# Sheboygan County Sheriff's Department

Office of the Sheriff

Cory Roeseler

# **Alternatives to Incarceration**

2923 S. 31<sup>st</sup> Street, Sheboygan, Wisconsin 53081 Phone (920) 459-1301 or FAX (920) 459-1307

# **Electronic Monitoring Questionnaire**

Name:				Date of Birt	h:	
Home Address:						
City:					Zip:	
						Eyes:
How long hav	ve you lived at yo	our present resi	dence:			
				s worked per v	week:	
					-	
City:			State:		Zip:	
How long hav	e you been emp	loyed with you	r present emplo	yer:		
	_		Work schedule			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	obation (Y or N)					#:
Sentence start date:         Sentence Length           Emergency Contact:         Relationship:           Name:         City:           Address:         Phone:						
State.		_ Z.ip	PHOD	ie		
Medication list	<u>t:</u>					
Ci om a trace				Data		

# SHEBOYGAN COUNTY CORRECTIONS SENTENCED INMATE PACKET

NAME:	PHONE	
REPORT DATE:	REPORT TIME:	

IF YOU FAIL TO REPORT ON THE DATE SET, A WARRANT FOR YOUR ARREST WILL BE ISSUED. PLEASE KEEP IN MIND THAT THIS PACKET MUST BE COMPLETED AND BROUGHT WITH YOU AT THE TIME OF YOUR BOOKING WHETHER YOU ARE EMPLOYED OR NOT.

In addition to this packet, you will also need to bring in the following:

### If serving sentence on EMP (House Arrest): \$23.00 per day

1 Week Meals & Maintenance, plus Booking Fee (\$161.00 + \$30.00 - \$191.00)

### If serving sentence inside the facility: \$20.00 per day

1 Week Meals & Maintenance, plus Booking Fee (\$140.00 + \$30.00 = \$170.00)

### Full-time College Student; not employed: \$10.00 per day

1 Week Meals & Maintenance, plus Booking Fee (\$70.00 + \$30.00 = \$100.00)

### Full-time High School Student; not employed:

Meals & Maintenance not charged. Booking Fee Only (\$30.00)

If sentence is less than 15 days, Full Meals & Maintenance for amount of time served is required plus \$30.00 Booking Fee. (Number of days x \$20.00 = \$\_\_\_\_\_\_ plus \$30.00 Booking Fee)

### \$20.00 PER DAY WILL BE ASSESSED AGAINST INMATES:

Who have Huber and are not working Who have had their Huber revoked

If Driving you will need: Driver's License and Auto Insurance

<u>If Self-Employed you will need</u>: Business Insurance, Contracts, and Taxes

Child Care you will need: Birth Certificate(s) and other parents work hours from their employer

#### FOR YOUR APPOINTMENT REPORT TO:

SHEBOYGAN COUNTY DETENTION CENTER 2923 SOUTH 32ST STREET SHEBOYGAN, WISCONSIN 53081

Directions: The Detention Center is located on the south side of Sheboygan from Interstate 43 take State Highway 28 east to Taylor Drive, north to Crocker Avenue or Paine Avenue, east to South 31<sup>st</sup> Street.

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Return all paperwork, including work schedule and fees when you report in for your sentence.

### SHEBOYGAN COUNTY CORRECTIONS

### **HUBER PACKET**

Personal Items Allowed When Reporting To Serve Your Sentence at the Detention Center/Jail

### **CLOTHING:** (Please have all property marked with your name)

Up to three (3) changes of outer clothing Plain t-shirts and sweatshirts (no writing or designs on them) Underwear and socks One pair of work shoes and one pair of casual shoes One jacket

#### **HYGIENE:**

Comb
Toothbrush
Toothpaste
Soap/Body Wash (Non pump-clear container)
Non-aerosol Contact Lens Solution and plastic contact lens case
Deodorant (push up style, no aerosol)
Shampoo and conditioner (clear plastic bottle)
Shaving cream or gel

#### **MEDICATION:**

All medication must be prescribed and have the physician's name, current expiration date, dosage, frequency and name of medication marked clearly on the container

### **MISCELLANEOUS:**

Wind up or battery operated alarm clocks

Magazines, newspapers and books MAY NOT be brought into the Detention Center/Jail unless they are work related or religious material, all other reading materials must be sent through the mail by the publisher.

