

Name _____

SS# _____

SCDC Location

Agency

Title

Shift

COPIES OF WHAT AGENCY NURSES NEED BEFORE THEY CAN BEGIN WORK FOR SCDC

_____ Background check form

_____ ID Card Request & Authorization Form

_____ Confidentiality Agreement

_____ 3rd Party Provider Arrests Acknowledgment

_____ 3rd Party Servicers Agreement

_____ Emergency Contact

_____ Driver License

_____ Nursing License

_____ Social Security Card (signed)

_____ TB Test Results (within 1 year) PPD test, QuantiFERON or T-spot

_____ Hepatitis B Vaccine Dates or Signed Refusal Declination

_____ CPR/BLS Certification

_____ BBP (Blood borne Pathogens) form or Certificate

_____ Drug Screen (Current-no older than 30 days)

_____ Tattoo Form

_____ Hemp/CBD Memorandum

_____ initiate CRT/USER ID access (completed by SCDC)

_____ Date Clearance Completed (completed by SCDC)

******ALL DOCUMENTS MUST BE SUPPLIED BY AGENCY BEFORE BACKGROUND CHECK WILL BE DONE**

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
SERVICE PROVIDER
IDENTIFICATION CARD INFORMATION**

Name: _____ SS#: _____ SCDC Work Location: _____
First Middle Last

Address: _____
Street/P.O. Box/Apt # City State Zip Code County

Job Title: _____ Employer: _____ Contact #: (_____)

D.O.B. _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Driver's License #: _____ State Issued: _____ Place of Birth: _____
City State

Read the following and select either the "Yes" or "No". If you do not respond to any of the questions, it will delay the processing of your application.			
Have you ever been accused of or been found liable of sexual abuse/sexual misconduct/sexual harassment or resigned during a pending investigation of a sexual abuse/sexual misconduct/sexual harassment allegation with any previous employer? (28 CFR 115)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Examples of crimes, other than minor traffic violations, that must be reported are: Driving under the influence of intoxicating beverages or other drugs; fraudulent or bad checks; disturbing the peace; leaving the scene of an accident. You must list arrest(s) and conviction(s) even if you were pardoned, paroled, had a suspended sentence/probation or the charges were dropped or dismissed. This information may not disqualify you, but must be listed regardless of date or type of offense. An arrest or being charged with a crime includes being fingerprinted or simply having a warrant issued. Regarding disclosure of arrest record, applicants who have received an Order of Expungement from a court of competent jurisdiction are not required to list/report such arrests.
Do you currently have a court ordered restraining order against you with regard to family members or cohabitant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been arrested?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been charged with a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If you answered "yes" to any of the questions, list information in section below.

Charge(s)	Arresting authority & location (city & state)	Disposition	Disposition date (Month/Year)	Convicted (yes or no)

Have you ever been fingerprinted? Yes No If yes, please give approximate date(s) and reason.

Have you ever been an inmate in a SCDC Institution, Federal Institution, or Penal Institution of another jurisdiction? Yes No If yes, charge, dates, where and type of sentence:

Are you or **ANY** member of your immediate family related to or have had a close personal relationship with anyone who is currently **OR** was previously an inmate in a SCDC Institution? This would include spouses, ex-spouses, common-law spouses, mother, father, mother-in-law, father-in-law, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law, Grandfather, Grandmother, Grandchild, aunt, uncle, cousins, any step-relatives, boyfriend or girlfriend Yes No If yes, inmate name, relationship, charge, dates, where and type of sentence:

Are you currently **OR** have you ever been on an inmate's visitation list at any SCDC facility? Yes No If yes, inmate name and relationship: _____

Please give the name and a description of any relationship you have **OR** have had with **ANY** inmate currently or previously incarcerated in an SCDC institution: _____

Have you or any member of your family ever been a victim of a crime committed by an inmate who is incarcerated at SCDC **OR** ever testified in a case involving an inmate incarcerated at SCDC? Yes No If yes, name of inmate, dates, and location of crime/trial: _____

I HAVE READ AND UNDERSTAND THE ABOVE AND CERTIFY THE INFORMATION PROVIDED IS CORRECT. I AGREE THAT ANY FALSE STATEMENTS MAY RESULT IN SCDC PROHIBITING MY ENTRANCE INTO ANY FACILITY. I AUTHORIZE SCDC TO UTILIZE THE ABOVE INFORMATION FOR THE PURPOSE OF COMPLETING AN NCIC (NATIONAL CRIME INFORMATION CENTER) BACKGROUND CHECK. I UNDERSTAND THAT FAILURE TO RECEIVE APPROVAL TO WORK AT ANY SCDC FACILITY BASED UPON ANY INFORMATION ABOVE WILL BE COMMUNICATED TO THE FACILITY SUPERVISOR AND WILL REQUIRE MY IMMEDIATE TERMINATION FROM THE SCDC FACILITY. SERVICE PROVIDERS ARE SUBJECT TO RANDOM DRUG TESTING TO BE CONDUCTED BY SCDC, REFUSAL TO TAKE, OR POSITIVE RESULTS OF A RANDOM DRUG TEST WILL RESULT IN IMMEDIATE AND PERMANENT REMOVAL AND BANISHMENT OF THE SERVICE PROVIDER FROM ALL SCDC FACILITIES. ANYONE UNDER THE INFLUENCE OF PRESCRIPTION MEDICATION, TESTING POSITIVE ON A DRUG TEST MUST BE ABLE TO PROVIDE DOCUMENTATION THAT LISTS HIM/HER, AS THE PERSON FOR WHOM THE MEDICATION WAS INTENDED (SCDC POLICIES ADM 11.01 AND GA-03.02)

Date Signature

Note: Approval of this form only authorizes the individual to work within an SCDC facility. For I.D. card authorization, SCDC Form 15.20a must be completed and attached.

