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ES)	DEPARTMENT OF CORRECTIONS	

APPLICABILITY PRISON/REENTRY/FIELD FACILITY/SPANISH MANUAL

REVISION DATE

12/14/21

PAGE NUMBER 1 of 8 NUMBER DOC 420.110

TITLE

ESCORTED LEAVES AND FURLOUGHS

REVIEW/REVISION HISTORY:

POLICY

Effective:	1/4/82 DOC 710.005	Revised:	9/1/08
Revised:	10/1/85	Revised:	6/25/09
Revised:	4/21/97	Revised:	7/21/09 AB 09-022
Revised:	4/11/00 DOC 340.000	Revised:	7/1/10
Revised:	5/8/01	Revised:	11/7/11 DOC 420.110
Revised:	11/5/01	Revised:	6/22/15
Revised:	5/24/04	Revised:	3/16/17
Revised:	11/27/06	Revised:	8/5/20
Revised:	3/4/08	Revised:	12/14/21

SUMMARY OF REVISION/REVIEW:

Updated terminology throughout II.C.3. - Adjusted language as person-centered

APPROVED:

Signature on file

CHERYL STRANGE, Secretary Department of Corrections 11/30/21

Date Signed

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REFERENCES:

DOC 100.100 is hereby incorporated into the policy; <u>RCW 9.94A.030</u>; <u>RCW 72.01.365</u>; <u>RCW 72.01.375</u>; <u>RCW 72.01.375</u>; <u>RCW 72.01.380</u>; <u>RCW 72.66</u>; <u>WAC 137-52</u>; DOC 350.600 Law Enforcement Notification; DOC 350.750 Warrants, Detainers, and Holds; DOC 390.300 Victim Services; DOC 410.360 Escape Preparedness and Response (RESTRICTED); DOC 420.080 Escape from Work/Training Release; DOC 420.100 Transportation Standards (RESTRICTED); DOC 420.315 Hospital Watches (RESTRICTED); DOC 700.000 Work Programs in Prisons; DOC 700.500 Community Restitution Program

POLICY:

- I. Consistent with public interest, the Department has established guidelines for escorted leaves and furloughs for medical needs, deathbed visits, and funeral attendance.
- II. Work crews will be handled per DOC 700.000 Work Programs in Prisons and DOC 700.500 Community Restitution Program.

DIRECTIVE:

- I. General Requirements
 - A. Escorted leaves and furloughs must be within Washington State.
 - 1. The appropriate Assistant Secretary/Headquarters Duty Officer may approve an exception for:
 - a. An alternate transportation route due to inclement weather or road conditions, or
 - b. Out-of-state medical care in emergent situations, as approved by health services employees/contract staff, when the needed level of care is not available in a timely manner in-state.
 - 2. Approved exceptions will be communicated to the Capacity and Transportation Administrator.
 - B. Before an escorted leave/furlough:
 - 1. The Victim Services Program will be immediately notified per DOC 390.300 Victim Services.
 - a. The Superintendent/Community Corrections Supervisor (CCS)/ designee will immediately telephone the Victim Services Program

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and notify the Correctional Records Supervisor/designee when an emergency furlough is granted.

- b. For after-hours notification, the Headquarters Warrants Unit will be contacted.
- 2. Law enforcement will be notified per DOC 350.600 Law Enforcement Notification.
- C. Transportation will be conducted per DOC 420.100 Transportation Standards (RESTRICTED).
- D. Individuals who commit violations while on escorted leave/furlough are subject to disciplinary action. Violations will be addressed per the applicable violation process.
 - 1. Escapes will be reported per DOC 410.360 Escape Preparedness and Response (RESTRICTED), DOC 420.080 Escape from Work/Training Release, or DOC 350.750 Warrants, Detainers, and Holds.
- E. Escorted leaves and furloughs will be documented in the incarcerated individual's electronic file as soon as possible.
- II. Escorted Leaves from Total/Partial Confinement
 - A. Requirements
 - 1. Escorted leaves may be granted:
 - a. To receive necessary medical or dental care that is not available at the facility.
 - b. To attend the funeral or visit the deathbed of an immediate family member.
 - c. For a mandatory court hearing.
 - d. For other reasons with Superintendent/CCS approval.
 - 2. If required, prior arrangements will be made to house individuals in a jail, state facility, or other Department-supervised arrangement.
 - 3. Requests for escorted leaves, except for necessary medical care or mandatory court hearings, must have verification that the individual:

