

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Enforcement Operations</u> STATEMENT NUMBER <u>5.45</u>
SUBJECT: <b>GUIDANCE FOR INMATE          SUPERVISION FOR          DEPARTMENTAL &amp; NON-          DEPARTMENTAL PERSONNEL</b>  PROPONENT: <u>Christopher Kench</u> <i>Name/Title</i> <u>Commissioner's Office</u> <u>271-8016</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>07/01/09</u> REVIEW DATE <u>07/01/10</u> SUPERSEDES PPD# <u>5.45</u> DATED <u>05/15/05</u>
ISSUING OFFICER:   <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. **PURPOSE:**  
 To establish procedures for the supervision of inmates by departmental and non-departmental personnel. To set policy to determine C-2 (minimum), C-1 and ABS (approved C-1 awaiting bed space) inmate work assignments.
  
- II. **APPLICABILITY:**  
 To all departmental and non-departmental personnel supervising inmates.
  
- III. **POLICY:**  
 It is the policy of Department of Corrections that departmental and non-departmental staff supervises inmates at work sites on and off the grounds of any Department of Corrections (DOC) facility. This policy will establish the procedures for such supervision.
  
- IV. **PROCEDURE:**
  - A. **Eligibility**  
 Agencies of State and Local Government and any appropriate non-profit organizations may apply for inmate work crews. These crews are designed to augment, not replace, regular employees.
  - B. **Application**  
 Application is made in writing on agency letterhead, to the Director of Community Corrections for the Transitional Work Center Housing Unit inmate work crews; the Warden/Designee of the NHSP/Women for NHSP/Women and Shea Farm inmate work crews and the Warden/Designee of the Northern NH Correctional Facility (NCF) for NCF inmate work crews. The request must be signed by a department supervisor and include, at a minimum, job description, location, duration, size of crew requested, names of supervisors and point of contact.
  - C. **Acceptance**  
 Once a request is approved by the approving authority, corrections staff will notify the agency's point of contact. Prior to any crews working, agency supervisors must be oriented according to the "Guidance for Prisoner Supervision for Departmental and Non-Departmental

- Personnel" (attachment 1) and Prison Rape Elimination Act Overview of Sexual Misconduct (attachment 2). This orientation must be repeated for any newly assigned supervisors. The orientation is valid for a period of six months. Additionally, agencies that do not utilize the work crew for a period of thirty (30) days must be re-oriented. Departmental and non-departmental personnel utilizing inmate workers will be required to read and follow the attached guidelines. All signed copies of the guidelines will be retained at the corrections facility. A copy of all instructions/policies will be left with the agency for ongoing review needs. It is important that departmental and non-departmental personnel be provided with the guidelines and procedures used in the supervision of inmates. In addition, Individual Job Supervisor and Work Location Information form (Attachment 3) and the Indemnity Agreement (Attachment 4) must be completed, signed and returned to the sending facility by the agency employing inmate(s). State agencies are exempt from the Indemnification requirement. The DOC sending facility will retain these completed forms.
- D. All departmental and non-departmental personnel supervising inmates at all work sites off DOC grounds will receive orientation regarding these procedures every six (6) months. This will be documented on the Off-Grounds Inmate Work Crew Job Site Orientation Tracking Form (attachment 5). Agencies are responsible for reviewing the contract with each and every inmate assigned to their work crew at the beginning of every month; all parties will then sign the acknowledgement form and return this document to the corrections facility. The Off-Grounds Program Work Contract (attachment 6 and the Work Contract Signature Confirmation Sheet (attachment 7) will be reviewed by both the inmate and the job site supervisor. The reading of the contract will also be done the very first day a new inmate is assigned to any work crew.
- E. Methodology of Review Process for Off-Grounds C-2 Inmate Workers
1. DOC staff supervised worksites will take priority for inmate staffing levels before any non-DOC work site.
    - a. Any inmate that is eligible for C-2 status as established by the classification standards can be off grounds under the supervision of a DOC staff member, except as noted in this policy.
    - b. The DOC supervision shall consist of no more than 3 inmates per 1 staff member unless otherwise approved by the Warden or the Director of Community Corrections.
    - c. Sex offenders are not eligible for off grounds work sites, except for work at off grounds DOC facilities and only under the direct supervision of DOC staff.
    - d. Inmates serving time for murder are not eligible for off grounds worksites except for DOC staff supervised worksites and only when they are within 6 months of their Minimum Parole Date (MPD).
    - e. Inmates serving time for escape or that have escape histories will be reviewed for eligibility by the standards established in the classification system. This category of inmates is not eligible for placement in non-DOC off grounds worksites.
    - f. All other aspects of PPD 5.45 will be followed.
  2. Non-DOC Staff Supervised Worksites  
All aspects of PPD 5.45 will be strictly adhered to for these worksites to be staff by C-2 minimum security inmates. This will assure eligibility for off grounds privileges. Non-DOC staff must be processed by the protocol set forth in the PPD. All inmates transferred to minimum security facilities will be placed in Group 1 work status for a minimum of 15 days and up to a maximum of 30 days. This will afford the Management Team the opportunity to review the inmate's file prior to assigning said inmates to a permanent work assignment. Eligibility for off-grounds work will be dictated by the inmate's file being free of the following:
    - a. Sex offense
    - b. Escapes
    - c. Violent crimes (homicide, rape, armed robbery, assault)

- d. Recent multiple disciplinary report history (a guilty finding of 3 minor or 1 major disciplinary report within 90 days).
  - e. Keep away alerts (inmates with cautionary flags on their file regarding an inability to enter some counties due to crime-related/adjudicated restrictions).
- F. Methodology of Review Process for Off-Grounds C-1 ABS Inmate Workers
- 1. Upon achieving C-1 Awaiting Bed Space (ABS) classification, all inmates may be considered to work on an off-grounds crew at the discretion of the sending facility staff. For off- grounds work consideration staff will evaluate disciplinary record, work history, medical limitations and overall unit performance. This process will ensure a safe, controlled and supervised transition for inmates re-adapting to society, and a final evaluation step in preparation for release to parole or a Transitional Housing Unit.
- G. Proper Job Change Requests will process in accordance with PPD 7.15
- H. All off-grounds DOC work crews will be inspected a minimum of twice a month on a random basis by Corrections personnel. Work areas will be toured and random pat searches will be conducted during these tours. Staff will meet with work crew supervisors to discuss security issues and to ensure open channels of communications. These inspections will be documented on the Job Site Inspection Tracking Form (attachment 8) and forwarded to the applicable Division Director/Designee or applicable Warden/Designee for review monthly. A member of the management team will ensure that these inspections are conducted on a regular basis.
- I. All site supervisors will be responsible for completing the Department of Corrections Work/Training Performance Report (attachment 9) at the end of every month and sending it to the corrections facility. A report must be completed on each inmate.
- J. If an inmate is injured on the job site, the site supervisor will follow the instructions as stated in the Guidance for Inmate Supervision for Departmental and Non-Departmental Personnel (attachment 1). The supervisor is also responsible for filling out the Inmate Injury Report Form (attachment 10) and forwarding it to the corrections facility.
- K. In an effort to make the workplace safer for all inmates, any inmate working with machinery or motorized tools must be trained in its safe operation. Documentation of such training must be furnished to the Department of Corrections by completing the Inmate Machinery Instruction Form (attachment 11). These forms must be returned to the corrections facility.

#### REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Other

KENCH/pf

Attachments

## **GUIDANCE FOR PRISONER SUPERVISION FOR DEPARTMENTAL AND NON-DEPARTMENTAL PERSONNEL**

The New Hampshire State Department of Corrections provides prison workers both to assist other state and local government agencies in the economical discharge of duties and to provide a meaningful work experience for the assigned inmate. They are not meant to supplant or replace regular employees, nor are they to be considered a permanent asset. Inmates are only to be transported in state owned or fully insured company vehicles. Inmates will be transported with at least one individual of the same gender as the inmate work crew.

### **AS AN INMATE SUPERVISOR YOU MUST:**

- Adhere to all standards and expectation of the Prison Rape Elimination Act (PREA)(attachment 2).
- Treat inmates assigned to you with the same respect as other workers while maintaining the appropriate employer/employee relationship. Addressing and being addressed by LAST NAMES ONLY i.e Mr. Smith/Ms. Smith is the expectation that will serve this policy.
- Explain clearly what you want done and how you want it done.
- Check on the inmate(s) in thirty minute increments ensuring that they are still there and doing what you want. Avoid setting patterns and being predictable with your checks.
- Call the Sending Facility at two (2) hour intervals 0900, 1100, 1300 and 1500 and report the inmate's presence.
- Return the inmate(s) to the sending facility at the agreed upon time.
- Notify the sending facility in advance of any changes in job location or itinerary.
- Remember there are certain activities an inmate cannot engage in, and if there are any questions, refer them to the sending facility.
- Read the "Off Grounds Program Work Contract" with the inmate, complete the necessary forms and return them to the sending facility at the end of every month.
- Complete the Department of Corrections Work/Training Performance Report (attachment 9) and return it to the sending facility at the end of every month along with the Program Work Contract and Confirmation sheet

