

HINZMAN CENTER DISCHARGE CHECKLIST		FORM 2531A-22		
Resident Name:		ICON #:		
<input type="checkbox"/> Temporary (Jail & return, medical furlough & return)		DATE:		
<input type="checkbox"/> Permanent (Discharge to Field or H/C, Escape, Transfer, Jail-not returning)		DATE:		
ITEMS TO BE DONE	TEMPORARY	INITIALS	PERMANENT	INITIALS
Log event in ICON Generic Notes	Yes		Yes	
Close facility bed assignment in ICON,	Yes		Yes	
Open <u>VC</u> bed in ICON if going to MF, jail, H/C. Open <u>VT</u> bed in ICON if on escape.	Possible		Possible	
E-Mail Litz, Carfrae, CTC Eggers, RPPO, D. Schmidt of event – Use "RELEASE" as subject, include resident name, ICON #, RPPO, date and time of release and type of release.	Yes		Yes	
ALL JAIL PLACEMENTS: Check for any medications client may have and send with them to jail. If the client has already left, take the medications to the jail immediately.	Jail ONLY		Jail ONLY	
ALL JAIL/ ESCAPES: Change "Supervision Modifier" in ICON to "In Jail" or "Escape",	Jail /escape		Jail/escape	
WORK RELEASE/OWI RESIDENTS REVOKED: Secure ID's and SS Cards for clients revoked from OWI and SWR. Forward to Residential Secretary				
ALL ESCAPEES: Notify supervisor of escape during business hours. After hours, notify on-call supervisor. Complete a count. Place medications in the to be destroyed drawer.	No		Escape ONLY	
ALL ESCAPEES: Complete Victim Notification within 30 minutes. Check ICON Records alert victims to see if client has a DOC or BOP Victim. Call Victim ASAP (Within 30 minutes) to notify client has gone on escape, if cannot get ahold of any victim put note in ICON under offender records, alerts victim confidential comments, no generic notes.	No		Escape ONLY	
ESCAPE FEDERAL PUBLIC LAW RESIDENTS: Leave a voicemail for their USPO. USPO's name is in agent's file, page marked "USPO Letter".	No		Escape ONLY	
ESCAPE – WORK RELEASE/OWI/PROBATION/BOP & P/L Fed: Write disciplinary report in ICON.	No		Escape ONLY	
ESCAPE – WORK RELEASE/OWI & PROBATION: Fax Hold Order to Linn County Jail.	No		Escape ONLY	
ALL ESCAPEES: Complete HRU Escape form that is in the RO filing cabinet drawer			Escape ONLY	
ESCAPE - WORK RELEASE/OWI RESIDENTS: Access and fill out the RF WR-OWI escape form in Templates in ICON. Email to the address at the bottom.	No		Escape ONLY	
Access the Law Enforcement Notification form in ICON and email to the following: DOC 6 th LE Notify, m.welsh@cedar-rapids.org . Also, fax to Linn Co. Sheriff @ 319-892-6275 and Johnson Co. Sheriff @ 319-338-0022. Call 319-356-6800, before faxing; ask to speak to the lead, to let them know.	No		Escape ONLY	

Continued on the Reverse Side!!

ITEMS TO BE DONE	TEMPORARY	INITIALS	PERMANENT	INITIALS
FEDERAL RESIDENTS: Fill out Booking Sheet and put into RPPO's box, Email 1 st shift to update R3M.	Yes		Yes	
Mail Policy – Inform resident that upon their leaving all mail received here will be RETURNED TO SENDER.			Yes	
Delete resident from TS phone site. Email CCE or SU	Yes		Yes	
FEDERAL RESIDENTS: Return facility linens to staff. Pull Health Card and check for MRSA. If infected, bag facility property in water-soluble bags. STATE RESIDENTS: Return only pillow to staff.			Yes	
Clean room and inspect for damage	Yes		Yes	
Inspect vacated area for Bed Bugs	Yes		Yes	
Return padlock	Yes		Yes	
Staff completes personal property inventory when property is bagged: Checks for items at control center to be removed and checks contraband box for any items to include with property.	Yes		Yes	
Complete Critical Incident Report if necessary (Assault, Death, Escape, Hostage, Serious Disturbance/Riot, Life Threatening Medical Issue, Sexual Assault, Public Attention, Discharge of Firearm - refer to Policy AD-GA-06 for specifics). If listed on the case list as a forcible felony or a sex offender, add into narrative of Critical Incident Report.	Yes		Yes	
BOP's only – have them complete exit surveys before discharging				
Resident's forwarding address:			Yes	
Street Address: Apt/Bldg #				
City: State: Zip:			H/C & Successful Field ONLY	
Phone Type: <input type="checkbox"/> Cell <input type="checkbox"/> Family/Friend <input type="checkbox"/> Residence <input type="checkbox"/> None	Yes –		Yes –	
Phone NUMBER: County:	ENTER INTO ICON		ENTER INTO ICON	
Pull ALL Paperwork: <input type="checkbox"/> Visitor List <input type="checkbox"/> Resident/Facility Secured Medication Log <input type="checkbox"/> Employment Folder (strip down)	Yes -		Yes	
Give Facility File to Secretary	No		Yes	

Revised 2/14/22