous materials through smell, contact with my skin/body, by sight, taste, or even hearing. I know I should inform staff if I see, hear, taste, smell any hazardous or unknown material. I understand the facility will use the fire/smoke alarm to evacuate the building if a hazardous material incident occurs.
- I understand the potential health hazards of chemical spills in the work area. I know the Tech office has supplies to respond to hazardous material spills. I have been informed I should not attempt to apply water or other substances to a hazardous or unknown chemical until the SDS or EMS advises me to do so.
- I understand the measures I can take to protect myself from these hazards, including procedures such as universal precautions and personal protective equipment. I know I can obtain PPE from the Tech Office when I am using hazardous materials.
- I know the details of the Mirror hazard plan which includes an explanation of the labeling system and how to read the SDS, and how I can obtain and use the appropriate information regarding hazardous materials.

Resident
Signature

Date

Staff Witness

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	
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	7	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	

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



M I R R O R

RESIDENT ORIENTATION CHECKLIST

Staff will ensure each topic is presented to the new resident. The new resident will acknowledge the topic has been addressed by staff.

Resident Initial and Date:

- | | | |
|-------|-------|--------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | What to expect your first week (7-day orientation phase) See Sarah for hygiene bags. |
| _____ | _____ | Emergency Plan Review and Life Safety |
| _____ | _____ | Using Chemicals at the RRC- SDS, PPE (gloves, mask, goggles), chemical dispenser. |
| _____ | _____ | Hazardous Materials |
| _____ | _____ | Medical Assessment Form (see Sarah or CM with any medical requests) |
| _____ | _____ | Emergency Contact Information Form and Release of Property Form |
| _____ | _____ | Schedule of Operations – meals, lights out, smoke breaks, chores. |
| _____ | _____ | Facility's program opportunities, tour, and waiting to be “buzzed” in/out. |
| _____ | _____ | Sanitations Standards—chores, Deep Clean Mondays, rooms, food only in dayroom |
| _____ | _____ | Facility's disciplinary system |
| _____ | _____ | Universal precautions; HIV and Hepatitis B and C prevention; risk regarding sexual behavior and drug use. |
| _____ | _____ | Sexual abuse/assault intervention (PREA Education/Training) |
| _____ | _____ | Pandemic Safeguards—Masks worn to meals, sanitation, screening, handwashing. |
| _____ | _____ | Suicide prevention |
| _____ | _____ | Medication requirements, to include over the counter and prescribed medication and expectations of medication compliance |
| _____ | _____ | Requirements for urine surveillance and testing |
| _____ | _____ | Decision making and consequences of decisions. |
| _____ | _____ | Personal accountability |
| _____ | _____ | Grievance system (boxes located by resident phone in each building) |
| _____ | _____ | Resource person(s) in the facility and where their offices are located. |
| _____ | _____ | Consequences of escapes— damaging property, taking a GPS unit, new charges. |
| _____ | _____ | Sign-in/sign-out procedures (must have date, full address, phone #, transp.& type) |
| _____ | _____ | Inventory and Property Matrix—limitations on what you can have. |
| _____ | _____ | Component assignments; Components and what they mean (CC, PR, HC); pass and furlough procedures; review itinerary |
| _____ | _____ | Appropriate behavior in the community and they RRC; Personal management of challenges during RRC residency |

I acknowledge I have reviewed each topic with staff member

Resident Signature: _____ Date: _____

I acknowledge I have reviewed each topic with the resident

Staff Signature: _____ Date: _____



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 read the SDS sheets located in the storage room with the chemicals. I am aware it is my responsibility to follow all safety guidelines when handling cleaning supplies or other hazardous materials.

Resident Signature/Date

Staff Signature/Date

Weekly Schedule of Operations- RRC

Sunday-Thursday

- Last Smoke Break- 9:45 PM- 10 PM
- Lights out 11:00 PM until 5:00 am

Friday & Saturday

- Last Smoke Break- 12:45AM-1:00 AM
- Lights out- 1:00 AM until 5:00 am

Visitation—N/A due to COVID

- Friday & Saturday- 6:30PM-8:30PM
- Sunday- 2PM-4PM

Drop Offs & Food Delivery—see Case Manager for details

- Friday & Saturday- 6:30PM-8:30PM
- Sunday- 2PM-4PM

Chow Times

- Monday-Friday

Breakfast- Bldg 3: 7:00AM-7:20AM, Bldg 4: 7:20-7:40am

Lunch- Bldg 3: 12:15PM-12:35PM, Bldg 4: 12:35PM-12:55pm

Dinner- Bldg 3: 5:00PM-5:20PM, Bldg 4: 5:20PM-5:40PM

- Saturday & Sunday

Brunch- Bldg 3: 10:30AM-10:50AM, Bldg 4: 10:50AM-11:10AM

Resident Personal Property: Management of Prescribed Medications

This procedure is a supplement to the Mirror Inc. policies concerning the management of resident medications. Mirror does not employ staff approved by the State of Kansas to dispense or administer medications. Residents must be able to self-medicate or obtain the assistance of a qualified health care provider in the community. All staff are expected to be familiar with this entire procedure and the Mirror management of resident medications policy. This procedure has been written to cover as many contingencies as possible, but some exceptions may be made for individual residents. When this occurs, any exceptions will be posted on the staff report and cover only the resident identified in that report.

PRN (As Needed Medication)

PRN medication should be monitored closely. PRN means the medication may be taken by the individual on an “**as needed**” basis and in most cases limitations are placed on frequency and total dosage. Prior to the resident taking the medication, be sure and check the last time the resident took the medication and total doses. In addition, be alert to patterns. Staff shall report any concerns about the amount and frequency sought by residents to the Program Director or designee.

Medication Cabinet Key

There will only be one medication cabinet key available to staff at one time. This key is to be kept in the key cabinet in the front office at all times unless it is being used by staff to make prescribed medications available to residents. Before the staff of the current shift leaves the work site, a medication count shall be completed on Narcotics/Controlled Substances once each shift change. All narcotic or controlled medications will be kept in a lock box in the medication cabinet.

Medication Counts of Narcotics

Certain medications prescribed to our residents have the potential for abuse. When these prescribed medications enter the facility, a mandatory count is to be taken during each shift.

These counts must be done with both staff present. The staff signature represents the count is accurate and staff declare the resident taking the medication is being properly supervised and the medication room is secure when staff access the medical cabinet.

Staff are not authorized to leave the facility until these medications are counted and documented as outlined in policy. This is a high priority task for all staff on each shift. Failure to follow these guidelines may result in disciplinary actions, including termination.

If a discrepancy is noted by staff, this must be immediately reported to the Facility Director or designee. Staff from the previous shift must be contacted to verify the steps taken. Mirror initially assigns responsibility for these medications to staff on duty during the last verified count. Staff should avoid contact with all controlled medications, and they should exercise extra caution and oversight of residents when the resident obtains their medications. It is very important to recognize the potential for a resident to take excessive amounts.

When a narcotic or controlled medication count amendment is to be made in the record, it must be clearly detailed in the notes section the steps taken by staff. The medication amendment must then be signed by both staff present for the count where the medication count was off for the controlled substance. If the count is off and an amendment has been made to a controlled substance, this must be immediately reported to the Facility Director to document the steps taken by staff. In addition, when a medication amendment is made in TIER, clinical staff are notified of this medication amendment via an automated email from TIER. After the Facility Director has been notified of an amendment to a narcotic medication, they will then notify VP of Community Integration of the discrepancy and provide further explanation related to the details of the amendment

Admission Medication

On arrival to the RRC, any medications in the possession of the new resident must be turned into staff. This should be explained clearly to the resident at time of admission, and they should be asked specifically if they have any medications on their person or in their belongings. Prescription medication from a clinic or doctor requires a bottle or card with the name of the medication, dosage, frequency to be administered, and physician's name on it. If a resident is given samples, some type of documentation providing the previously mentioned information from the physician showing the resident may take the medication is required. A copy of all documentation should be placed in the resident file and in the medication book.

All medications must have a medication sheet with all required information completed to include, the name of the medication, dosage, frequency it is taken, and the initial count. Staff should be alert to any special instructions concerning this medication which should be entered on the sheet. Place the medication in a resident container labeled with the resident's name. A designated staff person will review and audit (as needed) all resident medications to ensure proper documentation and consistency with agency medication policy and procedures.

Medication Obtained After Admission

Any new medications a resident receives after admission must also be turned in to staff. It is very important a resident be informed documentation must be obtained to show they have been prescribed a new medication before they will be allowed to take the medication. New medications will be handled in the same manner admission medication is handled.

No resident will be allowed to take narcotic analgesic medication (pain killers) unless approved by a qualified medical provider. During non-business hours any questions concerning this matter may be directed to the Director. Staff should be alert and question a resident who returns from a Doctor or dentist appointment to determine if the resident has been prescribed medication and obtain a copy of documentation from the doctor. This is especially important when a resident returns from the emergency room since this a likely place for residents to obtain pain medication or other medications with a potential for abuse.

Providing Residents Access to Prescribed Medications

When providing residents access to prescribed medications. Staff should take the medication container and give one bottle or card to the resident. The resident should be closely observed as the resident removes their medication from the container or bottle. When the resident has taken the medication, fill out the tablet information, initial, and then have the resident initial. Return

the container to the medication card and make sure the cart is locked. Residents with multiple medications must obtain their medications one at a time; each medication must be recorded prior to receiving access to the next medication.

When controlled access to prescribed medication is needed, staff will first review the time and date the medication was last taken from the controlled substance distribution log and on the tablet to verify times. If the frequency of time is outside the prescribed instructions, the medications should not be provided to the resident:

Example: narcotic was last taken 4/4/xx at 9 am. Resident is trying to take his second dosage 4/4/xx at 1 pm; the prescription instructions on the bottle states “three times a day every six hours”. This is outside the prescribed instructions and should NOT be made available to the resident. The resident should be told proper time they can take their medication.

When a resident has consumed the medication, staff should request the resident open their mouth and lift their tongue to ensure the resident is not attempting to retain their medication. Fill out the tablet information, enter staff initials, and then have the resident initial. Return the container to the medication card and make sure the cart is locked.

Residents who need to take medication while at work or on pass will obtain the necessary medication when they leave the facility. This must be recorded in the medication log following the same procedure noted above except the time will be recorded as the time the resident received the medication to leave the facility. If the resident returns with any medication, this must be noted on the medication log.

Discharged Residents

When a resident is discharged from the RRC, staff handling the discharge will return all remaining medications to the resident and note the balance returned on the Return of Medication sheet. Once this has been completed put all medication sheets in the resident’s Case Manager’s box to be filed.

Medication Errors

Any staff member who identifies a medication error, to include dispensing the wrong medication, miscount, inaccurate documentation, must immediately report it to the Director. The error should be clearly documented by staff to address the steps/actions taken by staff in SecurManage. .

Adverse Reactions

Any adverse reactions to medication are to be noted in the case note. In addition, an email should be sent to the Director informing them of the error and notation. If an adverse reaction occurs as a result of staff error, a serious incident report should be completed and forwarded to the Director. The Mirror serious incident report system will also notify other management staff (to include the President/CEO) when this report is filed via the Mirror Intranet.

Disposal

Resident medications which are abandoned by residents (e.g., escape or absconding) must be disposed of using the disposed medication log; two staff members must accomplish this task. As

noted in the Mirror “Medication Administration” policy statement: The Kansas Department of Health and Environment recommends instead of flushing, to use this hierarchy of disposal options when disposing of prescription and over-the-counter pharmaceuticals at facilities like nursing homes, hospice care, and even homes.

1. Return excess medication to a reverse distributor.
2. Dispose of excess medication through a collection program like local household hazardous waste programs that can accept pharmaceuticals from nursing facilities.
These programs can not take controlled substances.
3. Incinerate through a contractor that is licensed to accept pharmaceuticals.
4. Dispose in a permitted hazardous waste landfill.
5. Dispose in a permitted landfill, preparing the excess medication using these steps:
 - a. Crush or dissolve pills in water, coffee, or another liquid. Make a paste of the dissolved pills or liquid medications by adding it to kitty litter or coffee grounds.
 - b. Put the paste in a closed container and dispose of it in the trash.

For additional information on this topic please see the Mirror “Medication Administration” policy statement in Chapter 6.9 of the Mirror Operations manual.

PREA Screening - Resident					
Resident Name:				Date completed:	
Staff member:				Date completed:	
Admission date:					
Screening type (circle)	New admission INTAKE	CM/PREA compliance manager review	30 day review	Special review	Identified victim

	YES	NO	REFUSED	
Has a teacher ever called you "slow"?				1.
Has anyone ever said you had mental problems?				2.
Were you ever placed in special classes because you were slow?				3.
Are you younger than 23 or over the age of 61?				4.
Do people call you short?				5.
Do people call you skinny or thin?				6.
Is the first time you have been in jail or prison?				7.
Have you been in a fist fight or beat someone up?				8.
Have you ever been convicted of a sex crime – rape or child porn or sexual assault?				9.
What gender so you call yourself: gay, lesbian, bisexual, transgender, intersex, trans, queer, non-conforming				10.
Have you ever been a victim of a sexual assault, rape, or molested?				11.
Do you believe you are at risk to be sexually abused or assaulted in the RRC or the community?				12.
Have you ever been accused of raping or sexually assaulting another person?				13.
Have you ever been convicted of a crime of violence, assault, murder, domestic violence, rape, armed robbery?				14.
Did you get into any fights/assaults in the BOP?				15.

Resident signature	Date
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Is English this persons' preferred language?	YES	NO
Does this person have mental or intellectual challenges which impact their understanding of questions?	YES	NO

RISK for VICTIMIZATION

Did the resident answer YES to Q11 or Q12	YES	NO
Did the resident answer YES to Q1-Q10 (2 or more)	YES	NO

- If YES to either question, contact the PCM, Program Director, on-call to ensure housing, work, and programming assignments are considered.

RISK for PREDATION

Did the resident answer YES to Q9	YES	NO
Did the resident answer YES to Q13	YES	NO
Did the resident answer YES to Q14	YES	NO
Did the resident answer YES to Q15	YES	NO

- If YES to any question, contact the PCM, Program Director, on-call to ensure housing, work, and programming assignments are considered

Staff over-ride: staff are aware of information which contradicts the self-report of the resident which may affect the risk of sexual victimization or predation (list the source of any information):

Is there any information in the referral packet which suggests the resident may be at risk for sexual victimization?	YES	NO
Is there any information in the referral packet which suggests the resident may be at risk for sexual predation?	YES	NO

Staff assessment of risk: (circle)	Risk of being victimized	Risk of predation	Mix or characteristics of both
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Intake Staff signature	Date
CM/PCM Staff signature	Date
30 day review	Date