



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 1400-02	PAGE NUMBER 1 OF 6
		DISTRIBUTION:	Public
		SUBJECT:	Extension of Confinement
RELATED STANDARDS:	ACA 5-ACI-5F-06	EFFECTIVE DATE:	June 01, 2024
		SUPERSESSION:	04/15/2024
DESCRIPTION: Parole Services	REVIEW MONTH: March	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) that offenders may be released to the community under “extension of confinement”, as provided in SDCL. Offenders released to extension of confinement shall be placed in a residential facility (for example, a residential treatment facility (RTF) or nursing home) or in a private residence (home-based).

II. PURPOSE

The purpose of this policy is to establish the criteria and processes for offenders eligible for extension of confinement consideration.

III. DEFINITIONS

Extension of Confinement Release:

Release from a correctional facility that allows an offender to serve a portion of their sentence in the community. Offenders may be placed at an approved private residence or an approved residential facility, such as a residential treatment facility (RTF), nursing home, or other medical facility. In specific cases, the release may allow accommodation of the offender’s treatment and service needs resulting from a diagnosed medical and/or behavioral health condition.

IV. PROCEDURES

1. Authority:

- A. The warden may recommend to the director of Prisons, or designee, that an offender be released from custody and placed in the community to serve a portion of his/her sentence.
- B. All extensions of confinement releases are approved on an individual, case-by-case basis by the secretary of corrections (SOC).
- C. Offenders released to extension of confinement are required to reside at a private residence or an approved residential or medical facility.

SECTION	SUBJECT	DOC POLICY	Page 2 of 6
Parole Services	Extension of Confinement	1400-02	Effective: 06/01/2024

- D. No offender has any right or expectation to be housed in any particular facility, participate in any specific program, or receive any specific service. Offenders are subject to transfer from a facility, program, or service at the discretion of the SOC.
- E. Neither this policy nor its application may be the basis for establishing a constitutionally protected liberty, property, or due process interest in any offender.

2. Referral:

- A. The SOC may consider the referral of an offender for EC. The offender must be minimum custody and compliant with their individual program directive (IPD). The Ohio Risk Assessment System (ORAS) assessment must also be completed for the offender before a referral will be considered.
- B. All referrals will be forwarded to the warden or designee for review once supplemental information has been gathered. Information compiled will include but not be limited to:
 - 1. Reason for consideration.
 - 2. Crime and sentence information including admission date.
 - 3. Criminal history.
 - 4. Institutional disciplinary record.
 - 5. Medical considerations including diagnosis, prognosis, and care needs, if applicable.
 - 6. Release plan (to include a treatment plan, if applicable).
- C. Clinical services staff will be notified by unit staff of those offenders who have been identified for potential release to extension of confinement.
 - 1. Clinical services staff will review the offender's current and projected medical, treatment and behavioral health needs, and available services and programs in the community where the offender intends to release.
 - 2. Clinical services staff will develop treatment plans for referral to necessary services, the provision of necessary services, arrangements to obtain medication(s) or other necessary medical supplies, and/or medication management, and access to providers.
 - 3. Clinical services staff will notify unit staff when their review is finished.
- D. Each case will be reviewed on an individual basis.
 - 1. Central records will verify the identified offender has no pending charges or holds. ***Consistent with the law and legal practices within the jurisdiction, there is a system for providing notification and information to the registered victim(s) regarding the offenders in the victim's case [ACA 5-ACI-5F-06].*** Records staff will also contact the statewide automated victim information and notification (SAVIN) service for information about any victim notifies that are listed.
 - 2. The offender must indicate whether he/she wishes to be considered for release to extension of confinement and must agree to all the required conditions. The case manager will review the offender's release plan and explain the program responsibilities i.e., actions that constitute escape, medical expenses, GPS requirements, and conditions. Offender participation in extension of confinement is strictly voluntary. Only offenders who are able to provide DOC staff with reasonable cause supporting they will abide by all of the required conditions while on extension of confinement will be considered or granted final approval for release to extension of confinement.
 - 3. Case managers will contact the facility or individual's/family members where the offender is planning to reside and explain the conditions, criteria, and requirements of the offender's release to extension of confinement and answer any questions.
 - 4. Case managers will notify the offender's parole agent who will review the offender's release plan, including the offender's travel/transport plan and provisions to meet any medical needs upon release.
 - 5. After the contact and reviews by the case managers and clinical services staff are complete, the unit staff will present the information to the warden for a final review.

SECTION	SUBJECT	DOC POLICY	Page 3 of 6
Parole Services	Extension of Confinement	1400-02	Effective: 06/01/2024

- E. If the warden approves the referral for EC, the referral and supporting information will be forwarded to the director of Prisons and the deputy secretary of corrections for review and discussion before forwarding on to the SOC.
- F. The SOC Has final authority to approve EC based on review of the supporting information.
- G. If EC is approved, staff will follow the same processes that apply to offender releases from custody to parole supervision and work with the offender to prepare him/her for transition to the community.
- H. If the referral is denied at any point in the process, designated unit staff will be notified of the denial and generate a case note documenting the offender was considered but denied.

3. Supervision:

- A. All offenders releasing to extension of confinement will be supervised by a parole agent. Offenders who agree to the provisions and requirements that apply to releases to extension of confinement, also agree to be placed in the community under parole supervision. All offenders are subject to violation of extension of confinement and responses/sanctions for violations of the applicable agreements and conditions.
- B. Offenders released to extension of confinement will be supervised at a supervision level determined by the Community Risk Assessment/Re-Assessment.
 - 1. The SOC can provide direction for minimum contact standards and/or additional supervision requirements on a case-by-case basis.
 - 2. Offenders released to extension of confinement are not required to pay parole supervision fees.
 - a. The offender's case manager will require the offender to sign the *Extension of Confinement Agreement* (see attachment #1) prior to release. The parole agent will review the agreement with the offender at the initial office visit. All offenders released to extension of confinement must agree to abide by the conditions set forth in their agreement.
 - b. New system compliance reports or initial compliance reports will be completed by the case manager and forwarded to the supervising parole agent for review with the offender.
 - 1) Offenders released to extension of confinement will remain under the case managers workload from the institution from which they were released.
 - c. The supervising parole agent shall have authority to issue a violation report for any offender who fails to abide by their Extension of Confinement Agreement or other conditions of their release to extension of confinement. The parole agent may order detainment or return of the offender to DOC custody, consistent with the *Extension of Confinement Violation Severity Scale* (see attachment #3) and the *Extension of Confinement Policy Driven Response* (see attachment #4).
 - d. Offenders released to extension of confinement who will discharge their sentence while on extension of confinement, will be added to the release schedule the month they are scheduled to discharge and are subject to existing pre-release procedures and requirements, i.e., current warrants check, re-calculation of release date, etc.
 - e. Offenders released to extension of confinement are not eligible for parole earned discharge credits. The offender's release date shall be determined in accordance with the procedures contained within DOC policy.

4. Placement on GPS:

- A. Offenders on extension of confinement are required to be on global positioning system (GPS) at the discretion of the SOC.

SECTION	SUBJECT	DOC POLICY	Page 4 of 6
Parole Services	Extension of Confinement	1400-02	Effective: 06/01/2024

- B. The offender is required to review and sign the Enhanced Monitoring Agreement (see DOC policy 1400-08 – *GPS and Sobriety Monitoring*) before releasing to extension of confinement. The offender’s case manager will explain the contents of the agreement and expectations.
1. The conditions of the extension of confinement with GPS may include establishment of a curfew i.e., when the offender is expected to be at their residence, and when they may be in the community for approved and legitimate activities such as employment, job search, treatment, programming, and medical appointments.
 - a. Out-of-state travel must be pre-approved by the SOC.
 2. Offenders are expected to know, understand, and comply with the conditions and limitations of their GPS agreement. Offenders who violate the agreement are subject to sanctions.
 - a. Offenders will have the GPS ankle bracelet attached and activated by parole staff, or institutional staff trained to attach and activate the GPS unit, prior to release from custody to extension of confinement. Central records staff are responsible for activating the “EC alert” in COMS, effective on the approved transfer date. The assigned supervising parole agent will activate the “GPS” alert in COMS.
 3. The offender is responsible for all corresponding GPS fees, unless an exemption is approved by the parole agent’s supervisor and such exemption is noted in the Enhanced Monitoring Agreement. Offenders will pay the GPS fee with a money order, which shall be processed by DOC Administration Office staff. Offenders returned to custody for a violation are not eligible for return of any GPS fees which have been pre-paid.
 - a. Parole agents are responsible to ensuring all extension of confinement offenders on their caseload submit the required GPS fees as directed. Offenders who fail to submit payment for required fees are subject to a response/sanction. Offenders remain responsible for any outstanding or unpaid GPS fees.
 - b. The GPS provider will promptly contact the supervising parole agent telephone and email the supervising parole agent when there is a device or strap tamper alert.
 - c. The offender’s parole agent will respond to general GPS alerts (low battery, curfew, or inclusion zone violations) within two (2) hours. Strap and Device tamper alerts received from the GPS provider will be responded to immediately to determine if the offender has escaped.
 4. Agent’s response to a GPS master tamper alert:
 - a. Attempt to contact the extension of confinement offender by telephone, personal contact, or dispatch of law enforcement to the offender’s residence to resolve the alert and/or verify the offender’s location.
 - b. Proceed to the offender’s residence to determine the cause of the alert and, if necessary.
 - c. Alert authorities and/or supervisors/OIC if the alert is confirmed as a possible escape and initiate escape procedures.

5. Response to Confirmed Escape:

- A. Upon confirmation by the parole agent an offender has escaped, he/she will immediately contact a regional supervisor and the facility officer in charge (OIC). OIC staff will initiate the procedures defined on the facility’s escape checklist (found in the Emergency Response Manual (ERM)).
- B. Facility control staff will move the offender to “escape” in COMS.
 1. Facility staff will update the escape poster for the extension of confinement offender and distribute (fax, email, or scan) the updated poster to the following:
 - a. Local law enforcement (if applicable).
 - b. South Dakota Highway Patrol.
 - c. Sheriff’s office where the escape occurred.
 - d. Sheriff’s office(s) in the county where the offender was convicted for the crimes they are currently serving, and
 - e. Upon notification from the OIC confirming the escape, control room staff will initiate all steps and procedures contained on the facility’s escape checklist . Facility staff will notify the DOC staff listed on the checklist and distribute the booking summary.

SECTION	SUBJECT	DOC POLICY	Page 5 of 6
Parole Services	Extension of Confinement	1400-02	Effective: 06/01/2024

- f. The agent will complete the Extension of Confinement Violation report by the end of the next business day following the escape and distribute the report to the warden.
2. The agent will gather/create the extension of confinement documents (signed escape acknowledgement, signed GPS Agreement, Policy Driven Response, Extension of Confinement Violation Report, Detainer, and Escape Poster).
3. The agent will close the booking summary in COMS and notify central records to open an escape booking in COMS.
4. The OIC will complete a Major Incident Report (see DOC policy 100-03 – *Staff Reporting Information to DOC Administration and Office of Risk Management*) by the end of the shift that the extension of confinement offender’s escape was confirmed.
5. The DOC will arrange transport of an apprehended extension of confinement offender who is not initially returned to DOC custody by the arresting authority.
 - a. Offenders may be charged with escape, as described in the *Extension of Confinement Escape Acknowledgement* (see attachment #2).

6. Violation Sanction Scale:

- A. The supervising parole agent will address violations of the conditions contained within the Extension of Confinement Agreement through application of the Extension of Confinement Violation Severity Scale. If the parole agent intends to issue a sanction that is different than the sanction scale, or the behavior committed by the offender is not listed on the violation severity scale, the agent will contact the regional supervisor.
 1. The parole agent will document violations committed by the offender and the corresponding sanctions in COMS using the Extension of Confinement Policy Driven Response.
- B. The supervising parole agent has authority to issue a violation report for an offender’s failure to abide by certain conditions of extension of confinement, including all applicable agreements to abide by the conditions of the release. A violation report will be initiated upon determining the offender’s behavior(s) constitutes a threat or danger to the offender or public (those violations with a response range of Return to Prison (R)).
 1. In the event a violation results in a determination the offender be returned to DOC custody, the parole agent will submit a violation report to the warden. The parole agent will notify the facility control room prior to returning the offender to DOC custody.
 2. Extension of confinement violators will be transported to either Jameson Prison or the South Dakota Women’s Prison (SDWP) so their cases can be reviewed, and appropriate assessments completed as part of the admissions process.
 3. The offender’s classification will be reviewed upon return to custody, taking into account the violation/reason for return. When the offender has returned to DOC custody, the parole agent will close the extension of confinement community booking in COMS.
 4. Institutional staff will write a disciplinary report for the offender’s violation behavior as outlined in DOC policy. The disciplinary report will be generated based on facts and information documented in the violation report submitted by the supervising parole agent.
 - a. The supervising agent may issue an extension of confinement hold/release detainer, to detain the offender. Extended confinement holds and release detainers are located in COMS.