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- a. Has not escaped from a facility in the past year,
- b. In total confinement, is mentally stable, as determined by facility employees/contract staff,
- c. Has not had significant disciplinary problems in the past 6 months, and
- d. Has not been found guilty of any of the following violations during the past 6 months: 501, 502, 511, 521, 553, 601, 602, 604, 611, 612, 633, 635, 636, 650, 651, 652, 663, 704, and/or 711.
- 4. The Superintendent/CCS will approve escorted leaves.
 - a. If a request is denied that otherwise meets the requirements, the Superintendent/CCS will notify the appropriate Deputy Assistant Secretary for Prisons or Reentry Center Administrator, including the reasons for denial.
- B. Pre-Surgery/Medical Trips
 - 1. Facilities will develop special procedures to ensure the safe and timely transportation of individuals for medical, mental health, and dental clinic appointments and transfers (e.g., to the hospital, health care provider, or another correctional facility).
 - a. The Superintendent/CCS and, if applicable, facility Health Services Manager will ensure appropriate custody and health services employees/contract staff are informed of the procedures.
 - 2. When access to services only available outside the facility is required, transportation will be timely and consider the following:
 - a. Individual's health condition,
 - b. Prioritization of medical need,
 - c. Urgency (e.g., ambulance versus standard transport),
 - d. Use of a medical escort to accompany transportation employees, and
 - e. Transfer of medical information.
 - 3. To prevent interaction with others that might lead to escape, only employees/contract staff who have a legitimate need to know should be informed of the date, time, and location of an outside medical trip.

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a. Employees/contract staff will not disclose specific information				

regarding the trip to the individual at any point.

- b. If a trip is imminent, the Captain/Correctional Program Manager/ CCS/designee must, before the procedure, review the individual's electronic file for specific risk factors indicating an escape risk.
 - 1) The individual may remain in the assigned housing unit unless medical procedures require inpatient treatment.
 - 2) When there is an increased concern regarding risk to escape, the individual should be placed in Administrative Segregation or an inpatient unit, depending upon medical need. Other conditions related to telephone access or contact with other incarcerated individuals may also be made.
- 4. The individual is responsible for following pre-surgery or preparation requirements.
 - a. Before leaving the facility, employees will ask if the individual has followed the requirements. If the requirements have not been followed, the individual will be subject to disciplinary action and any costs incurred for failing to keep the appointment.
- 5. Hospital watches will be conducted per DOC 420.315 Hospital Watches (RESTRICTED).
- C. Deathbed Visits or Funeral Attendance
 - 1. Employees will notify individuals in a timely manner of the verifiable death or critical illness of an immediate family member.
 - a. In total confinement, employees will use DOC 05-793 Funeral Trip/ Deathbed Visit Worksheet and Checklist.
 - 2. Individuals will be notified of any cost requirements (e.g., mileage, meals, lodging, employee salary) and that insufficient time to process a request may be reason for denial.
 - a. Individuals in total confinement will be provided instructions for payment via the trust account and/or a money order or certified check. Payment should be made before the scheduled departure.

