**PARENT/GUARDIAN SUPERVISED COMMUNITY PASS**

Juvenile: IJOS# Date:

Authorized Parent/Guardian/Supervisor or Other Adult:

Relationship to Juvenile:

Address(es)/Location(s) authorized for juvenile during Community Pass:

Phone Number(s):

Driver’s License\*: State: Number:

Vehicle Insurance\*: Carrier: Policy Number:

*\*Make copies of driver’s license and insurance information at time of check-out for each pass*

Applicable staging and IDJC transport information:

Pass Authorized Days, Dates, Times (*parent/guardian supervision*):

 Departure:

 Return (no later than):

has IDJC permission to be transported by the above-named parent(s), guardian(s), supervisor(s), or other adult(s). The juvenile shall be in the direct supervision of the above-named person(s) at all times during the dates and times designated above. Failure to abide by the conditions of the Community Pass will result in early termination of the pass and possible disciplinary action.

The probation officer and JSC were notified of this Community Pass and gave their approval.

Probation Officer’s Signature/approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

JSC’s Signature/approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

JSC to do list — check when complete.

[ ]  Enter home pass plan in IJOS [ ]  Victim notification sent (DJC-096)

[ ]  Home visit and Housing Safety Checklist complete

[ ]  Notification to Chief JPO if going to county other than committing county

[ ]  If out-of-state overnight, Interstate Compact Office contacted

[ ]  Notification to Legal Services for District Court-committed juvenile

# REQUIRED/APPROVED ACTIVITIES DURING THE COMMUNITY PASS

1. Attach Itinerary at the end.

2.

3.

Unit Manager: Date:

Rehabilitation Specialist: Date:

Medical Services: Date:

 Medication Needed: Yes [ ]  No [ ]

Superintendent: Date:

COMMUNITY PASS: RULES, REGULATIONS, AND STANDARD PROCEDURES

(*See form DJC-102 SP for rules page in Spanish*)

Juveniles earn the privilege of leaving an Idaho Department of Juvenile Corrections regional facility. An unauthorized absence or failure to return from an authorized absence may result in consequences including, but not limited to, one or more of the following:

1. Loss of community privileges until the time of final release.
2. Restitution for expenses incurred by the juvenile court to apprehend an escapee.
3. Loss of status in the program.
4. Pursuant to §18-2505 and/or §18-2506, Idaho Code, a petition may be filed by the local prosecuting attorney’s office alleging escape from a correction facility.

RULES AND REGULATIONS FOR COMMUNITY PASSES

1. The parent/guardian shall be the only person other than staff allowed to take a juvenile off campus (unless other arrangements have been made through the Rehabilitation Specialist and approved by the regional Superintendent). The parent/guardian transporting the juvenile will be required to have a valid driver’s license and proof of auto insurance.
2. During the parent/guardian community pass, the juvenile is required to call the facility daily to verify their location as outlined in the itinerary. One time during the pass, facility staff will call the juvenile to confirm location based on established intinerary. This will be documented on the questionnaire below.
3. While off campus, the juvenile shall not associate with any persons under the influence or in the possession of any narcotics or alcoholic beverages, firearms or dangerous weapons; or any person incarcerated or on parole or probation.
4. Extreme care should be taken to ensure juveniles shall not be permitted to leave campus with any person who appears to be under the influence of alcohol or illicit drugs.
5. Juveniles shall not consume any alcoholic beverages or use any tobacco product (regardless of their age) or illicit drugs, or have any such substances or drug paraphernalia in their possession.
6. Juveniles shall not drive an automobile or any other motor vehicles while on a parent or guardian supervised community pass.
7. Juveniles shall not be passengers on or operate or assist in the operation of any ATV, motorcycle, snowmobile, watercraft, lawn mower, chain saw, or any other similar vehicle or machinery.
8. Juveniles shall not leave the state of Idaho while on a community pass unless authorized in advance by the Idaho Interstate Compact for Juveniles Office (located at IDJC Headquarters), the Superintendent, the juvenile’s probation officer, and the Rehabilitation Specialist.
9. Juveniles shall not be left alone with peers. The juvenile must be under approved adult supervision at all times.
10. Juveniles shall not participate in other activities, which are frequently associated with injury, specifically including, but not limited to, downhill skiing, whitewater rafting, horseback riding and rock climbing.
11. Juveniles shall not engage in sexual relations of any kind.
12. Juveniles shall not return with money or other possessions unless otherwise approved.
13. Juveniles shall not violate any federal, state, or local laws.
14. Juveniles shall comply with all conditions stipulated in any current valid court order, including outstanding conditions of probation.
15. Juveniles shall not possess or handle any type of weapon or firearm or be present while others handle them.
16. Juveniles may not change their personal appearance while on a home pass (haircut/color, tattoos, etc.) without documented approval from the Unit Manager in the itinerary
17. Prior to juveniles leaving campus, staff will review with juveniles their terms of probation, if applicable, and must review these rules and regulations for community pass.
18. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standard Procedures

 1. Juveniles shall leave and return in facility clothing.

 2. Only authorized adults shall escort juveniles on both the pick-up and return.

 3. Only the authorized adult shall administer medications as instructed by the facility medical staff.

 4. The juvenile shall return the signed medication envelope(s).

1. Upon return from a community pass the juvenile will be subject to a search and drug test.

Any violation of these rules and regulations MAY result in temporary suspension of privileges of the parent(s)/ guardian(s)/other adult(s) to visit his/her child and/or the loss of the juvenile’s privileges for future Community Passes.

As the responsible adult, I understand the rules, expectations, and standard procedures of this Community Pass, and I agree to follow them. I will also ensure that any probation terms imposed upon my child will be followed and that I will report any violation of the above rules and regulation to the Idaho Department of Juvenile Corrections immediately.

 Date:

Parent/Guardian/Authorized Adult Signature

 Date:

Juvenile Signature

 Date:

Check-Out Staff Name Print Legibly and Sign Legibly)

Notes:

Make a copy of pass for the parent and deliver medications, if required.

*\*Make copies of driver’s license and insurance information at time of check-out for each pass*

Parent/Guardian Home Pass Follow-up Questionnaire

*(This form must be returned with juvenile from pass to be considered a successful pass. Form is to be completed by parent/guardian with juvenile’s input.)*

Name of juvenile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit/Group:

Dates of pass: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of return to facility:

1. While on this pass, did the juvenile have any illnesses or injuries? YES🞎 NO🞎 If yes, please explain: (*Please attach any medical information received for medical care.*)

1. Did the juvenile take medications with them on the pass? If so, did he/she take them as prescribed? If not, please explain:

1. Were there any negative behaviors on this pass? YES🞎 NO🞎 If yes, how many? \_\_\_\_\_\_\_\_\_\_\_

If yes, please describe:

1. Who was the juvenile in contact with on pass?

1. Did the juvenile have access to or use substances (drugs/alcohol/cigarettes) while on this pass?

YES🞎 NO🞎 If yes, please describe:

1. What program assignment did you and your juvenile complete on this pass? Please explain:

1. Did the assignment help you understand your juvenile’s treatment? Not very helpful 1🞎 2🞎 3🞎 4🞎 5🞎 Extremely helpful
2. What was the most positive/productive part of your pass? Please explain:

1. Are there any additional services that you need in order for your juvenile’s return home to be successful? YES🞎 NO🞎

If yes, please explain:

10. Date(s) and time(s) the juvenile called the facility:

11. Date, time, and staff name of location verification call to juvenile:

Parent Signature: