

Sgt. Approval _____

Lt. Approval _____

Cell Phone Yes No

Application for Access to the Secured Area of the Sedgwick County Adult Detention Facility 2023

Sedgwick County Sheriff's Office

141 W. Elm

Wichita, KS 67203

Full Name

Position / Title / Rank / Job

Employer / Organization / Vendor / Volunteers

SEDGWICK COUNTY DETENTION FACILITY ACCESS APPLICATION

Project start: Date _____

Name (Last) _____ First _____ Middle _____

Other Names Used/Maiden _____

Social Security # _____ Race _____ Gender _____

Date of Birth _____ Place of Birth City/State/County _____

Address _____ City _____ State _____ Zip Code _____

Mailing Address, if Different _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

Length of Time at Current Residence _____

Previous Address _____

Driver's License # _____ State Issued _____

Emergency Contact Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Current Employer/Address _____

Current Employer Phone # _____ Length of Employment _____

Have you been convicted of a felony within the last seven years? _____

Have you been convicted of a misdemeanor within the past two years? _____

Have you been convicted of a sex crime? _____

If the answer to any of the above questions is yes, complete the following (use the back of this form if necessary):

Misdemeanor crime: _____

Approximate Date Disposition: _____ Location of Offense: _____

Felony crime: _____

Approximate Date Disposition: _____ Location of Offense: _____

Sex crime: _____

Approximate Date Disposition: _____ Location of Offense: _____

I authorize the Sedgwick County Sheriff's Office to complete a background check.

Signature: _____ Date: _____

SEDGWICK COUNTY DETENTION FACILITY

Acknowledgement and Agreement

Dress Code

All individuals that will be entering the secured section of the Sedgwick County Detention Facility or affiliated locations must be dressed appropriately. The following is not appropriate attire for entering the secured section of the Sedgwick County Detention Facility.

- See-through clothing OR Revealing Clothing which allows cleavage or other body parts to be seen
- Tank tops
- Bare feet (shoes must be worn at all times)
- Braless attire (females shall wear bras)
- Unbuttoned shirts
- Shorts
- Skirts shorter than 3” above the knees
- High-slit skirts
- Attire having a message (s) which is detrimental to the safety and security of the facility.
- Excessively tight fitting clothing or clothing made with spandex
- Low rise (Hip Hugger) pants
- Any combination of clothing that exposes the midriff
- Other attire that is deemed detrimental to the safety and security of the facility as determined by the on-duty Sheriff’s Office staff.

Signature: _____ Date: _____

CONTRABAND

THE ADMINISTRATION OF THE SEDGWICK COUNTY DETENTION FACILITY PROHIBITS THESE ITEMS FROM THE FACILITY:

- o Any item not authorized by facility policies and procedures, state law and federal law;
- o Guns or firearms of any type, or the components, diagrams, or plans thereof;:
- o Ammunition, explosives, or the diagrams, formulas or plans thereof;
- o Knives, tools, and materials such as sandpaper, whetstones or similar items used to make such knives or tools;
- o Hazardous or poisonous chemicals, flammable liquids and gases or formulas thereof;
- o Escape paraphernalia such as ropes, grappling hooks, hacksaw blades, jewelers' wire, bar spreaders, maps, lock picks, handcuff keys, or similar devices which could be used to aid an escape;
- o Identification documents or individual photographs of the inmate of the style suitable for the production of identification documents;
- o Documents, plans, diagrams, or schematics that refer to secure electrical systems, escape alarms, overhead lighting, facility power supply, gate operations, body alarms, radio communications, and similar systems;
- o Narcotics or other controlled substances, including any synthetic narcotic, drug, stimulant, sleeping pill, barbiturate, or medicine, prescription or non-prescription, which was not dispensed or approved by the facility health authority. Medicines dispensed or approved by the health authority shall be considered contraband if not consumed or utilized in the manner prescribed;
- o Intoxicants, including but not limited to liquor or alcoholic beverages;
- o Currency, in the form of paper, checks, money orders, coins, stamps or similar instruments with monetary value;
- o Hypodermic needles, hypodermic syringes, nasal inhalers or other devices or any component thereof which could be used to inject substances into the body;
- o Food items;
- o Sexually explicit material, as defined by General Order 113.02, section I-D;.
- o Cameras, recording devices, one or two-way transmitting devices, and similar devices and components, thereof, including tapes, batteries, unless pre authorized by the correctional facility; and
- o Any other item deemed to be contraband by Sheriff's Office staff.