### **INMATE INJURIES:**

- When responding to an emergency medical situation involving a road crew inmate:
  - a. Minor injury (no ambulance required): The supervisor will treat the inmate on site and call corrections staff. Should the corrections staff notified believe that the source of the injury is questionable the officer may instruct that the inmates be returned to the facility. The site supervisor will complete the Inmate Injury Report Form (attachment 10) and return it to the sending facility.
  - b. Major injury (ambulance transport required): The site supervisor will accompany the inmate to the hospital in the ambulance. The supervisor will designate a staff member who has been through the proper corrections work crew supervision orientation to transport the remaining inmates back to the corrections facility immediately. The supervisor will call the corrections facility and appraise the facility of the inmate's status. At that time a correctional officer will be dispatched to the hospital to relieve the work crew supervisor. The site supervisor

will be required to complete an Injury Report Form (attachment 10) and return it to the sending facility.

**INMATES MUST NOT:**

- Leave the job site without supervision.
- Have any visitors at the work site or prolonged contact with civilians who have not been approved/cleared by prison officials.
- Use the telephone, communication devices or fax machine for any reason.
- Use any alcohol, alcohol based products, drugs or tobacco products.
- Request you do any special "favors", such as intermediate stops, delivering or picking up any items, to include mail, making purchases or running errands.
- Wear any clothing other than the standard prison issue green uniform. Inmates are not allowed to wear any type of civilian clothing at any time.
- Possess any form of paper currency, credit or debit cards, identification cards, phone cards, calling cards, ATM cards or any form of negotiable instrument.
- Cross state lines.
- Correspond with or have any social contact with any of your agency's employees while the inmate is under specific probation/parole terms or conditions of the Department of Corrections
- Enter private residences or privately owned vehicles.
- Use recreation equipment
- Drive any motored vehicle either on or off public ways, operation of lawnmowers, tractors, fork lifts, etc. are permitted with the appropriate training and safety equipment and only on the designated job site. An Inmate Machinery Instruction Form must be completed and returned to the sending facility's Unit Manager or Operations Bureau.
- Have access to any personnel information, such as employee or client files, computer networks, central data bases or personal records.

**IF INMATES ESCAPE OR CANNOT BE ACCOUNTED FOR:**

- Immediately check the area to see if they are nearby.

**IF THEY CANNOT BE ACCOUNTED FOR, CALL THE SENDING FACILITY TO REPORT THE FOLLOWING:**

- Your name and agency location.
- The inmate's name.
- When and where last seen.
- What clothing was worn.
- What items were left behind, and what civilian clothing, if any, is missing from the area.
- Any special circumstances, such as emotional condition, visitors or attempted visits, messages left, conversations, or anything that may help locate them or determine a destination.
- Return other inmates to the prison immediately so they can be interviewed.

## ON THE JOB:

Agencies utilizing inmate labor must be prepared to pick up and return the inmates to their living quarters at the facility. Inmates will be transported in state or fully insured company vehicles and transported/supervised with at least one individual of the same gender as the inmate work crew. When picking up or returning inmates, you should check in with the staff on duty to inform them who you are, what agency you represent, and that you are there to pick up or return a specific detail of inmates.

While accomplishing work at the job site, it is desirable for inmates to work side by side with regular employees. Experience has shown that everyone benefits from this arrangement. However, employees should not discuss personal information with the inmates. Prepare yourself for the direct question, to wit "Do you live in blank or aren't you from blank"? These questions can be best answered by simply stating that you do not discuss your personal business while at work.

The Department of Corrections has a zero tolerance policy towards any sexual or physical relations with an inmate while incarcerated or under any terms or conditions of the Department of Corrections. Under New Hampshire Laws, one cannot legally consent to sexual activity with anyone else while incarcerated. As supported and outlined in "THE PRISON RAPE ELIMINATION ACT of 2003 (PREA)" a Federal initiative to NH CRIMINAL CODE chapter 632: A, along with an established nationwide standard of ZERO tolerance for the incidents of inmates and staff "supervising officials" sexual encounters. This act doesn't tolerate any perceptions of "consensual encounters" or behaviors between these parties. In your capacity as supervisor you are an extension of the Department of Corrections and must adhere to these standards. Those that fail to abide by this act will be subject to disciplinary action and potential criminal prosecution.

Do not allow yourself or any of your employees to be talked into doing favors for inmates, no matter how simple or innocent it may seem. Inmates are excellent con artists and will try to get you to do things you know you should not do. A simple "NO" should end the request. If it doesn't, inform correctional staff at the sending facility. Any attempt by inmates to violate or otherwise circumvent any rule or policy should be reported to a correctional staff member.

Please report any unusual occurrences, behaviors or conversations. Frequently, these can indicate future problems, and these are best handled at the facility rather than the job site.

You may not always get the same inmates every day for the same job. Specific inmates may not be available for a variety of reasons. Since the inmates are meant to be supplemental help and not replacement staff, this should not be a problem. Inmates may also be removed from a particular assignment for a variety of reasons. Correctional staff will decide which inmates go on which jobs. Sometimes inmates will ask supervisors to request a particular inmate so that they can work with their buddies. Request for individual inmates will normally be denied.

In an effort to make the workplace safer for all inmates, any inmate working with machinery or motorized tools must be trained in its safe operation. Documentation of such training must be furnished to the Department of Corrections by completing the Inmate Machinery Instructions Form (attachment 11). The documentation must be specific to the machine or motorized tool the inmate will be using. These forms must be returned to the sending facility Unit Manager or Operations Bureau.

If you have special needs, e.g. you will be working late, need a larger crew, or are experiencing problems, contact the corrections staff directly at the sending facility. Do not rely on inmates to transmit information. It will not be considered.

If you have any questions, please corrections staff either by telephone or when you pick up or drop off inmates. Conversations can be held in private areas away from the inmates.

**SENDING FACILITIES**

Concord Transitional Work Center – 271-1922  
NHSP for Women, Goffstown - 668-6137  
Northern NH Correctional Facility, Berlin - 752-0301  
Shea Farm Transitional Unit - 271-22780



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
**Office of the Commissioner**  
P.O. BOX 1806  
CONCORD, NH 03302-1806  
Fax: 603-271-5643  
TDD Access: 1-800-735-2964

**OVERVIEW OF SEXUAL MISCONDUCT**

**I. Definition of Sexual Misconduct**

Sexual misconduct as it relates to NHDOC is conduct of a sexual nature that is directed by staff toward offenders, by offenders toward other offenders, or by offenders toward staff. An “offender” is anyone under the care, custody and supervision of the Department of Corrections. “Staff” or “staff member” is anyone employed by, contracted by or volunteering for the Department of Corrections. Sexual misconduct includes, but is not limited to the following acts or attempted acts:

1. Sexual contact and/or intercourse
2. Requiring or allowing an inmate to engage in sexual contact, sexual intercourse, or other sexual conduct for any reason (e.g. sexual gratification of a staff member).
3. Any action designed for sexual gratification of an inmate or staff member, such as masturbating in front of another person.
4. Making or encouraging obscene or sexual advances, gestures or comments or exposing genitalia, buttocks or female breasts.
5. Touching of self in a sexually provocative way.
6. Initiating any form or type of communication of a sexual nature.
7. Influencing or making promises regarding safety, custody, parole status, privacy, housing, privileges, work assignments, program status, etc. in exchange for sexual favors. This includes an exchange of anything of value between staff and inmate or inmate and inmate.
8. Threats, intimidation or retaliation.

No one has the right to pressure anyone to engage in sexual acts. Inmates should not tolerate sexual assault or pressure to engage in any sexual behavior. Under NH laws, one cannot legally consent to sexually activity with anyone else while incarcerated.

Therefore, it is never appropriate for a staff member to make sexual advances or comments, or to engage in sexual contact with an offender. A staff member would be committing a criminal offense by participating in any sexual activity with an inmate. It is not appropriate for an inmate to approach a staff member in a sexual manner; this type of behavior is prohibited and corrective action will be taken to stop such behavior from occurring.

Anyone who sexually abuses or assaults an offender or staff member will be disciplined and may be criminally prosecuted. Discipline and criminal prosecution are more likely to be successful if the abuse is reported immediately; but regardless of when the assault occurred, it should be reported.

I have read and received a copy of this document.

