STATEMENT OF WORK

(SOW)

RESIDENTIAL REENTRY CENTER

OCTOBER 2016

(Corrected)

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Program Statements may be found on the Bureau of Prisons website, www.bop.gov. It is the BOP's expectation that the contractor maintains and implements subsequent policy updates as they occur. This will require the contractor to routinely review program statements to ensure they are utilizing the most current version. Additional guidance or interpretation of policy statements is at the discretion of the Bureau.

CONTRACTOR REQUIRED TRAINING

(Referenced in the Statement of Work)

Training	Chapter Referenced
Staff will annually review the contractor's operation manual. This review will be documented.	1
Staff will be provided 20 hours of annual training on required topics.	2
Staff must receive 40 hours of training on duties and responsibilities prior to working with federal residents. Sixteen of these hours may be on the job training under direct staff supervision.	2
A minimum of one key staff will attend BOP training when offered.	2
Staff will acknowledge receipt and understanding of contractor's Employee Standards of Conduct, prior to working with federal residents.	2
The contractor will develop and implement a comprehensive staff training program addressing the facility's sexual abuse/assault/misconduct prevention/, and intervention program.	2
The contractor will provide a brief orientation program for all volunteers and provide specific written guidance in the format of a "Volunteer Manual."	2
Within the first 60 days of employment, all staff will receive training in cognitive-behavioral intervention techniques specific to the programs being offered within the RRC.	2
The contractor will train all staff in emergency procedures within one week of their initial employment. In addition, the contractor will include emergency training in annual refresher training.	4
The contractor will train all staff in the proper handling and use of all hazardous, toxic, caustic, and flammable materials within two weeks of initial	

employment, whenever a new hazard is introduced into the work area, and annually thereafter. 7

The contractor will train staff on proper techniques for resident pat searches, and room, vehicle, and common area searches within the first week of employment and annually thereafter. 12

The rules of conduct and sanctions for resident discipline infractions will be defined in writing and communicated to all staff. 13

Staff must be familiar with the Administrative Remedy Program Statement prior to working with federal residents. 14

EXPLANATION OF TERMS

AVERAGE MONTHLY POPULATION (AMP) - The days invoiced on the monthly bill for three consecutive months added together and divided by three.

BUREAU OF PRISONS (BOP) - A component of the Department of Justice responsible for federal offenders sentenced to a term of imprisonment.

BOP WEBSITE - www.bop.gov

CALIFORNIA TECHNICAL BULLETINS - The California Bureau of Home Furnishings and Thermal Insulation (BHFTI) enforces California statutes and regulations governing upholstered furniture, bedding, and thermal insulation industries.

The bulletins referenced in this SOW are published by the California BHFTI. The BHFTI bulletins are available by contacting the following address: 3485 Orange Grove Avenue; North Highlands, California, 95660; (916) 574-2041.

SUPERVISORY COMMUNITY TREATMENT COORDINATOR (SCTC) - The BOP employee who is responsible for placing offenders in Community Treatment Services, procuring treatment, monitoring treatment providers, certifying bills, ensuring quality control, and performing liaison activities among federal institutional programs, U.S. Probation, and contract community treatment providers.

CONTRABAND - Anything not authorized for retention by the facility rules and regulations or not issued by authorized staff.

CONTRACT AWARD DATE - The date the Contracting Officer signs the contract.

CONTRACT EMPLOYEE - Individuals hired by the contractor to perform services required by this SOW. The terms contract employee, employee, staff, and contract staff are used interchangeably throughout this document.

CONTRACT OVERSIGHT SPECIALIST (COS) - A BOP employee who, under the direction of the RRM, inspects and monitors contract compliance.

CONTRACTING OFFICER (CO) - A BOP employee with the authority to enter into, administer, negotiate, award, cancel, and/or terminate contracts, and make related determinations and findings on behalf of the United States Government.

CONTRACTING OFFICER'S REPRESENTATIVE (COR) - A BOP employee, designated in writing by a CO (ordinarily a RRM), to act as an authorized representative in monitoring and administering a contract. The COR acts as a technical liaison between the contractor and the CO on contracting matters (see Section G of the solicitation for an expanded outline of these authorities and responsibilities).

CONTRACTOR - The individual, partnership, corporation, or other legal entity who has been awarded a contract by the BOP. Contractor employees, staff, provider, and contractor are used interchangeably throughout this document. All staff from the Chief Executive Officer (CEO) level to line staff is included.

DISABILITY – A person with a disability has a permanent physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is perceived as having such impairment.

DISCIPLINE HEARING OFFICER (DHO) - A BOP employee responsible for conducting fact-finding hearings covering alleged acts of misconduct and violations of prohibited acts including those acts which could result in criminal charges.

EMERGENCY - Any significant disruption of normal facility procedures, policy, or activities such as adverse weather, bomb threat, disturbance, escape, fire, hostage situation, work or food strike, etc.

ELECTRONIC MONITORING EQUIPMENT - Equipment which monitors a federal offender's compliance with the RRC Electronic Monitoring Program's conditions.

FEDERAL LOCATION MONITORING PROGRAM (FLM) – A program wherein the United States Probation Office, through an agreement with the BOP, monitors offenders in the community.

HOME CONFINEMENT - A term used to cover all circumstances in which a federal offender is required to remain at home during non-working hours of the day.

INDIGENT – An individual who is (i) without income, or, (ii) whose income is below the Federal Poverty guidelines for the local area, as published by the Department of Health and Human Services, or, (iii) without sufficient resources to provide for basic needs (e.g., housing, food, clothing, and transportation). An individual's liabilities (e.g., restitutiton, fees, child support obligations) should be considered when determining indigence.

INMATE - See resident.

INVESTIGATING OFFICER - Refers to the disciplinary process. The term "Investigating Officer" refers to an employee of supervisory level who conducts the investigation concerning alleged charge(s) of offender misconduct. The Investigating Officer may not be the employee reporting the incident or one who was involved in the incident in question.

NFPA, NATIONAL FIRE PROTECTION ASSOCIATION - Headquartered in Quincy, Massachusetts, USA, is an international, nonprofit, membership organization founded in 1896 to protect people, their property and the environment from destructive fire. The mission of NFPA is to reduce the burden of fire on the quality of life by advocating scientifically based consensus codes and standards, research and education for fire and related safety issues.

The codes referenced in this SOW are available by contacting NFPA.

OSHA, OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION - Regulates occupational safety and health standards which require conditions, or the adoption or use of one or more practices, means, methods, operations, or processes, reasonably necessary or appropriate to provide safe or healthful employment and places of employment.

OFFENDER - See resident.

OFFEROR - The individual, partnership, corporation or other legal entity who submits a proposal in response to the BOP's needs outlined in a solicitation.

PROGRAM STATEMENT (P.S.) - A BOP written directive that establishes policy procedures in a given area (available on BOP website).

PRELIMINARY SITE INSPECTION - One BOP scheduled on-site inspection of the offeror's facility and location (place of performance) for evaluating the proposed site.

PREOCCUPANCY INSPECTION - One BOP scheduled on-site inspection of the contractor's place of performance to ensure facility repairs and/or renovations have been completed and minimum programmatic requirements have been met so performance may begin.

PRE-TRIAL DEFENDANT - Ordinarily means a person awaiting trial, being tried, or awaiting a verdict, as well as a person awaiting sentence after having pleaded or been found guilty when the BOP has not received notification of conviction.

PRE-TRIAL SERVICES OFFICER (PSO) - An officer of the federal court responsible for supervising federal defendants before trial or sentencing, as directed by the federal court. PSOs are more common in large metropolitan areas. U.S. Probation Officers (USPOs) function in the capacity of a PSO in most judicial districts. The terms USPO and PSO may be used interchangeably throughout this document regarding pre-trial service defendant responsibilities.

PRISON LITIGATION REFORM ACT (PLRA) - For the purpose of this SOW, the RRM will identify PLRA cases for the contractor with specific instructions. Specific requirements are outlined in the chapters on Programs and Discipline.

REASONABLE COSTS - The costs of travel (e.g. airfare, rental car, etc.) and per diem allowances for United States Government travel, as set forth in the federal Travel Regulations.

RESIDENTIAL REENTRY CENTER (RRC) – This refers to the location in which the contractor's programs are operated. A RRC may also be called a facility, center, or halfway house.

RESIDENTIAL REENTRY MANAGER (RRM) - The BOP employee responsible for all functions, programs, and services related to residential reentry programs within a specified geographical area.

RESIDENTIAL REENTRY MANAGEMENT BRANCH SECTOR ADMINISTRATOR (ASSISTANT SECTOR ADMINISTRATOR) - The BOP employee(S) who supervises the RRM. The Sector Administrator is responsible for residential reentry operations and programs within a specified geographical area.

RESIDENTIAL REENTRY MANAGEMENT BRANCH ADMINISTRATOR - The BOP employee responsible for all residential reentry functions, services, and operations nationwide.

RESIDENTIAL REENTRY MANAGEMENT BRANCH SAFETY SPECIALIST – This is a BOP staff member responsible for monitoring contract compliance with county, city, state, federal, and national safety regulations.

REGISTERED DIETICIAN (RD) - A person who has completed academic and experience requirements established by the Commission on Dietetic Registration, the credentialing agency for American Dietetic Association (ADA), and licensed as required by the state in which they practice.

RESIDENT – This is the preferred term to describe a federal inmate who has transferred to community confinement at a Residential Reentry Center.

RESIDENTIAL REENTRY REFERRAL MANAGEMENT APPLICATION (R3M) – The Bureau of Prisons electronic referral and case management application.

ROUTINE MONITORING - The BOP's scheduled and unscheduled, on-site inspections of the contractor's facility to evaluate performance.

Facilities with an average daily population of federal residents of 15 or fewer, will have at least one full monitoring and at least two unannounced interim monitoring visits every 18 months.

Facilities with 16 to 30 federal residents will have at least one full monitoring and at least two unannounced interim monitoring visits every 12 months.

Facilities with 31 or more federal residents will have at least one full and three unannounced interim monitoring visits every 12 months.

SMARTPHONE - A mobile phone with an advanced mobile operating system which combines features of a personal computer operating system with other features useful for mobile or handheld use. The Bureau of Prisons requires that smartphones can access the Internet and can run a variety of third-party software components ("apps").

TYPES OF OFFENDERS - The BOP places several types of offenders in a RRC. There are many variables which determine the type and how a resident is placed and programmed in a RRC. To avoid confusion, the contractor should consider two broad categories, BOP and USPO cases. It is important to understand which case the resident is assigned because of the differences in programming. The RRM will provide direction in this regard.

A. Condition of Supervision Placement - Offenders under conditions of probation or supervision by the Court, or parole or mandatory release supervision by the U.S. Parole Commission may be ordered to reside in a RRC for a period of time. These placements are USPO cases.

B. Community Confinement - Individual who is in BOP custody who resides in a RRC and participates in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility approved programs as a condition of supervised release or probation.

C. Intermittent Confinement - Intermittent Confinement individual is in BOP custody who is sentenced to reside in a RRC during nights, weekends, or other intervals.

D. Institution Transfers - A BOP case who has transferred from a federal institution and is completing the last portion of their sentence.

UNIVERSAL PRECAUTIONS - As defined by Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, are a set of precautions designed to prevent the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood borne pathogens when providing

first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood borne pathogens.

U.S. PROBATION OFFICER (USPO) - An officer of the United States District Court, who is responsible for supervising USPO federal offenders.

VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT (VCCLEA) - For the purpose of this SOW, the RRM will identify VCCLEA cases to the contractor with specific instructions.

INTRODUCTION

The Bureau of Prisons (BOP) provides community-based residential and nonresidential correctional services through contractual agreements with state, county, and city governments, as well as private contractors. These contractors provide services which include employment and residence development and other self-improvement opportunities to assist federal residents during the transition from prison to the community.

1. OBJECTIVE - The objective is to establish a Residential Reentry Center (RRC) that provides comprehensive community-based services for individuals who are in the custody of the BOP or under the supervision of United States Probation and Pretrial Services.

2. STATEMENT OF WORK (SOW) - The SOW sets forth the contract performance requirements for the management and operation of a RRC for federal residents. The contractor will ensure the RRC operates in a manner consistent with the mission of the BOP. The BOP’s mission is to protect society by confining individuals in the controlled environments of prisons and community-based facilities that are safe, humane, cost efficient, appropriately secure, and provide work and other self-improvement opportunities to assist inmates and residents in becoming law-abiding citizens.

3. PLACEMENT OF INMATES - Only the Residential Reentry Manager (RRM) or his or her designee can approve a federal inmate's placement at a RRC.

4. CONTRACTOR'S RESPONSIBILITY - The contractor will furnish all personnel, management, equipment, supplies, and services necessary for performance of all aspects of the contract. Unless explicitly stated otherwise, the contractor is responsible for all costs associated with and incurred as part of providing the services outlined in this contract.

5. BOP VALUES - The BOP can successfully carry out its mission because its operations are firmly grounded in a set of common values and functional goals. A clear vision of the BOP’s organizational and individualized responsibilities exists among its employees. The BOP has a set of values and shared attitudes that guide staff's actions.

The agency's values are important for contract employees to understand because they are the foundation of duties to be fulfilled in performance of the contract's functions. The core values are:

- Correctional Excellence – We are correctional workers first, committed to the highest level of performance.
- Respect – We embrace diversity and recognize the value and dignity of staff, residents and the general public.
- Integrity — We demonstrate uncompromising ethical conduct in all our actions.

The RRC has an obligation to provide residents with an opportunity to acquire the necessary skills for self-improvement, and to practice law-abiding behavior upon release. Residents are encouraged to maintain family and community ties through correspondence, visitation and planning for eventual release, through participation in pre-release classes, and other programs. Residents have the obligation to honor their debts and begin payment while confined. Each resident is personally responsible for taking advantage of available RRC programs.

6. CONTRACT PERFORMANCE - All services and programs will comply with the SOW; the U.S. Constitution; all applicable federal, state and local laws and regulations; applicable Presidential Executive Orders (E.O.); all applicable case law; and court orders. Should a conflict exist between any of the aforementioned standards, the most stringent will apply. When a conflict exists, and a conclusion cannot be made as to which standard is more stringent, the BOP will determine the appropriate standard. The BOP reserves the right to issue interim guidance that supersedes policy and/or aforementioned standards. The contractor will comply with and implement any applicable changes to BOP policy, Department of Justice (DOJ) regulation, Congressional mandate, federal law or Presidential Executive Orders.

The BOP reserves the right to enter into negotiations with the contractor to change the conditions or procedures in this SOW and contract. Should the BOP invoke such changes, the contractor retains rights and remedies to equitable adjustment under the terms and conditions of the contract.

The BOP reserves the right to have various staff, to include staff from United States Probation and Pretrial Services, Office

of the Inspector General, Federal and State Law Enforcement agencies, and other authorized users, assist in the monitoring of contract performance. The BOP reserves the right to conduct announced and unannounced inspections of any part of the facility at any time and by any method to assess contract compliance.

The BOP may investigate any incident pertaining to the performance of this contract. The contractor will comply and cooperate with the BOP on all investigations, monitoring visits, inspections, and inquiries.

The contractor will report all criminal activity related to the performance of this contract to the appropriate law enforcement investigative agency (e.g., Federal Bureau of Investigation, United States Marshals Service, state and local authorities), and immediately notify the RRM of the report. The contractor will immediately report to the RRM any person or agency requesting to use a resident in any investigation; no resident may participate in any such investigation without prior approval of the BOP.

The contractor will submit any requests for contract changes through the RRM to the Contracting Officer (CO) for approval.

The contractor will provide electronic media to include e-mail and internet access for all key staff (defined in Chapter 2, Personnel), and will provide capability for the electronic submission and receipt of paperwork and reports (e.g. referrals, movement notifications, terminal reports, disciplinary reports, etc.) to the BOP at the discretion of the RRM. Only BOP approved internet transmission methods/secure portals may be used to transmit protected resident information.

All non-restricted BOP Policies and Program Statements are available on the Bureau’s public website (www.bop.gov).

7. SCOPE OF WORK - The contractor will comply with all requirements in this SOW and other reference documents as indicated. The technical proposal and any negotiated modification(s) are incorporated into the contract; unless otherwise stated in the contract or defined by the Contracting Officer.

The contractor will develop operational policies and procedures that follow the requirements contained in this SOW and of generally accepted correctional practices, as defined by the BOP. The contractor will provide an electronic or scanned version of their policies and procedures within 60 days after award. Subsequent updates shall be submitted to the RRM within 30 days of publication.

All federal residents will receive access to the same programming and services except as otherwise provided for in this SOW.

The contractor has the responsibility to ensure proper management and oversight of the program. Absentee ownership will not mitigate program integrity, responsiveness, or responsibility.

The contractor will protect, defend, indemnify, save, and hold harmless the United States Government and the BOP and its employees or agents from and against any and all claims, demands, expenses, causes of action, judgments and liability arising out of, or in connection with any negligent acts or omissions of the contractor, its agents, subcontractors, employees, assignees or anyone for whom the contractor may be responsible. The contractor will also be liable for any and all costs, expenses, and attorney's fees incurred as a result of any such claim, demand, cause of action, judgment or liability, including those costs, expenses and attorney's fees incurred by the United States Government and the BOP and its employees or agents. The contractor's liability will not be limited by any provision or limits of insurance set forth in the resulting contract.

The contractor will be responsible for all litigation, including the cost of litigation, brought against it, its employees, or its agents for alleged acts or omissions. The CO will be notified in writing of all litigation pertaining to this contract and provided copies of said litigation or any pleadings filed within five working days of the filing. The contractor will cooperate with the government legal staff and/or the United States Attorney regarding any requests pertaining to federal or contractor litigation.

In awarding the contract, the government does not assume any liability to third parties, nor will the government reimburse

the contractor for its liabilities to third parties, with respect to loss due to death, bodily injury, or damage to property resulting in any way from the performance of the contract or any subcontract under this contract.

CHAPTER 1 – ADMINISTRATION AND ORGANIZATION

The contractor will maintain a current written operations manual that is available to all staff. It will describe the purpose, philosophy, programs, services, policies and procedures of the facility, and be updated on an as-needed basis. It will describe the daily operational procedures for the respective facility. Staff will have a thorough working knowledge of the operations manual. The contractor must operate in accordance with the operations manual. The operations manual will not circumvent the SOW requirements. The operations manual is a separate manual from the technical proposal. At least annually, staff shall review the operations manual and document the review. The operations manual will be available for review by the BOP during inspections of the facility.

The contractor will report, through the RRM to the CO, any deviation from the requirements of this SOW. The RRM will interpret the requirements of this SOW.

Any disagreement regarding contract performance should first be disputed or addressed with the Contracting Officer's Representative (COR). If the conflict cannot be resolved with the COR, the issue should be elevated to the Residential Reentry Management Sector Administrator. If an agreement still cannot be reached, then the contractor should address the CO in writing.

The contractor will develop a written mission statement, long-range goals, and objectives which will be available for review by the BOP during inspection of the facility.

1. AMERICAN CORRECTIONAL ASSOCIATION (ACA) - The BOP encourages the contractor to acquire certification in accordance with the most current edition(s) of the ACA Standards for Adult Community Residential Services. If the facility is not ACA accredited, the contractor will use the most recent edition(s) of the ACA Standards for Adult Community Residential Services as a guide in developing the operations manual. The contractor will advise the RRM in writing of their intent to seek ACA accreditation.

2. PERFORMANCE - The contractor will maintain a current contingency plan to ensure continuity of service should unforeseen circumstances occur such as employee work actions or strikes, natural disasters, terrorist activities, etc. The plan must be available to the BOP for inspection upon request.

The contractor will provide at least 70 percent of the contract requirements by using employees compensated directly by the contractor. Thus, the contractor cannot subcontract more than 30 percent of the contract requirements. The intent is to create a uniform composition of services under the control and supervision of the Facility Director. The contractor will submit all proposed subcontracts to the BOP for approval when the contractor intends to seek the services of a subcontractor (e.g., food service or facility maintenance).

3. INFORMATION - The contractor will comply with the requirements of the Freedom of Information Act 5 U.S.C. §552, Privacy Act, 5 U.S.C. §552a and 28 CFR part 16, Production or Disclosure of Material or Information and P.S. 1351, Release of Information. The contractor will have written policy and procedures for staff managing information. The contractor will seek the RRM's approval before releasing BOP records in response to a request for information.

A. Government Contacts - The contractor will post and display in a conspicuous location a listing of the names, addresses, and telephone numbers of the responsible Sector Administrator, Assistant Sector Administrator (RRMASA), Supervisory Community Treatment Coordinator (SCTC), RRM, Assistant Administrator Operations RRM Branch, and Chief USPO.

B. Congress - The contractor will immediately notify the RRM when any request (e.g., information or tour of the facility) is made by any representative of the United States Congress to the contractor.

C. News Media - The contractor will notify the RRM when a request or contact is made by any media representative (i.e., a person whose principal employment is to gather or report news for a newspaper, magazine, blogs, web sites, podcasts, national or international news service, radio or television news programs). These requests or contacts may include, but are not limited to, interviews, visits, or impromptu questions with staff or residents. Contractors should reference

P.S. 1480, News Media Contacts. The contractor is encouraged to clear in advance all media releases with the RRM. Any time a media request is made regarding residents, to include releases and interviews, prior approval must be granted by the RRM.

The contractor will ensure employees agree to use appropriate disclaimers clearly stating the employees' opinions do not necessarily reflect the position of the BOP or DOJ in any public presentations they make or articles they may write that relate to any aspect of the contractor's performance in this contract.

D. Documentation - The contractor will document that all requirements of this SOW are being met. The contractor has the affirmative responsibility to prove the requirements are being met. The contractor will maintain documentation of:

- Their standing as a legal entity, or part of a legal entity, and will maintain documentation indicating legal measures have been taken to provide continuity of service, in case of incapacitation, retirement, or death of the contractor;
- Their tax exempt status, if applicable; and
- Valid liability and property insurance for the facility and equipment, valid zoning documentation and use permits with documentation available for review at the facility.

E. Meetings - The Facility Director will conduct staff meetings at least monthly to foster open communication, establish policy, discuss problems, ensure compliance with SOW requirements, and accomplish program objectives. The contractor will distribute new or revised policy and procedure to staff, volunteers, and if appropriate, residents. The contractor will document these meetings with written minutes to include staff attendance. This documentation will be made available to the BOP for inspection upon request.

F. Equipment - The contractor will have a fully functional facsimile machine, computer(s), and telephone capabilities. The contractor will have computers with Internet capabilities to include an Internet Explorer or comparible browser (Internet Explorer 10 or newer, Firefox, Google Chrome, etc.), as well as e-mail addresses and capabilities for all RRC staff to communicate with the RRM office. RRC staff cleared to work with federal residents will have the capability to interact with existing bureau utilized referral and population management

tools. Computer equipment will be appropriately secured and will allow for the electronic retention of documents for the life of the contract. Contractors will be required to utilize the bureau electronic applications (R3M or subsequent versions)to include all functions of the applilcation. Use of this applilcation and all subsequent versions or additions to the application is mandatory within 30 days of implementation.

If the contractor utilizes any electronic case management or accountability software programs they will ensure that industry standards are met for the security of resident information to prevent the unauthorized viewing, dissemination, or use of protected personnel information in accordance with the Freedom of Information Act and Privacy Act. Any individuals having electronic access to non-public resident information will be cleared through the contract staff background clearance procedures.

G. Translation - The contractor will provide for the translation of facility rules, emergency diagrams, and other related documents into a foreign language, as required by the composition of the resident population.

4. COMMUNITY OUTREACH - The BOP believes it is extremely important and vital to develop and maintain positive community relations and partnerships. This will be accomplished through development of a Community Relations Board. The contractor must provide written policy and procedures that offer ongoing, positive communication and partnerships between the facility, major employers who employ RRC residents in the local community, appropriate social service agencies, legal services orgnaizations, elected officials, law enforcement, and citizens. The program should maintain compliance with P.S. 1415, Community Relations Board. The program must describe the approach to educating the local community about the goals and mission of the RRC and maintaining the support of the community. The program must also include specific activities that will be conducted on a quarterly basis, to include the use of volunteers. Every effort should be made to ensure Community Relations Boards include at a minimum representatives from each area identified above. Documentation of membership and attendance, to include efforts at expanding participation, is to be maintained for the life of the contract and be available to oversight staff upon request.

5. FISCAL RESPONSIBILITIES - The contractor will operate according to an annual written budget of anticipated revenues and expenditures. The contractor will have policy and procedures for the receipt, safeguarding, disbursement, and recording of funds that complies with generally accepted accounting practices.

CHAPTER 2 - PERSONNEL

1. ORGANIZATIONAL CHART - The contractor will maintain a current narrative description and diagramed organizational chart outlining the structure of authority, responsibility, and accountability of both the facility and the company. The intent is to gain an understanding of the chain-of-command within the organization.

2. STAFF COVERAGE - The contractor will have trained, paid staff, dressed and awake, on the premises to provide 24-hour coverage, seven days a week. This staff coverage shall provide for the safe and secure supervision of all federal residents.

A. Position Requirements

RRC Director: The minimum education and experience qualifications for the position of Facility Director (or similar title) will be a four-year degree in a social or behavioral science program from an accredited college or university, two years of work experience in a related field, and a minimum of two years in a supervisory position. Work experience may be substituted for academic studies exchanging one year of work experience in a related field for one year of academic education. Total work experience needed in lieu of the combination of education and work experience is six years, with two of the years in a supervisory position.

Social Services Coordinator: The education and experience qualifications for the position of Social Services Coordinator (SSC) (or similar title) will be a four-year degree in a social or behavioral science program from an accredited college or university. At a minimum, one year of experience must be working in the social services field in a relevant position. Work experience may be substituted for academic studies exchanging one year of work experience in a related field for one year of academic education. Total work experience needed in lieu of the combination of education and work experience is five years.

The SSC responsibilities will include, but are not limited to:

- Development and coordination of reentry programs to ensure continuity of care for residents and facilitate services for residents with special needs, (e.g., sex offenders,

individuals with complex medical and mental health concerns, and female residents).

- Coordination with SCTC on treatment offered through CTS programs.
- Promoting family involvement in the program planning process.
- Providing resident training classes in job seeking and job readiness skills.
- Providing money management skills instruction to residents.
- Facilitating or assisting with cognitive-behavioral programs.
- Participation and attendance of Program Review Team meetings, and providing employment input on each resident.
- Assisting the Facility Director with and maintaining contact with Institution Reentry Affairs Coordinators.
- Assisting the Case Manager with resident program planning, and resident weekly and bi-weekly reviews.

Note: This list is not all inclusive. While the SSC will have the overall responsibility for the oversight and supervision of these duties, some tasks may be completed by other staff.

Employment Placement Specialist: The minimum experience for the position of the Employment Placement Specialist (EPS) will be one year of work experience in guidance, counseling, or job placement. Work experience may be substituted with a specialized degree or certification in the field of guidance, counseling, or career development.

Case Manager: The education and experience qualifications for the position of Case Manager(or similar title) will be a four-year degree in a social, human services, criminal justice or behavioral science program from an accredited college or university. At a minimum, one year of experience must be working in human services, corrections, or community based services. Work experience may be substituted for academic studies exchanging one year of work experience in a related field for one year of academic education. Total work experience needed in lieu of the combination of education and work experience is five years.

B. Staffing Pattern - The contractor will concentrate staff when most residents are available for program activities, normally during the evening hours. A key staff member (as

defined in Chapter 2, Personnel) will be available on site Monday-Friday 8:00 a.m. to 4:00 p.m.

The contractor will staff a minimum of two positions (one male and one female if the facility is co-ed), on seven-day posts, 24-hours a day, dedicated only to the supervision of federal residents. Ordinarily, these seven-day posts cannot be covered by other positions such as Case Managers or Facility Directors unless documentation requesting such is submitted to and approved by the RRM. The intent is that these posts will devote 100 percent of their time to supervising federal residents under this contract. The contractor will also provide key personnel in accordance with the number of residents residing in a facility (see Key Personnel).

C. Key Personnel - Key personnel include the Facility Director, Social Services Coordinator, Case Manager (one for every 30 residents to include home confinement population), and Employment Placement Specialist. Key staff titles may be replaced by similar or equivalent titles. The contractor must identify key staff by title, educational/experience requirement, and major duties within their technical proposal.

All key personnel are full-time employees. The contractor will identify to the RRM the key personnel employed at the facility. The contractor will provide immediate information to the RRM of any changes in key staff, and identify any staff in temporary acting positions, to include contract staff coming from other contracts. Clearance must be obtained from RRM prior to working with federal residents.

1) All major use contracts (31 residents and over) will staff at least four key personnel positions. The positions will be the Facility Director, Social Services Coordinator, Case Manager, and Employment Placement Specialist. These positions will be 100 percent devoted to the federal contract.

2) All moderate use contracts (16 - 30 residents) will staff at least three key personnel positions. The positions will be the Facility Director, Social Services Coordinator, and Case Manager. These positions will be 100 percent devoted to the federal contract.

3) All minor use contracts (1 - 15 residents) will staff at least two key personnel positions. The positions will

be the Facility Director and a Case Manager. These positions do not have to be 100 percent devoted to the federal contract. However, in cases where these positions will be shared, the contractor must receive approval by the Contracting Officer. The technical proposal must identify the percentage of time that will be devoted to the federal contract.

The RRM must approve any staff member prior to employment in a key personnel position.

The contractor will staff all key personnel positions throughout the performance of the contract. The contractor will notify the RRM in writing if any personnel vacate a position and indicate when a replacement will be selected. The notification will occur within five working days after the vacancy occurs.

A key personnel vacancy does not absolve the contractor from providing the position’s services. Ordinarily key personnel will be replaced within a 30-day period with a permanent full time employee. With appropriate justification this can be extended to 60 days by the RRM. Any further deviations may result in negative contract action including, but not limited to, deficiencies or deductions. The Case Manager ratio will be a minimum of one for every 30 residents. The ratio must be adequate to perform the tasks associated with the position and commensurate with the resident workload of the population without being utilized to perform duties assigned to other positions. Failure to maintain negotiated staffing patterns may result in adverse action.

D. Staff/Resident Ratio - The contractor is always responsible for the appropriate supervision of residents and the orderly running of the RRC. The staff/resident ratio established in the contract contributes to the contractor's ability to safely and securely operate the RRC. Housing configurations must also be taken into consideration (e.g., several buildings would require the contractor to determine the number of staff needed to safely and securely supervise the federal residents). The contractor will notify the RRM of any unforeseen circumstances which may affect the safety, security, or orderly running of the RRC.

E. Population Changes - If the Average Monthly Population (AMP) changes from the BOP's original projection for three

consecutive months, the staff/resident ratio may be changed in accordance with the following:

1) If the AMP exceeds the original estimate by 25 percent for three consecutive months, the contractor will add qualified staff consistent with the original staff/resident ratio.

2) If the AMP is 25 percent below the original estimate for three consecutive months, the contractor may reduce staff consistent with the original staff/resident ratio, as long as the contractor continues to provide safe and secure supervision of federal residents.

The CO is the deciding authority for any adjustments to the staff/resident ratio. The contractor will comply with any change(s) to the ratio as directed by the CO.

3. PERSONNEL RECORDS - The contractor will maintain a complete and current personnel file for each employee. All personnel files must be secured and accessible to senior management staff only; hard copy personnel files must be stored in a locked compartment accessible to senior management staff only. The contractor will ensure the files are readily available for BOP review upon request.

The contractor will have a written personnel manual specifically for the respective facility. The personnel manual is a separate manual from the operations manual. The policies and procedures will cover, at a minimum; the following areas:

Staff coverage	Personnel records
Staff training	Recruitment
Staff discipline	Separation from work
Staff retention	Performance evaluation
Organizational chart	Standards of Conduct
Staff orientation	Volunteers
Staff development	Resignation

A. Employee Evaluation - The contractor will develop written policies and procedures for an annual written performance review of each employee based on defined criteria. The results will be discussed with the employee, and the review will be signed by the employee as well as the evaluator and maintained in the employee’s personnel file.

B. Affirmative Employment - The contractor will have a written policy specifying that equal employment opportunities exist for all positions. Full consideration will be given to the recruitment, hiring, placement, retention, training, and advancement of women, members of minority groups, disabled veterans, and qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job in question. The contractor will not discriminate against individuals based on race, color, religion, sex, national origin, physical or mental disability, age, retaliation, or sexual orientation. In addition, the contractor will not prevent women from working in male resident programs or men from working in female resident programs.

C. Newly Hired Employees - The contractor will have a written policy providing for a probationary term followed by permanent status for newly hired or newly promoted employees.

D. Social Security Card - The contractor will ensure each employee and any subcontractor has a social security card issued by the U.S. Social Security Administration and is a United States citizen, permanent resident, or other person lawfully admitted into the United States, meeting the DOJ residency requirements set forth in Section I of the solicitation.

E. Training - The contractor will develop an employee training program in addition to any BOP provided training.

1) Staff Training - Prior to working with federal residents, all staff must receive training on their respective duties and responsibilities. This training should cover all required training topics as outlined in the SOW and should be a minimum of 40 hours in length. Sixteen hours of this training may be on-the-job training (OJT) under direct staff supervision. If an incumbent is awarded a new contract, the contractor will also provide training on required topics within 90 days of award for staff who worked on the previous contract. Additionally, within 90 days of employment, all key staff will be provided with and sign for the RRC staff orientation packet (provided by the RRM office), acknowledge receipt, and provide a copy to the RRM. The contractor will document the employees understanding and participation, to include time and date of completion. A copy will be maintained in the employee’s personnel file.

All staff will receive training in cognitive-behavioral intervention techniques specific to the programs being offered within the RRC within the first 60 days of employment. Training must be facilitated and overseen by the Social Services Coordinator or someone who meets educational and experience requirements for that position. Training will include basic cognitive-behavioral intervention philosophies and techniques. The intent is to provide all staff with a basic understanding of cognitive-behavioral intervention techniques and will be of sufficient duration and content to allow staff to apply the knowledge and skills to their positions and daily interactions.

2) Annual Refresher Training - The contractor will provide staff with at least 20 hours of annual refresher training relating to the operation of the RRC. The contractor will document the training topics, date, time, and participants in each staff member's respective personnel file. The training must cover the following:

- Discipline procedures for residents;
- Demonstrate working knowledge and competency of the discipline procedures by passing the standardized test administered by the COR;
- Emergency plans;
- Staff integrity and ethics;
- Accountability and security procedures;
- Life safety and emergency procedures;
- Resident, vehicle, locker, and facility searches;
- Signs of suicide and suicide precautions (to include review of the RRC's Suicide Prevention Plan);
- Use of force regulations and tactics;
- Center Disciplinary Committee report writing;
- Universal precautions;
- Interpersonal relations and communication skills;
- Social and cultural life styles of the resident population;
- Basic cognitive-behavioral intervention techniques;
- Basic first aid;
- Familiarization with Reentry Resources available nationally and in local area (e.g housing, employment, social services);
- Communication skills;
- Individualized Program Planning;

- Prevention, identification, and handling of sexual abuse/assault incidents; and
- Prison Rape Elimination Act Requirements.

3) BOP Training - At least one key staff member will attend and participate in BOP sponsored training events, which are normally scheduled on an 18-24 month cycle. The contractor is responsible for all costs associated with attending this training.

4) Staff Retention - The contractor will develop a retention program designed to minimize employee turnover. If there are breakdowns in accountability or programming as a result of the contractor's failure to implement a successful retention program, adverse contracting action may be taken by the Bureau.

4. BACKGROUND INFORMATION - Contract employees must be approved by the RRM before they may work with federal residents. The contractor will submit a completed and signed *Request for Contract Staff Background Investigation*, Attachment A, (must be typed) for all individuals the contractor has determined are appropriate for employment and any person who will work with federal residents. The contractor will then submit this form to the RRM along with one full set of fingerprints with the required fingerprint card information completed. The RRM will process the fingerprint and background checks. The contractor will only request the BOP conduct background checks on persons they have offered conditional employment. The contractor will advise this person that a National Crime Information Center/National Law Enforcement Telecommunication System (NCIC/NLETS), fingerprint, criminal records, and other appropriate background checks will be processed by the BOP to verify this information. The intent is to screen applicants to determine their acceptability to work with federal residents. The contractor will not submit the name of any person the contractor does not employ or intend to employ.

No individual will begin working with federal residents before clearance is obtained from the RRM. The RRM may grant temporary clearance to work with federal residents after the NCIC/NLETS check is conducted if the results of the check are appropriate. The contractor will understand that the granting of final approval will not occur until after the RRM receives a

response(s) from the fingerprint or other background check(s) and the results prove to be appropriate.

Incumbent contractors who are awarded a subsequent new contract will secure a completed and signed Attachment A as well as a new fingerprint card from all staff. These documents will be submitted to the RRM Office within 60 days prior to new contract performance.

Contractors who have a contract which exceeds five years must ensure all staff receive updated clearances every five years.

The RRM will ordinarily approve a person to work with federal residents in accordance with guidelines established in the current version of the Bureau’s program statement on Contract Staff Integrity for Privately Operated Community Corrections Residential Facilities, P.S. 7570.

This action does not prevent, preclude, or bar the withdrawal or termination of any prior clearance or approval by the RRM at any time during the term of the contract.

The contractor will voucher potential employees prior to working with federal residents, through reference and employment checks. The contractor will document information regarding reference and employment checks in the employee's personnel file. The contractor will verify training, education, and experience of all staff. This includes credentials for all professional staff. The contractor will document the verification in the personnel file and make it available during inspections.

The Facility Director, or designee, may be required to fingerprint proposed staff as directed by the COR. The completed fingerprint cards will be mailed to the RRM for processing.

5. CONTRACTOR’S EMPLOYEE STANDARDS OF CONDUCT - The contractor will develop and use written policy, procedures, and practice, herein called Contractor’s Employee Standards of Conduct, for employee conduct, ethics, and responsibility. The contractor will notify its employees of the Contractor’s Employee Standards of Conduct.

A. At a minimum, the Contractor's Employee Standards of Conduct will require employees to conduct themselves in accordance with the following standards:

- The contractor will require its employees to conduct themselves professionally and in a manner that creates and maintains respect for the RRC, BOP, DOJ, and the U.S. Government.
- The contractor will require its employees to avoid any action that might result in, or create the appearance of, adversely affecting the confidence of the public in the integrity of the RRC, BOP, DOJ and U.S. Government.
- The contractor will require its employees to uphold all ethical rules governing their professions, including compliance with applicable licensing authority rules.
- The contractor will prohibit its employees from using or possessing illegal drugs or narcotics. The contractor will prohibit its employees from abusing any drugs or narcotics. The contractor will prohibit its employees from using alcoholic beverages and being under the influence of alcohol while on duty, present in the facility, or immediately before reporting for duty. The contractor will indicate to contractor's employees that when a contractor's employee's blood alcohol content level is 0.02 percent or greater he or she will be considered to be under the influence of alcohol.
- The contractor will prohibit its employees from showing partiality toward, or becoming emotionally, physically, sexually, or financially involved with residents, former residents, or the families of residents or former residents. Chaplains, psychologists, and psychiatrists may continue a previously established therapeutic relationship with a former resident in accordance with their respective codes of professional conduct and responsibility.
- The contractor will prohibit its employees from engaging in sexual behavior with a resident. The contractor will indicate to its employees that regardless of whether force is used or threatened, there can be no "consensual sex" between contractor's employees and residents. Sexual misconduct is illegal and a violation of federal law.
- The contractor will prohibit its employees from offering or giving a resident, or a former resident, or any member of a resident's family, or to any person known to be associated with a resident or former resident, any article, favor, or

service, which is not authorized in the performance of the contractor's employee's duties. The contractor will prohibit its employees from accepting any gift, personal service, or favor from a resident or former resident or from anyone known to be associated with or related to a resident or former resident. The Contractor's Employee Standards of Conduct will clearly state that this staff prohibition includes any involvement with a resident's family members or any known associates of a resident.

- The contractor will prohibit its employees from showing favoritism or give preferential treatment to one resident, or a group of residents, over another resident.
- The contractor will prohibit its employees from using profane, obscene, or otherwise abusive language when communicating with residents, fellow employees, or others. The contractor will require its employees to conduct themselves in a manner that is not demeaning to residents, fellow employees, or others.
- The contractor will prohibit its employees from having any outside contact with a resident, ex-resident, resident's family or close associates, for a period of one year from the last day of the resident's sentence or supervision, whichever is later, except those activities that are an approved, integral part of the RRC program and a part of the employee's job description.
- The contractor will prohibit its employees from engaging in any conduct that is criminal in nature or which would discredit the RRC, BOP, DOJ or U.S. Government. The contractor will require its employees to conduct themselves in a manner that is above reproach. The contractor will require its employees to obey, not only the letter of the law, but also the spirit of the law while engaged in personal or official activities.
- The contractor will require its employees charged with, arrested for, or convicted of any felony or misdemeanor, to immediately inform and provide a written report to the Facility Director. The Facility Director will immediately report the incident to the COR.
- The contractor will prohibit its employees from using brutality, physical violence, or intimidation toward residents, or use any unauthorized or inappropriate force.
- The contractor will prohibit its employees from engaging in inappropriate supervisor/subordinate relationships, to

include but not limited to, emotional, sexual, financial or physical relationships.

- The contractor will prohibit its employees from possessing lethal weapons or weapons which may inflict personal injury, to include pepper spray or other self-defense type of chemical agents, in the facility or while on duty. The contractor will also prohibit contractor's employees from storing lethal weapons or weapons which may inflict personal injury, to include pepper spray or other self-defense type of chemical agents, in vehicles under their control, parked on or adjacent to the facility. Residents will not possess or use any of these items at any time.
- The contractor will prohibit any of its employees who are suspected of violating the contractor's Employee Standards of Conduct from contact with federal residents until a disposition is made by the COR.

Prior to working with federal residents, the contractor will require all employees to sign an acknowledgment that they have received and understand the Contractor's Employee Standards of Conduct. The acknowledgment will indicate that the contractor will require all employees to cooperate fully by providing all pertinent information which they may have to any investigative authority. Full cooperation includes truthfully responding to all questions and providing a signed affidavit, if requested. The contractor will retain a signed copy of this acknowledgment in each of its employee's personnel files.

B. The contractor will not conduct an investigation of any misconduct allegation without the COR's approval. This includes questioning the subject of a misconduct allegation. The contractor will advise all employees that they are subject to a government investigation if an allegation is made concerning any matter affecting the interests of the Government. (The procedures outlined in this paragraph do not limit the contractors ability to notify the appropriate law enforcement agency of any suspected criminal violations, in the event of any misconduct involving criminal behavior appropriate law enforcement agencies should be notified immediately with notification to the BOP as soon as possible after the incident).

Attorneys may not be present or involved in administrative investigations. Attorney involvement includes, but is not limited to: presence during interviews, review of employee affidavits, and receipt of investigative summaries or documents

from the investigative authority. If at any time an investigation uncovers evidence of criminal behavior, the investigation process will immediately stop and appropriate law enforcement officials will be notified.

Investigative authorities include, but are not limited to, investigations conducted by the Department of Justice, (e.g., the Federal Bureau of Investigation, U.S. Marshals Service, Office of the Inspector General, Office of Professional Responsibility, BOP Office of Internal Affairs, BOP Special Investigative Agent, BOP Special Investigative Supervisor, Equal Employment Opportunity Investigator) and others (e.g., Department of Labor, Office of Personnel Management, U.S. Government Accountability Office), or any other agent or agency the COR authorizes or directs to conduct an investigation.

C. The contractor will report any allegation, violation, or attempted violation of the Contractor's Employee Standards of Conduct immediately by telephone to the COR. The contractor will subsequently report in writing to the COR, within one business day after becoming aware of the incident. The contractor will not restrict any contractor's employee or resident from reporting misconduct directly to the BOP. The contractor will not retaliate against any contractor's employee or resident who reports misconduct.

Following the investigation(s), and if allegations are sustained, the contractor will indicate, in writing, to the COR the contractor's proposed plan of corrective action for the COR's approval. The COR has the right to determine if the contractor's employee may continue to work with federal residents. A summary of the investigative findings may be disclosed by the Bureau to the contractor's authorized negotiator.

Failure to report a violation of the contractor's Employee Standards of Conduct or to take appropriate action against a contractor's employee may subject the contractor to appropriate action, up to and including termination of the contract.

D. The contractor will not employ any individual who is under the supervision or jurisdiction of any parole, probation or correctional authority. Persons with previous criminal convictions who are not under supervision may be considered for

employment; however, the COR reserves the right of approval in such cases.

E. The contractor will have a written policy to prevent conflicts of interest that specifically states; no employee may use his or her official position working with federal residents to secure privileges or advantages in the facility or in the community.

F. The contractor will operate a facility which provides the highest degree of safety for residents and contractor's employees. The contractor will specifically define when contractor's employees may use force against residents. The contractor will prohibit contractor's employees from using excessive force to control a situation. The contractor will immediately report any instance of the use of force to the COR. The contractor will submit in writing, within one calendar day after the incident, a written report to the COR.

6. SEXUAL ABUSE PREVENTION - The contractor has the responsibility to provide a working environment that is free from sexual harassment and intimidation in accordance with Title VII of the Civil Rights Act of 1964, as amended. Sexual abuse/assault/misconduct is verbal or physical conduct of a sexual nature directed toward a resident or employee by another resident, employee, or volunteer of the facility. The contractor will ensure that policy prohibits sexual abuse/assault/misconduct by employees against federal residents or other employees.

The contractor will meet all requirements, elements and protocols of P.S. 5324, Sexually Abusive Behavior Prevention and Intervention Program. Written policy, procedure, and practice will provide that all staff receive the facility's sexual abuse/assault/misconduct prevention and intervention program training during employee orientation and on an annual basis as part of the facility's in-service training plan.

7. P.L. 108-79, Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assaults and sexual misconduct of residents in correctional facilities to include all community based facilities. The contractor must maintain a zero-tolerance standard for sexual abuse. A specific policy that addresses PREA compliance will be maintained by the contractor. The facility must be in full compliance with PREA standards that

apply to Community Confinement Facilities. The PREA coordinator must be designated in writing and submitted to the BOP prior to the contract performance date. In accordance with provisions of PREA, the contractor must be audited by a certified PREA compliance auditor at no cost to the BOP. Copies of all audit material will be provided to the BOP. All PREA incidents should be referred to the appropriate Law Enforcement Agency and RRM staff as soon as possible after staff become aware of the incident.

8. DRUG FREE WORKPLACE - The contractor will implement and follow P.S. 3735, Drug Free Workplace. This program provides a mechanism for employee assistance and employee education regarding the dangers of drug abuse.

9. VOLUNTEERS - The BOP encourages the use of volunteers. Contractors may use volunteers to provide a variety of programs, such as marriage and family enrichment, substance abuse education, literacy, spiritual growth, recreation, health education, fitness, vocational training, and many others. While providing these valuable services, volunteers reinforce the societal values conveyed daily by staff. Direct volunteer assistance is useful to a resident's successful community reintegration.

Volunteers are private citizens or students, age 18 or older, who provide a variety of unpaid services which would not otherwise be performed by a paid employee. The contractor will have all volunteers complete the BOP form, "Application for Volunteer Service," and send the form to the RRM. The contractor will provide a brief orientation program for all volunteers and provide specific written guidance in the format of a "Volunteer Manual."

All volunteers who provide services in the RRC, at a minimum, must undergo a criminal history check (NCIC) prior to working with federal residents. For a volunteer to provide one-on-one counseling or work with small groups of residents (three or less), the volunteer must undergo a full criminal history check (NCIC and fingerprinting).

Paid contracting staff will provide intermittent supervision of the volunteers, who have not had a full criminal history check, while they are providing services in the facility. Supervision

is direct observation by a staff member, at a minimum every 30 minutes.

10. STAFF AND VOLUNTEER ROSTERS - The contractor will submit a typed, alphabetical staff roster each month, to be included with the monthly billing. This roster must include the employee's complete name, title, full or part-time status, and the date they began working with federal residents. Volunteers should be listed separately, indicating the type of volunteer work being done (e.g. AA, NA, religious, etc.).

CHAPTER 3 - FACILITY

1. COMPLIANCE - The facility will comply with applicable local, state, and national health, safety and environmental laws, regulations, Executive Orders, and building codes. In the event local, state, and national codes conflict, the most stringent will apply. The contractor will adhere to the requirements of: the Architectural Barriers Act of 1968 as amended (an alternative location off site may be proposed for housing residents with disabilities if it meets this act); Rehabilitation Act of 1973 as amended; U.S. Food and Drug Administration (FDA), Food Code; Occupational Safety and Health Administration (OSHA) General Industry Standards; American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Published Standards & Guidelines; American Society of Sanitary Engineering Standards; International Plumbing Code; 16 CFR §1632 or 16 CFR 1633, Standard for the Flammability of Mattresses and Mattress Pads (FF 4-72, Amended) Current Edition; Flammability Standard DOC-FF-472; California State Technical Bulletin 106; all National Fire Protection Association Codes and regulations with emphasis on Chapter 101; and any other codes or regulations indicated in the SOW.

The contractor will maintain copies of all required environmental permits and registrations or letters from permitting authorities indicating the facility is in compliance or is specifically exempt from the standard in question. The contractor will make these documents available on-site and to the BOP upon request.

2. FLOOR PLANS - The contractor will submit to the RRM for approval any request to change the floor plan from what was approved in the contract. The contractor will maintain and make available an accurate floor plan on-site at all times for the inspection of the BOP. The architectural floor plans shall be legible and denote all required elements described below.
1. Room identification indicating what the room is used for and room number to include separate sleeping, bathing, and toilet areas by gender (i.e. office, closet, mechanical, dorm)
2. Furniture layout including maximum allowable beds in sleeping rooms. Beds shall be easily identifiable if the bed is a single or bunk bed.
3. Location and number of sinks, toilets, and showers,
4. Location and number of washers and dryers,
5 Means of egress elements shall be easily identified (i.e.

ramps, stairs, doors etc.).
6. The proposal shall be in compliance with all of the requirements of the Architectural Barriers Act (ABA). This includes identifying required floor space clearances for accessible routes, toilets, showers, sleeping rooms, and compliant wash basins areas on the architectural floor plans.
7. A matrix table showing actual interior square footage of meeting rooms, cafeteria, dayrooms, and sleeping rooms.
8. A matrix table detailing furniture sizes and calculations to ensure a minimum of 25 continuous square feet of unencumbered space per occupant in the sleeping rooms
9. Identify which sleeping rooms/dorms are to be used for BOP male and female residents and which rooms will NOT accommodate the required 25 continuous square feet of unencumbered space for BOP residents.
10. If any renovations/additions, provide "as built" architectural drawing(s) and proposed architectural drawings depicting renovations.
11. The contractor will indicate separate sleeping, bathing, and toilet areas by gender on the architectural floor plans and will have a written plan outlining procedures to maintain separation by gender.

3. LOCATION - The facility will not be part of a building in which any other business shares space and could be construed as a conflict of interest to the mission of a community-based correctional facility. For example, it would be inappropriate to share space with a business which serves alcohol. If the facility is of joint use, the contractor will describe the nature of the business(es) occupying all contiguous space. The Bureau reserves the right to have the final decision in determining potential conflicts of interest. The BOP strictly prohibits the use or possession of alcohol in the contract facility. The contractor will ensure the building is appropriately zoned. The contractor will maintain a permit from the local or state enforcement body or authorized representative having jurisdiction to operate. The contractor will make these documents available on-site and to the BOP upon request.

The contractor will make all efforts to locate the facility within one mile of public transportation. The contractor must provide, at no cost to the resident, transportation for all residents (who lack personal transportation) to seek employment and participate in recommended program activities. Upon arrival at the RRC, all residents must be provided with maps of local

public transportation options. Some residents may require additional transportation assistance after employment or if special circumstances exist as determined by the RRM or the resident continues to be unable to provide their own transportation. Transportation will be made available seven days a week. Transporting of residents in a staff member's private vehicle should only be done in unusual circumstances and with the Facility Director's approval. The staff member must be licensed and insured in accordance with state laws. When issuing transportation passes to residents, the contractor must factor in the distance to/from public transportation and travel time into the pass time allotted.

4. PLANT REQUIREMENTS

A. Air Circulation - The facility's sleeping rooms will have adequate ventilation of outside or re-circulated filtered air complying with ASHRAE Standard 62, ACA and Environmental Conditions. The contractor will provide the BOP with third party documentation determining if adequate natural or mechanical ventilation is present. Third party measurements will indicate total CFMs in each sleeping room. A minimum of 15 CFM will be required per resident located in each sleeping room if the HVAC system is ducted. Thermostats shall be programed so the fans are continuously running for sleeping areas for continual air flow. Fresh air and filtration requirements shall also be ensured.

B. Lighting - All personal living and sleeping areas in the facility will meet the lighting requirements as set forth in the most current and subsequent issues of the ACA Standards for Adult Community Residential Services.

C. Space - A minimum of 25 continuous square feet of unencumbered space per occupant in the sleeping rooms will be provided. The contractor will ensure the square footage area is not obstructed by any object (e.g., bed, furniture, or fixed building structure), and allows a reasonable person enough space to freely move about. The sleeping room area will provide reasonable privacy to the resident; however, it will be accessible to staff at all times. Areas such as day rooms, closets, bathrooms, TV rooms, dining rooms, or halls will not be considered as sleeping rooms.

The contractor will provide each resident with a bed and one closet or locker which provides for adequate space and is adjacent to or located in their sleeping area for the storage of personal items. Beds amd chairs shall accommodate the weight of the resident. Adequate space means an area which provides a reasonable person enough room to store personal clothes and hygiene articles. The contractor will provide residents with a means, such as a padlock, to secure their property. The contractor will always have instant access to all closets and lockers for reasons of security and safety.

Facilities housing both males and females will provide for separate sleeping, bathing, and toilet areas by gender. In such facilities, the contractor will indicate separate sleeping, bathing, and toilet areas by gender on the architectural floor plans and will have a written plan outlining procedures to maintain separation by gender.

The contractor will provide appropriate space and furnishings inside the facility that afford a reasonable amount of privacy, as well as adequate staff supervision for counseling sessions, group meetings, and visitation. A dining room will be provided which accommodates the majority of the residents to eat at one time. If the dining room cannot accommodate the entire proposed population, the contractor must provide a dining schedule for approval by the RRM.

All contracts providing services to the Federal Government must meet the Architectural Barriers Act of 1968 (ABA), which requires that certain buildings owned, occupied, leased or financed by the Federal Government be designed, constructed or renovated so as to be accessible to, and useable by people with physical disabilities. The Uniform Federal Accessibility Standards (UFAS) are the technical guidelines used to comply with the ABA.

The Rehabilitation Act of 1973 prohibits federal agencies and their grantees and contractors from discriminating against people based on disability in employment, programs, and activities. There are two applicable sections under this act, Sections 502 and 504. Section 502 established the Architectural and Transportation Barriers Compliance Board (ATBCB) to ensure enforcement of the ABA, and accessibility standards for federally owned, occupied, or leased buildings or facilities. Section 504 prohibits discrimination against qualified

individuals with disabilities in federally funded programs and activities. The Department of Justice's Civil Rights Division is responsible for ensuring compliance with this section.

D. Lavatory - A facility will have at least one operable toilet for every eight residents (urinals may be substituted for up to one-half of the toilets in male lavatories), one shower (or bathing area) for every eight residents, and one wash basin for every six residents. If the facility houses both male and female residents the lavatory accommodations for the females will be separate from the males and meet ratios specified above for each number of residents of each sex.

Showers and wash basins will have hot and cold water. Hot water temperature will be thermostatically controlled so the water does not exceed 120 degrees Fahrenheit (49 degrees Celsius), except for food service equipment. Temperature control devices will be inaccessible to residents and unauthorized personnel.

E. Laundry - Laundry facilities will be available to all residents. The contractor will provide one operable washer and dryer for every 16 residents in the facility or through a community establishment within one mile of the facility. In the event that a community establishment is utilized, transportation will be provided to all residents to utilize the facility. The contractor must provide for the use of irons/ironing boards on site for resident use(one per 16 residents).

Residents are responsible for laundering their personal clothing items. The contractor will provide detergent at no cost to the resident. The contractor will also provide laundering services for facility-provided linens at no cost to the resident.

F. Computer Access- The contractor will provide access to computer/internet technology to assist residents with education, employment, reconnecting with family members and communities, and other reentry preparation via electronic mail. Access will be provided at no cost to the resident. Access to these resources should be sufficient to pursue education and employment opportunities and correspond with potential educators or employers without limitation or hinderance, unless by court order. Contractor will provide a minimum of one internet-enabled computer with printer for every 20 residents.

G. Room Temperature - The contractor will maintain the facility temperature at a level appropriate for the season in accordance with 41 CFR 101-20.107 Federal Property Management Regulations and ASHRAE Standard 62 (American Society of Heating and Air Conditioning Engineers).

H. General - The performance site will not operate as a hotel or motel. Living quarters should be geared toward reentry and independent living.

The interior of the contract facility will be non-smoking, and signs will be conspicuously posted indicating this requirement. The contractor may designate smoking areas outside the contract facility 10 to 25 feet away from all entrances and exits, and must be in compliance with all local restrictions or ordinances.

I. Drinking Fountains - The contractor will ensure all drinking fountains are maintained in accordance with the ABA and the Clean Water Act.

CHAPTER 4 - LIFE SAFETY

Any structure used to house federal residents must meet specific fire and safety standards before it can be approved by the BOP. In applying these standards, the safety and welfare of both staff and residents must be considered. The contractor will maintain an acceptable level of fire and life safety by complying with the most current edition of applicable fire safety codes, standards and regulations of the National Fire Protection Association (NFPA).

The contractor will provide documentation from an independent third party indicating they are in compliance with the most current version of the NFPA codes and standards. The contractor will also comply with the most current version of the following California State Technical Information Bulletins, published by the California Bureau of Home Furnishings and Thermal Insulation (BHFTI): Bulletins: 106, 116, 117, 121 and 133. The facility will be protected throughout by an approved automatic sprinkler system in accordance with NFPA 13 and P.S. 1600, Safety Policy. The BOP reserves the right to act as the Authority Having Jurisdiction (AHJ) with respect to the interpretation, enforcement, and waivers of these requirements.

1. INSPECTION - The contractor will maintain current building inspections conducted annually by the local or state authority having jurisdiction. Inspection reports will be retained and made available to the BOP to indicate the inspections were completed in a timely and appropriate manner.

The BOP reserves the right to conduct inspections to verify compliance to annual certifications and local/federal codes.

2. FIRE EVACUATION AND EMERGENCY PLANS - The contractor will maintain current written emergency plans. The contractor will train all staff in emergency procedures within one week of their initial employment. In addition, the contractor will include emergency training in annual refresher training for all staff. The contractor will document all training in the staff member's personnel file.

The plans will describe the procedures to follow in emergency situations, and be updated on an as-needed basis. The contractor will submit to the RRM a current copy of the emergency plans after contract award and before the notice to

proceed is given by the CO. The contractor will forward any subsequent changes or updates to the emergency plans to the RRM. The intent is that both the RRM and the contractor will have a set of current procedures to use if an emergency occurs.

The contractor will ensure all emergency contact telephone numbers and addresses are up-to-date and valid. The plans will identify potential emergency situations such as a fire or major emergency (including man-made and natural disasters) and outline appropriate action which ensures resident accountability and safety. At a minimum, the plans will include instructions for the following:

- Staff shall immediately notify the fire department by telephone for emergency response teams regardless of fire alarm system configuration or automatic dialer. (911);
- Facility and community search for missing residents;
- Automated information backup procedures (if needed);
- Utility services interruption (e.g., water, gas, power);
- Off-site evacuation location in case facility is uninhabitable;
- Procedures in the event of man-made or natural disasters;
- Evacuation routes and procedures;
- Notification of authorities, including internal and external; and
- Control or extinguishment of a small fire.

A. Diagramed Evacuation Routes and Drills - The contractor will post diagramed evacuation routes at a conspicuous location on every floor or level of the facility. The contractor will not use the site and floor plan for this requirement.

A diagramed emergency evacuation route will identify "You Are Here" location and be compatible with the floor plan. This diagram will also show the exterior areas around the facility and indicate outside areas of the facility used as assembly points or other areas of safe refuge during an emergency evacuation or drill.

The diagram will include the location of building exits, fire extinguishers, pull-stations, and first aid supplies. It will also show areas of safe refuge.

The contractor will review all emergency and evacuation procedures, including diagramed evacuation routes, with each new resident upon arrival.

The contractor will conduct an evacuation drill at a minimum of one drill during each shift each quarter (a minimum of three drills). The contractor will document each drill which will include the staff members name who simulated calling emergency services, how the evacuation alarms were activated, date and time of the drill, amount of time taken to evacuate the building, evacuation path used, number of staff and residents participating, and comments.

B. Fire Alarm Systems - All buildings used to house federal residents must be equipped with an automatic fire detection and alarm system designed, installed, tested, and maintained in accordance with NFPA. The system design must incorporate hard-wired smoke detectors in all sleeping rooms, corridors, and common areas. The alarm system must be hard-wired into an enunciator panel and located at a central control point under 24-hour staff supervision. Facility staff as designated by the Facility Director will be trained and knowledgeable in the operation of the fire alarm system. A trained staff member will be on duty at all times.

C. Fire Extinguishers - Buildings used to house federal residents must be equipped with an adequate number of portable fire extinguishers that are sized, located, installed, tested, and maintained in accordance with NFPA. At least one extinguisher must be provided on each level of the building.