### **QUESTIONS:**

If you have any questions about any other items, or about these rules and forms, please call the Sheboygan County Detention Center at (920)459-1301

# **SHEBOYGAN COUNTY CORRECTIONS**

# **HUBER / WORK RELEASE RULES**

# PLEASE READ AND INITIAL EACH STATEMENT

1)	\$140.00 fee (for Meals & Maintenance) must be paid before authorization for work release. While employed you may work up to six (6) days a week with the seventh (7 <sup>th</sup> ) day spent in the Detention Center. Maximum working time out of the Detention Center is 12 hours including travel			
	INITIALS			
2)	Inmates permitted to leave the Detention Center/Jail for specified purposes will go directly to and from the designated location. Stopping in route or deviating in any manner from the shortest possible route is not permitted unless authorized by staff.			
	INITIALS			
3)	All generated earnings while in custody, including unemployment compensation and unemployment training benefits must be turned over to the Sheriff. Any inmate having direct deposit must have it cancelled before reporting.			
	Your money will be paid out as required by section 303.08 of the Wisconsin State Statutes, in the following order:			
	<ul><li>a) The cost of your room and board, including medical expenses</li><li>b) Support of dependents if ordered by the court</li></ul>			
	All monies left after accounted deductions will be returned if requested. All requests must be in writing, and addressed to the Bookkeeper.			
	INITIALS			
4)	Whenever you are not working, you will be confined to the Detention Center/Jail. All free time will be spent in the Detention Center/Jail.			
	INITIALS			
5)	If you fail to report to work, or to return from work without proper authority, you will be considered an escapee, and will be subject to prosecution.			
	INITIALS			
6)	Huber Inmates who are self-employed must show proof of that employment at the time of booking. This will include pay, tax records, business liability insurance and business contracts. <b>Self-Employment must be set up prior to reporting.</b>			
	INITIALS			

7)	All self-employed Huber Inmates must pay \$140.00 each week. Self-employed Huber Inmates must also provide a written itinerary for the Detention Center before leaving for work each day. While out any changes in your schedule must be called into the Detention Center/Jail.
	INITIALS
8)	If you are requested to work overtime, your hours of work or the day(s) change, the Sheboygan County Detention Center must be notified by Fax and/or a call from your supervisor. If the Sheboygan County Detention Center/Jail does not receive your new hours, you will not be permitted to work.
	INITIALS
9)	No visitors are allowed to visit inmates while at work.
	INITIALS
10)	If you have been granted Huber Law privileges for the purpose of child care, you are not to have any other adults in the home. Persons attending to child care will be permitted to attend only those functions approved by the Huber Officer and may not leave the residence without prior permission. You must have a working phone at the residence and must be the mother, father or legal guardian of the child(ren) being attended. Spousal employment, days and hours will be verified before any child care is permitted. Those hours will be the only hours you will be allowed out for child care. If employed and doing child care, the hours will be combined.  Child care must be set up prior to reporting.
	INITIALS
11)	Any employment must offer at least 4 hours of work each day and pay at least the current minimum wage.
	INITIALS
12)	Part-time jobs which are in addition to full-time employment (32 hours or more) are forbidden. Non-business related employment for relatives/friends is not allowed. Employment may not be obtained from another inmate. You may work two (2) part-time jobs if they do not exceed twelve (12) hours a day, six (6) days a week.
	INITIALS
13)	If you are required to work on a holiday, your employer must make a request on company letterhead no later than 48 hours prior to the requested holiday. Inmates will not be allowed to work if they have no written request or if they turn in the request late. The holidays listed are as follows:
	New Year's Day Independence Day Christmas Eve
	Easter Sunday Labor Day Christmas Day  Memorial Day Thanksgiving Day New Year's Eve
	INITIALS