7. Accounts, Financial Accountability, and Gate Money:

- A. Offenders approved for release to extension of confinement will be provided suitable clothing upon release, not to exceed one hundred dollars (\$100.00) in actual cost. Offenders may have dress-out clothing sent to the facility up to two (2) weeks prior to release.
- B. Extension of confinement offenders will be issued travel money, not to exceed fifty dollars (\$50.00), if such funds were not provided to the offender previously, in accordance with SDCL and DOC policy. Transportation arrangements shall be approved by the offender’s unit staff.

SECTION	SUBJECT	DOC POLICY	Page 6 of 6
Parole Services	Extension of Confinement	1400-02	Effective: 06/01/2024

- C. Offenders released to extension of confinement will have all sub accounts within the DOC offender banking system (OBS) closed. Offenders are responsible for managing their own finances while on extension of confinement and are permitted to open a personal banking account.

8. Count:

- A. Offenders released to extension of confinement will be placed on TAP/Off Count.
- B. Upon transfer to extension of confinement, the community booking will be opened as an “Extension of Confinement Release”. The offender will be assigned to a parole agent’s caseload and included in the parole count.
- C. Upon return of an extension of confinement offender to DOC custody, the offender will be immediately placed on the institutional count.

V. RESPONSIBILITY

The director of Prisons and director of Parole are responsible for the annual review and revision, as needed, of this policy.

VI. AUTHORITY

- A. SDCL § [22-11A-1](#) Definition of terms.
- B. SDCL § [24-2-25](#) Extension of confinement limits to permit visits to designated places.
- C. SDCL § [24-2-27](#) Facilities, programs, or services outside correctional facilities--Contracts with other agencies for care of inmates--No right or court order for housing in particular facility or participation in specific program or services--Escape.
- D. SDCL § [24-5-3](#) Clothing, money, and transportation provided on discharge.
- E. SDCL § [24-15-14](#) Supervision of parolees--Employment of personnel.
- F. SDCL § [24-15-20](#) Order to show cause against parole revocation--Grounds.
- G. SDCL § [24-15-21](#) Warrant to arrest parolee or inmate--Suspension of parole supervision time--Time credited.
- H. SDCL § [24-15A-27](#) Show cause parole revocation order.
- I. SDCL § [24-15A-50](#) Award of earned discharge credits.

VII. HISTORY

June 2024
 April 2024
 September 2019
 June 2018
 May 2017 – New Policy

ATTACHMENTS *(*Indicates document opens externally)*

1. Extension of Confinement Agreement (Generated in COMS – *ECAGREEMENT4*)
2. Extension of Confinement Escape Acknowledgement (Generated in COMS – *EC_ESCAPE3*)
3. Extension of Confinement Violation Severity Scale
4. Extension of Confinement Policy Driven Response (Generated in COMS – *EC_AVS4*)
5. DOC Policy Implementation-Adjustments

EXTENSION OF CONFINEMENT AGREEMENT



NAME:

DOC ID:

BOOKING ID:

PLACEMENT TYPE:

Home Based:

Residential Facility:

In consideration of my being released to extension of confinement, I agree to the following:

(Staff will have offender initial next to conditions that apply)

___ EA1: I will obey all Municipal, County, State, Tribal, and Federal Laws.

___ EA2: I will not purchase, possess, or use marijuana, hallucinatory drugs, narcotics, controlled substances, and mood-altering drugs/chemicals, or drug paraphernalia. I will not purchase, possess, or use unauthorized prescription medications or abuse prescribed or over-the-counter medications. I will submit to a drug testing when requested by DOC staff, law enforcement, or authorized program/facility staff.

___ EA3: I will not gamble or enter places where gambling is practiced.

___ EA4: I will not own, purchase, possess, transport, or use firearms, explosives, or dangerous weapons, as determined by my parole agent, (including stun guns, tasers, mace, pepper spray).

___ EA5: I will submit to search and possible seizure, my person, property, place of residence, vehicle(s) at any time, with or without a search warrant and with or without cause. I agree to such a search and seizure at any place within or outside of the boundaries of the state of South Dakota, and at any place within or outside of "Indian Country" as defined by 18 USC 1151.

___ EA6: I will secure advance approval from my supervising agent if at any time I wish to purchase, lease, or borrow any motor vehicle, or operate any motor vehicle upon any public roadway.