3. FURNISHINGS - Combustible and flammable fuel load sources will be kept to a minimum to prevent the possible spread of fire. The contractor's furnishings will meet the standard test requirements in the California State Technical Information Bulletins.

All mattresses and mattress pads, throughout the facility will meet the Flammability Standard DOC-FF-472, Federal Flammability Standard 16 CFR §1632 or 16 CFR 1633. The contractor will maintain documented compliance of this requirement.

Interior furnishings such as window covers, curtains, sofas, chairs, etc., will meet the requirement of all NFPA standards. These are to be considered minimum requirements.

The contractor will maintain documentation of compliance with NFPA standards.

NOTE: These requirements apply to the entire structure, even when federal residents occupy only a portion of the facility. An exception is when the area housing federal residents is separated from other areas of the building by a two-hour fire wall which meets the approval of the agency having jurisdiction.

4. EMERGENCY LIGHTING - Where required, NFPA approved emergency lighting will be installed in the event normal electrical lighting is disrupted. Normally, emergency lighting will be located at exit points and midway down hallways to assist occupants in exiting the facility in an emergency situation. These emergency lights shall be tested on a monthly basis for a minimum of thirty seconds and on an annual basis for an hour and a half with a final reading of at least 0.06 foot candle. The contractor must maintain a log documenting the testing of emergency lights.

CHAPTER 5 - SANITATION & ENVIRONMENT

1. SANITATION - A well-defined sanitation and housekeeping plan is of utmost importance for the protection of health and well-being. In addition, proper sanitation throughout the facility complements fire and pest control efforts. Failure to maintain an aggressive program results in preventable accidents, injuries, and personal liability.

The contractor will maintain a written sanitation and housekeeping plan which provides for the upkeep of the facility. The plan will be made available to the BOP upon inspection.

The housekeeping plan will assign specific duties and responsibilities to staff and residents. The plan will address the following standards and activities:

- The facility and surrounding area will be kept clean and in good repair at all times.
- Sidewalks leading from the exits will always be clear of materials, debris, ice, and snow.
- The contractor will document weekly sanitation and safety inspections of all internal and external areas and equipment. Documentation will indicate corrective action to be taken on discrepancies found during these inspections. The action will be completed in a timely manner and will be documented and made available for BOP inspection upon request.
- Waste containers will be of noncombustible or flame resistant material capable of extinguishing smoke and flame.
- Filters on furnaces and ventilation systems will be exchanged and kept clean per manufacturer's requirements. The contractor will not allow the ventilation system ducts and vents to accumulate excessive dust and dirt build-up.
- The contractor will equitably assign general housekeeping chores of common areas to all residents.

Residents are not permitted to perform work for the contractor, except as part of the sanitation and housekeeping plan. The contractor will require residents to maintain high sanitation in their living areas. This includes sweeping and cleaning sleeping areas, recreation or day rooms, bathrooms and showers, passages and hallway areas. "Extra Duty" to

clean an area of the facility may be imposed for minor rule infractions in accordance with the chapter on discipline. The contractor will not use residents in lieu of paid workers.

2. ENVIRONMENT - The contractor will establish an appropriate recycling program to include, at a minimum, aluminum cans and newspapers, or to meet applicable local recycling requirements.

CHAPTER 6 - ELECTRICAL SAFETY

The contractor will comply with all local, state, and national electric codes to include National Electric Code (NEC) and OSHA standards. In the event local, state, and national codes conflict, the most stringent will apply.

Prior to the preoccupancy inspection, the contractor will provide documentation of an independent inspection of the electrical system by a certified contractor. Inspection documentation results will be a detailed report certifying the following at a minimum: all GFCIs are in good working order; receptacles are not loose in the wall or worn unable to properly hold electrical cords/devices; wiring of receptacles/branch circuits is correct; branch circuits are not overloaded; electrical indexes are correctly labeled; interior panel board terminations have been torqued to manufacture recommendations and preventive maintenance has been conducted; exterior and interior grounding systems/conductors are installed and maintained according to the NEC; transformers have had preventive maintenance conducted; and all personal living and sleeping areas in the facility meet the lighting requirements as set forth in the most current and subsequent issues of the ACA Standards for Adult Community Residential Services.

1. GROUND FAULT CIRCUIT INTERRUPTER (GFCI) - The contractor will use GFCIs on all 110-volt single phase outlets in the laundry, kitchen, and bathroom areas within 180 centimeters (5.9 feet) of a water source. GFCI wiring will be 14-gauge with ground. Standard wiring is usually 12-gauge with ground.

2. PANEL BOX - Electrical panel box covers will contain an accurate directory. The directory will reference the disconnecting means of electrical equipment, such as the breaker switch, and indicate the area which it controls. The outside of the panel box must have either a numeric or alpha indicator near the top of the panel to identify the different boxes in a room. Office materials and equipment cannot be stored in an electrical room.

3. EXTENSION CORDS - The contractor will not use extension cords in lieu of hard or permanent wiring. Permissible, temporary extension cords must have surge protectors.

4. RECEPTACLES - Wiring and receptacles must be grounded. Two-wire outlets may not be used.

5. FLOOR SPACE HEATERS - Floor space heaters that are cool to the touch and utilize an automatic shutoff if overturned may be used.

6. FANS - Appropriate guard grids on oscillating or floor fans will be in place.

7. ELECTRIC SAFETY - The following electrical safety standards will apply:

A. Damaged or frayed wiring cannot be taped or spliced. The use of electrical tape to repair cut or damaged cords or cables is prohibited. Cords and cables must be repaired by the proper means (e.g., use of heat shrink tubing, or re-installation of cords or cables to equipment). Bare wire may not be exposed.

B. Empty light fixtures or fuse sockets may not be exposed or unprotected. Missing knock-outs, circuit breakers, or other openings in electrical equipment must be enclosed to prevent exposure to live or energized ports.

C. The use of multi-outlet electrical adapter plugs is prohibited.

D. Damaged plate covers, switches, and outlets must be replaced.

8. An Electrical Maintenance Program (EPM) shall be established. The EPM shall establish procedures and intervals for inspection, testing, preoccupancy independent inspection requirements, SOW requirements, and servicing of the electrical and grounding systems according to manufactures recommendations, NEC and ANSI Standards. Documentation will be made available upon request for the BOP.

CHAPTER 7 - HAZARDOUS MATERIALS

The contractor will establish and use a written plan for the storage, issuance, handling, and accountability of flammable liquids, hazardous chemicals, toxic, and caustic materials used within the facility. Hygiene items are exempt from the Hazardous Communication program. Aerosol spray cans are not considered to be pressurized containers.

The contractor will also address universal precautions in regard to blood and body fluids. All body fluids are to be considered as potentially infectious. The contractor will maintain a body fluid clean-up kit in the facility.

The Environmental Protection Agency (EPA) and OSHA establish standards for the proper handling and use of toxic, caustic, and flammable materials. When using hazardous materials at the facility, the contractor will provide protective clothing at no cost to the resident in accordance with the Safety Data Sheets (SDS).

Activities which are implemented, in whole or in part, with federal funds must comply with applicable legislation and regulations established to protect the human or physical environment and to ensure public opportunities for review. The contractor will remain in compliance with federal statutes during the performance of the contract, including but not limited to the Clean Air Act, Clean Water Act, Endangered Species Act, and the Resource Conservation and Recovery Act, as well as other applicable laws, regulations, and requirements.

The contractor will be responsible for and will indemnify and hold the Government harmless for any and all spills, releases, emissions, and discharges of any toxic or hazardous substance, any pollutant, or any waste, whether sudden or gradual, caused by or arising under the performance of the contract or any substance, material, equipment, or facility utilized. Therefore, for the purposes of any environmental statute or regulation, the contractor will be considered the "operator" for any facility utilized in the performance of the contract, and will indemnify and hold the Government harmless for the failure to adhere to any applicable law or regulation established to protect the human or physical environment. The contractor will be responsible in the same manner as above regardless of whether activities leading to or causing a spill, release, emission or

discharge is performed by the contractor, its agent or designee, an resident, visitor, or any third party.

If the contractor spills or releases any substance into the environment, the contractor will immediately report the incident to the CO through the RRM. The liability for the spill or release of such substances rests solely with the contractor and its agent.

At no time will the contractor dispose of hazardous, toxic, or caustic substances by unsafe methods. Unsafe methods include spreading or pouring it onto the ground, dumping in a lake, river or stream, and flushing into sewers.

1. TRAINING - The contractor will train all staff in the proper handling and use of all hazardous, toxic, caustic, and flammable materials within two weeks of their initial employment, whenever a new hazard is introduced into their work area, and annually thereafter.

All residents will receive training during intake screening. If controlled materials are issued to an resident for authorized use, the resident will sign an acknowledgment specifying they understand the proper use of the material as well as its potential health hazards. The contractor will document all training. Training will include:

- Methods that may be used to detect the presence or release of hazardous materials in the facility;
- The potential health hazards of chemical spills in the work area;
- The measures employees and residents can take to protect themselves from these hazards, including procedures such as universal precautions and personal protective equipment; and
- The details of the hazard plan developed by the contractor, including an explanation of the labeling system and the SDS, and how employees and residents can obtain and use the appropriate information regarding hazardous materials.

2. Hazard Communication Safety Data Sheets (SDS) - When using an identified hazardous material, the contractor will obtain and maintain the SDS (OSHA form 3493-02) or its equivalent for that material. SDS forms will be maintained and readily accessible to staff and residents. The SDS form lists information about

the storage, use, and disposal of the material and those requirements will be followed. A staff member will be assigned to review chemical storage and use; to include an annual review of all SDS forms to ensure accuracy and that they are current. Staff will document this review and make it available to the BOP upon inspection.

3. MANAGEMENT - The contractor will provide a method of accountability and supervision for chemicals and hazardous materials. Employees will continually demonstrate to residents the proper use of these materials. Resident personal hygiene items are exempt from this requirement.

NOTE: Flammable materials such as gasoline, kerosene, propane, and paint thinner will be stored outside of the main facility, unless otherwise indicated by the authority having jurisdiction.

The contractor will provide a level of supervision required for chemicals and hazardous materials determined by the level of hazard labeling. The SDS form will outline the precautions to be used for each chemical.

The contractor will use good judgment when making decisions regarding the use and storage of chemicals and hazardous materials. The intent is to manage chemicals and hazardous materials in accordance with governing regulations while providing a safe environment for both residents and staff members.

CHAPTER 8 - PEST CONTROL & WASTE MANAGEMENT

1. PEST CONTROL - The contractor will provide for vermin/pest control and disposal. Control and accountability of pesticides and rodenticides are mandatory.

The contractor will place screens, in good condition, on all open windows and doors throughout the contract facility to include food preparation and dining areas. Screens are not required on exit doors.

The contractor will post a notice 24 hours in advance notifying residents of the application of pesticides. This notice will include the type of pesticide used and will remain posted 24 hours following the application of the pesticide.

If the contractor subcontracts an outside pest control company to perform pest control services for the facility, the pest control company must provide SDS forms for all pesticides to be applied at the facility. In addition, after the application, the pest control company must inform the RRC in writing regarding what pesticide was applied and the amount used.

2. TRASH REMOVAL - The contractor is responsible for all trash removal. The contractor will provide noncombustible containers in such sizes and quantities needed for sufficient trash collection. Trash will be removed at least daily from inside the facility. The contractor will ensure all garbage is removed from the facility property in such a manner to ensure sanitation and to prevent accumulation, odors, and pest control problems.

CHAPTER 9 - REFERRAL AND INTAKE PROCESSING

The contractor will have written policy and procedures governing resident referral and intake processing.

It is the philosophy and policy of the Bureau of Prisons that all inmates are afforded the opportunity for community placement; including but not limited to, sex offenders, violent offenders, arsonists, etc., in RRCs. Policies which may restrict the placement of inmates within community facilities are subject to the interpretation of the BOP, who is the determining agency for placement in community facilities.

The contractor will accept all inmates for placement at the facility and manage any inmate referred by the RRM. In cases where local and/or state laws or ordinances do not allow for placement of a specific type of referral, the contractor will submit written justification to the RRM who will determine if the justification is in compliance with the technical proposal. Acceptance of a federal inmate under this contract not referred by the RRM may result in non-payment or other negative contract action. The contractor is responsible to immediately communicate with the RRM any changes in local, state, or other ordinances, laws, regulations, etc. which may impact their ability to house all inmates during the life of this contract.

1. REFERRALS - The RRM will forward a referral packet (electronically or via mail) to the contractor requesting a specific placement date. If the placement date is within the next 30 days, the contractor must respond within two working days. If the placement date is more than 30 days from the date the referral is received, the contractor must respond within five working days. If the requested acceptance date is not granted, a written justification must be provided to the RRM.

A. Acceptance - The contractor will provide notification of acceptance to the RRM confirming the reporting date. If the reporting date differs from the date in the referral packet, the contractor must obtain concurrence from the RRM before notifying the referring source of the acceptance.

1) Individuals transferring from a BOP institution - The contractor will send the notification of acceptance, subsistence collection agreements, and RRC rules and regulations

to the resident in care of the Unit Manager as indicated in the referral packet.

2) Supervision cases - The contractor will provide the resident with copies of the acceptance letter, subsistence collection agreements, and RRC rules and regulations upon admission to the facility.

2. ADMISSION - Immediately upon a resident'sarrival, staff will conduct a private interview with the resident to determine if there are any non-medical reasons the resident should be housed separately from the facility's offender population.

During the interview, contract staff will evaluate the general physical appearance and emotional condition of the resident and ask questions pertaining to both physical and mental health, ensuring that, at a minimum, the requirements on the *RRC Elements of the Medical Examination for Residents Committed Directly to the RRC*, Attachment B, Part 1, are met. Residents will be further screened for risk of victimization and abusiveness in accordance with PREA requirements. If after screening the resident is determined to be at risk of victimization or abusiveness, the RRM must be contacted to refer the resident for Community Treatment Services. It is important for the intake staff to ask the resident about medications (e.g., do they have any prescribed medication from the institution, how much, and are they in compliance with taking their medication). All information provided by the resident regarding medication will be confirmed with the medical referral document(s) and the Bureau Electronic Medical Record. If the resident is on prescribed medication, the contractor will initiate a process to ensure the resident receives his/her medication prior to the expiration of the current supply. The contractor is to ensure prescribed medication is controlled and distributed in accordance with the facility's written policy on prescribed medication.

In addition, during the interview, staff will inform the resident about the RRC rules and regulations to include the contact person(s) regarding incidents of sexual abuse/assault, discipline, curfew, and visiting, as well as reentry services and resources, as described further below.

The contractor will issue each resident one complete set of clean bed linens and towels. The contractor will provide for

the exchange or laundering of these items on a weekly basis at no cost to the resident.

Upon arrival, and throughout the duration of the stay, the contractor will provide all residents personal hygiene articles at no cost to the resident. Examples include soap, shampoo, deodorant, toothbrush, toothpaste, comb, razor and toilet paper. The contractor will also provide feminine hygiene products to female residents.

3. NOTIFICATION - The contractor will electronically transmit via the R3M (Email or facsimile transmittal is acceptable in the event the application is down, upon verification with the RRM) a admission/transfer/release activity form immediately for all inmate movement to the RRM indicating all arrivals/transfers/releases, including any during the evening hours, weekend, or holidays. If the reporting inmate is a supervision case, the contractor will, in addition, notify the appropriate USPO. Notifications must include full name, register number, and the time/date of arrival/transfer/release. All releases will also include the complete release address.

Accountability is paramount. Should a resident not arrive at the designated time, the contractor will immediately notify the RRM that the resident failed to report to the RRC.

There are instances of late arrivals where there are circumstances beyond a resident’s control. In these cases, the contractor must verify the reason and notify the RRM immediately that the resident has arrived and reason he/she did not arrive by the designated time.

Any inmate committed to the BOP who fails to report to a contract facility for admission will be placed on escape status.

Residents housed at a RRC as a condition of supervision are ordinarily not in the custody of the BOP. These residents who leave without authorization have absconded from supervision rather than escaped from custody.

Determination of escape or abscond status rests with the BOP.

The contractor will process the following required documents and return them to the RRM within one calendar day of a resident’s

arrival. The contractor will maintain copies of all these documents in the resident's file.

A. Transfer Orders - For institution transfers, the contractor will sign and return the *Transfer Order (Return of Service)* to the RRM within one business day of the resident's arrival.

B. Judgment/Commitment Order - The contractor will execute the Order immediately upon arrival of residents placed in BOP custody as a condition of probation. Staff must execute the certified Orders, and return one to the RRM and one to the U.S. Marshal (USM) of the sentencing district.

C. Fingerprints - At a minimum, key contractor staff will be trained in fingerprinting procedures. For institution transfers (BOP cases), the contractor will execute the *Authorized Unescorted Commitment & Transfers Identification Card* by fingerprinting the resident's thumb in the designated area immediately upon arrival. The contractor will forward the executed card to the RRM within one business day of the resident's arrival. It is critical staff compare the new thumb-print with the thumbprint on the card to verify the identity of the resident. Identification is also determined by comparing the resident with the photo on the card and questioning the resident about their name, date of birth, offense, and register number.

The contractor will obtain one set of fingerprints on direct court commitments. Fingerprints will be obtained immediately upon arrival and forwarded to the RRM.

The fingerprint cards will be forwarded to the RRM by the next business day.

D. Initial Intake Form - The contractor will complete the *Initial Intake Form,* (Attachment C) for each resident and place it in the resident's file.

E. Photograph - The contractor will digitally photograph each resident when they are admitted to the RRC and upload the photograph into the current bureau referral and population management application (R3M). The resident will be re-photographed if there is a significant change in his/her appearance during the RRC placement. This procedure will

provide for a recent, clear means of identification, which is useful in subsequent matters of investigation, discipline, or escape.

F. Conditions of Residential Reentry Programs - Each resident must sign the BOP form *Community Based Program Agreement*. If a resident is transferred from a federal institution, this form should already be in the resident's file, signed by the resident. However, if the form is absent from the file, the contractor will have the resident sign the form and place it in the resident's file. This requirement is applicable to all residents.

G. Identification – Upon intake the contractor will ascertain from the resident if they possess a valid birth certificate and/or state issued identification card and will maintain related data. If the resident does not possess a state issued identification card, the contractor will assist and facilitate the resident in the process of obtaining a state issued identification, to include printing and completing necessary paperwork, mailing documents, providing transportation to the state department of motor vehicles, and facilitating appointments to obtain a birth certificate and other related documents necessary to obtain a state issued identification card. The costs of obtaining the aforementioned documents and the identification card, up to amount approved by the RRM (typically $35 total per resident), will be paid by the contractor and the Bureau of Prisons will reimburse the contractor quarterly.

H. Screening - All cases committed directly to the facility will receive a medical/mental health screening immediately upon arrival which will contain at a minimum all the requirements in Attachment B (Part 1). Special emphasis should be given to chronic health conditions such as diabetes, hypertension, and infectious diseases such as TB, HIV, hepatitis, etc., as well as any mental health concerns. The screening is to determine any urgent medical or mental health care needs, restrictions from work, and freedom from infectious disease.

The contractor will notify the RRM of those residents with immediate medical or mental health needs, and/or infectious diseases. The results will be documented, placed in the resident's file, and sent to the RRM. However, if an resident

is suspected of having an infectious or debilitating health problem during the RRC initial screening, the contractor will arrange for an immediate examination within one calendar day after arrival.

I. Medical Examination - All cases committed directly to the facility will receive a medical examination, in accordance with Attachment B (Part 2), within 5 working days after arrival. This examination is to identify any medical or mental health conditions which may require treatment.

NOTE: The complete health examination will include relevant diagnostic procedures as indicated in Attachment B (Part 1 & 2). All residents should be tested for TB (PPD test/read and, if positive, a chest x-ray), and any other infectious/communicable diseases if clinically indicated.

J. DNA Analysis Procedures - The DNA Analysis Backlog Elimination Act (DNA Act) requires the BOP to obtain DNA samples from all residents with qualifying offenses in order to comply with the DNA Analysis Backlog Elimination Act of 2000 (P.L. 106-546) and USA Patriot Act (P.L. 107-56). These laws require DNA samples to be obtained from residents convicted of all federal codes. Samples must also be obtained from qualifying D.C. Code felony offenders.

Residential Reentry Contract Facility Procedures for DNA Collection

Each contract facility will be responsible for arranging the collection of DNA samples from adult residents whom the RRM has identified as requiring testing. These residents include:

- RRC residents, including direct court commitments;
- Residents on home confinement;
- Residents housed in state facilities; and
- RRC failures in a non-BOP facility (e.g., jail).

Only residents who are serving terms of imprisonment with the BOP need to be evaluated for DNA sample collection.

Steps for DNA Sample Collection:

1. Identification of Residents

The servicing RRM office will provide each contractor with a *Request for DNA Collection Letter*, Attachment D, requesting the collection of DNA samples on any resident identified as requiring DNA testing.

2. Collecting DNA Samples

Once the RRM office identifies an resident requiring DNA testing, they will forward Attachment D, requesting the collection of the DNA sample, the swab kit, and a *DNA Fact Sheet*, Attachment E, to the contractor.

- Upon receipt of Attachment D, the contractor will contact BOP staff to obtain the resident DNA number for inclusion on the Request for National DNA Database Entry cards. Upon receiving the assigned resident DNA number, contract staff have 24 hours to obtain the DNA sample from the resident. (NOTE: Strict accountability of DNA numbers must be maintained to ensure that proper/assigned numbers are provided with the correct resident DNA sample.)
- Once a DNA number is placed on a kit and the collection is completed, the kit will be sent directly to the FBI by the contractor within 24 hours of collection.

Refusals to Submit a DNA Sample

- In the event a resident refuses to submit DNA to the contractor taking the sample, the resident should be counseled regarding the obligation to provide a sample. Should the resident continue to refuse, the contractor will contact the RRM.
- Residents who refuse DNA testing may be designated to an appropriate BOP facility in order to obtain the DNA sample.

Training

Instructions for the use of the Buccal Swab Kit are included with each kit. Additional training to include pamphlets and an instructional video are available on the manufacturer’s website.

CHAPTER 10 - PROGRAMS

The contractor will make use of, and rely upon information provided by the BOP regarding the risks and individual needs of each resident.

1. RESIDENT CASE MANAGEMENT

A. Individualized Program Plan (IPP)

Within 10 calendar days of the resident's arrival at the RRC, Case Managers, in consultation with the SSC and EPS, will complete the IPP, using Attachment F or subsequent revisions. (NOTE: Bureau of Prisons may elect to develop and implement the Individualized Program Plan as part of R3M, upon implementation it is required that the contractor utilize the individualized program plan within R3M). The IPP is the "roadmap" for the resident's case management while at the RRC. The IPP will address all of the resident's needs and risks identified in the information provided by the BOP and by the RRC. Nearly always, the resident has needs greater than employment (e.g., further educational and vocational training, mental health treatment, assistance in reintegrating with family, etc.).

The contractor will clearly identify in the IPP how they will prioritize and assist the resident in addressing elements of the IPP, to include specific program activities and a time table for achievement of these goals.

B. Progress Reviews (PR)

Within two weeks of the IPP completion, the contractor will begin conducting biweekly Progress Reviews with the resident. The PRs must have substance and indicate the resident's progress or lack of. These IPP progress notes will be documented in Attachment F. The PRs must be dated and signed by the staff member that authored the report and signed by the resident. The PR's must be used as the basis for the terminal report. The original signed copy will be placed in the resident's file.

C. Program Review Team (PRT)

The contractor will implement a multi-disciplinary team approach to determining resident program needs, and will monitor participation to encourage pro-social behaviors.

The PRT will consist of one or more representatives of each of the following: 1) Facility Director or caseworker; 2) the SSC; 3) the EPS; 4) treatment provider if the resident is a CTS participant; 5) BOP RRM staff; and 6) USPO. If the USPO, CTS treatment provider, or BOP staff is not able to participate in the PRT, the contractor will solicit their input regarding the resident's programming needs and goal completion.

It is the expectation the PRT will review the Individualized Program Plan and subsequent progress reviews as part of a comprehensive discussion of the resident's progress to date. At a minimum, the PRT will meet on a monthly basis. Documentation of monthly PRT meetings will be included in the resident file.

The contractor will provide all participants with a schedule of the PRT meetings, preferably two weeks in advance. BOP staff will participate when their schedules permit.

D. Program Planning and Progress:

Social Services Coordinator: It is the responsibility of the Social Service Coordinator (SSC) to develop and coordinate reentry programs to ensure continuity of care for the resident and facilitate services for residents with special needs(i.e., sex residents, significant medical and mental health issues, drug and alcohol use, and specialized female resident programming). This coordination will include consultation with the SCTC for treatment that is provided under CTS contracts.

Release of Information: In cases where an resident is participating in medical or mental health treatment outside of the facility, the contractor will ensure they obtain a release of information from the resident and consult with the care provider for information to be included in the IPP.

Family Participation: The contractor will make every effort to include the resident's family members/significant others in the reentry program planning process, including by permitting members of a resident's family to attend any RRC orientation. The purpose is to cultivate a network of support for the resident's return home. Therefore, family is defined broadly and may include extended family members, partners, close friends, or mentors. Contractor must clearly post visiting hours, which must include multiple weekday evenings (after 6:00pm) and weekend time. Residents must be given a copy of the contractor's visiting hours upon arrival. Documentation must be maintained on the contractors attempts to include family members in the initial orientation, program planning meetings, and other activities surrounding the programming of the resident. Refusal or reluctance of the resident to include family members in this process should also be documented and discussed with the RRM. The contractor will also make every effort to permit routine family visitation throughout the duration of the residents' stay at the RRC.

USPO Participation: The contractor will consult with the USPO when developing reentry plans for USPO cases. The reentry plan will be signed by the contractor and resident, and when applicable, the supervising authority. If the resident refuses, staff witnessing the refusal will place a signed statement to this effect with the plan.

2. PROGRAM COMPONENTS

After completion of the IPP, the contractor will identify in which component to place the resident, based upon the program plan. The program components are community corrections, pre-release, and home confinement.

Residents in all components are provided the same general program resources. An resident will move from one component to another component based upon his/her demonstrated level of responsibility, supervision needs, and restrictions based on the individual's sentence. This will be further determined through the individualized program plan developed for each resident. There is no requirement an resident progress through each component in order. Residents should be placed in the component as indicated by their IPP. In addition, an resident may be given increased privileges within a component as they demonstrate increased levels of responsibility (e.g., an resident in the pre-release component may not be ready to

immediately receive a weekend pass but rather may begin with evening or day passes and then graduate to weekend passes). The contractor must have a thorough understanding of the components including the requirements for each component.

A. Community Corrections Component - The community corrections component is the most restrictive. Except for employment, participation in religious activities, approved recreation, program needs, community programs, and emergency situations, the resident is restricted to the RRC.

The PRT determines when the resident is appropriate to move into the pre-release component if initially classified as community corrections component. The Facility Director is given authority to move an resident into the pre-release component based on feedback provided by the PRT and as documented in the IPP.

B. Pre-release Component - Residents in the pre-release component generally have more access to the community and family members through weekend and evening passes, in accordance with the Authorized Absences section of this SOW. The resident must develop a daily detailed itinerary that is scheduled in advance and approved by RRC staff. The itinerary must include travel routes, destinations, and time frames.

C. Home Confinement - Home confinement is the least restrictive component. It is the BOP's expectation that through the use of the IPP, the majority of residents will transition to the home confinement component upon their statutory home confinement eligibility date. When a resident is not involved in approved activities, programming requirements, and/or employment, they are required to remain in their home. The goal to place a resident on home confinement will be included in each program plan along with a projected date for accomplishment. (For specific procedures related to home confinement, refer to Chapter 11 of this SOW.)

2. PARTNERSHIPS

The contractor must develop and foster collaborative relationships with a network of community resources, social services, and support providers, including referrals to other federal, state, and local agencies that can assist residents in their transition to the community. The contractor shall pursue partnership opportunities with other entities, including, for example, charitable organizations, education providers, legal

aid, U.S. Attorney's Office, U.S. Probation, formerly incarcerated individuals seeking to provide mentorship and reentry assistance, nonprofit organizations, faith-based organizations, and others.

3. INDIVIDUAL ORIENTATION

The contractor will have written policy and procedures regarding resident orientation, case management, and transitional programming. At orientation, the contractor will refer the resident to available reentry programs and services as indicated by the individualized program plan and ensure resident is aware of community resources and partnerships. The contractor will provide all residents a copy of the BOP's publication, Reentering Your Community: A Handbook, available online at https://www.bop.gov/resources/pdfs/reentry_handbook.pdf.

The contractor will provide all programs, services, and opportunities without discrimination based on race, color, religion, sex, national origin, physical or mental disability, age, retaliation, or sexual orientation.

The Facility Director will ensure each resident receives an orientation about the facility rules and accountability requirements, as well as the reentry services and programs. The contractor will establish an orientation checklist and staff will have the resident sign and date this document as they complete each requirement, and place the original in the resident's file. Whenever possible, the contractor will invite and permit family members to attend the orientation provided the resident consents. Orientation will normally last until the resident is aware of the following (should not exceed three working days from date of arrival):

Facility Rules:

- Facility's program opportunities;
- Components and what they mean;
- Facility's disciplinary system;
- Universal precautions;
- Sexual abuse/assault intervention;
- Human immunodeficiency virus (HIV) and Hepatitis B & C prevention (e.g., risks regarding sexual behavior and drug abuse);
- Suicide prevention;

- Medication requirements, to include over-the-counter and prescribed medication and expectations of medication compliance; and
- Requirements for urine surveillance and testing.

Accountability:

- Decision making and consequences of decisions;
- Personal accountability;
- Personal management of challenges during RRC residency;
- Resource person(s)in the facility;
- Consequences of escapes;
- Sign-in/sign-out procedures;
- Pass and furlough procedures;
- Component assignment; and
- Appropriate behavior in the community and the RRC.

Reentry Preparation:

Reentry services, programs, and resources

RRC staff must exercise flexibility and utilize existing community resources to ensure all residents have access to religious services. Each request for religious activities will be handled on a case-by-case basis and the RRM will be contacted for guidance when there could be potential management concerns.

4. RECREATION

The contractor will provide the opportunity for residents to engage in recreational activities. These activities are ordinarily provided in the facility and may include television viewing, table games, and exercise equipment. However, if in-house recreation is not possible, alternative recreation will be made available in the community, at a specified location, with a written plan submitted to the RRM for approval. The alternate plan must list a specific location within a reasonable distance of the RRC located in an area that supports the mission of the BOP. Residents, including those in the community corrections component, may sign out for up to one hour per day (excluding travel to and from) to the alternate recreation location. The sole purpose will be for exercise or recreational activity.

5. EMPLOYMENT

The contractor will develop and provide an employment assistance program. Emphasis should be placed on assisting the resident in finding viable employment that will potentially offer long-term employment based upon their skills and capabilities. The contractor must provide transportation or public transportation vouchers to assist residents in seeking and maintaining employment. If the contractor is providing transportation, the type used, schedule, etc., must be described in the technical proposal.