	searched. A strip-search before leaving the jail will be conducted at the Correctional Officers discretion. All personal property entering or leaving the jail will be inspected.
	INITIALS
15)	Huber/Work Release inmates are not allowed to consume any alcoholic product/beverage, use unauthorized medication/drugs, or any other controlled substance. Anyone suspected of violating this will be required to provide a breath test, urine sample or both. Refusal to do so will be considered an implication of guilt and a violation of jail rules. You may request to be retested of the urine sample you have provided. If the results are positive, the cost of the test will be paid by the inmate. This will be enforced at the time of Booking. Inmates will turn themselves in completely sober.
	INITIALS
16)	Huber/Work Release inmates will provide their own transportation. Transportation for the inmate must be approved by the Sheboygan County Detention Center staff before it is effective. You are not permitted to drive a motor vehicle to and from work without a valid Driver's License, Proof of Vehicle Registration and Proof of Current Liability Insurance. This information must be brought with you at the time of Booking.
	INITIALS
17)	Upon returning to the Sheboygan County Detention Center/Jail, all inmates will report to the Sheboygan County Detention Center/Jail staff immediately. Huber Inmates are not allowed to loiter in any area of the Sheboygan County Detention Center including the outside grounds. Huber Inmates waiting for transportation must wait at the Huber vestibule.  INITIALS
18)	NO SMOKING POLICY – No Huber Inmate shall enter any County building smoking any tobacco products.  Any inmate caught smoking will be issued a citation, as well as jail discipline.
	<b>DETENTION CENTER</b> – Inmates may deposit smoking materials in their personal locker located in the "Hot Locker Room".
	JAIL – Inmates are to deposit smoking materials in the assigned small locker.
	INITIALS
19)	Working Huber Inmates will be expected to make their own medical/dental appointments on days of Huber activity (not on a day off). Verification of appointment is required. Any medication orders and refills is the responsibility of the inmate. All medical expenses incurred are to be paid by the inmate.
	INITIALS

14) All Huber/Work Release inmates returning to the Sheboygan County Detention Center/Jail will be strip-

20) Meals will be served to Huber Law Inmates if they are in jail at meal time.

An "Early Bag Breakfast" will be provided for those who sign up for one on the meal activity sheet. Those who leave prior to 4:00 A.M. and return after 12:00 P.M. may take two bag lunches. Packed lunches will be provided for inmates when they leave for work. You MUST sign up for a packed bag lunch in advance.

		INITIALS
21)	No Huber Inmate, employer, friend, or family member may o	all any officer or clerk at home.
		INITIALS
22)	Huber Inmates may not use profanity, direct obscene gesture visitors, or other inmates. Lying to staff is a major rule violati	•
		INITIALS
23)	All Huber Inmates shall follow all oral and written orders imm	nediately when given.
		INITIALS
24)	Remember when reporting to the Sheboygan County Detent for your stay (Examples: clothes, shoes, things needed for we home for these items. Also, keep in mind that you should man home maintenance. You will not be allowed out for this.	ork). Once Booked in, you will not be allowed to go
25)	All personal time will be done on your time. If such time can allowed out for it. Also, any personal time granted must be of off day(s). Upon your return from approved personal time (s to verify any purchases. Failure to do so by forgetfulness is n	n a work day. You will not be allowed out on your hopping), a valid register receipt must be provided
		INITIALS
26)	You may leave the Sheboygan County Detention Center/Jail Release:	for the following reasons if you have Huber/Work
•	Seeking employment or engaging in employment training Working at employment	
•	Performing community service (as directed by your probation	n officer)
•	Attendance at an educational institution  Medical treatment	
•	Shopping for personal items as approved by staff	
•	Counseling and other meetings approved by staff	INITIALS

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27)	All haircuts will be given in the Sheboygan County Detention Center/Jail only. All requests must be made in writing. Names will be put on a list. When there is a sufficient amount of requests, the hair stylists will come in. Haircuts cost \$15.00. When you are called for your haircut, you must be ready. Have your hair washed. You will be refused if you report with dirty hair.
	INITIALS
28)	If you are not employed you will be given an opportunity to gain employment while serving your sentence. You must have a valid ID and Social Security card prior to any work search authorization. If your sentence is less than 15 days, you will not be allowed out for work search. If you have previously scheduled interviews you will be allowed to attend. You may be allowed out up to three (3) times for work search.  INITIALS
29)	All request slips for work search and personal time must be submitted on Sunday for the following week. Slips submitted on any other day will be discarded. The only exceptions will be for emergencies, or specific circumstances.
	INITIALS
30)	In case of inclement weather, or for any other reason you cannot return to the Sheboygan County Detention Center/Jail, you must call the Sheboygan County Detention Center/Jail as soon as possible. You will be required to spend this period at a police agency. Under no circumstances will you stay at a private residence in this even
31)	Individual living areas, including Day Rooms, will be kept clean and in an orderly fashion at all times. Bunks will be neatly made and all personal items will be kept on or in the storage area provided to each inmate. Any items other than shoes found on the floor will be subject to disposal. All Huber Inmates will be required to participate in scheduled cleanup.
	INITIALS
32)	Jumping from, swinging, or climbing on tier or stair railings, or any other fixture is prohibited.
	INITIALS
33)	In addition to the rules mentioned, all other rules by the Sheboygan County Detention Center/Jail will be followed.
	INITIALS

	alternative mode of travel must be arranged. Plan accordingly. You will not be allowed to combine modes of travel (i.e. walking to get a ride).
	INITIALS
35)	Huber Inmates attending school will be required to furnish a class schedule.
	INITIALS
36)	Inmates <b>observed</b> digging, hiding, or probing county landscaping surrounding the facility face potential charges for trespassing. Lunch bags, bottles, etc. found belonging to an inmate currently housed, can result in a Littering charge.
	INITIALS
37)	When you have a scheduled court date, you are required to furnish staff with a copy of the court paperwork. Failure to comply may delay your release for court. If your court is scheduled out-of-county, you must notify staff well in advance, prior to the scheduled date.
	INITIALS
38)	Each day, once the breakfast meal is complete, it will be your responsibility to stay up, shower and get ready for work or appointments. The staff will not wake you.
	INITIALS
39)	After processing, you will be required to leave work/street clothes and unauthorized personal property in your assigned locker in the "Hot Locker Room". Your undergarments and uniform are to be kept in your locker in the "Cold Locker Room". Your uniform is to be kept in your locker in the "Cold Locker Room". You are responsible for securing your lockers. The staff has the right to search lockers at any time. The staff is not responsible for missing items. It is not recommended to keep personal valuables in the facility.
	INITIALS
40)	Inmates are not allowed in the public lobby, unless authorization is given. If you wish to speak with the Jail Administrator, Huber Coordinator, EMP Coordinator, or Jail Bookkeeper, this must be done in writing. If deemed appropriate, a pass will be issued to you informing you of the date and time of your meeting. <a href="Unauthorized presence">Unauthorized presence in the lobby will result in discipline.</a>
	INITIALS
41)	Personal checks will not be accepted for Canteen, Huber fees, or EMP fees. Please inform your visitors all cash deposits must be made at the detention center.
	INITIALS

34) If it takes you in excess of 90 minutes each way to travel to your destination either by walking or bicycle, an

•	While out on Huber privilege, do not call the Sheboygan County Detention Center/Jail for personal requests, questions about payroll checks, etc. <u>This must be done in writing.</u>		
		INITIALS	
43) Any questions, schedule Sheboygan County Dete		ΛΡ must be made in writing. Do not call the	
		INITIALS	
44) Once you have been allo	owed access into the Huber vestibule	e, you will not be allowed outside.	
		INITIALS	
45) Meals and maintenance located inside the Cold I		ds in the Commissary/Meals and Maintenance box	
		INITIALS	
	ON OF ANY OF THE AFOREMENTION TY DETENTION CENTER/JAIL CAN RE	NED RULES OR RULES OF THE SULT IN DISCIPLINARY ACTION SUCH AS:	
<ul><li>Revocation of Huber Lav</li><li>Segregation</li></ul>	w/Work Release privilege		
<ul> <li>Loss of earned "Good Ti</li> </ul>	me"		
<ul><li>Criminal prosecution</li><li>Lock-up in detention cer</li></ul>	nter		
<ul> <li>Loss of privileges</li> </ul>			
Remember - Huber Law is a Priv	vilege not a Right! Abuse of that priv	vilege can lead to its loss.	
l,	t	nave read these rules and/or have had them	
explained to me by the undersig	ned officer. I understand that my co	onduct as a Huber Law/Work Release inmate will be	
governed by them.			
Date:			
	Officer Signature:		

