

Codington County Detention Center

SCHOOL RELEASE AGREEMENT AND RULES

1. All school release hours will be verified by the Duty Jailer with the school that the Inmate is attending.
2. School Release Inmates will be allowed out of the Detention Center only during regularly scheduled school hours.
3. School Release Inmates will be allowed enough travel time to get to the school. Inmates must realize that Jail security concerns will take precedence over their being released for school.
4. Upon completion of the school hours, School Release Inmates will return directly to the Detention Center. Stopping at any other location without the prior approval of the Duty Jailer is strictly forbidden.
NOTE: Any unauthorized absence from the Detention Center is a crime. Failure to report directly to school or to return directly to the Jail after school will result in the immediate revocation of your school release privilege and could result in charges of ESCAPE FROM CUSTODY being filed against you.
5. The possession or use of alcohol in any form by School Release Inmates is strictly forbidden.
6. The possession or use of any unprescribed drugs or Narcotics by School Release Inmates is strictly forbidden.
7. School Release Inmates are subject to a breath test at any time upon their return to the Detention Center. They are also subject to a urine test or blood test if the Duty Jailer deems it necessary. School Release Inmates refusing any test of their breath, blood or urine may be denied further school release. If the results of any chemical test indicate that the Inmate has been using any alcohol or prohibited drug, the school release privilege will be immediately revoked. The results of any chemical test will be turned over to the Court Services Office for further action.
8. The possession of any type of weapon by School Release Inmates is strictly forbidden.
9. School Release Inmates will obey all Municipal, State and Federal Laws. A violation of any ordinance or law will be grounds for suspension or revocation of your school release privilege.
10. School Release Inmates will furnish their own transportation to and from their school. They will be required to furnish the Duty Jailer with the name, address and vehicle description of anyone transporting them to and from school.
11. School Release Inmates are expected to keep their personal living area clean. They will complete their assigned cleaning duties as directed. Failure to complete their assigned duties can result in the loss of the school release privilege and further disciplinary action.

School Release is a privilege extended to you by the Court. If you fail to abide by the terms and conditions of your school release, this privilege can be terminated.

I, _____ have read and do understand the school release agreement and rules. I do agree to abide by all the conditions and rules.

Date _____

Witness _____

Codington County Detention Center
14 1st Ave SE Watertown, SD 57201 882-6284

SCHOOL RELEASE WAIVER OF LIABILITY

I, _____, for and in consideration of being granted permission by the County of Codington, and the Codington County Sheriff's Department to be released from the custody for school purposes, do hereby waive any claim against said County and Department, and release the same from liability for any injury resulting from negligence or any other cause on my part or any other source, and agree to hold the County of Codington and the Codington County Sheriff's Department harmless therefrom.

SIGNED _____ DATE _____

WITNESS _____

SCHOOL RELEASE INMATES MUST SUBMIT TO A URINALYSIS TEST

I, _____, agree to submit to a Urinalysis Test to determine if I am eligible for the School Release Program at this time. The test results are immediate and if I pass, I will be able to participate in the School Release Program at the Codington County Detention Center as soon as possible. If I should fail the UA, I will not be allowed school release at this time. I understand that I may be retested one week from the date of the original test. I may be retested every 7 days and I am responsible for the \$5.00 cost per test.

SIGNED _____ DATE _____

WITNESS _____

**CODINGTON COUNTY DETENTION CENTER
SCHOOL RELEASE INFORMATION FORM**

This form is to be filled out completely before your first day of school. Failure to fill out this form completely and TRUTHFULLY will be grounds to revoke your school release.

Your Name: _____

Current Address: _____

Phone: _____ Cell: _____

Date of Birth: _____

Driver's License Number: _____ State: _____

Next of Kin (wife, husband, sister, brother, parent, etc.): _____

Next of Kin Phone Number: _____

How will you be getting to and from school? _____

Description of vehicle you will be driving/riding in:

License Plate Number: _____ Make: _____ Model: _____

Color of Vehicle: _____ Registered Owner: _____

It is your responsibility to notify the Jailer on duty if your method of transportation changes or you change vehicles during the time of your school release.

School: _____

Class Schedule: _____

Codington County Detention Center
GPS Rules and Conditions Contract

The following rules apply to GPS Equipment:

- You will wear an ankle bracelet at all times and will not remove the bracelet yourself for any reason, it will be removed by staff upon your discharge from CCDC.
- You will charge the GPS equipment for 1 hour per day, without unplugging it at any time during that 1 hour. If you unplug it, you must restart the 1 hour charge.
- You will keep the charger in your cell area. You may not tamper with the charger or use it for any purposes other than charging your bracelet.
- You will respond to any and all efforts to communicate with you initiated by CCDC.
- You will report any perceived defects, damage, or malfunction of the equipment immediately to a CCDC Staff member.
- You are responsible for the care of the equipment issued to you. You may be held financially responsible for any malicious damage to the equipment and be criminally prosecuted for equipment theft.
- You will return the GPS equipment in good working order upon your being removed from the facility or from work release.
- You will allow any representative of this agency to inspect the equipment assigned to you upon request.
- You understand that all movement will be tracked and stored as an official record.
- You will follow all CCDC rules, work release rules, etc...Deviated from your schedule and / or approved travel routes are a violation.
- You will not enter areas that are defined as off limits (examples going home, going into restaurants, gas stations etc).

Instructions for wearing GPS Bracelet:

- A sock may be worn over and / or under the device.
- The light on front indicates contact with charger, not full battery level.
- Do not charge device while sleeping or driving.
- Remove the charger by gently detaching its clips from the bracelet.
- BluTag is hypoallergenic and cannot overheat.
- Notify the officer if a medical procedure requires removal of the bracelet.
- Do not tamper with the device (no pulling, striking, or attempt to open).
- Do not force a boot over the device.
- Do not expose to extreme temperatures.
- Do not submerge the device in water, showers only.
- Do not press the "Status call button" unless instructed to do so by CCDC staff.
- If the light shines or blinks when off the charger, contact CCDC staff.
- If the device vibrates or beeps, contact CCDC immediately at 605-882-6284.

When there is a violation of the GPS, the CCDC will receive an alert and you will be directed to return to the facility immediately. If you were to have a violation while in the CCDC facility, you will be totally restricted from leaving the facility again until you meet with the work release coordinator. (examples of violations: Device Tamper Alert, Strap Tamper Alert, Low Battery Alert, Exclusion Zone Alert, Shielding Alert, Any diversion from the itinerary and itinerary route).

The rules of the Electronic Monitoring Program have been provided to me. I fully understand what is expected of me, and the possible consequences of my failure to comply with these rules.

Inmate Signature: _____ Date: _____ GPS# _____

Staff Witness: _____ Date: _____