21-5914. Traffic in contraband in a correctional institution or care and treatment facility.

(a) Traffic in contraband in a correctional institution or care and treatment facility is, without the consent of the administrator of the correctional institution or care and treatment facility:

- (1) Introducing or attempting to introduce any item into or upon the grounds of any correctional institution or care and treatment facility;
- (2) taking, sending, attempting to take or attempting to send any item from any correctional institution or care and treatment facility;
- (3) any unauthorized possession of any item while in any correctional institution or care and treatment facility;
- (4) distributing any item within any correctional institution or care and treatment facility;
- (5) supplying to another who is in lawful custody any object or thing adapted or designed for use in making an escape; or
- (6) introducing into an institution in which a person is confined any object or thing adapted or designed for use in making any escape.

(b) Traffic in contraband in a correctional institution or care and treatment facility is a:

- (1) Severity level 6, nonperson felony, except as provided in subsection (b)(2) or (b)(3);
- (2) severity level 5, nonperson felony if such items are:
 - (A) Firearms, ammunition, explosives or a controlled substance that is defined in K.S.A. 2020 Supp. 21-5701, and amendments thereto, except as provided in subsection (b)(3);
 - (B) defined as contraband by rules and regulations adopted by the secretary of corrections, in a state correctional institution or facility by an employee of a state correctional institution or facility, except as provided in subsection (b)(3);
 - (C) defined as contraband by rules and regulations adopted by the secretary for aging and disability services, in a care and treatment facility by an employee of a care and treatment facility, except as provided in subsection (b)(3); or
 - (D) defined as contraband by rules and regulations adopted by the commissioner of the juvenile justice authority, in a juvenile correctional facility by an employee of a juvenile correctional facility, except as provided by subsection (b)(3); and
- (3) severity level 4, nonperson felony if:
 - (A) Such items are firearms, ammunition or explosives, in a correctional institution by an employee of a correctional institution or in a care and treatment facility by an employee of a care and treatment facility; or
 - (B) a violation of subsection (a)(5) or (a)(6) by an employee or volunteer of the department of corrections, or the employee or volunteer of a contractor who is under contract to provide services to the department of corrections.

(c) The provisions of subsection (b)(2)(A) shall not apply to the possession of a firearm or ammunition in a parking lot open to the public if the firearm or ammunition is carried on the person while in a vehicle or while securing the firearm or ammunition in the vehicle, or stored out of plain view in a locked but unoccupied vehicle, and such person is either: (1) 21 years of age or older; or (2) possesses a valid provisional license issued pursuant to K.S.A. 75-7c03, and amendments thereto, or a valid license to carry a concealed handgun issued by another jurisdiction that is recognized in this state pursuant to K.S.A. 75-7c03, and amendments thereto.

(d) As used in this section:

- (1) Correctional institution means any state correctional institution or facility, conservation camp, state security hospital, juvenile correctional facility, community correction center or facility for detention or confinement, juvenile detention facility or jail;
- (2) care and treatment facility means the state security hospital provided for under K.S.A. 76-1305 et seq., and amendments thereto, and a facility operated by the Kansas department for aging and disability services for the purposes provided for under K.S.A. 59-29a02 et seq., and amendments thereto; and
- (3) lawful custody means the same as in K.S.A. 21-5912, and amendments thereto.

