	<b>DEPARTMENT OF PUBLIC SAFETY</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> DEC 04 2009	<b>POLICY NO.:</b> COR.14.06
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.14.06 08/06/1993	
<b>SUBJECT:</b> <b>INMATE WORK AND CONDUCT REPORTS</b>		Page 1 of 3	

## 1.0 PURPOSE

To establish minimum reporting standards for inmate work and conduct reports.

## 2.0 REFERENCES

Hawaii Revised Statutes (HRS), 353C Director of Public Safety; Powers and Duties

## 3.0 POLICY

A reporting system shall be established which will document inmate work performance and general behavior on a periodic basis. The objective of this reporting system is to establish a chronological history of the behavior of the individual which may be used by those persons responsible for making decisions affecting the life of the inmate while incarcerated and the inmate's potential for parole.

## 4.0 PROCEDURES

### .1 Daily Time Reports

- a. Each person who supervises an inmate on an assigned work program shall maintain a record of attendance. Form PSD 8734, Inmate Timesheet (Attachment A), shall be used to record daily attendance and hours worked. The supervisor and inmate shall verify each day's activity by their initials, and their signatures for the monthly total.
- b. The workline supervisor shall be responsible for maintaining those time sheets and their disposition as necessary to ensure the inmate is paid accordingly, where applicable.

### .2 Monthly Work Evaluation Reports

Work evaluation reports form PSD 8700 (Attachment B) shall be regarded as a constructive means to help the inmate and not a system of punishment. These reports are instrumental in establishing the basis upon which the inmate may receive privileges, advancements, and ultimate parole planning.

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a. Reporting Format and Content

- 1) Form PSD 8700, Monthly Work Evaluation Report (Attachment B) shall be used to document inmate work behavior on a monthly basis. The original of form PSD 8700 shall be filed in the inmate's institutional file, the inmate given a copy, and a copy retained by the supervisor.
- 2) The supervisor shall include sufficient information in the report to substantiate and explain why they rated the inmate as they did. An additional sheet may be attached to further elaborate the remarks section where necessary.

b. Evaluation Procedures

The inmate shall be allowed to review their Monthly Work Evaluation Report and discuss it with their supervisor prior to signature by the inmate and supervisor.

- 1) The discussion shall take place in private.
- 2) The reasons for the ratings shall be explained to the inmate and what the inmate should do to improve a rating if it is low.
- 3) The value of maintaining good ratings shall be explained to the inmate in relationship to obtaining privileges, advancement, and ultimate parole.
- 4) If the inmate refuses to review the report or sign it, it shall be so noted on the report.

.3 General Comment Reporting


Almost every employee in a correctional facility has some contact with an inmate from time to time. These contacts may vary from aiding the inmate in solving a problem to a commendation. These contacts are important and should be recorded and filed in the inmate's institutional file for future use by those persons responsible for making decisions which affect the institutional life of the inmate. Form PSD 8712, Comments (Attachment C) shall be used for this purpose.

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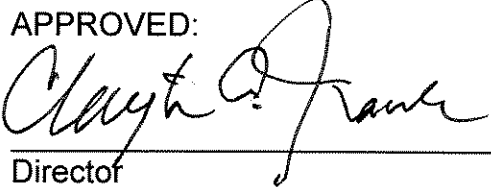
**5.0 SCOPE**

This policy applies to all correctional facilities. The reporting procedures are intended for sentenced felons but may be employed for pretrial individuals where applicable.

APPROVAL RECOMMENDED:

  
\_\_\_\_\_  
Deputy Director for Corrections

11/30/09  
Date

APPROVED:  
  
\_\_\_\_\_  
Director

12/4/09  
Date

STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY  
**INMATE TIMESHEET**

\_\_\_\_\_  
Inmate's Name

\_\_\_\_\_  
SID Number

\_\_\_\_\_  
Residency Unit

\_\_\_\_\_  
Workline

\_\_\_\_\_  
Grade No.

\_\_\_\_\_  
Total Hours

Date	Time In	Time Out	Total Hours	ACO/SUPV Initials	Inmate Initials

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
ACO/Supervisor's Signature

STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY  
**MONTHLY WORK EVALUATION REPORT**

Name of Inmate: \_\_\_\_\_ Date: \_\_\_\_\_

Number of days absent: \_\_\_\_\_ (excused) \_\_\_\_\_ (unexcused)

Number of days tardy: \_\_\_\_\_ (excused) \_\_\_\_\_ (unexcused)

Work Classification: \_\_\_\_\_

Number of work projects assigned: \_\_\_\_\_ Rate of Compensation: \_\_\_\_\_

DUTIES FOR WHICH TRAINED	NUMBER OF HOURS

Number of training phases completed:

	No Evaluation	Poor	Below Average	Average	Above Average	Excellent		No Evaluation	Poor	Below Average	Average	Above Average	Excellent
Attendance							Regularity of Output						
Workmanship							Relationship With other Workers						
Learning Speed							Relationship With Instructor						
Application of Instruction to Work							Application Of Time						
Work Adjustment and Adaptability							Care of Government Property						
<b>OVERALL RATING</b>													

**REMARKS:**

This report was discussed with me.

Signature of Inmate: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY

**COMMENTS**

Name: \_\_\_\_\_ S.S. No. \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_ Signature: \_\_\_\_\_