The Employment Placement Specialist (EPS) (for contracts not requiring EPS the contractor will designate who will perform the required duties in their technical proposal) is responsible for providing residents with employment assistance in accordance with, but not limited to, the following:

- IPP;
- Job placement resources both in the RRC and in the community, to include the Department of Labor's One-Stop System, consistent with current labor market trends;
- Employment information assistance using computer-based technology and resources which include career assistance software and on-line resources (e.g., Internet, America's Career Info Net). The EPS will have direct access to the Internet to meet this requirement;
- Portfolio development, resume writing, proper dress, and interview techniques training;
- Individual and group counseling, case management, and post-release follow-up relative to employment within the community, to include the area where the resident plans to live following release;
- Employment job fairs either on-site or in partnership with other organizations, such as community colleges; and
- To maximize job retention, every effort should be made to match an resident's skill levels to an actual job placement. For example, an experienced heavy equipment operator may not be appropriately employed as a short order cook at minimum wage.

Bi-weekly Status Report: If full-time employment, or active progress towards meeting other identified needs and goals, is not obtained within 30 days of arrival to the facility, the contractor will forward to the RRM a biweekly status report of

the efforts to assist the resident and maintain a copy in the resident’s file. The SSC, EPS and the Case Manager, will develop a plan to involve the resident in productive activities such as volunteer work or community service to minimize the amount of idle time. The plan and IPP progress notes regarding the resident’s efforts and progress will be placed in their case file.

Self-employment or employment by a resident’s family member must be approved by the RRM.

A. Approval and Verification

- Legal status notification: Each resident's employment requires the contractor's written approval. The contractor will ensure through documentation that the resident's employer is aware of the resident's legal status prior to beginning employment. This notification can be conducted via U.S. Mail, fax, e-mail, or telephone. However, the contractor must obtain written verification from the employer of the notification. If employer notification is via telephone, written documentation must be obtained within seven calendar days. At no time should the resident be allowed to hand deliver the notification to the potential employer. Any changes in an resident's employment will require advance approval by the contractor.

- On-site visit: For each job an resident acquires, the contractor will verify employment by an on-site visit during the first seven calendar days, and document the visit to include date and the title of the person contacted. The contractor will request the employer notify the contractor if the resident does not report to work as scheduled, is terminated, or quits. A telephone number and contact person at the RRC will be provided to the employer to report such incidents.

- Monthly check: Thereafter, at least monthly, the resident's employment supervisor will be contacted by phone or site visits to substantiate attendance and discuss any concerns which may have arisen. The contractor will make additional contacts only as necessary. All contacts concerning an resident's

employment will be documented in the IPP progress notes.

All residents (BOP and USPO cases) are subject to these requirements. The contractor will report any deviation to the RRM. Any modifications of these requirements for USPO cases may be approved by the Facility Director or Assistant Director with USPO concurrence. Documentation will be maintained in the resident's file.

Work Restriction - Restriction from work will not be used as a disciplinary sanction. Informal resolution will not impede or control an resident's ability to work.

6. RESIDENT'S FINANCIAL RESPONSIBILITY

The Bureau expects each sentenced resident to meet his or her legitimate financial obligations. To provide for the continuity of the Bureau's policy concerning the Inmate Financial Responsibility Program, the contractor will establish a program which includes the following:

- All residents, with staff assistance, will develop a budget and financial plan to address all financial obligations.
- Each financial plan will be monitored effectively to ensure satisfactory progress is being made.
- Appropriate consequences will be incurred by residents who refuse to participate in the program or fail to comply with their financial plan.
- The financial plan will include the following obligations, ordinarily in the order listed:
    - Special Assessments;
    - Court-ordered restitution;
    - Fines and court costs;
    - State or local court obligations;
    - Other federal government obligations.
- The contractor will develop a working relationship or point of contact (the courts and United States Attorneys' offices) to assist residents in making court-ordered payments and will record the resident's progress toward meeting those obligations. The contractor will provide pertinent addresses to residents concerning payment of court-ordered financial obligations.

Subsistence: To promote financial responsibility, the BOP requires residents who reside at an RRC to make subsistence payments to the contractor each payday. The contractor will develop and use an resident's subsistence agreement form which documents the resident's obligation and responsibility to pay subsistence and other financial obligations outlined in the SOW. Residents are expected and should be able to meet this basic financial obligation while participating in the RRC program. Failure to pay accurate subsistence to include underpayments may result in an immediate disciplinary report being issued to the resident. Subsistence will not be collected from indigent residents who reside at the RRC or any resident on Home Confinement.

Underpayment: In the case of an underpayment, the resident will be issued a disciplinary report which will then be held for 24 hours pending the receipt of the remaining subsistence owed by the resident. If the remaining subsistence is paid within the 24 hours, the disciplinary report will be informally resolved. If payment is not received, the disciplinary report will be processed in accordance with P.S. 5270, Inmate Discipline Program. Under no circumstances is the contractor to refuse any attempts to make partial subsistence payments.

Refusal/Failure to Pay: All cases of resident refusal to pay subsistence owed will result in a formal disciplinary report and notification to the RRM, unless a wavier of the requirement is deemed appropriate. The contractor is responsible for collecting the full subsistence amount due and providing the resident with receipts for all subsistence payments. The receipt will indicate the resident's name and register number, amount collected, gross income, and time period covered.
A resident who fails to pay subsistence payments may be subject to disciplinary action, including termination from the program. Unless otherwise indicated by the Court, BOP, or USPO, all USPO cases will pay subsistence, unless a waiver is deemed appropriate.

Overpayment: Contractors will not accept subsistence payments in excess of the amount of subsistence owed unless procedures are in place to immediately refund the amount of overpayment. Refund of overpayment will include documentation of any overpayment and acknowledgement by the resident of the immediate refund as evidenced by signature. If procedures are not in

place for immediate refund of any overpayment, then the subsistence payment should not be accepted and discipline procedures should be initiated as a non-payment. Local procedures for collection of overpayments must be approved in writing by the RRM.

Subsistence payment collection: When residents collect a pay check (weekly, bi-weekly, or monthly), subsistence payments will be made to coincide with their payday. The contractor's procedures will require subsistence payments within 48 hours of the time the staff receive the resident pay information, unless a wavier is deemed appropriate. The contractor will collect 25 percent of each employed resident's gross income (calculated for a week) not to exceed the total dollar amount of the contract's daily per-diem rate totaled for one week.

For example, if an resident's gross pay is $1000 for one week, 25 percent would be $250. However, the contractor must consider the contract's per-diem rate totaled for the week to determine the dollar amount which can be collected as subsistence. In this example, the contract's daily per-diem rate is $20; multiplying $20 by seven (seven represents seven days in one week) yields $140. This is the dollar amount that can be collected as subsistence by the contractor. Even though $250 is 25 percent of the resident's weekly gross pay, only $140 can be collected because of the contract's per-diem rate. The contractor will round down all subsistence payments to the nearest whole dollar amount.

Last subsistence collection: To enhance successful reentry, subsistence collections will cease upon the last full pay period of the resident prior to release. No amounts will be collected for any partial pay period immediately prior to release (e.g., resident releases on May 5, 2014, and received his last pay on April 20, 2014) no attempt will be made to collect subsistence for the work period April 21, 2014, to May 5, 2014).

Billing: Contractors will reduce the monthly billing to the BOP by the amount collected in subsistence and indicate this on the monthly bill. Subsistence not collected or shown as a deduction from the billing by the contractor may be deducted by the BOP from the monthly billing.

The contractor will maintain a collection record to include copies of the resident's paystubs, subsistence waivers if

applicable, and collection receipts with every monthly bill. Copies of this documentation will be provided to the RRM office with the monthly bill submission.

Residents who have other means of financial support (e.g., sale of property, Veteran's Administration (VA) benefits, worker's compensation, retirement income, or Social Security), will contribute 25 percent of their determined income, not to exceed the daily per diem rate.

Waivers/Reductions: In cases of hardship, the contractor may request the RRM waive or modify subsistence payments. Waivers will be considered on a case-by-case basis. The contractor will consider the resident's debts, assets, employment status, and spending history before submitting the *Request for Waiver or Reduction of Subsistence*, Attachment G, to the RRM.

Loans to residents are strictly prohibited.

7. RESIDENT RELEASE DEVELOPMENT

The resident’s IPP and progress reports will include efforts at locating suitable housing, employment, identification, health care and other reentry needs. Contractors will maintain documentation of the assistance provided to each resident in the resident’s file.

USPO Supervision: In cases where an resident will be released from the facility and continue under USPO supervision, the contractor will verify the proposed address and forward written comments regarding its suitability to the USPO for approval within six weeks of the resident’s anticipated release.

8. DRIVING

The Facility Director is the approving authority for driving privileges for BOP residents. The USPO is the approving authority for USPO residents to drive unless otherwise specified by the USPO.

The contractor will document all relevant information on the BOP form *Authorization to Operate a Motor Vehicle* in the resident's file.

The resident must adhere to the conditions as outlined below:

- The resident must provide proof of valid insurance (at least liability or the minimum state requirement), a driver's license, vehicle licensing, registration, and a current driving record to the contractor.
- The resident is responsible to ensure the registration, driver’s license, and insurance are valid throughout their stay at the facility.
- The contractor will maintain copies of these documents in the resident's file, with the exception of the driver's license.
- The contractor will include the driver's license number, expiration date, and a description of the vehicle in the resident's file. If the vehicle to be used is the property of a person other than the resident, the contractor must have documented proof of valid insurance, vehicle licensing and registration, and a signed authorization (either notarized or witnessed by RRC staff) to use the vehicle obtained from the legal owner.

9. COGNITIVE-BEHAVIORAL PROGRAMMING (CBP)

The BOP has implemented CBP to target residents’ criminogenic needs. CBP is a proven-effective programming model with resident populations. The BOP seeks community-based providers that adhere to CBP. According to the CBP model, a person’s feelings and behaviors are influenced by his or her perceptions and core beliefs. By assisting residents to perceive events objectively and modify their irrational beliefs, the model anticipates they may become more successful in achieving pro-social goals.

CBP combines different targets and specific conforming behaviors, focusing on residents’:

- core beliefs;
- intermediate beliefs;
- current situation;
- automatic thoughts; and
- the effect these thoughts and beliefs have on an emotional, behavioral and psychological level.

As an example, residents’ ongoing criminal behaviors are conceived, supported, and perpetrated by a set of thinking errors, in particular criminal thinking errors. By using CBP, the contractor is able to provide programming to residents to replace those thinking errors with pro-social thinking. Such

thinking supports behaviors that are consistent with the norms of a law-abiding community.

The BOP has found these objectives work well with individual and/or group programming. Therefore, the contractor must:

- have philosophy and techniques that directly work in conjunction with the identified BOP program philosophy; and
- have documented experience working with an resident population and/or an understanding of the criminal justice system.

- RRC CBP Requirement: The contractor must implement a cognitive-behavioral program which follows the model set forth in the attached, *"Cognitive Behavioral Program Group Protocol, Criminal Thinking"* guide, Attachment H, which is based on principles which have proven to be successful in the reduction of recidivism. The contractor will ensure the program is implemented and conducted in a manner consistent with the program design to include oversight and fidelity of the program. The program must be facilitated and overseen by the Social Services Coordinator or someone who meets educational and experience requirements for that position.
- This program will be offered to all residents as indicated in their individualized program plan.

- The program will consist of a minimum of three hours per week.
- Groups limited to not more than 12 residents per group.

CTS Exclusion: Residents who are participating in programming through the Community Treatment Services, to include mental health, drug use, and sex offender treatment, will only participate in the in-house cognitive-behavioral program after consultation with the RRM and SCTC.

10. COMMUNITY TREATMENT SERVICES (CTS)

The SCTC will determine which residents will participate in drug use, mental health, and sex offender treatment. Drug use, mental health, and sex offender treatment will be provided only by CTS contract treatment providers identified by the SCTC. The SCTC provides clinical oversight of the resident's treatment and of the contract treatment providers.

Resident participation in CTS: The RRC will be notified of an resident's participation in CTS by the SCTC via a *CTS Authorization*. The *CTS Authorization* will contain the contract treatment provider's name, address, and telephone number.

- RRC staff have an obligation to ensure the resident contacts the CTS treatment provider within three days of arriving at the RRC to schedule an appointment.
- If the *CTS Authorization* is sent after the resident's arrival at the RRC, the contact should be made within three days of receiving the form.
- The resident must be seen for an initial appointment within ten days of arrival at the RRC or within ten days of receiving the *CTS Authorization*. The RRC will work with the contract treatment provider to ensure residents are attending all subsequent appointments.

Communication: Communication between RRC staff and the treatment provider ensures that continuous resident accountability and public safety are maintained. Regular contact between the RRC staff, treatment staff, and other involved staff is essential. This may be accomplished through on-site visits between RRC and treatment providers, telephone contact, e-mail, or participation on the PRT or the RRC's Community Relations Board. RRC staff observes the resident's daily behavior and reinforces the importance of the relationship between the resident's compliance with RRC regulations and treatment. Contact between the RRC staff, treatment staff, and other involved staff must be documented in each resident's individual program plan.

Transportation: The RRC contractor is required to ensure all residents have transportation to all required CTS appointments. This can be accomplished through public transportation if available, ride vouchers, or contractor provided transportation.

11. SPECIAL SUPERVISION CONDITIONS

Courts or the Parole Commission may require residents to become involved in specific programs upon release from the RRC or in some instances, while confined at the RRC (e.g., mental health aftercare, alcohol treatment, community service obligation). The contractor will confer with the USPO and RRM on policy and procedures for implementation of all special supervision conditions.

12. MARRIAGE

The contractor will refer a BOP resident's request for marriage to the RRM, with the contractor's recommendations. Marriage requests for residents under supervision will be forwarded to the USPO.

CHAPTER 11 – HOME CONFINEMENT

Home confinement is the least restrictive component of Residential Reentry. A contractor will recommend home confinement as indicated by the IPP. When placed on home confinement, residents are required to remain in their home when not involved in approved activities, programming requirements, or employment.

Through the use of the IPP, it is the BOP's expectation that the majority of residents will transition to home confinement upon their statutory home confinement eligibility date. The contractor will make maximum use of the home confinement component by referring all eligible and appropriate candidates to the PRT for review.

Residents should be reviewed for home confinement at the time of the IPP, and every meeting thereafter. During these meetings, the resident will be provided with clear instructions regarding the requirements for home confinement, and should be encouraged to share this information with his/her family. The contractor shall invite all parties living at the residence to attend an orientation prior to transfer. The home confinement referral should be submitted to the RRM as soon as the resident meets all the home confinement criteria and is no longer in need of RRC services. The home confinement referral can be submitted in advance of the Home Confinement Eligibility Date (HCED). If there is any change in the resident's status or home confinement plan prior to the RRM's approved home confinement placement date, the contractor must notify the RRM.

Direct Home Confinement placement: All referrals from the RRM for direct placement on home confinement will require the contractor verify the proposed home confinement location, and no later than 60 days prior to the proposed placement date. If a referral is received by the contractor within that 60-day window, the contractor must provide verification within 5 days of receipt of the referral. If the contractor determines the home confinement location is not appropriate, consultation will be made with the RRM for in-house RRC placement.

During verification of the home confinement location, the contractor should consult with the supervising USPO as to the suitability of the residence. If a response is not immediately

available from the supervising USPO, consultation will be made with the RRM.

Required home confinement form: The contractor must submit the BOP form, *Conditions of Home Detention, BP-A0460.073,* Attachment M, with each home confinement request. In addition, for all residents with Public Safety Factors (PSF) the contractor must also submit the BOP Home Confinement Review Fact Sheet, Attachment N.

The contractor will not place an resident on home confinement until the resident has agreed to the conditions, signed the forms, and approval has been received from the RRM. The RRM may require additional documentation from the contractor when making a home confinement determination. Once the RRM has approved home confinement, the contractor will place the resident on home confinement, on the resident's home confinement eligibility date, unless there are extenuating concerns. These concerns must be discussed with the RRM prior to the resident's home confinement eligibility date.

Compliance with the conditions of home confinement may be monitored by:

- electronic monitoring equipment (preferred);
- telephone; or
- in-person contacts.

The contractor shall be prepared to make electronic monitoring equipment available to a minimum of 50 percent of the contracted home confinement quota.

Home confinement without Electronic Monitoring: RRC Staff are required to account for the resident while on home confinement. The method of accountability should be documented in the IPP and submitted to the RRM upon request for placement on home confinement. In addition, contracting staff will:

- Visit resident's home once a week and work site monthly: Ordinarily staff will visit the resident at their home weekly and place of employment monthly. In conducting these site visits, the contractor will take care not to unnecessarily interfere with the resident's ability to maintain gainful employment. This requirement may be modified by the PRT as indicated by the IPP after

consultation and approval of the RRM. Modifications will be documented in the individualized program plan.

- Ensure the resident returns to RRC a minimum of once a week: Residents on home confinement are required to return to the facility at least once each week for routine progress reviews, counseling, and other required program participation as indicated in the IPP. The contractor may increase the requirements for the resident to return to the RRC for programming and accountability if indicated in the IPP.

Home confinement with Electronic Monitoring: If the resident's home confinement is monitored by electronic monitoring, RRC staff will visit the resident's home and place of employment at least once every 30 days. In conducting these site visits, the contractor will take care not to unnecessarily interfere with the resident's ability to maintain gainful employment and positive family relationships. Determination to place residents on electronic monitoring will be made on an individual basis. If electronic monitoring is utilized, the contractor must notify the RRM of the operational procedures for the use of this equipment.

Home Confinement Eligibility Date (HCED) forms: This form, Attachment L, is to be utilized for the biweekly reporting of home confinement eligibility. RRM offices will not be responsible for providing rosters of residents who are past their HCED. The HCED is provided as part of the referral packet. The forms should be submitted for all residents that are not on home confinement. The contractor must provide these forms on the 1st and 15th of each month to the RRM. Subsequently, every two weeks a new form must be completed to update the progress toward home confinement. Once a home confinement date is approved by the RRM, the contractor may cease submitting the HCED forms. The forms must be maintained in the resident's file.

Drug and alcohol testing: Residents on home confinement are required to be tested for drug and alcohol use in the same manner and frequency as residents within the RRC. The contractor must have procedures in place allowing for the testing of residents at random intervals both at the RRC and during home site visits. Drug and alcohol testing should not

routinely be conducted at the work site because it may interfere with the residents' ability to maintain gainful employment.

Home confinement conditions: The following conditions will apply concerning home confinement:

- Contractors will not be required to provide meals, clothing, incidentals, laundry services, or other subsistence items to residents on home confinement.
- Contractors will maintain documentation of all staff contacts with residents on home confinement.
- Contractors will conduct a monthly review of the telephone bills, to ensure no services are in place that would circumvent the accountability program. The results of each monthly review will be documented in the resident's file. This is not applicable if the contractor is utilizing GPS.
- The contractor will notify the RRM immediately of any misconduct or failure of an resident on home confinement to comply with home confinement conditions.
- The contractor will not be required to reserve a bed at the center for an resident on home confinement.
- Contractors will submit the HCED forms on the 1st and 15th of each month, as described above.

CHAPTER 12 – SECURITY AND ACCOUNTABILITY

The contractor will provide written policy and procedures on resident accountability and security.

The contractor will have a comprehensive resident accountability program that ensures every resident is accounted for while in the community, the facility, or on home confinement. The contractor will have a security plan that provides a safe and secure environment for both staff and residents. The expected results are that continuous resident accountability and safety are maintained through a system of reasonable and accurate controls. The contractor's program will control the introduction of contraband; ensure the facility's safety, security, and good order; prevent escapes; maintain sanitary standards; and eliminate fire and safety hazards.

1. MONITORING ACCOUNTABILITY - The contractor will be able to locate and verify the whereabouts of residents at all times. Written procedures will be established to guide staff in meeting this requirement. The contractor will contact the resident either telephonically or in-person at random times at work, home, or authorized destinations to maintain accountability. This monitoring should occur at a frequency that ensures accountability and should be commensurate with the accountability needs of each individual resident. The contractor may request the RRM modify the frequency of contacts if it is in the best interest of resident accountability and program objectives. The RRM has the authority to increase or decrease the number of required accountability checks.

A. Cell Phone – Contractors must develop procedures and policies that allow for the possession and routine use of smartphones by residents. Such policies and procedures must take into account residents' important needs to interact with potential employers, educators, family, friends, and other members of the community. Contractor must allow for residents to retain and utilize their smartphone devices at all times, absent court order to the contrary. Contractors may at their discretion issue cell phones to residents who are unable to obtain at their own expense. Contractor will develop a cell phone

agreement to be signed by all residents which outlines cell phone use. Plan must include equipment accountability procedures and issuance/turn in procedures upon arrival at the RRC and discharge. Electrical circuits within the facility that have the capabilities to allow for residents to charge their phones at the facility.

In accordance with the solicitation contractors will submit line item information and data for the following option regarding cell phone use and issuance to residents, the Bureau of Prisons will make determination if the option will be exercised at the time of contract award:

OPTION #1: The Government reserves the right to require the contractor to provide smartphones to each resident for use during the duration of the RRC and home confinement placement, unless resident declines or court order prohibits. At a minimum,

1. Phones must include a GPS tracking application which allows for the tracking of residents via the phone.
2. Phone must utilize biometrics to verify identity of resident (Voice or fingerprint).
3. Allow staff to restrict access to specific features (e.g. internet for residents with conditions of supervision which do not allow for internet access).
4. Plan must allow for staff to monitor use and to program device with approved contacts and numbers.
5. Provides for call log of all calls made or received utilizing the device.

The Bureau of Prisons reserves the right to enter into a National Contract to provide smartphone surveillance technology and hardware to all RRC Contracts Nationwide. If this option is utilized, a six month notification will be provided to RRC

contractors along with instructions for use of the national surveillance contract.

B. Sign-in/Sign-out System - The contractor will monitor resident movement in and out of the facility. The monitoring of resident movement serves to protect residents, staff, and the public. Contractors utilizing electronic accountability tools will ensure all staff are proficient in the use of the system. Contractors utilizing electronic accountability software will provide remote access to RRM staff upon request, this access may be limited to "read only" access at the discretion of the contractor.

The contractor will authorize an resident to leave the facility through sign-out procedures only for an approved program activity. Documentation of an resident's movement in and out of the facility must include:

- resident's full name and register number;
- type of resident;
- method of transportation;
- work contact information;
- pass site contact information;
- time out;
- destination;
- purpose;
- authorized return time;
- time-in; and
- section for special comments, and certification by staff's initials for each entry.

The intent is to provide a chronological record of the resident's movement.

The contractor will identify and document all individuals (e.g., visitors, contractors, volunteers) entering or exiting the facility by using a sign-in/sign-out system. The contractor will maintain, monitor, and control access to this system. Documentation must include:

- visitor's name;
- organization (if applicable);
- purpose; and

- time in/out of the facility.

In the event of an emergency evacuation, the contractor will continue resident accountability as outlined in the contractor's emergency plans.

The sign-in/sign-out system alone is invalid for overnight release or distances greater than 100 miles. In these circumstances, the contractor will follow the requirements for passes or furloughs.

Ordinarily, residents will return to the facility from employment before signing out to participate in another approved program activity. However, the Facility Director may make an exception in light of travel time or distance, when the resident is working unexpected overtime, or for other reasons. These instances are approved on a case-by-case basis. The intent is to balance the resident's approved program objectives with the resident's requirement to return to the facility. Accountability and reentry preparation are both important goals. Ordinarily, an resident should not routinely sign out for more than 12 consecutive hours daily without returning to the facility. However, some circumstances may warrant deviation from this standard, and such requests must be approved by the RRM.

If an resident’s place of employment is more than 100 miles from the facility or travel time compromises the established curfew, the contractor will consult with the RRM to make special arrangements for the resident. These requests are considered on a case-by-case basis, and the RRM is authorized to modify the requirements to meet specific needs, particularly if doing so will support the resident’s ability to maintain gainful employment.

Generally, a resident must be in the center from 9 p.m. to 6 a.m., unless exceptions are made by the Facility Director.

C. Authorized Absences - Authorized absences are an integral part of the facility's program. The resident's absence from the facility is to achieve specific programming objectives to include seeking employment and housing, strengthening family ties, engaging in religious, education, recreation or counseling activities, obtaining education, and reintegrating into the community. The contractor approves these program activities as

long as the public interest is served. Indeed, a critically important purpose of RRCs is to provide opportunities for the residents gradually to readjust and reintegrate into their families and communities. During authorized absences, the contractor is still responsible for accountability of the resident. The contractor will have written procedures for accountability of residents to include authorized absences for job searches, work, religious services, programming activities, social passes, furloughs, and placement on home confinement.

Job search: Ordinarily, the job search is the first time a resident will be in the community without supervision post-incarceration. Special emphasis should be made on developing an accountability plan during this time. When on an authorized absence to seek employment, the resident will be required to provide an itinerary and points of contact for each job search location outside the facility.

D. Pass - A pass is used for overnight or weekend absences, ordinarily to the release residence. The requested pass location must be visited and approved by contractor staff prior to a pass being issued.
Orientation meeting: The resident's family members/significant others living at the proposed pass location should ordinarily attend an orientation meeting at the RRC, to describe the purpose, accountability and expectations of the resident, prior to pass approval. However, if the family/significant others cannot attend the orientation meeting at the RRC, the orientation can take place during the site visit conducted by contractor staff. Contractor staff should consult the USPO to ascertain if there are any known reasons to preclude the requested location as an approved pass site. Overnight or weekend absences are limited to the local community (up to a 100 mile radius). If the USPO doesn't respond within one week (seven days), staff may proceed with the request.

A pass may be approved when an resident is successfully programming according to the IPP. The Facility Director or assistant will contact the RRM for direction when a pass approval is questionable.

Pass form: The resident requests a pass by completing and signing the BOP form *Pass Request and Approval or similar format*. The Facility Director or designee may approve these passes, unless otherwise specified by the RRM. Passes may be

recommended only by a paid staff member and not a volunteer. The approval or denial is noted on this form, and it is retained in the resident's file. Prior to receiving approval for an overnight or weekend pass, the resident will be required to provide the Facility Director with a current itemized phone bill, unless the contractor uses the preferred electronic surveillance monitoring, in which case a landline telephone is not required. If the contractor does not utilize the preferred electronic surveillance monitoring, the contractor will be required to obtain from the resident a copy of the approved pass site's telephone bill every month until completion of the RRC program.

Pass duration: The pass will begin the last day of an resident's scheduled work week and extend for up to two days. However, an extended pass may be approved for a long weekend when a legal holiday falls on the preceding Friday or the following Monday.

Pass checks: For purposes of accountability, the contractor will make and document random checks to determine compliance with the conditions of the pass. These checks may be made through use of electronic surveillance monitoring, telephone, or in-person unless otherwise specified by the RRM. This should occur at least twice a day. The intent is to set a frequency that provides for appropriate resident accountability but that does not unnecessarily interfere with the resident's attempts to maintain gainful employment and otherwise prepare for reentry.

E. Furlough - The contractor will comply with the most recent version of the P.S. 5280, Furloughs. The contractor's recommendation with written justification will be sent to the RRM for approval along with the BOP form *Furlough Application – Approval and Record* and appropriate questionnaires. The resident must sign the form. Only the RRM approves furloughs.

The contractor will maintain a record of furloughs including the date and time of departure, the date and time of return, random accountability checks, and notes regarding the resident's adjustment during the furlough period.

F. Medical Furloughs - Furloughs for emergency medical procedures will be initiated when a resident is admitted to the local hospital. The furlough application will be completed and

forwarded to the RRM by the next business day following the resident's hospital admission.

2. DRUG AND ALCOHOL SURVEILLANCE PROGRAM - The contractor must establish a surveillance program to deter and detect the introduction of illegal drugs and alcohol in the facility.

A. Frequency - The contractor will randomly test at least five percent of the total resident population monthly (with a minimum of one test). Residents with a condition of drug aftercare, known to have a history of drug abuse, required to participate in CTS services, or who are suspected of illegal drug use will be tested no less than four times a month. Testing with greater frequency requires the approval of the RRM.

B. Testing - All urine testing will be conducted on an unscheduled basis in accordance with *Urinalysis Procedures*, Attachment I. Staff of the same gender as the resident being tested will directly supervise the giving of the urine sample. To eliminate the possibility of a diluted or adulterated sample, staff will keep the resident under direct visual observation until a complete sample is furnished. If the resident is unable to provide the sample, at the time of the request, staff will continue direct supervision for a two-hour period. To assist the resident in giving the sample, staff will offer the resident sufficient water (minimum of 12 oz.) during the two-hour time period to aid in urination. If an resident is unwilling or unable to provide a urine sample within two hours of a request, staff will file an incident report. No waiting period or extra time will be allowed for an resident who directly and specifically refuses to provide a urine sample.

Staff will visually witness the collection of urine into the specimen container. As soon as the sample has been collected, staff will secure the specimen. No unauthorized persons or residents may be involved in the handling of supplies or the collecting, recording, mailing, or processing of test results under any circumstances.

Upon approval of the RRM, the contractor may exercise the option of employing alternative methods of testing (e.g., test cup, or strip test.) Regardless of the testing protocol used, a follow-up sample must be collected using the standard urine analysis test if the initial test sample results in a positive finding.

Alternative testing measures will not be used as the sole evidence in issuing an incident report for positive use.

C. Lab - The contractor will use a laboratory which meets the requirements of 42 CFR Part 493, Laboratory Requirements, to engage in urine drug testing for federal residents. The contractor will maintain certification documents and evidence the lab meets all specifications in Attachment I for inspection by the BOP. The urinalysis lab will detect and identify drugs and/or metabolites by basic screen at the minimal levels shown in Attachment I. It is noted current minimal detection levels are provided, but may be updated at the Bureau’s discretion.

A positive written report from the lab for any of the drugs listed in Attachment I indicates that the particular drug has been identified by an initial screening test and then confirmed by a laboratory procedure.

Retesting at the resident's request is not permitted.

D. Positive tests - For an incident report charging use of a particular drug to be justified, the minimum waiting period between successive positive samples, as outlined in Attachment I, must be observed. In addition, waiting periods also apply to residents who initially arrive at the facility.

When a positive finding cannot be explained, RRC staff will thoroughly investigate the positive urine test result to validate the positive finding. The contractor will report all unauthorized positive test results to the RRM on the day received.

The contractor will maintain a log entitled Urine Sampling Program documenting all urine testing and maintain the log in the facility at all times. The log will indicate:

- resident tested;
- staff performing the test;
- date, time and type of test administered;
- test result; and
- a column to indicate if the resident refused to cooperate.

E. Alcohol Testing - The contractor will maintain a surveillance program in order to deter and detect introduction

or use of alcohol in the facility. All residents will be tested when they return to the facility from an unsupervised activity.