History: L. 1969, ch. 180, § 21-3826; L. 1970, ch. 127, § 1; L. 1992, ch. 298, § 58; L. 1993, ch. 291, § 117; L. 1997, ch. 179, § 2; L. 1997, ch. 179, § 3; L. 2009, ch. 88, § 1; L. 2009, ch. 32, § 27; L. 2009, ch. 143, § 10; L. 2010, ch. 147, § 4, L. 2010, ch. 136, § 139, L. 2011, ch. 30, § 40, L. 2014, ch. 115, § 1; L. 2015, ch. 16, § 1; L. 2021, ch. 94, § 1; July 1.

**SEDGWICK COUNTY DETENTION FACILITY
Contraband – Acknowledgement and Agreement**

I hereby acknowledge that I have read and understand K.S.A. 21-5914 Trafficking in Contraband and the items prohibited by the detention facility. I understand that a violation of the statute is a criminal offense. I agree not to introduce or attempt to introduce contraband upon the grounds of or into the facility. If I do so, the Sheriff's Office will exclude me from the facility.

Date _____

Printed Name _____

Signature _____

Guidelines for Participation in Facility Programs & Services

Listed below are guidelines to be followed by approved volunteers/contractors working inside of the Sedgwick County Adult Detention Facility. They exist for your safety and protection – to keep you from being manipulated or used, which could result in you being blackmailed by an inmate and/or in legal trouble yourself. Any exceptions must be approved by the administrator of the facility or their designee.

Training: All volunteers/contractors must undergo training on the subjects of Prison Rape Elimination Act and Interpersonal Manipulation in a Detention Setting which will be supervised by the Inmate Coordinator's Office yearly.

Your Role: Your sole function is to assist the inmates through the program in which you are conducting. The inmates must direct all other needs to Detention Staff verbally or through the use of jail media or the Inmate Request System.

Contraband: Only approved materials may be given to an inmate. No other items may be given to inmates. Nothing may be accepted from an inmate. A non-inclusive list of what may not be given, or taken, includes: books, completed study materials, pens, pencils, paper, medallions of any kind, crosses, business cards, cell phones, letters, money, etc.; or anything to, or from someone outside of the facility. Inmates may request a Bible from the Chaplain's Office, and may purchase items to cover their basic personal needs from the commissary. Basic needs of indigent inmates (those without money on their books) are provided by the SCADF through the commissary.

Personal Items: You may not take cell phones, other electronic devices, ink pens, regular pencils, tobacco, and lighters/matches.

Religious Materials: Soft cover approved literature may be given to inmates, but may not be of an exclusive doctrinal nature, or promote the interests of any specific church. No hardcover books/Bibles are allowed. Inmates may ask Chaplain Staff to send them any material or books contained in the CMO library.

Communication: No phone calls, letters, emails, person-to-person or other forms of communication are to be made by a volunteer/contractor at an inmate's request, or on behalf of inmates, to someone else (e.g., their pastor, family, boyfriend/girlfriend, friends, judges, lawyers, bondsmen, doctors, etc.). If this is requested by an inmate, volunteers/contractors should encourage the inmate to contact these people themselves by phone or letter, or direct the inmate to the Inmate Coordinator's Office. If they are indigent and do not have stamped envelopes or paper, you may refer their need to commissary. Conversely, no messages, written or verbal, from inmates' acquaintances or family, who are inside or outside of the facility, are to be communicated to inmates. Volunteers/Contractors are not to have any direct communications with friends/family that are inmates of the facility. For your safety, do not give inmates personal information about yourself.

Money: Volunteers/Contractors are not to put money on the books of an inmate, purchase commissary from the vendor for an inmate, or pay a bond of an inmate. Doing so could appear that the inmate is using you to obtain material things.

Inmate Property: Do not agree to pick up, transfer, hold for safekeeping, or otherwise assist with the handling or disposal of inmate property that is being held in the SCADF, at the inmate's home, or at any other location. Inmates should request assistance for this from family or friends, or discuss it with an Inmate Coordinator.