# SHEBOYGAN COUNTY DETENTION CENTER **INFORMATION SHEET**

Last Name	First Name	e	Middle Name	
Place of Birth	Social Se	curity #		
Date of Birth	Age	Sex Rac	ce	
Height Weight	Hair Color	Eye Color		
dome Phone #	Co	ell Phone #		
Other Names You May Have Gone By:				
cars, Marks, Tattoos and other Distingui				
Occupation				
mployers Name & Address				
upervisor Name & Phone #				
Name of Next of Kin Last Name		irst Name	Middle Name	
Relationship of Next of Kin		Phone # of Next of Kin		
Address of Next of KinCity		State	Zip	
/ehicle Make	Model		Year	
/ehicle Color	Vehicle Style	License Plat	re #	
Oriver License Number				
nsurance Company/Agent Name				
nsurance Expiration Date				
If Not Driving List Names & Phone # of th				
Probation Officer Name				
	10		SCF-3	

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# SHEBOYGAN COUNTY ADULT DETENTION FACILITY **HUBER / WORK RELEASE PROGRAM** PHONE NUMBER (920)459-1300

FAX BUSINESS HOURS (920)459-1307 FAX AFTER HOURS (920)459-1310

### **EMPLOYMENT AGREEMENT**

TO THE EMPLOYER: This agreement is to be completed by the EMPLOYER or an authorized agent and returned to the Sheboygan County Detention Center, by the employee when reporting in to begin his/her sentence.

If employment is terminated, please notify a Corrections Supervisor at your earliest opportunity. We also request that you notify the Detention Center at (920)459-1301 if the employee is late, does not arrive, leaves late or is required to work overtime. The Employees PAY CHECKS are to be sent directly to the SHEBOYGAN COUNTY SHERIFF'S OFFICE, attention: Bookkeeper, 525 North 6th Street, Sheboygan, Wisconsin 53081.

PLEASE BRING THIS FORM IN AT THE TIME OF BOOKING. DO NOT FAX.			
Name of Employee:			
Place of Employment:			
Telephone Number: Fa	ax Number:		
Employer's Address:			
Employer's Email Address:			
Supervisor Name:	Date of Hire:		
How Employee is Paid: ☐Weekly ☐Bi-Weekly ☐Monthly	□ Semi-Monthly		
Next Date of Pay:			
Days of Week Employee Will Be Working: (please circle all that apply)	M T W TH F SA SU		
Hours Employee Will Be Working: Starting Time	Ending Time		
**IF HOURS AND/OR DAYS OF WORK VARY, PLEASE PROVIDE A WRITTEN SO	CHEDULE SIGNED BY EMPLOYEE'S SUPERVISOR**		
List Insurance Company and Policy Number Covering you for Worker Compensation:			
If none, list NONE			
List your I.R.S. Employer ID Number: If none, list NONE			
Signature of Employer or authorized agent & Title			
DO NOT WRITE BELOW THIS	S LINE		
APPROVED	Date		

The Sheboygan County
Detention Center is designed
to hold minimum security
(Huber - Work Release)
male/female inmates, and
medium and maximumsecurity male/female inmates.

A handbook is provided to all inmates housed in the facility. The handbook is to help inmates understand how the jail works and what is expected of them.

A few highlights from the handbook are provided in this brochure for family and relatives of the inmates for informational purposes.

Any questions, feel free to call us at the Detention Center.

Captain Paul E. Brinkman Jail Administrator

# **Questions???**

## **ATI Unit**

Call:

**Rich Wassink** (920) 459-1319

Paul Rickmeier (920) 459-1303

Nicole Fisher (920) 395-6973

Ryan Tresp (920) 459-1363

Brian Wilke (920) 459-1306

## **Inmate Accounts**

Call: Bookkeeper (920)-459-0374

# Sheboygan County Corrections

# Huber/EMP Work Release Program

Detention Center 2923 S. 31<sup>st</sup> St Sheboygan, WI 53081

Sheboygan County Jail 527 North 6<sup>th</sup> Street Sheboygan, WI 53081

## Office Hours

Monday - Friday 8:00 a.m. - 4:00 p.m. (920) 459-1301 (920) 459-3128

Voice-Mail (920) 459-3129

Detention Center Fax (920)459-1307

Jail Fax (920) 459-0346

Correctional Services

# Commissary

- · Packaged goods (i.e. toiletries, liquids, snacks, clothing)
- Only cash and money orders for payment. No checks accepted.