The contractor will maintain a log documenting:

- resident tested;
- staff performing the test;
- date, time and type of test administered;
- test result; and
- a column to indicate if the resident refused to cooperate.

An Evidential Breath Measurement Device (EBMD) shall be used for alcohol testing. The EBMD must be identified on the most current version of the National Highway Traffic Safety Administration (NHTSA) Conforming Products List, which is published in the Federal Register. The EBMD shall be maintained, calibrated, and re-calibrated in accordance with the NHTSA and manufacturers maintenance and re-calibration standards. All information and documentation pertaining to the EBMD, it’s use and maintenance, shall be accessible to monitoring staff upon request. An adequate number (minimum of two) of devices will be kept and calibrated at least monthly in accordance with manufacturer standards or recommendations. These checks will be documented in the test log.

The contractor will ensure staff using the instrument is familiar with its operation as outlined in the manufacturer's operating instructions. If an alcohol test results in a Blood Alcohol Content of .02 or higher, a second confirmation test must be completed 15 minutes later. If confirmation is received of Blood Alcohol Content of .02 or higher, an incident report will be prepared charging the resident with using intoxicants.

Residents who refuse to submit to an alcohol test, either through word or action, will receive an incident report.

3. SEARCHES AND CONTRABAND - The contractor will have written policy and procedures for searches to control contraband and its disposition. The policy will identify items which are considered contraband at the facility. This policy will be made available to all staff and residents. The contractor shall train staff on the proper techniques for resident pat, room, vehicle, and common area searches. This training shall be

conducted within the first week the employee is hired, and annually thereafter.

Pat searches: Staff shall conduct random pat searches of residents as necessary. The facility shall not conduct cross-gender searches except in exigent circumstances or when performed by medical personnel. Any cross-gender searches must be approved in advance by the RRM or designated BOP staff. In the event the RRM is unavailable then law enforcement should be contacted to conduct the search.

Visual searches: Search which requires the person to remove clothing other than outer garments, (e.g. strip search, cavity search) are only authorized through the RRM and must be conducted by law enforcement or medical personnel. RRC staff are not authorized to conduct such searches and must coordinate searches through the RRM and law enforcement personnel.

Resident/Facility searches: The contractor shall conduct searches of the facility and personal belongings of residents, including any motor vehicle operated by an resident, as needed, but at least once per month. These facility searches shall be documented in a log. The log will be made available to the BOP upon request.

Narcotic Identification Kit: If any unknown substance resembling narcotics is found, the contractor shall use a Narcotic Identification Kit to determine the identity. The contractor shall maintain a supply of Narcotic Identification Kits to determine the identity of the unknown substances. Staff shall be proficient in using the Narcotic Identification Kit and shall ordinarily be responsible for testing unknown substances. The contractor shall maintain these commercially available kits at the facility to meet this requirement.

4. REPORT OF INCIDENT - The contractor will report all unusual or serious incidents immediately to the RRM (or designee) by telephone. Serious incidents include, but are not limited to, the following:

- Escapes, "standard of conduct" violations, spill of hazardous materials, disturbances, gang activities, work-place violence, civil disturbances or protests, staff use of force, assaults on staff or residents, fights, fires, suicide attempts, deaths, hunger strikes, natural

disasters, adverse weather (e.g., hurricanes, floods, significant ice or snow storms, heat waves, tornadoes), injuries, any law enforcement visits, bomb threats, significant environmental problems that impact facility operations, transportation accidents, resident victim contacts, adverse incidents that may result in significant publicity, any arrest and/or detainment of residents by law enforcement authorities.

Immediately following RRM notification, the contractor will submit a report via fax and/or e-mail detailing the incident which includes, but is not limited to, the following:

- Type of incident, date and time;
- Person(s) involved (if resident, include register number);
- Notifications (who, date and time);
- Any media attention; and
- Brief summary of incident.

In addition, the contractor will immediately notify the RRM when an resident shows evidence of suicidal ideation, or unusual or dangerous behavior. If the contractor is in doubt, they will contact the RRM.

CHAPTER 13 - DISCIPLINE

To ensure residents live in a safe and orderly environment, it is necessary for the contractor to impose discipline on those residents whose behavior is not in compliance with the rules.

The contractor will provide written policy and procedures for resident discipline. The contractor will establish facility rules of conduct and sanctions, and disciplinary procedures when the resident violates the rules of conduct, to include informal resolution. The contractor will submit to the BOP all minor rules and sanctions, which the contractor has created, for approval prior to contract performance and upon any subsequent revisions.

All staff members, excluding staff representatives, who participate in the Center Discipline Committee (CDC) must demonstrate working knowledge and competency of the discipline procedures by receiving training, and passing the standardized test administered by the COR on an annual basis. At least two staff at the contracted facility location must meet this requirement. All staff responsible for inmate discipline will comply with P.S. 5270, Inmate Discipline Program.

Note: In BOP policy, the term Unit Discipline Team (UDC) is used. The UDC is synonymous with the term CDC.

The BOP prohibited acts in the current program statement must be utilized with exceptions as listed below. The contractor may add other approved minor rules necessary to ensure the safe and secure operation of the facility. If additional minor rules are added by the contractor, the contractor will associate available sanction(s) to impose for the violation of each added rule. When determining a sanction, the contractor will ensure the sanction is commensurate and appropriate to the violation.

The rules of conduct and sanctions will be defined in writing and communicated to all residents and staff. The contractor will carry out disciplinary procedures within appropriate time limits, and with respect for the residents. Disciplinary action may not be capricious or retaliatory.

There is a wide range of sanctions a contractor may impose or recommend for violations of facility rules of conduct. When violations are minor in nature, an informal resolution (e.g.,

reprimand, loss of television or other privileges) may resolve the issue. The contractor is encouraged to resolve all incidents at the lowest level and utilize progressive discipline when appropriate. Although informal resolutions are encouraged, they will not be used for repeat offenses or where progressive discipline has failed.

The disciplinary requirements in this SOW apply to BOP residents. USPO residents participating in the RRC must adhere to the facility rules of conduct. If a USPO resident commits an offense which warrants disciplinary sanction, the contractor will contact the USPO for guidance to determine appropriate sanctions.

1. GENERAL – The contractor will take disciplinary action at such times, and to the degree necessary, to regulate an resident's behavior within BOP's prohibited acts and rules of conduct. The contractor will control resident behavior in a completely impartial and consistent manner. The contractor may not impose or allow imposition of corporal punishment of any kind. The contractor will use the following BOP discipline forms:

- *Center Discipline Committee (CDC) Report* is used by the CDC to summarize the action taken by the CDC.
- *Duties of Staff Representatives* is used to outline the responsibilities of an employee who is available to assist the resident at their request by speaking to witnesses and by presenting favorable evidence to the CDC on the merits of the charge(s) or in extenuation or mitigation of the charge(s).
- *Incident Report* is used to document the resident's misconduct (summary of the offense committed and prohibited act code). The document must be legible.
- *Inmate Rights at Center Discipline Committee Hearing* is used to notify the resident of their rights before the CDC and allows the resident to waive the 24-hour notice prior to appearing before the CDC.
- *Notice of Center Discipline Committee Hearing* is used to notify the resident of date and time of the CDC.
- *Waiver of Appearance* is used to notify the resident of their right to appear before the CDC and allows the resident to waive their appearance before the CDC.

- *Monthly Discipline Log* is provided by the RRM and used to track the resident discipline process over the course of each month.

2. PROCEDURES UPON ADMISSION TO RRC – The contractor will develop a packet summarizing the disciplinary system to include BOP prohibited acts and contractor's rules of conduct. Residents will be given the packet when they first arrive at the RRC as part of the orientation program. A signed receipt is to be obtained from each resident acknowledging a copy of the packet was received and is to be placed in the resident's file.

The contractor will, to the extent reasonably available, have a qualified staff member or translator to help residents who have language or literacy issues understand the BOP disciplinary rules. When a significant portion of the resident population speaks a language other than English, the packet is to be made available in that language. The contractor will post copies of the rules at a prominent location which is accessible to all residents.

3. BOP INCIDENT REPORT – Staff will prepare an incident report on all major violations that are not subject to informal resolution. The BOP encourages informal resolution for minor regulation violations when appropriate (requires consent of both parties). Reporting staff will complete Part I of the incident report.

When a volunteer observes a violation, the volunteer will submit a written description of the incident to the contractor, who will complete the BOP incident report. In addition, staff may complete an incident report based on information from a police report. The charge may be translated into terms of the prohibited acts. A telephone report from an approved laboratory of a positive urinalysis is sufficient evidence to write a report; however, documentary confirmation must be obtained before the formal hearing.

Staff will give each resident charged with violating a BOP prohibited act a written copy of the charge(s) against the resident, ordinarily within 24 hours of the time staff became aware of the resident's involvement in the incident. This is accomplished by providing the resident a copy of PART I of the incident report. The staff member will note the date and time the resident received a copy of the incident report. In

instances where there are delays, a justification will be documented in memo format and included in the CDC packet.

4. INVESTIGATION – Staff will conduct the investigation promptly unless circumstances beyond the control of the investigating officer intervene. The Facility Director or designee will appoint an investigating officer ordinarily within 24 hours of the time the violation is reported. Staff writing the report may not investigate the report. The investigation will be initiated and ordinarily completed within 24 hours of this appointment. If the investigation cannot be completed in three days, the contractor will document the reasons and notify the RRM.

5. FORMAL HEARING – The contractor will designate and train two or more staff members to hold formal hearings upon completion of investigations. When the resident is removed from the RRC and held in local detention (within a 50 mile radius), an in-person hearing will be conducted at the local facility unless the resident waives the in-person hearing. If circumstances do not allow for the in-person hearing (e.g., permission cannot be obtained by the holding official or the resident is on escape status), the CDC will conduct the hearing in absentia and notify the RRM.

RRC Exceptions/Clarifications to Bureau of Prisons' Inmate Discipline Program Statement.

Prohibited Acts Not to be Used in an RRC Without Consultation with RRM:

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).

197 Use of the telephone for an illegal purpose or to commit or further a Greatest category prohibited act.

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 others to send, sending, or receiving a letter or mail through unauthorized means; sending mail for other residents 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.

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.

RRC CLARIFICATIONS OF INMATE DISCIPLINE POLICY

ESCAPES

In accordance with P.S. 5270, Inmate Discipline Program, an resident who escapes from any non-secure institution, including community confinement, may be charged with a Code 102 prohibited act. However, if the resident voluntarily returns to custody within four hours, the resident may be charged with a Code 200 prohibited act. An escape is defined as a departure from custody without permission or authority or before release.

RRC staff is responsible for accounting for an resident's location. The time frame for an escape begins at the time RRC staff cannot verify an resident's location, and as such, the resident is unaccountable. When reporting the escape, it is essential RRC staff provide all pertinent information to include the exact time the resident was last accountable. The specific elements of the offense, to include date, time, place, RRC staff

actions, and any other pertinent information must be clearly outlined in the *Escape Report (EMS-A907.073)* and the *Incident Report (BP-A025)*. RRC staff is to be reminded to accept any resident who returns to the facility, regardless of the time frame. In such cases, RRC staff should immediately notify the RRM.

TECHNICAL ESCAPE

Escapes due to community arrest for criminal behavior prior to the resident's current period of incarceration do not require an Incident Report be completed. However, escapes for arrests for new criminal behavior require an *Incident Report* be issued and the discipline process followed regarding suspension of the report pending criminal investigation. As required by P.S. 5553, Escape/Deaths Notifications, escape reports are required for technical escapes.

ELECTRONIC DEVICES

RRCs permit residents to possess electronic devices, such as portable media devices or cellular telephones, and have rules for the use of this equipment. If an resident in a RRC violates the RRC's established rules regarding the use and possession of electronic devices, the most appropriate prohibited act code would most likely be Violation of a Condition of a Community Program (Code 309).

ALCOHOL

Alcohol-related misconduct is a Greatest severity offense (100 level). As all Greatest and High (200 level) severity offenses must be referred to the Discipline Hearing Officer (DHO) for final disposition, it is important for RRM and RRC staff to exercise their discretion when determining if the resident should be removed from the RRC program. Each decision to remove an resident from the RRC program should be made on a case-by-case basis taking into consideration progressive discipline and circumstances of the offense.

SYNTHETIC NARCOTICS

If an resident is suspected of using synthetic narcotics, a urinalysis test should be completed. If returned with positive results for the use of narcotics, a 100 level Incident Report should be issued. In this case, the body of the report and

comments on the RRM disciplinary failure log should clearly indicate the resident was in possession of synthetic narcotics. This type of Incident Report should be routed through the DHO for disposition. If the substance does not test positive for narcotics, but is recognized as a prohibited substance under the RRC's facility rules, the resident should be issued an Incident Report for Possession of Anything Unauthorized.

CHAPTER 14 - ADMINISTRATIVE REMEDY

The contractor will establish a written grievance procedure and make it available to all residents as part of the initial orientation to the facility. Additionally, the grievance procedures shall be posted in a location accessible to all residents.

The contractor will comply with P.S. 1330, Administrative Remedy Program. Staff must be familiar with this policy prior to working with federal residents and provide the required forms for residents to file grievances.

CHAPTER 15 - FOOD SERVICES

The contractor will comply with the most recent copy of the *FDA Food Code*. If the food service is on-site, a copy of the *Food Code* will be available by internet access or hard copy. If the food service is catered, the Facility Director will have a copy of the *FDA Food Code* to ensure the caterer is providing services correctly.

Residents of the facility are not allowed to be utilized for food service duties (to include preparation of meals or clean-up).

The contractor will ensure food provided to the residents is safe and does not become a vehicle in a disease outbreak or in the transmission of communicable diseases. The contractor will ensure food is unadulterated, prepared in a clean environment, and honestly presented.

The contractor's food service dining area, either in-house or contracted, will not be part of an establishment that serves alcoholic beverages.

The contractor will require any person who serves, prepares, or handles food to have a prior physical examination and possess a valid food handler’s license, if applicable. Residents of the facility are not allowed to utilize RRC food preparation areas for the preparation of personal food items.

The contractor will provide comparable meals to residents who work irregular hours and are not available at regularly scheduled meal times.

The contractor will not prepare items made with poppy seeds. Since poppy seeds could appear in a urinalysis and suggest the use of narcotics, the contractor will advise residents in writing not to eat poppy seeds. The resident must acknowledge this notice by signing an acknowledgment of this information. The contractor will document this acknowledgment in the resident's file.

Provisions - All residents, regardless of employment or financial status, will be provided the opportunity for food services three meals per day Monday through Friday. On weekends (to include extended weekends when a federal holiday falls on

the Friday preceding or the Monday following a weekend), the contractor may provide a brunch instead of a breakfast and lunch (dinner is still required). Under no circumstances will the resident be required to pay for these services. The contractor will include these costs in the per-diem rate. These costs will not be subsidized by any state or otherwise funded public assistance program.

The contractor will provide a food service program either by contractor preparation and serving on-site or through an off-site food service provider. When provided on-site, the area will be separated from sleeping quarters and will be well ventilated, properly furnished, and clean. If the contractor wishes to change the delivery from on-site to off-site, or vice versa, they must request approval through the COR to the CO.

A. Menus - All menus must be approved by a Registered Dietician (RD). A RD is defined as a person who has completed academic and experience requirements established by the Commission on Dietetic Registration, the crediting agency for the American Dietetic Association (ADA). All fixed menus will be reviewed and approved by a RD at least once during each cycle. The contractor will maintain a copy of the RD’s current credentials and the certified menus for inspection by the BOP.

A RD will annually review and approve the nutritional value of the menu if fixed, and semi-annually if not fixed. All the meals will meet the recommended dietary allowances and the dietary guidelines as set by the current version of the ADA. The contractor will maintain a copy of the RD's current credentials and the certified menus for inspection by the BOP.

1) Menus will be prepared and be posted in a conspicuous place for residents’ viewing.

2) Special Menus or Diets - Contractor will provide meals which meet diets required by confirmed religious preference, physician, or dentist.

B. Vendor or Food Service Provider - Contractors providing meals to residents through arrangements with a local vendor or food service provider will provide a copy of their agreement and ensure the following:

- The contractor will be responsible for the person-in-charge as defined in the *Food Code*. This responsibility, cannot be delegated.
- The contractor will comply with the requirements in the *Food Code*. The contractor will show evidence the establishment meets all state and/or local sanitation and health codes and complies with the *Food Code*.
- The contractor will show evidence the vendor or food services provider is a full-service organization, capable of providing breakfast, lunch, and dinner, and identify the person operating as the person-in-charge on behalf of the vendor or food service provider. In addition, the contractor will identify the person who legally owns and operates the vending company or food service.
- The contractor will show evidence the owner is a permit holder. Permit means the document issued by the regulatory authority that authorizes a person to operate a food establishment. The contractor will maintain a valid copy of the permit.

C. On-site food service by the contractor.

- When food services are provided in the facility, the contractor will have adequate space to provide for food preparation and service and provide an eating and seating area (i.e., at least 15 square feet per person, for all who dine at the same time).
- When food services are provided in the facility and it is necessary to provide these services in shifts due to space constraints, the contractor will submit a plan indicating the time services will be provided and the number of residents to be accommodated for each shift/feeding time.
- When the contractor prepares and serves meals in the facility, the contractor will comply with the requirements of the *Food Code*. In addition, all persons preparing food will comply with federal, state, and local health and sanitation codes. In the event of a conflict in these codes, the most stringent will apply. The contractor will identify the person-in-charge of food preparation to the COR.
- The contractor will comply with NFPA, as it relates to fire extinguishing systems over cooking services. They will be equipped with automatic shut-off devices for when the fire extinguishing system is activated. Fuse links are to be

changed and the system tested in accordance with the manufacturer's recommendation.

- Grease filters are to be kept clean and should be made of stainless steel for safety reasons.

  Frozen potentially hazardous food will be kept at or below 0 degrees in storage. Refrigerated potentially hazardous food will be kept at or below 41 degrees in storage. For potentially hazardous food, hot and cold holding; except during preparation, cooking, or cooling, or when time is used as the public health control, potentially hazardous food will be kept at 135 degree F or above, or at 41 degree F or below. All potentially hazardous foods will be labeled according to the Food Code requirements.

D. Refuse - Refuse is solid waste not carried by water through the sewage system.

- Garbage and refuse will be kept in durable insect and rodent-proof containers which do not leak or absorb liquids. Garbage and refuse will be disposed of frequently enough to prevent the development of odor and other conditions that attract or harbor insects and rodents.

E. Liquid Waste - The contractor will prevent backflow or back siphonage in accordance with the *Food Code*. The system will meet American Society of Sanitary Engineering (ASSE) standards for construction, installation, maintenance, inspection, and testing for that specific application and type.

F. The use of Styrofoam clam shell containers for delivery of food from offsite locations, used for individual leftover meals, or used for onsite food service is prohibited.

CHAPTER 16 – MEDICAL SERVICES

1. MEDICAL SERVICES - The contractor will provide residents an opportunity to access medical care and treatment. The intent is to assist the resident in maintaining continuity of medical care and treatment in accordance with the requirements of this SOW.

The contractor will provide on-site emergency first aid and crisis intervention to include a first aid kit, trained staff in basic first aid, and policy that outlines steps employees take in case of an emergency. The contents of the first aid kit will meet, and be maintained by the standards set by the American Red Cross, *Required First Aid Kit Contents*, Attachment J.

The contractor will maintain a supply of Naloxone when allowable under state laws and regulations to be used in the event of a suspected opioid overdose. The facility will ensure all staff are properly trained in the use of Naloxone. Naloxone kits will be readily available to all staff along with other first aid kits.

The contractor will ensure all staff are certified in cardiopulmonary resuscitation (CPR) prior to working with federal residents unless a plan of action has been submitted and approved in writing by the RRM with concurrence of the Contracting Officer. In addition, the contractor will ensure staff is trained to respond to health-related situations to include universal precautions and suicide prevention.

The contractor will have written policy and procedures regarding the control and distribution of an resident's prescribed medication. The written policy will be submitted to the RRM for review and approval.

The contractor will ensure resident medications are stored in an environment absent of extreme temperature, humidity, and according to the medication labeling (e.g., refrigeration required). RRC staff will provide the resident with proper access to the medication.

The contractor will develop and use a consent form which gives the contractor access to an resident's medical information if the resident becomes hospitalized and is physically unable to provide this consent. This consent will be in writing and meet all local standards, laws, and regulations unique to the

contractor's place of performance. This consent will be secured by the contractor during the intake screening process and filed in the resident's file.

2. EXPENSES - The contractor must send a *Request for Approval for Medical Treatment and Reimbursement*, Attachment K, for any non-emergent healthcare treatment, to include mental health treatment, and prescription medications, to the RRM. The RRM will coordinate approval as appropriate. The contractor must also make every effort to obtain low-cost healthcare treatment for the resident. All requests for non-emergency healthcare treatment will include a description of the type of treatment being requested and the estimated cost for the treatment prior to approval.

On a monthly basis, the contractor will compile all medical invoices received and forward the invoices from the healthcare providers with the monthly man-day bill submission. The BOP reserves the right to negotiate directly with the healthcare provider in an attempt to reduce the invoice amounts. The contractor will then receive an equitable adjustment, via a contract modification, equal to the amount of the medical invoices or the reduced invoice amount. Upon receipt of funds, the RRC Contractor will promptly pay the medical provider.

The contractor must maintain documentation of all invoices as well as payments to healthcare providers for the life of the contract. The BOP reserves the right to audit invoices and payments at any time during the life of the contract.

If non-emergency medical treatment is provided without pre-approval, the costs may not be reimbursed by the BOP.

A. Emergency - In an emergency, the contractor will obtain the necessary emergency medical treatment required to preserve the resident's life. The contractor will immediately notify the RRM of emergency treatment.

If, at any time, an resident appears to have a communicable or debilitating physical problem, the contractor will notify the RRM for approval to make arrangements for an examination. An exception to this requirement is Medical Screening upon the resident's initial arrival to the facility.

Upon receipt of invoices for emergency treatment, the contractor will compile, and submit in accordance with procedures for non-emergent healthcare. The government will reimburse the contractor for all emergency medical treatment for BOP residents.

3. EXAMINATION OF RESIDENTS COMMITTED DIRECTLY TO THE RRC - All cases committed directly to the facility will be screened in accordance with Attachment B, to identify any medical/mental health conditions which the resident is suffering from which may need medical attention. All cases committed directly to the facility will receive a medical examination, in accordance with Attachment B, within 5 working days after arrival. Special emphasis should be given to chronic health conditions such as diabetes and hypertension, infectious diseases such as TB, HIV and hepatitis, and any mental health problems. However, if an resident is suspected of having an infectious or debilitating health problem through the initial screening process, the contractor will arrange for an immediate medical examination which must occur within one calendar day after arrival.

The examination is to determine any urgent medical or mental health care needs, restrictions from work, and freedom from infectious disease. The contractor will notify the RRM of those residents with immediate mental or medical health needs and infectious disease. The results will be documented and sent to the RRM with copies to the resident's file. These procedures are for the protection of the patient and other residents and staff.

The complete health examination will include relevant diagnostic procedures. All residents should be tested for TB (PPD test and if positive, a chest x-ray), and any other infectious/communicable diseases if clinically indicated.

Health examinations for residents committed directly to a RRC, will be paid by the contractor who will then request reimbursement in accordance with procedures previously identified for non-emergency medical care. No pre-approval of health examination, covered in this section, is necessary.

If indicated by the RRM, the resident’s medical examination may include a blood test for DNA classification. Test kits will be provided by the government at no charge to the contractor or medical facility.

4. INFECTIOUS DISEASE - The Facility Director has a need to know of institution transfers with positive human immunodeficiency virus (HIV) or hepatitis B virus (HBV) status for purposes of pre-release management and access to care. In instances of notification, the contractor will take precautions to ensure only authorized persons with a legitimate need to know are allowed access to the information in accordance with the Privacy Act of 1974.

The contractor will observe universal precautions. This method of infection control requires all employees to assume all human blood and specified human body fluids are infectious for HIV, HBV, and other blood borne pathogens. Where differentiation of types of body fluids is difficult or impossible, all body fluids are to be considered as potentially infectious.

5. AFFORDABLE CARE ACT (ACA)(P.L. 111-148)- The Patient Protection and Affordable Care Act (P.L. 111-148) requires U.S. residents to be enrolled in an approved health insurance plan beginning January 1, 2014. Failure to enroll will result in a monetary fine. While incarcerated persons are excluded from the requirement, they are required to enroll upon release. Therefore, to assist residents in meeting the requirements of this law, the RRC will ensure internet and phone access is made available to all residents in order to facilitate the application process. Information regarding the application process is available on the website www.healthcare.gov. Internet and phone access should also be made available for residents to access State Medicaid or Marketplace Navigators/Certified Application Counselors that provide free assistance. In addition, the Bureau may, at its discretion, provide materials for distribution to federal residents of the RRC.

The RRC is required to provide Affordable Care Act application information to each resident during the intake process. Prior to release, each resident will be surveyed to determine if they applied for a health insurance plan. The resident's self-reported information regarding their application for health insurance will be documented in a tracking log that indicates one of the following:

- Resident applied for coverage
- Resident's application is pending

- Resident has not applied to date
- Resident declined to register

Residents' self-reported information will be made available to the RRM upon request.

CHAPTER 17- RECORDS AND REPORTS

The contractor will ensure records are safeguarded from unauthorized and improper disclosure. When any part of the information system is computerized, a security system must be in place to ensure confidentiality is maintained.

1. RESIDENT FILE - Several sections of this SOW require the contractor to maintain records on residents, which are considered to be part of the residents' files. The contractor will maintain a file on each resident that includes all significant decisions and events relating to the resident, and at least the following information:

- Documented legal authority to accept resident;
- Case information from referral source, if available;
- Case history/social history;
- Medical record, when available;
- Initial intake information form;
- Signed acknowledgment of receipt of facility rules;
- Signed acknowledgment of receipt of disciplinary policy;
- Signed release of information forms, including medical and any other consent forms;
- Individualized Program Plan;
- Evaluation and IPP progress notes;
- Current employment data;
- Record of resident's finances;
- Grievance and disciplinary record;
- Referrals to other agencies; and
- Terminal report.

In order to facilitate the planning, implementation, and evaluation of programs, documents maintained in the files will be dated and signed by the staff member making the entry.

The contractor will provide a method to account for each file and will ensure documents are filed in a timely manner. The contractor will conduct and document weekly resident file accountability checks.

2. CONTRACT RECORDS - Documents unique to contract performance as specified above are the property of the BOP. All records

related to contract performance will be retained in a retrievable format for the duration of the contract. Except as otherwise expressly provided in this SOW, the contractor will, upon completion or termination of the resulting contract, transmit to the BOP all records and/or documents related to the performance of the contract.

3. DOCUMENTATION

A. Sign in/Sign out System - The contractor will monitor and maintain documentation of residents, visitors, contractors, and volunteers entering or exiting the facility by using a sign in/sign out system.

B. Employment - The contractor will maintain documentation of an resident's employment and/or unemployment. Documentation will include:

- the resident’s name and register number;
- date of arrival and date employed; and
- list of residents who have not obtained employment 30 calendar days from their arrival.

C. Searches - The contractor will maintain documentation of all searches conducted in the facility.

D. Urine Sample Testing - The contractor will maintain documentation of all urine samples taken from residents.

E. The contractor will complete the BOP form *Urine Sampling Program (RRCs)* on a monthly basis and submit it to the RRM. The contractor will also send a copy of this report to the Chief USPO.

F. Alcohol Testing - The contractor will maintain documentation of all alcohol tests taken from residents.

G. The RRM, in concurrence with the CO, may require additional documentation.

4. BILLING - The contractor will provide the designated BOP office with a monthly bill along with a report of each resident's finances to include total salary hours worked plus the amount of subsistence collected, and any financial obligations (e.g., restitution, fine payments, court-ordered

child support paid by the resident, and approved subsistence waivers).

The contractor will ensure invoices arrive in the designated BOP office by the tenth of each month.

5. Quarterly Reporting: The contractor will provide quarterly statistics to the BOP regarding:

Placement and Release Statistics

Total number of residents currently in RRC
Total number of residents currently on home confinement
Number of admissions to RRC, admissions to direct home confinement, transfers to home confinement, and releases from custody in last quarter
Number of revocations from home confinement to RRC, and from RRC to institution, in last quarter
Average length of stay at RRC for residents who transferred from RRC to home confinement in last quarter
Average length of stay at RRC for RRC residents who released from custody within the last quarter
Average length of stay on home confinement for home confinement residents who release from custody within the last quarter
Ratio of RRC staff to RRC residents

Employment

Arrivals

Total number, and percentage, of RRC residents admitted during the last quarter who have secured: (1) permanent full-time employment and (2) part-time or temporary employment
Total number, and percentage, of home confinement residents admitted during the last quarter who have secured: (1) permanent full-time employment and (2) part-time or temporary employment

Releases

Total number, and percentage, of RRC residents released during the last quarter who have secured: (1) permanent full-time employment and (2) part-time or temporary employment
Total number, and percentage, of home confinement residents released during the last quarter who have secured: (1) permanent full-time employment and (2) part-time or temporary employment

Total

Total number, and percentage, of RRC residents who have secured: (1) permanent full-time employment and (2) part-time or temporary employment
Total number, and percentage, of home confinement residents who

have secured: (1) permanent full-time employment and (2) part-time or temporary employment
Average hourly wage for RRC residents
Total number, and percentage, of employed RRC residents whose income is below the nationally published Local Poverty Guidelines.

Identification

Arrivals

Total number, and percentage, of RRC residents admitted during the last quarter with a social security card upon arrival
Total number, and percentage, of RRC residents admitted during the last quarter with a birth certificate upon arrival
Total number, and percentage, of RRC residents admitted during the last quarter with a state-issued identification card or driver's license upon arrival.

Total number, and percentage, of direct home confinement residents admitted during the last quarter with a social security card upon arrival
Total number, and percentage, of direct home confinement residents admitted during the last quarter with a birth certificate upon arrival
Total number, and percentage, of direct home confinement residents admitted during the last quarter with a state-issued identification card or driver's license upon arrival.

During Stay

Total number, and percentage, of RRC residents who currently possess (1) a social security card, (2) a birth certificate, and (3) a state issued identification card or driver's license

Total number, and percentage, of home confinement residents who currently possess (1) a social security card, (2) a birth certificate, and (3) a state issued identification card or driver's license

For those who did not arrive in possession of a state issued identification card or driver's license, average length of time for residents to obtain state issued identification card or driver's license

Releases

Total number, and percentage, of RRC residents released during

the last quarter with a social security card
Total number, and percentage, of RRC residents released during the last quarter with a birth certificate
Total number, and percentage, of RRC residents released during the last quarter with a state-issued identification card or driver's license

Total number, and percentage, of direct home confinement residents released during the last quarter with a social security card
Total number, and percentage, of direct home confinement residents released during the last quarter with a birth certificate
Total number, and percentage, of direct home confinement residents released during the last quarter with a state-issued identification card or driver's license.