Aftercare/Mentoring: Do not offer or allow an inmate to stay in your home upon their release. If you desire for an inmate to receive follow-up mentoring/aftercare after their release from this facility, discuss this with the Chaplain Staff or the SCORE Coordinator to determine an action plan.

Transportation: If an inmate asks you for a ride upon release, discuss options with the Chaplain Staff or the SCORE Coordinator.

Volunteer/ Vendor / Contractor Signature

DOCUMENTATION OF PRISON RAPE ELIMINATION ACT REVIEW

NAME: _____
(PLEASE PRINT)

DATE OF REVIEW: _____

CIRCLE ONE: EMPLOYEE CONTRACTOR VOLUNTEER

NAME OF ORGANIZATION: _____

INITIAL EACH:

_____ I understand the Sedgwick County Sheriff's Office has a **ZERO-TOLERANCE** policy against sexual abuse and sexual harassment of inmates.

_____ I understand how to fulfill my responsibilities as an Employee, Contractor or Volunteer under the Sedgwick County Sheriff's Office sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

_____ I understand that inmates housed at the Sedgwick County Detention Facility and the Sedgwick County Detention Facility Annex have a right to be free from sexual abuse and sexual harassment.

_____ I understand how I must report all incidents of sexual abuse and/or sexual harassment which are reported to me or which I observe at the Sedgwick County Detention Facility, or the Sedgwick County Detention Facility Annex.

SIGNATURE OF INDIVIDUAL

SIGNATURE OF SUPERVISOR/TRAINER

Please Complete this Check List for the Application for Access

- Complete and sign the Access Application Form
- Read and sign the Acknowledgement of Risk Agreement Form
- Read and sign the Dress Code Agreement Form
- Read the attached Kansas State Statute 21-5914 and contraband definitions in reference to trafficking contraband in a penal institution.
- Sign the Contraband Acknowledgement Form.
- Read and sign the Guidelines for Participation in Facility Programs and Services
- Read, Initial and Sign the PREA Form
- INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR OTHER IDENTIFICATION.**

All forms must be completed in full! If you have any questions, please call your contact Vendor, Volunteer, or Contractor that you are working with.

Automatic disqualifiers are the following:

- Convicted of a felony charge within seven years.
- Convicted of a sex crime.
- Do not have a picture ID.
- Under the age of 18.

Once we receive your completed application, the Sheriff's Office will conduct a background check. Once your background has been approved, we will contact you or your contact to complete PREA Training and get an ID badge.

INMATE MANIPULATION & PREA (Prison Rape Elimination Act) Training-1.5 hours

THIS TRAINING MUST BE COMPLETED BY ALL INDIVIDUALS WHO WILL HAVE ACCESS TO THE SECURED PART OF THE FACILITY within 30 DAYS. IF YOU DO NOT COMPLETE IN 30 DAYS... YOUR SECURITY CLEARANCE WILL BE PULLED AND YOU WILL NOT HAVE ACCESS TO THE DETENTION FACILITY. This is your responsibility to complete and exceptions can only be given by the the Director of Programs and Services.

Sign and Date

Christian Ministries to Offenders

- **PLEASE INCLUDE TWO LETTERS OF REFERENCE, ONE FROM YOUR PASTOR OR OVERSEER AND ONE FROM A FRIEND.**
- **PLEASE READ THE GUIDELINES FOR PARTICIPATION IN RELIGIOUS PROGRAMS**

For Licensed Ministers:

- **PLEASE INCLUDE A COPY OF YOUR LICENSE and/or ORDINATION** and fill out the attached **Ministerial Privilege Affidavit**. This allows you to use the Ministerial Booths.

Briefly state your reason for wanting to volunteer in the Sedgwick County Detention Facility

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- ❖ **After your background check is complete an interview will be scheduled with the Chaplain**

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING

To set up an interview (or for answers to questions) please call **660-7513**