___ EA7: I will secure advance approval from my supervising agent, if at any time I wish to incur debt by borrowing funds or engaging in payment/installment purchases or leases.

___ EA8: I will secure advance approval from my supervising agent, if at any time I wish to open or use a bank checking account.

___ EA9: I will secure advance approval from my supervising agent, if at any time I wish to change employment or my place of residence. I will abide by my daily schedule, as approved by my supervising agent.

___ EA10: I will avoid contact with felons, fugitives, and those on state or federal parole or probation. Exceptions may be granted by my agent for immediate family members.

___ EA11: I will not travel outside of my assigned area/GPS boundaries or leave the state of South Dakota without advance permission from my agent. I will keep my supervising agent informed of my whereabouts and activities when approved for travel and submit reports as required.

EA12: I will allow my supervising agent to visit me in my residence and place of employment without advance notice and promptly respond to contact attempts by my agent.

EA13: I will comply with all instructions and conditions that apply to my extended confinement, and cooperate by promptly and truthfully answering inquiries directed to me by a supervising agent or the DOC.

EA14: I will take advantage of the opportunities offered me through my release to extension of confinement, such as securing suitable employment and place of residence, family time and support, receiving and complying with treatment and becoming a productive member of society.

EA15: I will not purchase, possess, or consume any beverage containing alcohol; to include beer, wine, and those beverages labeled as "non-alcohol" beer, champagne etc. I will submit to breathalyzer and urinalysis drug tests when requested by DOC staff, law enforcement, or authorized placement/program staff.

EA16: I will not enter establishments where a primary business (2/3 of the sales) includes alcoholic beverages.

EA17: I will make regular and consistent payments towards my financial obligations, as identified on my institutional obligations worksheet. I will notify my agent if at any time I fail to make a scheduled payment towards an obligation; this includes court cost, fines, restitution, attorney's fees, child support, etc.

EA18: I will participate, cooperate, and complete any programs or treatment required of me as a condition of my release to extended confinement, as directed by clinical services, including compliance with any required medications.

EA19: I will not engage in any assaultive, abusive, or violent behavior, stalking, or threats of violence, including domestic violence. I will not contact any of my victim(s).

EA20: I understand that I am responsible for my healthcare and all associated costs, to include prescriptions, travel arrangement to appointments, medical copayment, health insurance and copayments, etc. If I am unsuccessful at obtaining healthcare or other means of meeting my health care needs, i.e., disability insurance, Medicare/Medicaid, VA benefits, etc., I will promptly notify my supervising agent. Includes any interruption in these services that may leave me without insurance.

EA21: I understand that I will be supervised based on my Community Risk Assessment score or as determined by the secretary of corrections. I understand that the DOC will determine my supervision level and my agent will explain the requirements that apply.

EA22: I understand that I may be required to be on electronic monitoring (GPS) while released to extension of confinement. I agree to not to remove, alter, or tamper with the GPS unit without the consent of my supervising agent.

EA23: Additional Conditions:

I have read or have had read to me, fully understand, and agree to abide by the conditions of this agreement. I understand and agree that my supervising agent and/or the DOC has the authority to place me in custody at any time and return me to a DOC correctional facility.

Offender Name/Signature

Witness Signature

Date

EXTENSION OF CONFINEMENT ESCAPE ACKNOWLEDGMENT



NAME:

DOC ID:

BOOKING ID:

In consideration of Extension of Confinement being granted to me, by signing this document, I understand that I remain an offender under the jurisdiction of the SD Department of Corrections during my placement on extension of confinement. I understand I have no implied right or expectation to be housed in any particular facility, participate in any specific program, or receive any specific service, and I understand I am subject to transfer from any facility, program, or service at the discretion of the DOC.

I understand that any escape from a facility, program, or service maintained outside the penitentiary is violation of SDCL 22-11A-2.1 or 22-11A-2. I understand that any unauthorized absence from my extension of confinement placement is an escape, a criminal felony punishable by an additional prison sentence.

22-11A-2. First degree escape--Felony. Any escape by a prisoner constitutes first degree escape if the prisoner effects the escape:

- (1) By means of the use or threat of violence;
- (2) From a secure correctional facility; or
- (3) From the immediate custody of a law enforcement officer or Department of Corrections employee.

First degree escape is a Class 4 felony.

22-11A-2.1. Second degree escape--Felony. Any escape by a prisoner constitutes second degree escape if the prisoner effects the escape by means of failure to return to custody following an assignment or temporary leave granted for a specific purpose or limited period or leaves a nonsecure correctional facility without authorization.

Second degree escape is a Class 5 felony.

While released on extension of confinement, the following violations constitute escape:

- Failure to report to your supervising agent as directed or failure to respond to inquiries made by the agent;
- Failure to report to a law enforcement agency as directed by the DOC and/or your supervising agent;
- Leaving your residence or facility of residence without the authorization of your supervising agent;
- Failure to return, as directed by your supervising agent, to your residence or facility of residence following an assignment or approved leave; and
- Failure to be present at a program or service as directed by your supervising agent.

I have read, or have had read to me, fully understand, and agree to abide by the conditions of this agreement. I understand and agree that my supervising agent and/or the DOC has the authority to place me in custody and that I may be returned to the custody of the DOC at any time.

X _____ *Offender Signature* _____ *Witness* _____ *Date*

EXTENSION OF CONFINEMENT VIOLATION SEVERITY SCALE

If the violation is not included in this table, the case should be staffed by the area supervisor and institutional contact to determine the appropriate severity level.

AGREEMENT CONDITION	BEHAVIOR	Response Range
1 - All laws	Committing Felony	Return to Prison (R)
1 - All laws	Committing Class 2 Misd.	H
1 - All laws	Committing Class 1 Misd.	IR
2 - Drugs	Possession of Marijuana	H
2 - Drugs	Testing Positive for Drugs – All Except Marijuana	IR
2 - Drugs	Testing Positive for Drugs – Marijuana	H
2 - Drugs	Possession of Drug Paraphernalia-Marijuana	M
2 - Drugs	Possession of Drug Paraphernalia-all except Marijuana	IR
2 - Drugs	Failure to Submit to Urine/Drug Analysis (once in 90 days)	H
2 - Drugs	Failure to Submit to Urine/Drug Analysis (multiple occurrences in 90 days)	IR
2 - Drugs	Abusing Prescription/over the counter medication	H
3 - Gambling	Gambling or Entering a Place where Gambling is Practiced	Low (L)
4 - Weapons	Possession of a Firearm	R
4 - Weapons	Possessing Weapons/Contraband Other Than Firearm	H
5 - Search and Seizure	Failure to Submit to a Search	IR
6 - Advance Approval	Purchasing or driving a Vehicle W/O Prior approval	M
7 - Advance Approval	Incur Debts	L
8 - Advance Approval	Open a Checking Account W/O Prior approval	L
9 - Advance Approval	Changing Residence or Employment W/O Notice/Approval	H
10 - Companions/hours	Violation of Curfew	M
10 - Companions/hours	Associating with Felons/Fugitives/Gangs/Criminal Influences/Etc.	L
11 - Keep agent informed	Escape/Absconding/Whereabouts	R
11 - Keep agent informed	Failure to Report Activities and Reports	M
12 - Advance Approval	Changing Employment Without Notice/Permission	M
12 - Agent Visitation of Home/Work	Avoiding Agent Phone Calls/Visits at Home/Work/Etc.	H
13 - Comply/cooperate/truthfully	Making False Statements/Lying by Omission	M
13 - Comply/cooperate/truthfully	Failure to Comply with Imposed Sanctions (once in 90 days)	H
13 - Comply/cooperate/truthfully	Failure to Comply with Imposed Sanctions (multiple occurrences in 90 days)	IR
13 - Comply/cooperate/truthfully	Failure to Follow Orders/Directions	H
13 - Comply/cooperate/truthfully	Deliberate Pattern of Non-compliance (once in 90 days)	H
13 - Comply/cooperate/truthfully	Deliberate Pattern of Non-compliance (multiple occurrences in 90 days)	IR
14 - Opportunities/employment/support	Failure to Remit Payroll Information	L
14 - Opportunities/employment/support	Failure to Maintain Employment	H