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1) DOC 05 672 Feastrad Leave Deimburgement Deguest will				

- DOC 05-673 Escorted Leave Reimbursement Request will be provided to the family member to complete.
- 2) Indigence will not be cause for denial.
- b. Individuals in partial confinement must pay all costs as specified by the CCS, if applicable.
- 3. Funeral trips/deathbed visits will only exceed 48 hours, including travel, when additional time is pre-approved by the Superintendent/CCS.
- 4. Funeral trips/deathbed visits in a private residence require approval from:
 - a. For individuals assigned Minimum (MI)2 or MI1 custody, the Superintendent/CCS.
 - b. For individuals assigned MI3 or higher custody, the appropriate Deputy Assistant Secretary for Prisons.
- III. Emergency Medical Furloughs from Total Confinement
 - A. An emergency medical furlough may be approved by the Assistant Secretary for Prisons/designee for hospital care if the individual is:
 - 1. Assigned MI2/MI1 custody,
 - 2. Seriously ill and requires a high level of health care services that are not available at the facility, as deemed appropriate by the Chief Medical Officer/designee, and
 - 3. Incapacitated by the seriousness of the illness and/or the extent of the treatment being provided, and there is a low risk to the community as determined by the Assistant Secretary for Prisons/designee.
 - B. Once approved, the Superintendent/designee will coordinate with a Field Community Corrections Officer (CCO) to monitor the individual's status and determine continued placement.
 - 1. Health status and progress during treatment will determine contact requirements.
 - a. At a minimum, the CCO will make daily telephone contact.

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- 2. The CCO will request medical personnel responsible for treatment to immediately notify the CCO when there is an emergency, or the individual is no longer incapacitated.
- C. Upon receiving notification that health care services are complete, the Field CCO will coordinate transportation back to the facility.
- IV. Furloughs from Partial Confinement
 - A. Before using furloughs, employees/contract staff will use local practices (e.g., point-to-point passes, escort, social outings) that best fit the situation.
 - B. Case managers will assess risk and complete DOC 01-007 Furlough Application and Plan and DOC 09-071 Order of Furlough. Furloughs require:
 - 1. CCS approval, and
 - 2. An approved sponsor, unless emergent or approved by the CCS.
 - a. Case managers will ensure the sponsor signs DOC 09-164 Responsibilities of Furlough Sponsors. Assistance may be requested by a Field CCO for an out-of-town sponsor.
 - C. Funeral Attendance or Deathbed Visit Furlough
 - 1. Employees will notify individuals in a timely manner of the verifiable death or critical illness of an immediate family member.
 - a. Furloughs will not exceed 48 hours, including travel, unless approved by the CCS.
 - b. The individual must pay all costs to attend.
 - 2. Case managers will:
 - a. Verify the death/illness and relationship to the individual.
 - b. Conduct post-furlough investigations and coordinate with a Field CCO for out-of-county investigations, as directed by the CCS.
 - D. Emergency Medical Furloughs
 - 1. Case managers will:

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- a. Obtain the individual's signature on DOC 01-007 Furlough Application and Plan, DOC 09-071 Order of Furlough, and DOC 13-035 Authorization for Disclosure of Health Information as soon as possible. Copies will be sent to the Nurse Desk.
- b. Verify with the health care provider the prognosis and estimated length of hospitalization, if known.
- c. Consider transporting the individual to a total confinement medical facility as soon as possible for continued monitoring and recovery, if appropriate.
- V. Department Violators in Rented County Beds
 - A. The Department does not provide escorted leave to community supervision violators in contracted jail beds. Individuals may request a furlough for a funeral trip/deathbed visit of an immediate family member per the jail's policy and procedure and interagency agreements.
 - 1. The CCS/designee in the county where the individual is housed will:
 - a. Verify the death/illness and relationship, and
 - b. Consult the CCS/designee where the individual will be located during the furlough to coordinate supervision, if needed.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Escorted Leave, Furlough, Immediate Family. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

DOC 01-007 Furlough Application and Plan DOC 05-673 Escorted Leave Reimbursement Request DOC 05-793 Funeral Trip/Deathbed Visit Worksheet and Checklist DOC 09-071 Order of Furlough DOC 09-164 Responsibilities of Furlough Sponsors DOC 13-035 Authorization for Disclosure of Health Information