# **Items allowed at Booking**

- 3 Pairs socks
- 3 Pairs underwear (no boxer shorts, buttons, zippers or strings)
- 3 Crew neck T-Shirts (plain colored, no pockets)
- 2 Pair long underwear or sweats (tops/bottoms)

# All Hygiene Items Must Be New and Unopened

- ✓ Toothbrush & toothpaste
- ✓ Bar of soap & deodorant (push-up)
- √ Shampoo (clear plastic container)
- ✓ Contact lens solution (no-aerosol)
- ✓ Alarm clock (wind-up or battery)
- ✓ Standard size photos (no Polaroids)
- ✓ Pencils (no pens)
- ✓ Colored pencils
- ✓ Religious texts (soft covered)
- ✓ Medication (current prescriptions only)

# Mail

## In-coming:

- Non-privileged
   opened, screened, recorded.
- Privileged mail opened in presence of inmate.
- Must have a return address with name.
- Magazines, books, periodicals only from publishers or book store.

### Out-going:

Non-privileged mail screened and recorded.

# **Phone Calls**

### **Incoming:**

· Calls and messages to inmates are not accepted.

## Out-going:

- Between 8:00 a.m. and 10:00 p.m.
- · Collect-Call System (Receiver charged per call.)
- · 15 minutes per call
- · 3-way calls prohibited.

# Release

Between 6:00 a.m. and 10:00 a.m.

# Visiting

Males
Saturday & Sunday
12:00 - 2:30 p.m.
6:00 - 9:00 p.m.

Males
Saturday
12:30 - 2:30 p.m.
6:00 - 9:00 p.m.
(housed at the Jail)

Females Sunday 12:30 - 2:30 p.m. 6:00 - 9:00 p.m.

- · 4 20 Minute visits per week.
- · Must have a scheduled visit in GTL.
- Proof of identification photo I.D.
- · Must be 18 or over except for own children.
- Inmates children under 18 must be accompanied by other parent, or legal guardian w/Birth certificate
- No purses, phones, food or drink allowed into the visitation area
- No articles, mail, etc., accepted.

## **Medical and Mental Health Services**

### **HOURS**

Medical Staff -- MD, RN & LPN

Mental Health Staff - Social Worker

Daily - Hours vary

Daily - Hours vary

## MEDICAL DIETS AND FOOD ALLERGIES

- 1. It is your responsibility to let staff know if you have a food allergy or need a medical diet. This request will be evaluated at the time of booking for immediate need.
- Write a request to the nurse indicating your food allergy and /or need for a medical diet. The medical staff may request medical records to verify the need for a special diet.
- 3. It is your responsibility to avoid foods you may have an allergy to until a diet can be arranged for you.
- 4. Meal recipes will not be changed based on food preferences.

## **SICK CALL**

### **Emergency Sick Call Request**

Direct all EMERGENCY medical situations to any correctional staff.

### Non-Emergency Sick Call and Dental Requests

- Complete an Inmate Request for Health Care form.
- Contact a corrections officer if you are in need of more request forms.
- Nursing staff will evaluate your request, meet with you, consult the MD and make necessary recommendations for your care.
- Nurse sick call fee per time \$ 7.50
- MD sick call fee per time \$ 10.00
- Written response from Medical and/or Mental Health \$ 1.00

<sup>\*\*</sup> The Detention Center reserves the right to charge a minimal fee for physician, physician assistant and nurse visits, per Sheboygan County Ordinance. Charges will be submitted to the bookkeeper and taken out of your canteen account immediately at 100%. Fees will be collected only for services requested by the inmates. Inmates will not be charged for services required by the Sheboygan County Detention Center. No inmate will be denied medical care due to inability to pay or insufficient funds in canteen account.