AGREEMENT CONDITION	BEHAVIOR	Response Range
14 - Opportunities/employment/support	Being Financially Irresponsible	M
15 - Consume, purchase, possess alcohol	Failure to Submit to a PBT (Once in 90 Days)	H
15 - Consume, purchase, possess alcohol	Failure to Submit to a PBT (Multiple occurrences in 90 days)	IR
15 - Consume, purchase, possess alcohol	Positive PBT -- < (Less than) .08 % BAC /Possession or Purchase of Alcohol	M
15 - Consume, purchase, possess alcohol	Positive PBT -- < (Less than) .08 % BAC – multiple occurrences within last six (6) months	H
15 - Consume, purchase, possess alcohol	Positive PBT -- > (Greater Than) .08% BAC – 1 occurrence in 90 days.	H
15 - Consume, purchase, possess alcohol	Positive PBT -- > (Greater than) .08% BAC – multiple occurrences within last 90 days	IR
15 - Entering an Establishment	Entering an Establishment	L
17 - Opportunities/employment/support	Failure to Pay Restitution, Debts, Child Support, Support Dependent Children, or Cooperate with Child Support Agencies	L
18 - Comply/cooperate/truthfully	Failure to Participate in CSW	M
18 - Participate/complete programs	Failing to Participate in Treatment Programs	H
19 - Violent behavior/stalking/threats	Threats or commission of violence through assault, abuse, and/or stalking which may include victims.	R
22 - Electronic Monitoring	Failing to keep GPS unit charged	H
22 - Electronic Monitoring	Unauthorized removal, altering, tampering of GPS unit	R

- Agent will address violation/behavior as outlined in the Extension of Confinement Violation Severity Scale.
- If response is different than the Extension of Confinement Violation Severity Scale, the case will be staffed with the regional supervisor, who will approve the response
- If the violation is not included on the Extension of Confinement Violation Severity Scale, the case should be staffed by the regional supervisor and institutional representative to determine the appropriate severity level.
- Behavior and Response is documented in COMS

RESPONSE	SANCTION	
IR	Institutional Review	Parole agent, parole supervisor, associate director of parole, and warden review the case to determine the appropriate response
LOW	<ul style="list-style-type: none"> • Verbal reprimand • Apology letter • Book reports • Daily log/report writing • Written reprimand by agent • Curfew – 30 days or less 	<ul style="list-style-type: none"> • Increase AA/NA/GA meetings • Travel restrictions – 30 days or less • Loss of driving privileges • Loss of computer/gaming devices • Case staffing • Increased contact with agent
MEDIUM	<ul style="list-style-type: none"> • Criminal thinking classes • Intensive AA/NA/GA attendance (weekly) • Additional UA testing • Anger management classes • Community service work (CSW) • Adjustments in contacts • Counseling from a community agency • Day reporting 	<ul style="list-style-type: none"> • Travel restrictions – over 30 days • Verbal/written reprimand by regional supervisor • Curfew – over 30 days • Chemical use patch • House arrest – 30 days or less • Electronic monitoring – 30 days or less • Drug/alcohol assessment/aftercare • 24/7 / daily PBT's / Remote Breath, 30 days or less (* mandatory in some cases)
HIGH	<ul style="list-style-type: none"> • Drug/alcohol treatment • Jail/detention • Extended detainment • Travel restrictions (specific areas, i.e. city, county, etc.) • Daily UA testing • Case transfer 	<ul style="list-style-type: none"> • Halfway House placement • House arrest – over 30 days • Electronic Monitoring – over 30 days • 24/7 / daily PBT's / SCRAM / Remote Breath, over 30 days (* Mandatory in some cases) • Administrative hearing with the Director of Parole or Warden
RETURN TO PRISON	<ul style="list-style-type: none"> • Return to Prison 	

**EXTENSION OF CONFINEMENT
POLICY DRIVEN RESPONSE to EC VIOLATIONS**

Name:

Booking ID:

You are hereby notified of the following alleged violations of the terms and conditions of your supervision agreement.

CONDITION(S) VIOLATED:

INCIDENT DESCRIPTION:

Pursuant to the Extension of Confinement Supervision Agreement, the following is the behavior(s)/violation(s) committed, along with the corresponding recommended sanction(s) for the violation:

BEHAVIOR(S) AND SANCTION(S) IMPOSED:

The Parole Services Department is recommending that this sanction be administered within the Parole Services office by agreement between Parole Services and the above-mentioned offender. No further action will normally be taken if the recommended action is completed by the specified date. If the above-named offender states that he/she has not committed the violation or if the above named offender does not accept this sanction/or does not complete the recommended action this matter may be referred to the warden from the facility to which I am assigned for review and possible violation. I also understand that I may be detained until the review process has been completed.

The information contained in this Policy Driven Response can become part of any subsequent violation report submitted to the warden and may be used as a condition violated.

I will complete the recommended actions by (fill)

Issuing Agent: _____ Date: _____