Community Engagement
Number of passes and furloughs issued to residents in last quarter to facilitate education and employment opportunities
Number of passes and furloughs issued to residents in last quarter to facilitate interaction with family
Number of passes and furloughs issued to residents in last quarter to facilitate other types of reintegration with the community
Total number, and percentage, of RRC residents who obtained passes for the purpose of family visitation
Total number, and percentage, of RRC residents who had family members visit RRC for orientation, programming, or visitation purposes.
Number of events, activities, or programs sponsored for RRC residents in last quarter by external partners

Other
Number, and percentage, of RRC and home confinement residents in Community Treatment Services for last quarter
Number of RRC and home confinement residents released during last quarter who are enrolled in healthcare
Number of RRC and home confinement residents released during last quarter who are registered for veterans, disability, social security or other public benefits.
Number, and percentage, of RRC residents released during last quarter to known housing that is not a homeless shelter
Number of RRC and home confinement residents released during last quarter who owned a personal cellular telephone upon

release.
Results of Resident Survey from last quarter (see attachment O), including (1) number of responses, and (2) ratings in each category.

6. CONFIDENTIALITY - The Privacy Act and Freedom of Information Act (FOIA) set forth a series of requirements governing federal agency record keeping practices intended to safeguard individuals against invasions of personal privacy. The determination of what information may be released requires staff to have a basic understanding of both the FOIA and the Privacy Act. Staff should also be aware the Privacy Act establishes criminal penalties and civil liabilities for unauthorized disclosures.

The contractor will not release any BOP document to an resident without the approval of the RRM.

The contractor will not release information about an resident to any individual without obtaining a signed release of information from the resident and the approval of the RRM.

BOP documents sought by subpoena, court order, or other court requests are subject to the approval of the Attorney General or his or her designee before they may be released. The guidelines are set forth in 28 CFR §16, subpart B. Accordingly, if a contractor receives such a request they will consult with the RRM regarding proper handling of the request.

Pre-Sentence Report (PSR) - Particular care must be taken to protect the PSR from third-party disclosure. The PSR may not be copied or distributed to any sources, to include the resident. Residents may be allowed to view their individual PSR under supervision of staff, but are not to be provided a copy. The PSR must be shredded upon the resident’s release, termination, escape, or death. Contractors must consult with the RRM and follow Bureau instructions for safeguarding the PSR. Upon completion of the contract, the contractor will certify all PSR documentation has been properly destroyed. All questions are to be directed to the RRM.

CHAPTER 18 - RELEASE PROCEDURES

The contractor will ensure timely and appropriate release/transfer of residents from the RRC. The contractor will provide written procedures for staff to follow prior to releasing an resident. These procedures will include, at a minimum, the following:

- Verification of identity;
- Verification and completion of release papers;
- Completion of release arrangements;
- Notification to the USPO for residents with supervised release condition;
- Return of personal effects such as medication;
- Arrangements for completion of any pending action;
- Arrangements for community follow-up, if required;
- Forwarding address and telephone number; and
- Instruction on forwarding of mail.

1. RELEASE PLANNING - The contractor will have written procedures for establishing a formal release plan for residents, and execute appropriate release certificates. At a minimum, the plan will include:

- resident's verified residence;
- employment and/or enrollment in a training or education program;
- medication needs;
- family or other supportive relationships; and
- follow-up appointments for medical, mental health and/or substance use treatment.

If the resident has a supervised release term (SRT), the RRC will submit a release plan to the USPO at least six weeks before the release date. In addition, the RRC will submit a copy of the release plan to the RRM at least 30 days prior to release to facilitate release notifications.

For residents who are subject to Parole conditions (as indicated by the RRM), staff will submit the release plan, along with a parole certificate request, to the U.S. Parole Commission (USPC). Parole certificates are e-mailed, mailed, or faxed to the RRC directly from the USPC. The contractor will consult

with the RRM to ensure the number of days remaining to be served is accurate and any special conditions are noted on the reverse side of the parole certificate prior to the resident being released from the RRC. The contractor will mail the signed parole certificate to the RRM.

Note: Conditions of release must be read to the resident and the resident's signature must be witnessed and dated by a staff member. This is to be obtained on each of the parole certificates and SRT certificates, when applicable. Each page of the certificate is signed individually, in pen, and is not carbonized. Release on parole is not effective without the resident's signature. Copies are distributed as follows:

- original to resident;
- copy to USPO;
- "institution copy" to RRM; and
- copy to USPC Office.

If an resident is releasing to some type of supervision, the contractor must advise the resident to report to the USPO within 72 hours of release from the RRC. The contractor will notify the USPO of the resident’s release by faxing the *Notice of Release and Arrival* form to the USPO.

2. RELEASE CLOTHING, FUNDS, AND TRANSPORTATION - The BOP provides release clothing, funds and transportation at the time an resident is transferred from an institution to a RRC.

In unusual circumstances, such as the location of the RRC or the conditions of an resident's confinement in a RRC, the need may arise for the contractor to provide release clothing, funds, and transportation. The contractor will develop and submit an itemized plan for an resident's release clothing, funds, and transportation needs to the RRM for approval at least one week prior to release. If approved, the contractor will provide the approved release funds, clothing, and/or make the necessary transportation arrangements for the resident. Documentation (i.e. paid invoices), will be forwarded with the monthly billing. The contractor will be reimbursed by the government for RRM approved release clothing, funds, and transportation.

3. PROPERTY - The contractor will establish and maintain procedures to dispose of an resident’s personal property in the

event of death, escape, or transfer. Property will be immediately secured and then inventoried prior to the end of the work shift. Personal property left behind by an escapee will be considered abandoned and may be disposed of if left unclaimed for a period of 30 days. The confiscation and disposal will be documented. Information on how the RRC processes abandoned property must be relayed to the resident population. An inventory of an resident's personal property must be completed by no less than two staff members who will sign and complete an inventory list. If an resident is being held in a local jail, or has been transferred to a BOP facility, next of kin identified on the resident's intake form will be advised to pick up the property after release by the investigating officers, when applicable.

4. TYPES OF RELEASES - For information regarding release types, refer to P.S. 5800, Correctional Systems Manual.

5. RELEASE DOCUMENTS - The contractor will verify all release documents with the RRM five working days prior to release. The contractor will ensure all release documents have original signatures, are dated, and appropriately distributed. The contractor is responsible for obtaining release documents which may include the following:

- Parole Certificate;
- Mandatory Release Certificate;
- Special Parole Term Certificate;
- Conditions of Supervision;
- Notice of Release and Arrival; or
- Notice to the U.S. Attorney of Release of Inmate with Criminal Fine.

The contractor will complete a Notice of Release and Arrival report following the procedures outlined in the current bureau referral and population management tool, on all applicable releasing residents.

The contractor will complete a terminal report, utilizing the R3M application template, on all releasing residents. The report will address all elements listed in the template following the IPP progress notes and program plans. Distribution is to be accomplished via electronic transmission or mail with copies as follows: original to residents' parent

institution, copy to the RRM, USPC (if applicable), and to the appropriate USPO.

Upon an resident’s actual release, the contractor will immediately notify the RRM via the R3M application (in the event the application is down the use of telephone, fax or e-mail may be used at the discretion of the RRM).

6. FILES - Upon completion or termination of the resident's program, the contractor will forward the terminal report to the Case Management Coordinator at the Bureau parent institution within five working days with copies to the RRM, USPC (if applicable), and to the appropriate USPO. The contractor will shred the BOP referral packet (e.g. PSR, J&C, SOR). Referral information stored electronically will be deleted from the contractor’s data system. The contractor may retain public information which can identify former residents, copies of research data which have been depersonalized, and copies of reports generated by the contractor. Upon termination of the contract, the contractor will notify and certify all records were properly disposed.

CHAPTER 19 - ESCAPE PROCEDURES

An escape occurs when an resident fails to remain in custody by:

- not reporting to the facility for admission at the scheduled time;
- not remaining at the approved place of employment or training/treatment during the hours specified by the terms of the employment or training/treatment program;
- not returning to the facility at the time prescribed;
- not locatable while on authorized furlough or pass;
- not returning from an authorized furlough or pass at the time and place stipulated;
- not being locatable by facility staff;
- not abiding to conditions of employment and/or conditions of home confinement;
- being arrested for new or old criminal charges; or
- leaving the facility without staff permission.

A. Staff Action - The contractor will provide written procedures to ensure all staff understand what constitutes an escape and appropriate procedures for reporting an escape. These procedures will include instructions to reasonably attempt to locate the resident, which may include going to the pass location or residence. The contractor will develop step-by-step procedures addressing the following:

- internal notification;
- a thorough search of all areas inside the facility;
- telephone contact to resident cell phone, if applicable;
- telephone contacts where the resident has signed-out; and
- telephone inquiries to determine if the resident has been arrested or injured.

The above procedures should ordinarily take no more than 30 minutes to complete from the time the resident was to initially report to the facility or return to the facility from an authorized absence, or from the time of any indication the resident may be unaccountable. It is the resident's responsibility to ensure established schedules are followed, and the facility is notified if unable to report/return to the facility at the authorized time. Facility staff may modify a return time upon receiving justification and subsequent

verification for late arrival. At no time will this exceed one hour without notification to the Facility Director. Any modification of initial reporting time to the facility must be coordinated and approved by the RRM. If all efforts to locate the resident have failed, the Facility Director will immediately notify the RRM. The contractor will provide all the necessary information needed for the RRM to complete and forward the Escape Flyer. This responsibility cannot be delegated below the duty officer of the facility. The contractor will prepare an incident report for residents classified as Escape and Technical Escape for new charges and conduct a discipline hearing in accordance with guidelines established in the current version of the P.S. 5270, Inmate Discipline Program. Release notification as an escape will be processed utilizing the procedures outlined earlier in this document. The contractor should not write an incident report on residents who are classified as Technical Escape - Old Charges.

USPO cases are not in the custody of the BOP and cannot be considered escapees. These residents are referred to as absconders. When they are deemed unaccountable, the contractor will immediately advise the supervising authority or follow locally coordinated procedures with the supervising authority. When an resident absconds during normal business hours, the contractor will notify the RRM the same day it happens. When an resident absconds after normal business hours, the contractor will notify the RRM the next business day.

B. Fiscal Impact - The BOP does not pay the contractor for the day of the escape.

C. Preventive Measures - Residents with Public Safety Factors or any special needs cases exhibiting unusual behavior require closer attention and reporting to the RRM.

If an resident receives an incident report that may cause program failure, the contractor will contact the RRM prior to issuing the report. The RRM will consider coordinating the issuance of the report with the USMS assuming custody of the resident.

The contractor will allow any resident who has been considered in escape status to return to the facility, unless the resident presents a significant safety or security issue to the facility, other residents or staff. Anytime an resident returns to the

facility, the contractor will immediately notify and consult with the RRM so an appropriate action plan can be determined. Ordinarily, in cases where the resident was placed on Technical Escape – Old Charges they will not be failed from the program. In this type of case, consultation must be made with the RRM as to the status of the resident.

CHAPTER 20 - SERIOUS ILLNESS, INJURY OR DEATH

The contractor will immediately notify the RRM when an resident becomes seriously ill, requires emergency medical treatment, or dies. In the event of the resident's death, the RRM will notify the resident's family or next of kin.

Immediately upon the death of an resident, the contractor will assemble and advise the RRM of the following information concerning the deceased resident:

(1) Name, register number, date of birth;
(2) Offense and sentence;
(3) Date, time, and location of death;
(4) Apparent cause of death;
(5) Investigative steps being taken, if necessary;
(6) Name and address of survivor or designee;
(7) Notifications made;
(8) Status of autopsy request; and
(9) Brief medical history related to death.

The contractor will consult with the RRM to ensure appropriate notifications are made. The contractor will also arrange for the fingerprinting of the thumb of the right hand to be taken, and staff will date and sign the fingerprint card to ensure positive identification has been made. The fingerprint card will then be sent to the RRM. Release notification of a death will be processed utilizing the procedures outlined earlier in this document.

If death is due to violence or an accident, surrounded by unusual or questionable circumstances, or is sudden and the deceased was not under medical supervision, staff will notify appropriate law enforcement officials of the local jurisdiction. The purpose of this notification is to review the case and examine the body, if necessary. Autopsy requests will be forwarded or initiated by the RRM who will consult with other BOP staff and make determinations regarding need for autopsy.

When there is no longer an official interest in the body, it may be turned over to family members or next of kin as indicated on the resident's intake form. Should the family decline the body or be unable to afford funeral expenses, the contractor will compile a list of local burial/funeral providers and contact the RRM for disposal instructions.

Personal property of a deceased resident will be inventoried and forwarded to the person indicated on the residents' intake form.

CHAPTER 21 - USPO CASES

Ordinarily, USPOs are responsible for the overall supervision of residents who are placed in a RRC as a condition of probation, parole, mandatory release, or supervised release supervision.

The contractor will not accept persons described in this chapter unless they have been approved for placement by the RRM.

The contractor will provide all services and programs cited in the SOW for all persons described in this chapter, except as specified below:

- Driving - Permission to drive must be approved by the Facility Director and the supervising USPO.
- Discipline - Persons under supervision as described in this chapter are subject to facility rules and minor sanctions. However, if an act is alleged to have been committed by an resident under supervision and the recommendation is to impose a major sanction, a formal discipline hearing is not required.
- Intake - Staff must work with the USPO when developing the individual reentry plan for each resident.
- Financial Obligation - Residents under supervision will pay subsistence. The contractor will immediately notify the RRM if the court indicates subsistence should not be collected for USPO cases.
- Medical Services – The initial medical screening for probationers, parolees, mandatory releasees and supervised releasees is paid by the contractor, who will then request reimbursement from the BOP on the monthly billing. The contractor will then notify the USPO of any medical conditions of these residents. All additional medical and dental expenses for persons under supervision of a USPO are the responsibility of the resident. Staff should assist the resident in finding appropriate community resources.
- Marriage - Residents under supervision must have their requests for marriage approved by the USPO.
- Any unauthorized absence of persons described in this chapter will be reported immediately to the USPO. If the unauthorized absence occurs after regular business hours, the RRM will be notified the next business day.
- Release - When the term specified by the court has been satisfied or the Facility Director determines an resident's

program is completed or participation will produce no further significant benefits, staff will notify the USPO of the termination. The contractor will copy the RRM on this notification. A terminal report will be completed by the contractor and forwarded to the USPO and the RRM. The contractor will ensure the RRM has been properly notified of all requests for program termination and received terminal reports before release.

- Residents identified in this chapter are not eligible for furloughs or home confinement. Absences other than "sign-out" will be approved by the supervising USPO and documented by the contractor.
- Death - In the event of death, the contractor will immediately notify the USPO and RRM. The USPO is responsible for disposal of the body and any administrative follow-up procedures.
- Basic mental health treatment for residents under supervision is the financial responsibility of the USPO if the resident is uninsured or is unable to pay.

CHAPTER 22 - RESEARCH AND EVALUATION

The BOP does not operate RRC facilities using BOP staff and is therefore dependent upon data generated and maintained by the contractor for research and evaluation purposes.

The contractor will participate in all research studies as directed by the BOP.

The contractor will be responsive to all BOP surveys, data collection requests, questionnaires, or pilot programs, in a timely manner.

Pilot programs/studies may include, but are not limited to, program plans, resident adjustment, discipline, prognosis for success, etc.

The contractor will not participate in any research studies or data collection efforts using information from BOP or USPO residents without prior approval from the RRM.

CHAPTER 23 - BOP INSPECTIONS

The objective of BOP inspections is to ensure the contractor is in compliance with applicable laws, regulations, policies, and contract requirements, and to ensure that fraud, waste, abuse, mismanagement, and illegal acts are prevented, detected, and reported.

The contractor will receive feedback from inspections in the form of monitoring reports or direct correspondence. This feedback may identify deficiencies which the contractor must remedy. A deficiency is determined when evidence indicates the contractor has failed to meet the performance requirements of the contract. Evidence that supports a deficiency will be factually sufficient to lead a person knowledgeable in the program area to come to the same conclusion as the reviewer.

The BOP reserves the right to determine the resources necessary to perform all inspections and monitoring visits (e.g., number and type of staff, number of working days) as defined in this chapter.

1. PREOCCUPANCY VISIT - After contract award, but before the CO issues the "notice to proceed," the BOP may conduct a preoccupancy visit at the facility. During this visit, the BOP will determine the contractor's ability to begin performance by inspecting, at a minimum, all emergency plans and life/safety issues for compliance with the SOW. The preoccupancy inspection for incumbent contractors may be postponed to coincide with the first full monitoring if no life/safety issues were identified during the pre-site inspection.

A. Emergency Plans - After contract award, but before the CO issues the "notice to proceed," the contractor will submit to the RRM a complete written copy of the facility's emergency plans as required in the SOW.

B. Life/Safety Issues - After contract award, but before the CO issues the "notice to proceed," the contractor will be in compliance with all life safety issues as required by the SOW, unless otherwise indicated by the RRM.

2. OTHER VISITS - The contractor will accept and accommodate visit(s) or inspection(s) by the BOP, USPO, or an investigative authority as indicated in the SOW, or upon direction of the RRM,

at any time during the life of the contract. Other visits may occur for the purpose of training or to resolve general contract issues.

3. FULL MONITORING - A full monitoring is a comprehensive inspection and review of all aspects of the contractor's operation and facility. The first full monitoring ordinarily occurs 60-90 days from the date performance begins. Ordinarily, the contractor is given advance notice of an upcoming full monitoring. A full monitoring may take several days and a monitoring report will be generated.

A monitoring report contains all the deficiencies as determined by the reviewer(s). The contractor will respond in writing to the RRM within 30 days of receipt of the report (unless otherwise directed by the RRM). The contractor's response will include any issues addressed in the monitoring report and specify plan(s) of action for correction. The contractor will also indicate a realistic time frame/date when each correction will be completed. This in no way releases the contractor from performing the requirements of the contract.

4. INTERIM MONITORING - An interim monitoring is an unannounced on-site examination. Ordinarily, during the interim monitoring, the BOP inspects, but is not limited to, those areas which have previously been identified with deficiencies. Subsequent to an interim monitoring, the contractor will receive a letter acknowledging the interim monitoring from the RRM. The letter will also indicate all areas found non-compliant. The contractor will respond in writing to the RRM within 30 days of receipt of the report (unless otherwise directed by the RRM). The contractor's response will include any issues addressed in the monitoring report and specify plan(s) of action for correction. The contractor will also indicate a realistic time frame/date when each correction will be completed. This in no way releases the contractor from performing the requirements of the contract.

Prior to a monitoring and/or other visit, BOP staff may query contractors concerning community meetings they may want to attend during their inspections.

5. REMOTE MONITORING - A remote monitoring is an evaluation of the contractor’s performance that is conducted from the RRM office. To facilitate the monitoring, the RRM will request

specific documentation and indicate the means and time frames by which this information should be submitted (e.g., electronically, facsimile or mailed). If the contractor is utilizing web-based electronic programs for the accountability or management of residents, they must provide remote access to BOP staff upon request.

6. CONTRACTOR PERFORMANCE ASSESSMENT REPORTING SYSTEM (CPARS) - CPARS is an automated system in which contractor performance is reported. Performance is measured annually by the COR. The rating period represents 12 months of contract performance and ordinarily is conducted at the end of each performance period. The COR electronically, via CPARS, sends the evaluation to the CO who reviews the document then releases it to the contractor for comments via CPARS. The contractor will have 30 calendar days to make comment and return the form to the CO.

7. RESPONSIBILITIES OF THE CONTRACTOR - The contractor will respond to all inspections, monitoring reports, evaluations, and RRM inquiries within the appropriate time frame.

The contractor’s response must indicate the areas of non-compliance have been corrected or provide a plan that includes time frames to correct deficiencies.

The contractor will take appropriate actions to correct deficiencies and improve operations, and ensure adequate administrative controls and monitoring systems are in place to prevent the deficiency from recurring. Failure to respond to the direction given by the COR or the result of the monitoring reports could result in adverse contract action.

8. REPEAT DEFICIENCIES - A repeat deficiency is a serious issue. Therefore, the authorized negotiator will provide a separate response to the RRM, with a copy to the CO, specifically addressing the repeat deficiency. (This is in addition to the Facility Director's response to the RRM.) The authorized negotiator must describe the measures and internal controls to be implemented to ensure the problem will not occur again, as well as explain why the problem was not corrected from the prior review. The authorized negotiator's response is due no later than five calendar days after receipt of the report.

CHAPTER 24 - DEDUCTIONS AND REIMBURSEMENTS

When a contractor fails to respond to an inspection report or repeatedly fails to correct documented deficiencies, the BOP may increase the number of inspections and charge the contractor for the reasonable costs associated with these visits. If the BOP must repeatedly visit facilities above the routinely scheduled activity of monitoring and training, the contractor may be required to reimburse the BOP for all reasonable costs associated with providing technical assistance, training, and oversight required to improve the contractor's performance to a satisfactory level. These costs will be deducted from the monthly billing to the government.

In addition, the contractor will be subject to government deduction when and if they have been found to be in non-compliance with the conditions of the contract. Once the contractor has been informed of a problem, and does not comply within the specified time, they will be notified of the pending deduction and the basis for the deduction by the CO.

The BOP will schedule a preoccupancy inspection following contract award and before performance. If the BOP must repeatedly inspect the place of performance (e.g. facility and location) due to the contractor's failure to complete necessary facility repairs or renovations, or failure to meet minimum program requirements so performance may begin, the contractor may be required to reimburse the BOP for all reasonable costs associated with a second (or subsequent) preoccupancy inspection. If the contractor is approved to change the place of performance during the contract, reimbursement for the additional preoccupancy inspection may be the responsibility of the contractor. These costs may be deducted from the monthly billing to the government.

The requirements of this chapter do not modify or waive the rights of the BOP to terminate a contract for default under the terms and conditions of the contract.

Request for Contract Staff Background Investigation

Facility:_____Location Code:_____

Last Name		Middle Name	First Name		Other Names Used	
Position/Job Title		Anticipated Hire Date	Criminal History, if applicable			
Sex	Race	Hair	Eyes	Height	Weight	DOB
Driver's License-State & No.			SSN		Birth City/State	
Other States Lived or Worked in						

If this is a Key Staff Member, a copy of the applicant's application and resume must be attached. Upon Conditional Approval, a sealed transcript must be sent directly to the RRM office from any schools, colleges or universities identified on the application which substantiates the individual's qualifications to fulfill the position.

Applicants Acknowledgement:

I authorize the release to the Federal Bureau of Prisons of any information generated as a result of a National Crime Information Center/National Law Enforcement Telecommunication System criminal history check on me, or any other information necessary to determine my suitability for work with federal residents.

I also authorize the Federal Bureau of Prisons to disclose to the Facility Director or the contractor's "authorized negotiator" all information generated as a result of a National Crime Information Center/National Law Enforcement Telecommunication System criminal history check on me, or any other information necessary to determine my suitability for work with federal residents at the above noted facility.

I understand that all my records are protected under federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. In any event, this consent will cease to be effective after my employment.

_____

Signature of Applicant Date

_____

Printed Name and Signature of Witness (Program Director) Date

Request for Contract Staff Background Investigation (cont.)

Photocopy (if permitted by law) Driver's License in this box	Photocopy SSN Card in this box

Residential Reentry Center
Elements of the Medical Examination for Residents Committed Directly to the RRC

I. Elements of the Intake Medical/Mental Health History (To be completed by RRC Staff)

. **Abuse Victim History**

a. Sexual (comments) _____
b. Physical (comments) _____
c. Emotional (comments) _____
d. Residents perception of vulnerability(comments)_____

Need for Psychological Referral ____ Yes ____No
Provider's Comments
_____

_____

Mental Health History: Check all that apply.

□ History of Head Trauma
Nature of trauma _____ Date of event _____
Provider's Comments
_____

□ History of Loss of Consciousness
Nature of event/diagnosis _____ Date of event _____
Provider's Comments
_____

□ Current or Prior Mental Health Treatment
Diagnosis (if known) _____ Date(s) of treatment _____
Provider's Comments
_____

□ History of Suicide Attempt(s)
Attempt method(s) _____ Date(s) of attempts _____

□ Current suicidal ideation ____ Yes ____ No Planned method
_____

Need for Psychological Referral ____ Yes ____No

Substance Abuse History

□ No licit or illicit drug use
□ Alcohol Type ____Frequency of use_____ Last Used _____
□ Opiates Type ____Frequency of use_____ Last Used _____
□ Amphetamines Type ____Frequency of use_____ Last Used _____
□ Depressants Type ____Frequency of use_____ Last Used _____
□ Inhalants Type ____Frequency of use_____ Last Used _____
□ Hallucinogens Type ____Frequency of use_____ Last Used _____
□ Other drugs Type ____Frequency of use_____ Last Used _____
□ Current or recent experience of withdrawal symptoms

Need for Substance Abuse Treatment Referral ____ Yes ____No
Provider's Comments_____
_____

2. Elements of the Physician's Intake Hands-on Physical Assessment (To be completed by Health services examiner)

Vital Signs:
Pulse _____ Respirations _____ Temperature _____BP _____
HT _____ Weight _____ Body Mass _____SaO_2 _____
Peak Flow _____ Random Blood Glucose _____

. **Pain Assessment**:
Intensity (0-10 scale) _____ Location _____ Duration _____
Aggravating factor(s) _____ Alleviating Factor(s) _____

Oral Health Assessment:
□ Pain in mouth or teeth ____ Yes ____ No Location _____
□ Swelling in mouth, jaws or neck ____ Yes ____ No Location _____
□ Lesion(s) in mouth ____ Yes ____ No Location _____
Need for Dental Referral ____ Yes ____No

Provider's Comments_____

Mental Health Assessment:
□ Level of Consciousness
____ Alert and oriented x 3 (person, place & time)
____ Alert and disoriented
____ Inattentive
□ Psychomotor Activity
__ Normal Gait __ Abnormal Gait __ Hyperactivity/Agitation __ Hypo-activity
□ General Appearance
__ Well-groomed __ Disheveled __ Normal hygiene __ Poor hygiene
□ Mood
____ Normal affect ____ Disturbed affect
□ Thought Process and Content
____ Logical ____ Confused ____ Irrational
Need for Psychology/Psychiatry Referral ____ Yes ____ No
Provider's Comments
_____

Body Systems Review
a. HEENT
Head: Face symmetrical ____Yes ____ No
Hair appearance ____ Normal ____ Thin ____ Coarse ____ Alopecia
Eyes: PERRLA ____ Yes ____ No
EOMI ____ Yes ____ No
Icterus/conjunctival inflammation ____ Yes ____ No
Fundoscopic nicking ____ Yes ____ No Fundoscopic discs sharp
____ Yes ____ No
Visual Acuity Right eye _____ Left eye _____
Ears: Canals patent ____ Yes ____No
Tympanic membrane intact ____ Yes ____No
Nose: Septum intact ____ Yes ____ No
Nares patent ____ Yes ____ No
Polyps ____ Yes ____ No
Throat: Neck full ROM ____ Yes ____ No
Trachea midline ____ Yes ____ No
Thyroid normal ____ Yes ____ No
Masses ____ Yes ____ No

		Adenopathy	____ Yes	____ No
b.	Skin:	Rash	____ Yes	____ No
		Lesions	____ Yes	____ No
		Pigmentation	____ Normal	____ Abnormal
		Masses	____ Yes	____ No
c.	Heart:	RRR	____ Yes	____ No
		Normal S1/S2	____ Yes	____ No
		Murmurs	____ Yes	____ No
		Carotid Bruits	____ Yes	____ No
		JVD	____ Yes	____ No
d.	Lungs:	Clear to auscultation	____ Yes	____ No
		If no, sounds are:	___ wheezes	___crackles ___ rhonchi ___ consolidation
e.	Abdomen:	Hernia	____Yes	____ No
		Bowel Sounds	____ Normal	____Hyperactive ____ No sounds
		Tenderness	____ Yes	____ No
		Masses	____ Yes	____ No
		Organomegaly	____ Yes	____ No

f. Musculoskeletal

Extremities:	Strength in all extremities	____ Yes	____ No
	Edema	____Yes	____ No
	Full ROM all extremities	____ Yes	____ No
	Pulses all extremities	____ Yes	____ No
	Deformities/amputations	____ Yes	____ No
Spine:	Full ROM	____ Yes	____ No
	Deformities	____ Yes	____ No

g. Genitourinary

Male: External genitalia ___ Normal ___ Tenderness___ Mass ___ Lesions
Prostate gland___ Normal ___ Enlargement___ Mass ___ Lesions
Discharge ____ Yes ____ No

Female: External genitalia___ Normal___ Tenderness___ Mass___ Lesions
Pelvic exam___ Normal___ Tenderness ___ Mass___ Lesions
Discharge____ Yes ____ No
Breast exam___ Normal___ Tenderness___ Mass___ Lesions

h. Neurological

Gait ____ Normal ____ Shuffling ____ Unsteady
Reflexes ____ Present ____ Absent

. **Medications Currently Used**

a. Prescribed

_____

b. OTC

_____

Comments on Positive Findings __ No positive findings__ Positive findings (see comments)

_____
_____
_____

Referrals for Follow-up

Labs	____ No	____ Yes (specify)
Radiographs	____ No	____ Yes (specify)
Specialists	____ No	____ Yes (specify)
Primary care	____ No	____ Yes (specify

Treatment Plan

____ No treatment needed at this time

____ Treatment plan specified below (attach additional pages if necessary)

History of Chronic Diseases: Check all that apply and specify condition.

□ Cardiovascular (specify) _____

□ Stroke

□ Hypertension

□ Diabetes: Insulin-dependent ____ Yes ____ No

□ Respiratory (specify) _____

□ Cancer (specify) _____Current Status _____

□ Hematologic (specify) _____

□ HIV Infection/AIDS

□ Viral Hepatitis Infection: ____HBV___ HCV

□ Other chronic diseases (specify)

_____

Need for Medical Referral ____ Yes ____No

Provider's Comments_____

History of Infectious Diseases: Check/circle all that apply.