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

INDIVIDUAL JOB SUPERVISOR AND WORK LOCATION INFORMATION SHEET

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Job Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Inmate(s) are not to be supervised by those who have not attended formal orientation training  
\_\_\_\_\_ (initials)

It is recommended that the inmate(s) break away from but in sight of supervisors. This will prevent  
inmates from learning personal things about you. \_\_\_\_\_ (initials)

Give a brief description of inmate work duties (as you understand them):

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I understand that the inmates provided to my agency are under the care, custody and control of the New Hampshire Department of Corrections. I have received a copy of the "Guidelines for Inmate Supervision for Departmental and Non-Departmental Personnel" and agree to abide by the rules and procedures outlined. I understand that violations of these rules may result in the suspension or cancellation of my agency from the program

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INDEMNITY AGREEMENT**

Agencies approved to supervise inmate work crews off grounds of any New Hampshire Department of Corrections facility, by inmates of the New Hampshire Department of Corrections as a condition precedent thereto, does hereby expressly agree to indemnify and hold harmless the State of New Hampshire and its employees, its agencies and instrumentalities against all suits, actions, claims, demands or costs of any kind to which the State of New Hampshire, its agencies and instrumentalities may be subject by reason of damage or injury (including death) to the property or from any operations hereafter performed by the inmate of the New Hampshire Department of Corrections or by the undersigned, its agents or employees.

The undersigned hereby waives any and all claims which, but for this waiver, it may have, or which it may hereafter acquire, against the State of New Hampshire, arising out of the operations above.

I have read the **GUIDELINES FOR INMATE SUPERVISION FOR DEPARTMENTAL AND NON-DEPARTMENTAL PERSONNEL, PRISON ELIMINATION ACT OVER VIEW OF SEXUAL MISCONDUCT AND INDEMNITY AGREEMENT** and agree to comply as outlined.

\_\_\_\_\_  
Printed Name of Class Attendee/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Class Attendee/Supervisor

\_\_\_\_\_  
Date



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

**OFF-GROUNDS INMATE WORK CREW  
JOB SITE ORIENTATION TRACKING FORM**

Site Location	Date of First Orientation	6 month	Other	Next Due	Officer	Comments
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**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS**

**OFF-GROUNDS PROGRAM WORK CONTRACT**

I, \_\_\_\_\_, ID # \_\_\_\_\_, have been assigned to a work detail which is not located on the grounds of the New Hampshire Department of Corrections. In accepting this work assignment, I agree to and acknowledge the following:

- I will not leave my work site unless accompanied by my work site supervisor
- I will not leave the transporting vehicle at any time while enroute to or from the work site.
- I will not be in any vehicle without specific instructions from my work site supervisor
- I am not to receive personal visits, written correspondence, phone calls, electronic communications or prolonged interaction with any civilians who have not been approved/cleared by Prison officials.
- I will not bring anything with me to my work site (excluding my state provided lunch), nor will I eat any food other than what is provided for me from the Prison (even if offered).
- I acknowledge my reactions to the following medical concerns, Bee Stings \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Asthmatic \_\_\_\_\_ Other \_\_\_\_\_.
- I will not ask anyone I come in contact with to do **ANY PERSONAL FAVORS** for me (to wit: using their phone, buying or giving me food, newspapers or mailing a letter, etc).
- I understand that it is expected of me to remain disciplinary free in order to maintain this employment. I further understand that any disciplinary report may result in being terminated and/or placed in RPS or PAR status.
- I will conduct myself in a mature, responsible and professional manner at all times. I will refrain from asking staff personal questions, joking around or becoming **UNDULY FAMILIAR** and understand staff/inmate expectations. I will only address and be addressed by Mr./Ms last names. I understand that this a condition of employment.
- I will avoid any and all temptations of **RELATIONSHIPS, ALCOHOL, DRUGS OR TOBACCO** related products, either by asking my work site supervisor, or by making arrangements for an outside party to leave said products for me at my work site, nor will I take advantage of this job opportunity by attempting to introduce said items into the Correctional Facility.
- I will not operate any power equipment that I have not been properly trained to operate and confirmed in writing by my work site supervisor.
- I will wear protective clothing and/or equipment when necessary, and report any/all injuries.
- I will always be dressed in my full prison uniform with my prison ID properly displayed (when applicable). I understand that I must be, at a minimum, dressed in my white t-shirt and green pants.
- I will communicate my schedule to the site supervisor as to when I will not be available as a result of appointments.