## **APPOINTMENTS**

Huber release inmates have the privilege of utilizing outside health agencies or medical and mental health care. These appointments must be made according to the guidelines listed below:

- 1. All requests for outside medical appointments will need to be validated by a nurse or supervisor. You may be charged \$ 7.50 for a nurse sick call depending on care provided.
- 2. Appointment cards must be submitted to the medical department **48 hours** prior to the appointment, not including weekends and holidays.
- 3. Appointment cards may be faxed to the facility. (Fax # 920-459-1360) Do NOT have your doctor, friends, or family call the facility with dates and times.
- 4. Outside Medical Appointments within two weeks of your release date will be rescheduled.
- 5. Appointments will be verified with your doctor's office.
- 6. Appointment dates and times may be changed to fit the below schedule after consultation with your physician.
- 7. Working/School Huber Inmates Appointments may be made before or after work/school.
- 8. Working Huber Inmates will **NOT** be allowed to leave the facility on your day off or during the weekend.
- 9. Non-Working Huber Inmates Appointments must be made on Tuesdays.

\*\*\* Please alert any staff if a medical need arises. \*\*\*

**NOTE** -- Inmates are not allowed out for physicals, eye appointments, chiropractor or dental cleanings unless a need has been validated by a nurse or supervisor. These requests are handled on a case-by-case basis.

\*\* You are responsible to pay for all medical, dental, psychiatric and medication bills you incur while at the Detention Center. The Detention Center is not responsible for these bills. \*\*

## **MEDICATIONS**

- 1. Medications must be turned in at the time of booking, over the counter and prescription.
- 2. Medications are kept on the medication cart and are given by nurses or correctional staff,
- 3. Medications will be taken in the presence of a nurse or correctional officer.

- A visual mouth inspection will be performed after medication has been taken.
   NOTE: Any attempt to cheek a medication or alter the visual mouth check may result in an alternate method of medication delivery.
- 5. All medications must be approved by the jail MD. **NOTE:** Narcotics and Benzodiazepines are used on a limited basis in the jail setting. A medical records request will be done to validate the medical necessity of these medications.
- 6. Only medications purchased from canteen are allowed to be kept in your cell.
  NOTE: The medical department may make special arrangements for you to keep other medications/items in your cell.
- 7. Over the counter medications are **NOT** allowed unless they are prescribed by your personal doctor or the jail physician. **NOTE**: Personal bottles of Acetaminophen (Tylenol) and Ibuprofen (Motrin) are not allowed and may be purchased off of canteen.
- 8. Medications are delivered two times daily, morning and evening. NOTE: Some medications may require more delivery times: the medical staff will address these needs on a case by case basis. It is your responsibility to remind staff of your special medication dosing time.
- Stockpiling and/or sharing of a medication is not allowed and will not be tolerated.
   Both of these offenses are considered major rule violations and will be dealt with accordingly.
- 10. Inmates that use or are in possession of any medication that have not been approved for their use by the medical staff are in violation of jail rules and may be subject to prosecution.
- **11. DO NOT** bring a paper prescription needing to be filled to the facility. You must have a pharmacy fill this prior to coming or returning to the facility.
  - a. If you are returning from a medical appointment, have your medications filled before returning to the facility. **NOTE:** You will not be allowed out of the facility to get prescriptions filled once you have returned to the facility. A friend or family member will need to pick up the written script and get it filled for you.
  - Medications must be turned in, in their entirety. DO NOT take any
    medications prior to returning to the facility. NOTE: All medications are
    subject to jail MD's approval.
  - c. Medication may not be ordered from a pharmacy and delivered to the facility, however, special circumstances may exist and arrangements may be made if payment has been made prior to the medication arriving at the facility. NO CASH ON DELIVERY ORDERS WILL BE ACCEPTED.
  - **d.** Medications may **NOT** be billed to the facility. This cost is your responsibility.
  - **e.** Sample medications are allowed **IF** we are able to verify the dosing instructions with your primary care doctor.

- f. Medications left behind at the facility will be destroyed 30 days after your release date. NOTE: It is your responsibility to notify staff you have medications at the time of your release.
- g. Controlled substances that are in storage during your incarceration can only be dispensed by medical staff, Monday thru Friday 7:00 AM 8:00 PM.
- **h.** As needed medications are used on a limited basis. It is your responsibility to request any as needed medication. This request needs to be made one hour prior to medication delivery time.

## **OTHER MEDICAL ISSUES**

- 1. Notify medical staff if you have any medical conditions requiring assistive devices, egg crate mattress, pillow or respiratory equipment.
- Notify medical staff immediately if you have any wounds, cuts and/or cold or flu-like symptoms.