□ Syphilis, gonorrhea, chlamydia, genital warts and/or genital herpes

Date of last treatment _____

□ Varicella – Chicken pox, zoster Date of infection _____

□ Other infectious disease (specify)

_____

Need for Medical Referral ____ Yes ____No

Provider's Comments

_____

. **Allergies**

□ Drugs (specify) _____

□ Foods (specify) _____

□ Other allergens (specify) _____

Provider's Comments

_____

Infectious Disease Risk Factors

□ IV drug use with shared needles

□ Sexual partner using IV drugs with shared needles

□ Multiple sexual partners in last 5 years

□ Condom use ___ Always ___Sometimes ___Never

□ Sexual partner having HIV, HBV and/or HCV

□ Tattoos

□ Blood product transfusion

Need for Medical Referral ____ Yes ____No

Provider's Comments

_____

TB Screening History

- ☐ Date of last skin test _____ Results in millimeters _____mm.
- ☐ Date of last chest x-ray _____ Results _____

If Positive for TB Infection:

- ☐ Treatment completion date _____
- ☐ Treatment ongoing ____Yes ____ No
- ☐ Never treated ____Yes ____ No

Symptoms of Active TB

- ☐ Blood-tinged sputum
- ☐ Night sweats
- ☐ Weight loss (unintentional)
- ☐ Fever
- ☐ Cough (duration of 3 weeks or more)

Need for Medical Referral ____ Yes ____No

Provider's Comments

_____

Tobacco Use

Frequency of use _____Type of tobacco product _____

Mental Health History: Check all that apply.

- ☐ History of Head Trauma
  Nature of trauma _____ Date of event _____
  Provider's Comments
  _____
- ☐ History of Loss of Consciousness
  Nature of event/diagnosis _____ Date of event _____
  Provider's Comments
  _____
- ☐ Current or Prior Mental Health Treatment
  Diagnosis (if known) _____ Date(s) of treatment _____
  Provider's Comments
  _____
- ☐ History of Suicide Attempt(s)
  Attempt method(s) _____ Date(s) of attempts _____
- ☐ Current suicidal ideation ____ Yes ____ No
  Planned method _____

Need for Psychological Referral ____ Yes ____No

Provider's Comments

Pregnancy History

- ☐ Current pregnancy ____ Yes____No ____ Unknown ____ Hysterectomy
- ☐ Prior pregnancies: Number _____Live births ____Abortions ____Miscarriages ____

Need for Medical Referral ____ Yes ____No

Provider's Comments

_____

Immunization History

- ☐ Tetanus: ____ Yes ____ No ____ Unknown Date _____
- ☐ MMR: ____ Yes ____ No ____ Unknown Date _____
- ☐ Pneumovax: ____ Yes ____ No ____ Unknown Date _____
- ☐ HBV: ____ Yes ____ No ____ Unknown Date _____
- ☐ HAV: ____ Yes ____ No ____ Unknown Date _____
- ☐ HPV: ____ Yes ____ No ____ Unknown Date _____
- ☐ Influenza: ____ Yes ____ No ____ Unknown Date _____

Surgery(ies)

Type(s) _____ Date(s) _____ Provider/Hospital _____

_____ _____

Signature/Credential of Examining Physician Date of Examination

Attachment C

INITIAL INTAKE FORM

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Facility Name and Address:				
Contract staff completing the interview (print):				
Name of Resident:	Register Number:			
Resident Home Address:	DOB:	SSN:	Race:	Sex:
Religion:	Date and Time of Arrival:			

1. NOTIFICATION IN CASE OF EMERGENCY/DEATH (Resident completes):

In case of an emergency or my death, I direct that my _____, be notified via information provided below.
(relationship)

_____
(Name) (Address) (City) (State)

_____
(Telephone Number)

Name and Telephone Number of Personal Physician:

2. Status (Contract staff completes)
Component Assigned: Community Pre-Release Home confinement
(circle one) Corrections

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 resident completes):

_____ _____
Contract staff signature Date/Time

_____ _____
Resident signature Date/Time

Record Copy - Facility Director; Copy - RRM (This form may be replicated via computer)

[Name of RRM]

[Addressee]

Re: Request for DNA Collection

Dear [Name of Facility CEO]:

The DNA Analysis Backlog Elimination Act (DNA Act) requires the Federal Bureau of Prisons to obtain DNA samples from all residents with qualifying offenses. Currently, the Attorney General is authorized to collect DNA samples from individuals who are arrested, facing charges, or convicted or from non-United States persons who are detained under the authority of the United States. See 42 U.S.C. Sec. 14135a(a)(1)(A). An implementing regulation was published in the Federal Register on December 10, 2008 (Vol. 73, No. 238, pp. 74932-74943). The FBI analyzes submitted DNA samples and maintains the results in the Combined DNA Index System (CODIS).

The following [xx] residents are housed at your facility and are required to provide a DNA sample under the DNA Act. We are asking your assistance with the collection.

Resident Name, Reg. No.
Resident Name, Reg. No.

Included with this letter is/are [xx] DNA Buccal Swab Collection Kits. Instructions for the DNA collections are included in the kits. Also included are DNA fact sheets that may be provided to the residents to answer any questions they may have. If an resident refuses to consent to the DNA collection, please bring this to the attention of this office as soon as possible.

The resident should be made aware that refusal to consent may result in the resident being temporarily brought back into the physical custody of the Bureau and housed in a Special Housing Unit until the sample is collected.

To receive DNA numbers from Bureau staff for the DNA collected, your staff should contact [xxx] at [xxx] one or two business days before the collection is scheduled. Generating a DNA number during this timeframe will decrease the chance numbers will be generated in error.

Thank you for your assistance with this important matter. Please contact my office at [xxx-xxx-xxxx] if you have any questions.

Sincerely,

Residential Reentry Manager

Bureau of Prisons Offender DNA Sample Collection
Fact Sheet

The Bureau of Prisons' (Bureau) current authorities to collect DNA samples from persons are as follows:

- Title 42 U.S.C. Sec. 14135a, Collection and use of DNA identification information from certain federal offenders;
- Title 42 U.S.C. Sec. 14135b, Collection and use of DNA identification information from certain District of Columbia offenders; and
- Title 28 C.F.R. Part 28.12.

Pursuant to these authorities, the Bureau will collect DNA samples from persons who are:

- Convicted of any federal offense (felony or misdemeanor);
- Convicted of any Uniform Code of Military Justice (military) offense (felony or misdemeanor);
- Convicted of a qualifying D.C. Code offense (as provided at D.C. Code Sec. 22-4151);
- Arrested or facing charges (pretrial offenders); and
- Non-United States persons who are detained under the authority of the United States (including the Bureau) (persons who are not United States citizens and who are not lawfully admitted for permanent residence as defined by 8 C.F.R. Sec. 1.1 (b)).

Bureau Program Statement 5311.01, *Inmate DNA Sample Collection Procedures* (effective date Feb. 1, 2011), provides the following:

- Collection of DNA via buccal swab has been incorporated into the collection method.
- Collection of DNA from juveniles is permitted.
- Consequences for refusing to provide a DNA sample include an incident report(s), progressive administrative sanctions, and possible criminal prosecution.
- If efforts to obtain a DNA sample fail, or the offender is approaching his/her release date, standard use of force protocols (including standard confrontation avoidance procedures) must be invoked, using only the amount of force necessary to obtain a DNA sample. In instances where calculated use of force is necessary, it is recommended that a blood sample be obtained.

Individualized Program Plan

(Available in Word from RRM Office)

Name:	RRC Facility/Code:
Register Number:	Telephone:
Arrival Date:	Fax:
HCED Date:	Status: ◯ BOP or ◯ USPO
Projected Release Date/Method:	
Sex: ◯ Male or ◯ Female	Driver's License Number/State:
Date of Birth:	FBI Number:
Next Review Date:	Other IDs:
CIM Status:	
Component: ◯ CCC ◯ Prerelease ◯ Home Confinement	
Release Residence Address:	Release Employer Name/Address:
Telephone:	Telephone:
Primary Emergency Contact:	Secondary Emergency Contact:
Address:	Address:
Telephone:	Telephone:
Release Address Family Ties/Support:	
Sentence/Supervision:	
Financial Plan Active: ◯ Yes or ◯ No	Subsistence Modification ◯ Yes or ◯ No
Financial Plan Date:	Subsistence Waiver: ◯ Yes or ◯ No
Payments Missed: ◯ Yes or ◯ No	IR for missed payments: ◯ Yes or ◯ No
Special Conditions of Supervision:	
USPO Name:	
Sentencing District Address:	
Phone/Fax:	
Subject to 18 U.S.C. 4042(B) Notification: ◯ Yes or ◯ No	DNA Required: ◯ Yes or ◯ No

Individualized Program Plan

Name: **Registration Number:**

Profile Comments:

EDUCATION DATA – prior and current

WORK DATA - (Prior and current):

Prior Work History:

Job Search History:

Employment (date of hire, hours, position, employer name and address/phone)

On-Site Visit Date: Legal Notification Date:

DISCIPLINE DATA – RRC Information

Date, Prohibited Act, Sanction:

RRC COMPONENTS – CCC, Prerelease, HC

Component name and date

VOCATIONAL/CAREER: - prior and current

INTERPERSONAL:

Relationships:

Family Ties/Support system:

Parental responsibility:

Comments:

AFFORDABLE HEALTH CARE ACT:

Affordable Health Care Application:

ACA information distributed during intake: ◯ Yes or ◯ No

Internet and phone access available to facilitate ACA access? ◯ Yes or ◯ No

ACA survey prior to release? ◯ Yes or ◯ No

Progress and Goals:

PHYSICAL HEALTH:
Physical health concerns:
Prescribed medication:
Progress and Goals:

MENTAL HEALTH:
Mental health assessment:
Mental health treatment:
Progress and Goals:

OTHER TREATMENT PROGRAMMING:
Sex offender treatment
Substance abuse treatment:
Other treatment:

COGNITIVE
General behavior:
Criminal behavior:
Progress and Goals:

HC PROGRAMMING
Family meeting: ◯ Yes or ◯ No Meeting date:
Home visit: ◯ Yes or ◯ No Home visit date:
HC request: ◯ Yes or ◯ No HC request date:
HC approval: ◯ Yes or ◯ No HC approval date:
Date resident actually placed on HC:

PASSES/FURLOUGHS:
Chronologically list all dates and note if successful:

RELEASE PLANNING:
Tentative release plan:
Approved release plan address/phone:
Release plan support system (name of person, address, phone, relationship to the resident)
Other comments:

SIGNATURES/DATE:		
Case Manager Printed Name	Case Manager Signature/Date	Resident Signature/Date

REQUEST FOR WAIVER OR REDUCTION OF SUBSISTENCE

DATE: _____

TO: Residential Reentry Manager

FROM: _____

FACILITY: _____

RESIDENT: _____ REGISTER NUMBER:_____

**The above named resident has requested that his/her: SUBSISTENCE
□ BE WAIVED FROM PAYING □ REDUCE SUBSISTENCE PAYMENTS

**CURRENT GROSS SALARY IS: $_____
(CHECK ONE) (YOU MUST ATTACH PAY STUB) □ (WEEKLY) □ (BI-WEEKLY) □ (MONTHLY)

**CURRENT SUBSISTENCE PAYMENT: $_____
(CHECK ONE) □ (WEEKLY) □ (BI-WEEKLY) □ (MONTHLY)

**RESIDENT HAS SAVED THE FOLLOWING AMOUNT $_____

Current obligations: List all financial obligations (not projections) and monthly amounts. Use additional page if necessary. Attach recent documentation.

_____ _____

_____ _____

_____ _____

_____ _____

The facility: □ **Recommends** □ **Does Not Recommend** **Waiver of Subsistence**

RRC COMMENTS:

BOP USE ONLY (ONLY THE SECTOR MANAGEMENT TEAM MAY APPROVE WAIVER, RRM MAY REDUCE)

Check Appropriate Box(es) Below:

□ SUBSISTENCE WAIVER APPROVED

□ SUBSISTENCE WAIVER DENIED

□ SUBSISTENCE REDUCTION APPROVED; REDUCED TO $_____ EVERY _____

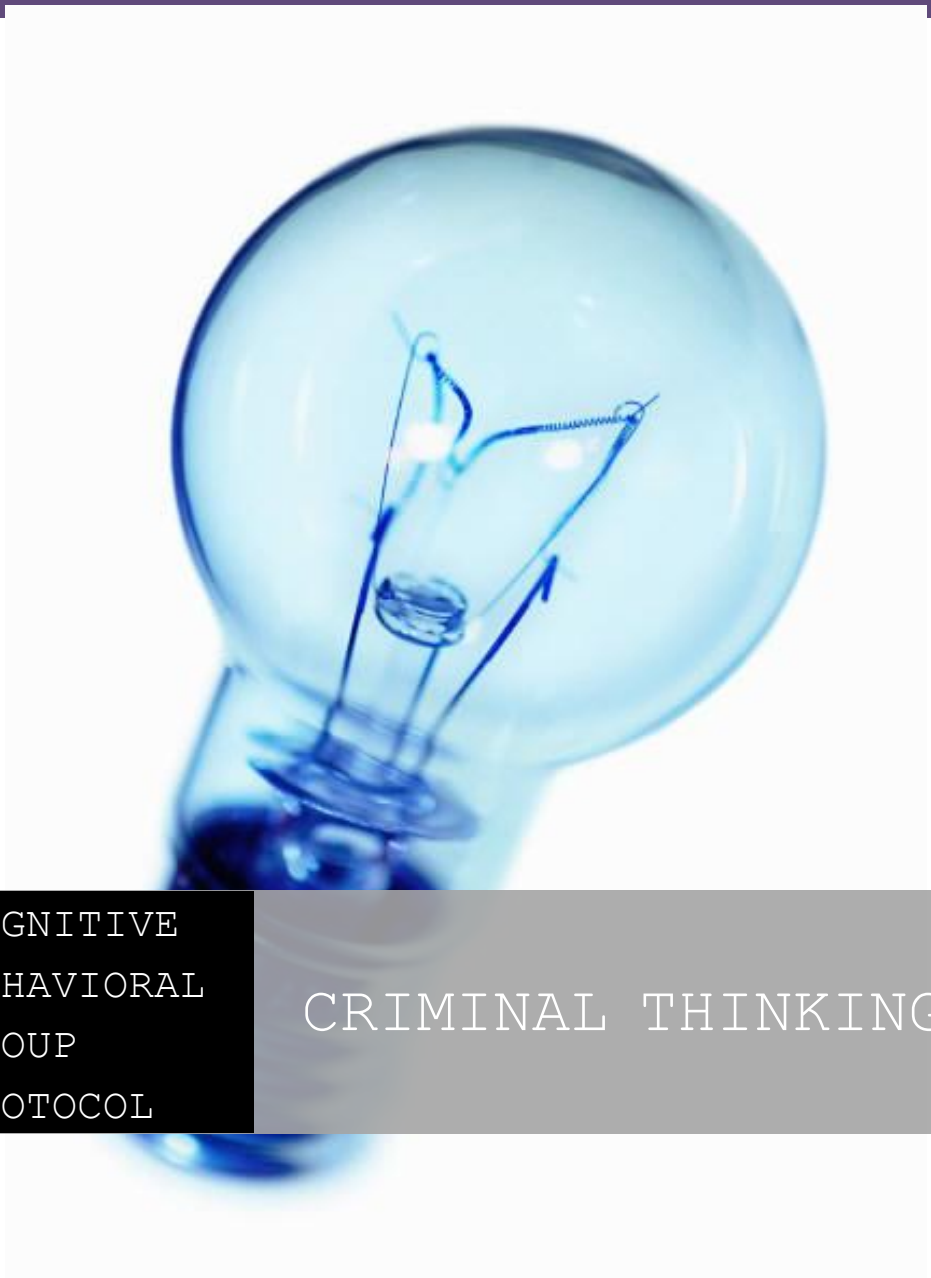
□ REQUIRED SAVINGS $_____ EACH PAYDAY (**RRC MUST MONITOR)**

□ SUBSISTENCE REDUCTION DENIED

*Above actions are effective the date of the RRM/Sector Management Administrator review.

COMMENTS:

RRM / SMT ADMINISTRATOR DATE



Cognitive Behavioral Group Protocol

CRIMINAL THINKING

Attachment H

Introduction:

The purpose of the Criminal Thinking Cognitive Behavioral Group (CBG) Protocol is to help the participant see how criminal thinking errors guide his/her decisions in daily life. Techniques from Rational Self Counseling, especially the Rational Self Analysis (RSA), are used to identify the patterns of criminal thinking occurring in wide range of situational contexts. Examples:

- Resident makes a decision to drop out of a vocational training program.
- Resident gets in an argument with another resident in the facility over the television.
- Resident pressures a female at the facility to become sexually involved with him.
- Resident complains that the Residential Reentry Center (RRC) rules are unreasonable.
- Resident fails to report for a job interview.
- Resident complains his case manager is incompetent and lazy.
- Resident repeatedly returns late to the RRC, blaming others for her tardiness.

Any of these are grist for the mill in a Criminal Thinking CBG. It may be hard for an resident convicted of a drug crime, bank robbery, or sexual offense to see how his/her decision to drop out of a vocational training program is related to his/her offending history. But to the extent that both involve thinking errors such as ***discontinuity*** or ***cutoff***, they may be very much related. The primary focus of the Criminal Thinking CBG is the identification of thinking errors in the resident's daily life, using examples from the recent past. Late in the course of the program, the facilitator may eventually choose to examine the participant's criminal thinking patterns in important situations in the distant past (e.g., the resident's thinking leading up to his offense). However, it is better initially to focus on current or recent examples of criminal thinking errors occurring over the last week.

Glenn Walters' excellent book <u>The Criminal Lifestyle</u> is a helpful resource for this module. It includes a full description of the Eight Criminal Thinking Errors which are the basis for all in-group and homework activities. Stanton Samenow's books on criminal thinking provide useful background and may also help facilitators develop their conceptual understanding. But Samenow's list of thinking errors should not be used in the Criminal Thinking group described in this manual. The reason is Walters' eight thinking errors, which are also used in Residential Drug Abuse Program and other Federal Bureau of Prisons (Bureau) Psychology Treatment Programs, are generally

regarded as easier for residents to understand and apply in daily lives. There are several other programs designed to address criminal thinking in residents (e.g., Thinking for a Change). Although these programs have considerable merit, they do not offer the optimal crossover with other Bureau treatment modules, and should therefore not be used in conjunction with the Criminal Thinking CBG. This Criminal Thinking CBG protocol is most successful with a minimum of adjunctive activities or supplemental materials.

It is assumed that the facilitator already has expertise in Rational Self Counseling and is capable of explaining its concepts and techniques to group participants. If not, the facilitator should receive training and supervision in the practice of rational emotive behavior therapy (REBT). Books by Albert Ellis are important resource for the therapist; see below reference.

This document includes everything the facilitator needs to provide a Criminal Thinking CBG. The only required participant materials are blank RSA forms and the list of the Eight Criminal Thinking Errors handout. Photocopy-ready samples of both can be found at the end of this document.

References:

- Ellis, Albert (1975). The New Guide to Rational Living.
    - Note: Other books by Albert Ellis may serve equally well as a Rational Self Counseling resource.
- Walter, Glenn (1990). The Criminal Lifestyle: Patterns of Serious Criminal Conduct.

Outline:

Section 1: Instructions for the Facilitator

Section 2: How to Use RSAs to Challenge Criminal Thinking Errors

Section 3: Description of the Eight Criminal Thinking Errors

Also included at the end of this manual:

1) Blank RSA Form

2) Eight Criminal Thinking Errors Handout

Section 1: Instructions for the Facilitator

Competency Requirements:

Criminal Thinking CBG is a counseling group designed for independent practitioners or mid-level practitioners with appropriate supervision. The facilitator should possess the following competencies:

- **Group Facilitation Skills**: guiding group process; facilitating meaningful feedback between participants; managing problematic group participants through limit-setting; ensuring a climate of trust and safety is maintained, etc.

- **Cognitive-Behavior Programming (CBP):** knowledge of CBP concepts and techniques; skill in providing CBP services. There are many variants of CBP, all sharing a common set of assumptions with similar but not identical practical applications. If the therapist's background is in a type of CBP other than Albert Ellis's Rational Self Counseling approach, he or she should learn Ellis's model by receiving appropriate training and studying his books.

Required Materials:

The only required materials are two documents: the blank RSA form and the list of Eight Criminal Thinking Errors. Both can be found at the end of this document. These two forms may be reproduced and distributed as a double-sided handout. Within the Bureau, residents are introduced to CBP concepts via a Basic Cognitive Skills Group, which utilizes an interactive journal developed by the Change Companies. If an resident is unfamiliar with RSAs, this journal may be utilized as a reference and/or training tool. The Basic Cognitive Skills Group is a component of many Bureau treatment programs, including, but not limited to, the Non-Residential Drug Abuse Program, Residential Drug Abuse Program, Challenge Program, and Non-Residential Sex Offender Treatment Program.

Preparing Participants for Group:

A screening interview, with each prospective participant, is an optimal approach to prepare residents for this group. This interview affords an opportunity to give the participant an understanding of the group’s content, as well as expectations

regarding attendance and participation. Ideally, before beginning the group, participants will have a basic idea of how to do RSAs. Because RSAs are used in all Bureau Psychology Treatment Programs, many residents should already know how to do RSAs. If not, the facilitator can choose from the following options:

- teach participants to do RSAs in an individual session (during the screening interview);
- devote the first session or two of the group to learning how to do RSAs; or
- enroll participants in a Basic Cognitive Skills Group as a "pre-requisite."

Organization of the Sessions:

Session 1: Basic Cognitive Skills Overview / Refresher. To begin, the facilitator should conduct a refresher on basic Rational Self Counseling concepts. One of the keys to success in the Criminal Thinking CBG is to have the group use the tools of RSC, such as RSAs, Rational Challenges, Camera Checks, and the Five Rules. Therefore, a basic but solid grounding in RSC is necessary. One way to achieve this grounding is to review the Basic Cognitive Skills interactive journal in the first group session. Facilitators generally should not spend more than one session teaching residents to do RSAs, because otherwise they may lose sight of the primary purpose of the Criminal Thinking CBG. Facilitators should begin addressing the Eight Criminal Thinking Errors by the second group session. As explained in Section 2 of this manual, participants will require practice and coaching to learn to do RSAs correctly.

> ***Homework:*** If participants are unfamiliar with RSAs, they may be asked to review and/or complete the Basic Cognitive Skills interactive journal or practice doing RSAs before the next session. As noted previously, this manual contains a blank RSA form.

Session 2: The Eight Criminal Thinking Errors. At this point, the facilitator presents the Eight Criminal Thinking Errors. Presenting all eight thinking errors in a single session is recommended. This presentation can be accomplished by spending a few minutes explaining each thinking error and then asking the group for concrete examples. The participants will almost always come up with good examples with a little prompting. To prompt, the facilitator can offer an example or two from Section 3 of this manual, then step back and listen as participants

provide many more examples. Provide the Eight Criminal Thinking Errors handout so the participants can follow along as each thinking error is presented.

> ***Homework:*** At the end of the second session, the facilitator will hand a few sheets of blank notebook paper to each participant and instruct them to start a daily log. Participants are asked to bring in seven examples of times when they used thinking errors in their daily life, one example per day. There is no need for them to challenge or correct these thinking errors at this point; for now, they are just learning to spot them. Participants will only do the log for one week, because after the next session, Participants will begin completing RSAs.

Session 3: RSAs on Criminal Thinking Errors. The facilitator will ask several participants present some of the thinking errors documented as part of their homework assignment. The facilitator will select one of the better examples and show the group how to do an RSA on a Criminal Thinking Error. The group will work through some RSA examples in the session. The participants' homework is a good source of these examples.

> ***Homework:*** At the end of session 3, participants receive a new homework assignment: to bring in RSAs on Criminal Thinking Errors from their daily life. Going forward, the facilitator should assign RSAs as homework. At first participants may complete a couple RSAs each week, but eventually participants should be directed to complete one RSA per day. Once proficiency is achieved, an resident can complete an RSA in 5 minutes, although initially it may take significantly longer.

Remaining Sessions: Reviewing RSA's in Group. For the remainder of the group sessions, the facilitator spends the entire session reviewing and critiquing RSAs. For a 90 minute session, the facilitator might focus in depth on an RSA from one or two participants (20 – 30 minutes each), and then briefly review one RSA from every other participant (5 minutes per participant). Eventually, the majority of the RSA critiquing should come from the group, not from the facilitator. The facilitator's job is to maintain structure to provide the most effective feedback on RSAs (e.g., "*who can help him come up with a rational challenge to that thinking error?*"). Another critical role for the facilitator is redirecting the group when they wander from the task at hand. Sometimes the entire group stumbles upon a criminal thinking error they <u>all</u> share (e.g.,

the drug laws are wrong), resulting in a spirited but not particularly therapeutic discussion. In these cases, the facilitator will return them to task as quickly as possible by refocusing on RSA techniques and activities.

> ***Homework:*** Each week the facilitator will assign more RSAs as homework. Remember, residents are to do RSAs on incidents in the here and now, not events prior to their incarceration. Criminal thinking habits are so deeply engrained that they occur in routine situations in resident's daily activities with minimal awareness and/or attention.

Adding Variety to Group Sessions: The procedure described in the previous paragraph is sufficient for the remainder of the group sessions. The general rule is to drill deeper rather than add new activities. The facilitator should be aware that the participant's desire for variety and novelty is a form of resistance. The greatest benefit occurs when a single skill is mastered in a variety of contexts and practiced correctly every day. Acquiring a superficial familiarity with a wide range of skills and other material is not helpful. That said, the facilitator might find some additional activities useful.

- Select a participant and have him/her name the thinking error offering him/her the greatest challenge. Then, go around the room and have the group tell him/her which thinking error ***they*** think he/she demonstrates most frequently. This is a good exercise for the last session.

- Because the participants interact with each other outside of group, have them bring up situations in which they saw another participant demonstrate a thinking error.

- Identification exercise: After finishing a review of an RSA from one participant, ask other participants to name something they can relate to, or identify with, in his/her thinking errors.

- The facilitator can add variety to the homework by instructing participants to concentrate on one or a subset of thinking errors.

- In the last few sessions, the facilitator may want to have participants describe illegal or wrongful acts they committed prior to their incarceration, and see what thinking errors were at play. It would be good if they can

draw a connection between the thinking errors they are now using in their daily life and those they used that were associated with their offense conduct.

Duration of Group Criminal Thinking CBGs ordinarily consist of 12 to 18 sessions, but can be extended if desired. Also, Criminal Thinking CBGs may be operated as "open groups", with new participants added at any time. New participants can learn the basic content (RSAs and the Eight Criminal Thinking Errors) through observation and modeling or in a preparatory session with the facilitator.

Section 2: Learning to Use RSA's to Challenge Criminal Thinking Errors.

Learning to complete RSAs on criminal thinking errors takes time and practice. As the facilitator observes participants improve in their ability to complete RSAs, the idea of successive approximation may appear to be helpful. A beginner's first effort at doing an RSA might be "good enough" for his first try, although "good enough" in the first session will not be "good enough" in subsequent sessions. But, the notion of "good enough" is dangerous. Our experience has been that many of the RSAs completed in Psychology Treatment Programs are not ***truly*** "good enough." In fact, they are often incorrect: the content of the ABC sections are in the wrong boxes, "thoughts" are conveyed as "feelings" or vice versa, thinking errors are present on the "rational" column, etc.

The facilitator's primary job is to work with the group until the RSA is correct. A key premise of Rational Self Counseling is the benefit of a rigorous analysis of our thinking. The facilitator's rigor in teaching how to do RSA's correctly is the model for the rigor we want them to eventually demonstrate privately as they challenge their thinking day in and day out. With this goal in mind, the facilitator is urged to set and maintain high standards for the RSAs presented in group. "Good enough" should be very good indeed.

Identifying RSA Situations:

First, participants need to learn what situations call for an RSA. To this end, they can be taught to look for "***criminal thinking situations***" that are ripe for distorted thinking. The facilitator may wish to have them brainstorm "criminal thinking situations" that signal the need to do an RSA. Here are some examples:

- Conflict with other residents or persons in authority.
- Rules being broken, or a significant possibility of getting in trouble.
- Strong (unwanted) feelings are being felt toward someone.
- Feeling put down or threatened.
- Feeling like they aren't getting what they want or their needs aren't being met.
- They are complaining or resentful.
- They didn't follow through on something they previously meant to do.
- They are about to quit something.
- Feeling like a victim.

In reviewing the list above, you may notice that criminal thinking situations are not limited to social rule breaking. However, a wide range of criminal lifestyle behaviors is included: stimulation seeking, manipulation of others, irresponsibility, failure to follow through on goals, etc. It is helpful to look more closely at situations like these, to see where the potential for criminal thinking errors exists within them. Here are some examples of how the concepts of Rational Self Counseling can be used to examine such situations:

- An resident describes a conflict with another resident. Did he have any inaccurate perceptions or distortions that contributed to his role in the conflict? Was she demonstrating power orientation?

- A participant provides a description of his/her career plans upon release. Do his/her plans reflect criminal thinking errors, such as superoptimism or discontinuity?

- A participant arrives to group late. Cognitive indolence or discontinuity?

- An resident is considering quitting his job because he/she doesn't like his/her supervisor. Discontinuity or power orientation?

How to Review RSA's in Group:

The facilitator selects a participant to present an RSA. The participant is asked to provide a general description the situation, explain any accompanying perceptions and self-talk, and read their RSA to the group. Next, the facilitator prompts

the group to help him/her reexamine the situation, posing a series of questions, such as:

- What was the activating event in the situation he/she just described? What did he/she perceive? How accurate was his/her perception? What would a camera have shown?

- What beliefs do you notice in his/her self-talk? Which of the thinking errors do you notice in his/her thinking? What could he/she say to himself to challenge that irrational belief?

- Let's look at the outcome of this situation. At the end of this situation, was he/she feeling the way he/she wanted to feel? Was he/she behaving the way he/she wanted to behave? Would an RSA have helped him/her achieve a more desirable outcome? Let's review each of the Five Rules and see if the answer would be "yes" or "no".

These questions are used to elicit corrective feedback from the group. The goal is to make sure the RSA is correct. The facilitator should already have an idea of the errors in the RSA that need to be corrected, and the questions are posed strategically to guide the group toward those errors. Are the thoughts in the B box really thoughts, or are they perceptions or feelings? Is the B on the right column rational? Is everything really in the right box?

A very useful exercise is initiated by the prompt, "***Let's take a look at his/her RSA and see if it meets each of the Five Rules***." This extremely useful step can be used any time the facilitator would like to have the group check a participant's RSA. The facilitator is advised to pose this question often. It is especially helpful for conducting a quick review of an RSA near the end of the session.

Re-Writes:

When a participant presents an RSA to group, he/she should take notes on the feedback he/she receives. If significant errors are noted, a revised version of the RSA should be developed. The re-written RSA can be completed between sessions and presented at the next group meeting, or briefly reviewed by the facilitator. It is left to the judgment of the facilitator as to whether a re-write is necessary. As a general rule, re-writes are often called for early in treatment, and most participants will have to do them on their first few RSAs.

Eventually every participant will be able to do a somewhat passable job of completing an RSA on his or her own. But, they may still need help to improve them, and this can take quite a while. Keeping in mind the notion of "rigor" may be helpful, and where the bar set for "good enough" is critical. Often the facilitator is aware the group is overlooking an error in an RSA. Ideally, the group should spot that error and offer feedback to correct it. Sometimes, the facilitator will have to step in and help. But, in no circumstances should that error be left unaddressed. When the facilitator ignores an error, the bar is implicitly being lowered for all future RSAs. Remember, an incorrectly completed RSA is an example of distorted thinking. Allowing incorrect RSAs to go unchallenged is basically no different than letting participants practice criminal thinking habits in group. If a facilitator doubts this fact, please refer to the definitions for ***discontinuity*** and ***cognitive indolence*** in Section 3.

Skill Practice:

Even after most group members are able to do RSAs correctly, facilitators need to see evidence that they are continuing to practice this skill in their daily lives. At this point, many facilitators might be tempted to terminate the group because everyone seems to have acquired the skill. In fact, this is the "therapeutic window" in which change occurs. Criminal thinking is a habit, and changing this habit means practicing correct thinking. "Correct thinking" is practiced by doing RSAs correctly, and this needs to occur for an extended period. For this reason, the facilitator is advised to keep reviewing RSAs in group for several additional sessions. Even if most of the RSAs they bring to the group are truly "good enough," they can always benefit from feedback. The group will inevitably spot something they missed, because there is almost always another thinking error hidden somewhere in the RSA.

Section 3: Description of the Eight Criminal Thinking Errors

Dr. Walters describes eight thinking errors commonly used by an resident as beliefs that "perpetuate the irresponsible, self-indulgent, interpersonally intrusive, and social rule breaking decisions he has made in life." Irrational or distorted thinking is associated with all of the eight thinking errors.

At first, a facilitator may find the terms that constitute the eight criminal thinking errors excessively wordy and difficult to translate into language that the residents find relevant to their lives. This is a common experience among therapists who are new to Walters' work. However, with practice, the terms become familiar and eventually second-nature. As facilitators apply Walters' concepts to their work with residents, they will begin to identify criminal thinking errors in residents' statements about themselves, their attitudes toward others (including the facilitator), and their motivations for engaging in the kinds of behaviors that keep them in conflict with rules and laws that govern civil society. Over time, residents learn to examine their own thinking and identify the criminal thinking errors that support their propensity to repeatedly engage in criminal activity. With this awareness comes the opportunity for residents to challenge their criminal thinking and replace it with rational thoughts that support prosocial, non-criminal behavior. It is our experience that most residents actually enjoy learning Walters' concepts and have little difficulty applying them to their lives once they gain familiarity with them.

Mollification:

Mollifications are the justifications, rationalizations, and minimizations residents use to excuse their criminal behavior and avoid taking responsibility for the harm they cause others. Common examples of mollification include:

- "If I wasn't selling drugs, someone else would be."
- "I should be able to grow marijuana. The government has no right to regulate something that grows in the ground naturally."
- "It's okay if I shoplift. The stores have insurance."

Residents often use mollification to present themselves as victims of societal injustice or unfairness. The residents'

view of themselves as a victim (also called "victimstance") allows them to avoid taking responsibility for their actions – and their consequences. Common examples of victimstance include:

- "The government is on a witch hunt for internet offenders (or drug offenders)."
- "It was entrapment. I wouldn't have sold to him except he pressured me."

Cutoff:

Most people are deterred from committing crime by a fear of the perceived consequences, whether they be internal (e.g., guilt) or external (e.g., imprisonment, risk of being shot). While contemplating criminal or irresponsible activity, criminals cut off or brush away such deterrents by using a simple phrase (e.g., "f*** it"). With this phrase, the person temporarily banishes any concerns or reservations about the wrongfulness or the possible negative consequences of the contemplated behavior. The phrase signals the person's temporary intention to "live for the moment" and indulge in self-serving behavior, disregarding any possible negative consequences. Criminals may also use alcohol and other drugs as a cutoff by getting high in order to overcome the deterrents that would otherwise prevent them from engaging in criminal activities.

Entitlement:

This thinking error is based on the criminal's view that he has the right to disregard laws and deserves the rewards of his criminal activities. A male resident may implicitly hold the belief of his superiority over women, implying the obligation of women to fulfill his needs. A sense of entitlement may be based on a sense of having been wronged or victimized, which implies that society owes him something. Regardless of the source, entitlement justifies taking whatever is necessary to fulfill his desires, including property and sex, or implies an individual is somehow exempt from the rules that govern the rest of society. Interpersonally, the belief centers on the idea that others should take care of or fulfill his needs.

Three basic components underlie entitlement thinking: ***ownership, uniqueness,*** and ***misidentification of needs and wants***.

- ***Ownership***: The criminal believes he owns anything that he desires, to include material possessions or people. This is reflected in his belief that "what is mine is mine, and what is yours is mine." In accordance with this attitude, he believes people exist solely to carry out his wants.

- ***Uniqueness***: Criminals believe they are different from others in that they do not have to abide by society's rules. While they view themselves as outside the constraints of society's rules, they become angry when they perceive others have not followed the rules (e.g., when staff do not complete paperwork or fail to act on a request of theirs in what they regard as a timely fashion).

- ***Misidentification of wants and needs***: The criminal believes he *needs* material possessions and other symbols of status, when in fact they are only wants. For the example, the criminal will state, "I've *got* to have a good car, expensive clothes, attractive women," with the unstated justification that he therefore has the right to do whatever he has to do to acquire them. Criminals will sometimes tell therapists they want to go straight once they get out of prison, but what is left unsaid is their intention to return to criminal activities if they cannot meet their "needs" through legitimate means. They justify this line of reasoning to themselves by saying, "Well, a man's got to do what a man's got to do."

Power Orientation:

From the criminal's perspective, the world is a chessboard: he is the chess master, and everyone else is a pawn. He views his relationships with others along a very rigid and narrowly defined concept of power. In accordance with this view, people are either strong or weak. There is no middle ground. Underlying this thinking error is a set of cynical beliefs concerning the world as a dangerous and hostile place, leading to the expectation that others will behave aggressively to promote their own interests (e.g., a "survival of the fittest" scenario). Power orientation imputes hostile intentions to others and justifies the righteousness of asserting one's own interests by subjugating another person. A part of this worldview is the idea that if you don't take control of others, they will take control of you ("eat or be eaten").

In order to maintain his position of power, the criminal will attempt to assert his superiority through "power thrusting." He

is especially likely to power thrust in response to a perceived put down or threat to his self-esteem. Violence-prone residents are at risk to power thrust through aggression and violence (e.g., assaults, rapes, murders, etc.), and will secretly admit they get a rush out of putting a gun to someone's head and watching their distress. However, criminals can also seek to assert their superiority through non-violent and often subtle means. Some residents will power thrust by talking in a pseudo-intellectual manner as if to communicate to treatment staff, "I'm smarter than you, so don't challenge me." Others become jail house lawyers and resort to "legal speak" when talking with staff. Their underlying communication (and power thrust) is, "Don't challenge me, or I'll sue you." In groups, residents typically power thrust by challenging facilitators' authority by asking a question such as, "Have you ever done drugs, or did you just learn this stuff from a book?" The intent of this question is not to elicit an honest answer; the intent is to put the facilitator on the defensive by having him or her explain their qualifications to lead the group. The skilled facilitator learns to identify verbal power thrusts and does not allow residents to derail the group from the stated agenda.

Sentimentality:

This thinking distortion reflects an attempt by the resident to present him or herself in a positive light, often as a caregiver, family member, or good citizen. In depicting himself in this self-serving way, the resident dismisses his negative behavior by demonstrating that his "real self" is not the rule breaker you see standing before you today. Sentimentality often includes a blatant appeal to emotions or sentiment (e.g., how his elderly mother is staying alive just to see him released; how devoted he was to his children prior to prison). Criminals will often present themselves as good parents and claim they engaged in crime to provide for their family's needs. However, their concern for their family is most often superficial, fleeting, and self-serving. A closer examination of their criminal lifestyle reveals that they largely ignored the needs of their family members while engaging in crime to satisfy their own short-term desires.

Sentimentality includes <u>compartmentalization</u>, which is the idea that wrongful acts are offset because you successfully fulfilled another life role, as in: "Yes, I broke the law, but: 1) no one can say I wasn't a good father, 2) I always took care of my mother, 3) I was pulling down a 6-figure salary & never missed a day of work." The implication is that the person who

committed the criminal act was a completely different person from his/her "real self," an artificial distinction that evaporates upon scrutiny.

Superoptimism:

In superoptimism, the resident holds the belief that he will evade the potential negative consequences of planned criminal or risky behavior due to an unrealistic self-appraisal of his skills and abilities. These plans are not restricted to criminal activities or schemes; they also can include intentions to indulge in other self-defeating behavior (visiting old places or faces) that can be setups for trouble. Overconfidence can also be used to justify not doing something that they are expected to do (e.g., insisting he doesn't need drug treatment). Superoptimism can be effectively challenged by laying bare the actual probabilities and helping the resident develop a more realistic appraisal of his likelihood of "success."

Superoptimism is displayed in residents' rationalizations as to how they can continue to engage in the same old risky behaviors but avoid their negative consequences.

- "Driving high isn't dangerous if you know how to do it."
- "When I get out, I'll stick to legal porn and I'll be fine."
- "If you take the time to learn how to protect your privacy the internet, there's no way you'll get caught."
- "I can move back in with my cousin. Sure, I used to get drunk with him, but this time I'm prepared to handle the pressure."
- "Next time, I'll just say 'no' - that's all it takes. I don't need treatment this time."

Superoptimism also leads criminals to believe they will be able to stay away from crime without any planning or acquiring new skills they will need to remain crime and drug-free. When asked for specifics on how they plan to accomplish this goal, they may just shrug their shoulders and admit they don't know, or they may offer a superficial and simplistic plan for success. Some of these plans are ingenious but naïve ("I'll move to Costa Rica.") and some are built on a complex set of contingencies that are beyond their direct control ("If I get my release

residence changed to Tucson, then I can live with my uncle, who has a job for me”).

Cognitive Indolence:

Underlying cognitive indolence is a set of beliefs that justify inaction or minimal investment. One of these beliefs is the essentially fatalistic notion that no matter what you do or how hard you try, the outcome will always be the same, a belief used to justify both minimal effort in treatment and a failure to set and pursue long range goals. Cognitive indolence is expressed in the criminal’s unwillingness to think critically about himself or factors that contributed to his crimes. For example, when asked why he got involved with drugs, the resident may respond, “I fell in with the wrong crowd.” As demonstrated by this example, cognitive indolence is sometimes signaled by the use of the passive voice. Note that “I *fell* in with the wrong crowd” suggests his decision to use drugs was the result of some vague social force, akin to gravity, rather than a result of his own actions. Similarly, a resident’s statement that he “*caught* a charge” suggests he became ensnared in the criminal justice system much the same as a person catches a cold. When residents display cognitive indolence through the use of the passive voice, they should be directed to reframe their statements to reflect the ***choices*** they made that directly led to their criminal activity. Similarly, cognitive indolence can be challenged with the rational belief that although the future is impossible to predict, each person is responsible for determining the course of his or her life, and that goals are not achieved (at least are not consistently achieved) without effort.

Discontinuity:

This thinking error is related to the tendency among some residents to fail to follow through on commitments, carry out intentions, or remain focused on goals over time. As a result the resident fails to complete what he starts. He may engage in behavior that is inconsistent with his intentions, commitments, or goals (such as getting into a fight while in treatment). Discontinuity is also displayed through a disconnect between a resident’s words and his behavior. For example, an resident may present himself as having “found religion,” yet he continues to engage in misconduct within the facility. To this resident, religion is what a person does in church. There is no understanding of religion as a moral code or a way of life. As a consequence, he can view himself as a religious person yet

continue to engage in behaviors that are antithetical to religious teachings. Discontinuity can be challenged by encouraging the resident to consider the last four of the Five Rules of Rational Thinking. In some cases, the resident may insist that something external intervened and prevented him from achieving his goals. The thinking error resides in the belief that the external event was the actual cause of the failure; usually it is simply being held up as an excuse or justification.

RATIONAL SELF ANALYSIS - RSA

A Activating Event- The event or situation as I experienced it

Camera Check

B Belief – my thoughts and beliefs about the Activating Event

Rational Challenge

C Consequences – undesirable feelings and behaviors

Desired Consequence – thoughts/feelings

Five Rules for Rational Thinking

A. Are thoughts based on objective reality/fact?
B. Do thoughts help protect my life and health
C. Does my thought help me achieve my short and long term goals?
D. Does my thought keep me out of conflict with others?
E. Does my thought lead me to feel the way I want to feel?

The Eight Criminal Thinking Errors

Mollification: Justifications, rationalizations, and minimizations which excuse criminal behavior and avoid taking responsibility for the harm caused to others ("*If she wasn't buying drugs from me, she'd just buy from someone else*"). It is also used to present oneself as a victim of injustice ("*It was entrapment*").

Cutoff: Cutoff refers to a phrase that signals the intention to live for the moment and engage in self-serving or risky behavior, disregarding any future negative consequences ("*F*** it!*") by immobilizing anxiety, guilt and/or fear.

Entitlement: Entitlement is the idea that rules/laws don't apply to you, or that you deserve to be treated differently than others. Entitlement includes confusing wants and needs (e.g., the belief that you "need" sex or love from your wife, you "need" a staff member to do something for you, or you "need" a certain material possession because it's part of your status or image.)

Power Orientation: The perceived need to always be the boss or leader, or the person in the "top dog" position. In Power Orientation, taking directions from others or complying with their demands is a sign of weakness. In order to gain a position of superiority, persons using Power Orientation will attempt to assert their dominance through power thrusting.

Sentimentality: Presenting yourself in an unrealistically positive light, often including an obvious appeal to emotions. This can take the form of pointing out that your wrongful behavior is counteracted by how generous you are ("*most of what I took, I just turned around and gave it away to someone who needed it more than me*") or how your actions are driven by a noble & higher purpose when, in reality, they were self-serving . Includes compartmentalization, which is the idea that wrongful acts are offset because you successfully fulfilled another life role, as in: *"Yes, I broke the law, but no one can say I wasn't a good father"* or "*I was pulling down a 6-figure salary & never missed a day of work."*

Superoptimism: Superoptimism is the belief that you can avoid the likely negative consequences of criminal or risky behavior due to overconfidence in your skills and abilities. It often involves easy ways to make a living or get rich (legally or illegally) or foolproof ways to score or get ahead in life. Lazy or flawed planning is often involved, or clever & simple solutions to complicated problems.

Cognitive Indolence: Beliefs that justify not trying, or only putting forth minimal effort. Examples: *"I'm not feeling too well today, I'll do it tomorrow."* Cognitive indolence includes justifications to avoid or skip unpleasing or boring activities, like going to work or completing treatment homework (such as doing RSAs).

Discontinuity: This thinking error is failing to follow through on

commitments or plans, or failing to remain focused on your goals over time. As a result, you fail to complete what you start. This frequently reflects a lack of self-discipline. For example, you may engage in behavior that is inconsistent with your long-term intentions, commitments, or goals. Discontinuity is also displayed when your words don’t match your actions.

URINALYSIS PROCEDURES

URINALYSIS TESTING SPECIFICATIONS

The laboratory must comply with all specifications contained herein and all applicable local, state, and federal law, as indicated in 42 CFR Part 493.

Urine samples submitted for testing will contain the laboratory's required minimum amount of urine, ordinarily 25 milliliters.

If necessary because of litigation, the laboratory must provide a qualified expert witness to testify as to laboratory procedures employed as well as to accuracy and reliability of test results. Additionally, the laboratory must be able to prove chain of custody.

The laboratory is required to demonstrate a satisfactory intrinsic quality control program and to participate in at least one proficiency testing program which is conducted by local, state, or federal agencies, or professional groups, and must have demonstrated satisfactory performance in that proficiency testing program for at least the last two years. The laboratory will provide results of proficiency testing to the contractor, at least annually. RRMs will review these findings during monitoring visits.

Specifications of Methodology

Sensitivity - The laboratory will have the capability to detect and identify certain drugs and metabolites by basic screen at minimal levels, or lower, as indicated in the PRIMARY TEST PANEL.

Basic Screening Procedures - All primary initial screen tests will be with Enzyme Multiplied Immunoassay Technique (EMIT)/FDA Approved Methodology Testing as indicated, with the SPECIAL test initial screen being EMIT/FDA Approved Methodology Testing as indicated under the SPECIAL test group. All testing will be performed according to manufactures specifications for all requests and instruments, as in FDA approved package inserts or appropriate manufacturer accreditation body which has reviewed and accepted the laboratories modified protocol.

Confirmation of Positive Tests - The approved methods of confirmation of specimens testing positive are listed in both the Primary and SPECIAL test panels above. Confirmation tests must be done on all

initial positives. Authorized confirmation methodologies include Thin Layer Chromatography (TLC), High Performance Thin Layer

Chromatography (HPTLC), and GC/MS test methodology. No substitutions can be made to the methods. The positive rate of all samples is estimated to be between six percent and seven percent.

Other Requirements - The laboratory must perform the test within 48 hours of receipt. The laboratory will telephonically notify the contractor facility of positive results within 24 hours of the time the test was performed. Urine specimens testing positive must be retained by the laboratory for minimum of 30 days for possible retesting, if requested.

STANDARD PROCEDURES FOR COLLECTING URINE SURVEILLANCE SAMPLES

1. To the extent possible, urine samples should be collected in one or two specific centralized and suitably equipped locations within the facility, by contract staff who are thoroughly familiar with the procedures specified below.

2. Residents will be thoroughly searched to detect any device designed to provide a urine substitute or possible contaminant and will thoroughly wash their hands prior to providing the sample.

3. When the resident reports for testing contract staff will:

- Make a positive picture identification of the resident;
- Collect the sample from the resident;
- Assign the sample a urine sample identification number;
- Label the urine container with that number and the date; and
- Record the number next to the resident's name on the lab slip.

4. Bottles will be kept under direct contract staff observation and control at all times, both before and after the resident furnishes the urine sample.

5. Two report form lines are provided for each urine sample on the lab form. Ordinarily, to be submitted for testing, bottles will be full (i.e., 60cc or 2 oz.). Once a sufficient sample is provided, contract staff will ensure that the urine sample identification number on the bottle corresponds to the number assigned to that resident on the lab slip. Contract staff will then document this verification by initialing the lab slip entry for that resident. Until the lab form is revised to provide a column specifically for initials, initials should be placed in the right most portion of the medication column.

6. The resident will then be asked to verify the numbers on the bottle and the lab slip and to initial the lab slip to indicate his/her verification. A cover sheet should be used which will permit the resident to view only his/her entries on the lab slip. If the resident refuses, a second contract staff member should make this verification and initial the form.

7. After samples are collected they will be maintained under direct contract staff observation until moved to a locked area where they may be stored until mailing. This area should be designated by the Urine Facility Director and will be accessible to a very limited number of contract staff. Under no circumstances will residents have access to this area.

8. All samples will be mailed to the testing laboratory no later than 24 hours after collection, (excluding holidays and weekends).

9. When a positive result is received, and an incident report written, a photocopy of both the slip returned by the lab and the slip listing the resident's name and urine sample identification number (retained at the facility) will be attached to the incident report and made a part of the disciplinary record. Other resident names will be blocked out of the photocopy.

DETECTION PERIODS FOR SELECTED DRUGS

The time periods below are estimates of the maximum lengths of time, after last use, that a person's urine would be positive for a particular drug. These periods also represent the minimum waiting periods between samples on which successive disciplinary actions for the same drug ordinarily may be based. For example, ordinarily at least 30 days must elapse between urine collection dates before disciplinary action may be taken for a second THC positive. The resident could, however, be retested within this 30 day period and disciplinary action could be based on positive results for drugs other than THC.

3 days	Amphetamines, Methamphetamine, Cocaine and Cocaine Metabolite
5 days	Methadone and Methadone Metabolite
6 days	Morphine, Codeine, Opiates, Meperidine (Demorol) Pentazocine, (Talwin) and Propoxyphene (Darvon)
11 days	Barbiturates and Phencyclidine (PCP)
14 days	Phenobarbital
30 days	THC

DRUG/SUBSTANCE CONFIRMATION	SCREEN METHOD	SCREEN LEVEL	CONFIRMATION METHOD	CUTOFF
Amphetamines Amphetamine Methamphetamine	**Enzyme Multiplied Immunoassay Technique** or a Certified Comparable Testing Technology	100 ng/ml	**Gas Chromatography** or a Certified Comparable Testing Technology	75 ng/ml
Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital Secobarbital	**Enzyme Multiplied Immunoassay Technique** or a Certified Comparable Testing Technology	100 ng/ml	**Gas Chromatography / Mass Spectrometry** or a Certified Comparable Testing Technology	100 ng/ml
Benzodiazepines	**Enzyme Multiplied Immunoassay Technique** or a Certified Comparable Testing Technology	100 ng/ml	**Gas Chromatography** or a Certified Comparable Testing Technology	100 ng/ml
Cannabinoids (THC/Marijuana)	**Enzyme Multiplied Immunoassay Technique** or a Certified Comparable Testing Technology	50 ng/ml	**High Performance Thin Layer Chromatography** or a Certified Comparable Testing Technology	50 ng/ml
Cocaine Benzoylecgonine	**Enzyme Multiplied Immunoassay Technique** or a Certified Comparable Testing Technology	30 ng/ml	**Gas Chromatography** or a Certified Comparable Testing Technology	30 ng/ml
Methadone	**Enzyme Multiplied Immunoassay Technique** or a Certified Comparable Testing Technology	300 ng/ml	**Gas Chromatography** or a Certified Comparable Testing Technology	300 ng/ml
Opiates Codeine Hydromorphone Morphine	**Enzyme Multiplied Immunoassay Technique** or a Certified Comparable Testing Technology	300 ng/ml	**Gas Chromatography** or a Certified Comparable Testing Technology	300 ng/ml
Phencyclidine	**Enzyme Multiplied Immunoassay Technique** or a Certified Comparable Testing Technology	25 ng/ml	**Gas Chromatography** or a Certified Comparable Testing Technology	25 ng/ml

Attachment J

REQUIRED FIRST AID KIT CONTENTS

First Aid Kits located within the RRC must contain at a minimum:

- 1 Elastic bandage wrap, 2" x 5 yds.
- 25 Visible blue bandages, metal detectable, 1" x 3"
- 20 Knuckle visible blue bandages, metal detectable
- 20 Fingertip visible blue bandages, metal detectable
- 1 Triangular sling bandage, 40" x 40" x 56"
- 10 Gauze dressing pads, 2" x 2"
- 10 Gauze dressing pads, 3" x 3"
- 1 Conforming gauze roll, 2"
- 1 Conforming gauze roll, 3"
- 1 Trauma pad, 5" x 9"
- 1 Cloth first aid tape roll, 1" x 5 yds.
- 10 Alcohol cleansing pads
- 2 BZK antiseptic towelettes
- 6 Burn relief gel packs, 3.5 g each
- 10 First aid/burn cream packs, 0.9 g each
- 10 Antibiotic ointment packs, 0.9 g each
- 1 First aid tape roll, 1/2" x 10 yds.
- Scissors, 1 pair
- 2 Eye wash solutions, 0.5 oz. each
- 10 Moleskin blister prevention bandages, 2" x 2"
- 1 American Red Cross Emergency First Aid Guide
- Latex-free vinyl gloves, 2 pairs
- Stainless steel tweezers, 1 pair
- 1 CPR face shield and vinyl gloves set

Attachment K

Federal Bureau of Prisons RESIDENTIAL REENTRY	**Date:** **Facility/Facility Code:**

REQUEST FOR APPROVAL FOR MEDICAL TREATMENT AND REIMBURSEMENT

To: _____ From: _____
Residential Reentry Manager — Facility Staff / Title

Inmate Name		☐ **M** ☐ **F**	**DOB:**	
Register Number		**Release Date**		

DATE(S) OF SERVICE:

Reason/type of treatment/medication requested (listed medications requested must include quantity, dosage, and treatment purpose):

Expected Type and Duration:	☐ Routine (follow-up not likely) ☐ Routine (expect 1-2 additional appointments) ☐ Emergency (follow-up likely) ☐ Recurring (on-going monthly charges likely)

Provider Information:	Name			
	Address		City:	State:
	Phone Number			

Payment Options:	Estimated Cost:		
	Inmate Medicare Eligible?	☐ Yes	☐ No
	Inmate on Disability?	☐ Yes	☐ No
	Insurance Available?	☐ Yes	☐ No
	Local no-cost/low-cost/Medicare rates available?	☐ Yes	☐ No

List any medical problems diagnosed or treatment currently on-going:

****This form must be completed in advance and approved prior to treatment for all medical/dental treatment and medications, other than inmate emergencies and physicals. All emergencies must be reported to the RRM via telephone after medical treatment is sought or received and this form completed. Additionally, this form must be attached to invoices requesting reimbursement for services in accordance with medical billing requirements, including required documentation. Medication reimbursement requires documentation of prescription recipient, medication provided, and delivery/service date.**

Reviewed By: _____ _____
Residential Reentry Manager — Date

For mental health inmates requiring medication - Reviewed By: _____ _____
Community Treatment Services Coordinator — Date

Approved: ☐ Yes ☐ No _____ _____

Regional Health Services Administrator Date

FEDERAL BUREAU OF PRISONS

ATTACHMENT L

RESIDENTIAL REENTRY CENTER BI-WEEKLY HOME CONFINEMENT REVIEW FORM

* INITIAL FORM TO BE COMPLETED AT PROGRAM MEETING IMMEDIATELY PRECEDING RESIDENT'S HOME CONFINEMENT ELIGIBILITY DATE (HCED)

Resident Name:		**RegisterNumber:**	
RRC Name:		**Arrival at RRC:**	
HCED Date:		**Release Date:**	
Date HC Plan Submitted to RRM:		**Targeted HC Placement Date:**	

CURRENT OBSTACLES TO HOME CONFINEMENT	
Release Related	☐ No Release Residence ☐ Release Residence Change/Denial ☐ Distance from RRC ☐ No Transportation
Family Related	☐ Family Refusal/Concerns ☐ Other (Explain)
Services	☐ No Transitional Services near release address
Lack of Funds	☐ No funds for independent living [phone, rent, transportation (attach financial plan)]
Inmate Refusal	Attach disciplinary report for Failure to Program
Placement Request Denied by RRM/SMT	Explain:
Disciplinary Informal/Formal	Explain:
Other	Explain:

Bi-Weekly Review/Progress
If resident continues to not be appropriate for home confinement, a new form should be initiated every two weeks.

What actions are being taken to assist the inmate to overcome each of the above listed barriers to placement? **What strategies is the RRM suggesting?**			
Facility Director Review/Signature		**Date:**	
RRM Review/Signature		**Date:**	

Distribution: Inmate File, Residential Reentry Management Office

Attachment M

BP-A0460 CONDITIONS OF HOME DETENTION CDFRM JU/&

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Resident Register Number

I understand that my placement on Home Detention status is a privilege which may be revoked by the Community Corrections Manager (CCM).I understand that any violation of Home Detention Conditions, or conduct or activity which reflects a disregard for the rights of others, shall be sufficient cause to revoke my Home Detention and/or terminate my Residential Re-Entry Center (RRC) program participation

I understand and agree to abide by the following conditions during my period of Home Detention:

1. I will reside at my approved residence at _____.

2. I will conduct myself in a lawful manner.

3. I will accept phone calls from RRC/Probation Staff, verifying my presence at my home and at my job site. I agree to maintain a telephone at my place of residence without "call forwarding," or "three-way calling" for this period and will, when requested, provide copies of my telephone bill to the Center/Probation staff. I also agree that if my confinement is to be electronically monitored, I will wear any electronic monitoring device required, follow procedures specified, and comply with any telephone and computer access restrictions as they apply to the monitoring device requirements.

4. I will accept the visits of RRC/Probation personnel to my job site and home.

5. I will return to the RRC/Probation at least_weekly for routine progress reviews and program participation, and more often if instructed to do so.

6. I understand I must continue mental health/psychiatric treatment, substance abuse treatment, sex offender treatment while on Home Detention.

7. I will not own or possess any deadly weapon or knowingly be in the company of a person possessing the same.

8. I will remain steadily employed at and will not change employment without prior approval of RRC/Probation staff

9. I will not knowingly associate with persons having a criminal record, nor frequent places where illegal activities are conducted.

10. I will not drink alcoholic beverages of any kind; nor will I enter any establishments such as bars or liquor stores, where the sale and/or consumption of alcoholic beverages on the premises is the primary business of the establishment.

11. Except as medically authorized, I will not use or possess narcotics, or other controlled substances, nor be in the presence of persons possessing the same.

12. I agree that during the Home Detention period, I will remain at my place of residence, except for employment, unless I am given specific permission to do otherwise.

13. I will not own or drive a motor vehicle without proper authorization.

14. I will abide by special instructions given to me by the RRC/Probation, e.g., electronic monitoring program participation.

15. I will submit to urinalysis or alcohol testing as requested by the RRC/Probation. I understand that ingestion of poppy seed food products may result in positive test results for unauthorized drug use and is therefore prohibited.

16. I agree to pay subsistence for the cost of my participation in Home Detention.

17. I understand that I am personally responsible for all costs of my housing, meals, and general subsistence, while I am on Home Detention.

I fully understand that willful failure to report as required, unauthorized change of residence,employment, or failure to otherwise inform Center staff of my whereabouts, could constitute an escape from federal custody.

Resident's Signature Date

Approved (RRC Director)

Approved (CCM)

Attachment N

Home Confinement Review Fact Sheet

Inmate Name: _____ Register Number: _____

RRC: _____ Age: ____ Sentence Length:_____

Arrival Date at RRC: _____ 10% Date: _____ Recommended Placement Date: _____ PRD: _____

PSF Assignment and Circumstances: _____

Programs Completed/Failed: _____

Number of Prior Adult Incarcerations: _____ Juvenile Criminal History: ___

History of Violence: __ Mental Health History: ___ Identified Medical Issues: __

Drug/Alcohol History: _____Involved in CTS/TDAT Treatment: ___

Number of Passes Completed: _____

Name & Relationship of person for home confinement residence:

_____ _____

Date Employment began: _____ Hours worked per week: _____

USPO Approved: _____ Date: _____
Name

RRC Site Visit: _____ Date: _____
Name Date:

RRM comments/Justification for approval (specify accountability strategies – note RRC discipline):

RRM Approval: _____ Date: _____

SA Approval: _____ Date: _____

09.2013.RRMB

Attachment O

RESIDENT SURVEY

This is a voluntary, confidential survey.
Your answers will be used to improve your Residential Reentry Center.
Your answers will not be shared with staff.

TO ANSWER, CIRCLE A NUMBER FOR EACH QUESTION.

How much help have you gotten to find and keep a job?

1	2	3	4	5
None		Some		Lots

How much help have you gotten to find a place to live?

1	2	3	4	5
None		Some		Lots

How much time are you allowed to spend with family or other important people in your life?

1	2	3	4	5
A lot of time		Some time	Not enough time	

Are the staff doing a good job?

1	2	3	4	5
No		Sometimes		Yes