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

Date: \_\_\_\_\_

Agency Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NH Dept. of Corrections: \_\_\_\_\_

Date: \_\_\_\_\_



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS**

**WORK CONTRACT SIGNATURE CONFIRMATION SHEET**

**To be signed by site supervisors and inmates**

- Inmates first day at job site**  
(return to correctional facility at days end)
  
- End of the month review**  
(return to correctional facility when completed)

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**Signatures below acknowledge and confirm that all parties as a GROUP have read, understand and will adhere to said expectations of the New Hampshire Department of Corrections**

**For the MONTH of:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Supervisor Signatures**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Inmate Signatures**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

\_\_\_\_\_  
**Received Signature  
NH Department of Corrections**

\_\_\_\_\_  
**Date**



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS**

**OFF-GROUNDS INMATE WORK CREW  
JOB SITE CHECKING/INSPECTION TRACKING FORM**

Site Location

Dates of Inspection    Officer

Comments



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
Office of the Commissioner**

Attachment 9

**NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS  
WORK/TRAINING PERFORMANCE REPORT**

Inmate Name: \_\_\_\_\_  
Inmate ID #: \_\_\_\_\_  
Work Site: \_\_\_\_\_

Date: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Inmate Position: \_\_\_\_\_

**Instructions: Please read and circle the rating score in each performance category that best describes the above named inmate's work/training performance for this quarter.**

**ATTENDANCE:**

**PUNCTUALITY**

- (1) Often tardy – work seems secondary
- (2) Requires occasional counseling
- (3) Occasionally late
- (4) Always on time

**DEPENDABILITY**

- (1) Poor record requires counseling
- (2) Frequently absent – but with cause
- (3) Rarely absent
- (4) Perfect record since last rating

**NOTIFICATION**

- (1) Does not notify
- (2) Often fails to notify
- (3) Occasionally late or absent w/o notification
- (4) Never late or absent w/o notification

**ATTITUDE:**

**INTEREST**

- (1) Shows little or no interest
- (2) Passive acceptance
- (3) Show interest and enthusiasm
- (4) Intense enthusiasm

**RESPONSIBILITY**

- (1) Unwilling to accept
- (2) Passive toward new responsibility
- (3) Willingly accepts new responsibilities
- (4) Seeks additional responsibilities

**COOPERATION**

- (1) Does not cooperate
- (2) Cooperates reluctantly
- (3) Moderately cooperative
- (4) Promotes cooperative/team effort

**CAPACITY:**

**DESIRE TO LEARN**

- (1) Slow in learning interest
- (2) Average desire to learn
- (3) Above average desire
- (4) Exceptional desire

**INITIATIVE**

- (1) Needs considerable supervision
- (2) Normal supervision
- (3) Pushes work through on own
- (4) Finds extra work to do

**JUDGMENT**

- (1) Poor decision making skills
- (2) Average judgment
- (3) Above average reasoning
- (4) Outstanding logic and problem solving skills

**JOB-SKILL PERFORMANCE:**

**ACCURACY**

- (1) Fairly accurate – below average
- (2) Makes average number of errors
- (3) Makes few mistakes
- (4) Rarely makes mistakes

**QUALITY**

- (1) Sacrifices quality for quantity
- (2) Lacks sense of quality
- (3) Usually turns out quality
- (4) Consistently professional

**ADAPTIBILITY**

- (1) Refuses work cannot adapt to job spec
- (2) Easily frustrated – quits over small problems
- (3) Stable worker persists/overcomes obstacles
- (4) Excels – displays positive attitude

**UPON COMPLETION TOTAL ALL SCORES FROM EACH CATEGORY:**

**1 TO 12 = F 13 TO 20 = D 21 TO 30 = C 31 TO 40 = B 41 TO 48 = A OVERALL SCORE: \_\_\_\_\_**



\_\_\_\_\_  
**/Printed Name or Agency Name**

\_\_\_\_\_  
**Department of Corrections/Received Signature**

Attachment 10

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS



**INMATE MACHINERY INSTRUCTION FORM**

From: \_\_\_\_\_

I, \_\_\_\_\_, have been instructed in the correct method on how to use the following  
(Inmate's name printed)

Piece(s) of machinery:

1. \_\_\_\_\_ (work site supervisor signature)  
specific machine

2. \_\_\_\_\_ (work site supervisor signature)  
specific machine

3. \_\_\_\_\_ (work site supervisor signature)  
specific machine

Inmate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* PLEASE RETURN ORIGINAL TO THE SENDING FACILITY'S UNIT MANAGER OR  
OPERATIONS BUREAU\*\***

\_\_\_\_\_  
NH Dept. of Corrections signature

\_\_\_\_\_  
Date