Requesting Supervisor

Approved/Disapproved _____
Warden/Division Director/Designee

Approved/Disapproved _____
Division Director, Human Resources/Designee

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
ID CARD: REPLACEMENT REQUEST & ID AUTHORIZATION

**Section I: ID Replacement Request or Initial Service Provider ID Authorization
(Completed by Employee or Service Provider)**

Date: _____ Assigned Location: _____
(Division/Institution)

Name: _____ SS#: _____
Please Print: First Middle Last

DOB: _____ Sex: M F Race: _____

Signature: _____ Type of Card: Employee Service Provider

[If] Replacement Card needed Due to (Check only one):

Lost Stolen Damaged Name Change Appearance Change Other (Explain) _____

For all replacement card requests, the immediate supervisor must sign. For first-time requests to approve a service provider to receive an ID, a Warden, Division Director, or higher authority must sign. For service providers, this form must be sent, along with SCDC 16-24, to the Employment & Recruiting Branch:

Form received/ID Authorized by: _____ Date: _____
(Signature and Title)

Section II-A: Approval for Replacement ID card (Must be completed by Warden/Division Director or Higher Authority)

Approval is granted to reissue the above cardholder's ID:

S/ _____ Date: _____
(Warden, Division Director or Higher Authority)

(NOTE: Once completed, form must be forwarded via confidential mail, fax or email to the Central ID Station, Recruiting & Employment. If the ID is being replaced due to damage or due to a change in the employee's name and/or appearance, the original deactivated card needs to accompany this form.)

Section II-B: Receipt for Fee (if applicable)

Pursuant to SCDC Policy, a required fee has been determined to be paid by the employee/service provider to replace their ID card. A money order or personal check made payable to SCDC was received from the employee in the amount of \$15.00 and has been forwarded to the Division of Finance.

S/ _____ Date: _____
(Warden, Division Director, Deputy Director or Supervisor)

(NOTE: If a replacement fee has been assessed, the money order or personal check MUST be forwarded to the Division of Finance.)

Section III: Replacement ID Card (to be completed by Central ID Station)

Replacement Card made by: _____ Date: _____

Section IV: Receipt of ID Card

Date Replacement Card Received: _____ Employee Signature: _____

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
EMERGENCY DATA UPDATE (front section)

EMPLOYEE INFORMATION

NAME: _____ SSN: _____
(Print)

DOB: _____ HIRE DATE: _____ POSITION TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ CONTACT #: _____

The Universal Name/Address Change Form (SCDC 16-23) must be used to change an address.

SCDC S-12 (September 2007)

EMERGENCY DATA UPDATE (back section)

PRIMARY CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ CONTACT #: _____ ALTERNATE #: _____

ALTERNATE CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ CONTACT #: _____ ALTERNATE #: _____

MEDICAL ALERT (OPTIONAL):

PHYSICIAN NAME: _____ PHONE: _____

EMPLOYEE SIGNATURE

DATE

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF HUMAN RESOURCES**

**Confidentiality Agreement
(3rd Party Provider)**

Purpose: To maintain the confidentiality of any and all South Carolina Department of Corrections' (Agency) records, including those accessible through Agency automated systems.

The South Carolina Department of Corrections maintains personal and confidential information regarding many citizens: registered victims and witnesses; visitors and volunteers; current and former inmates; and current and former employees.

As a user of automated systems provided by the South Carolina Department of Corrections:

- ✓ I understand and agree that I must keep this information confidential and must not disclose it to persons within the Agency who have no job-related need to know, or to persons outside the Agency without proper authorization.
- ✓ I agree that I will not, at any time, directly or indirectly, orally or in any written or electronic form, disclose any of this confidential information without proper authorization from the Agency.
- ✓ I also agree that I will not remove any of this confidential information from the Agency without prior, proper authorization from the Agency.
- ✓ I also agree that if I receive a subpoena, Freedom of Information Act request, or other request for disclosure of any of this confidential information, I will forward that request to the Agency for response.
- ✓ And, I understand that if I breach this Confidentiality Agreement, my access to Agency automated systems will be terminated immediately and my actions will be reported to management and if necessary, law enforcement.

USER NAME (Please Print)

USER SIGNATURE

DATE

WITNESS NAME (Please Print)

WITNESS SIGNATURE

DATE

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DIVISION OF HUMAN RESOURCES
MEMORANDUM

To: Prospective New Employee or 3rd Party Provider
From: Tom M Osmer, Deputy Director of Administration
Subject: Employee/3rd Party Provider Arrests (Acknowledgement)
Date:

As a prospective new hire or 3rd party provider, you must understand the policy and procedures as it relates to arrests and the reporting of such arrest. This subject is addressed within policy ADM 11.17-Employee Conduct and ADM-11.04 Employee Corrective Action. These policies read as follows:

ADM 11.17-Employee Conduct

4. Reporting and Arrest, Receipt of Warrant, Conviction, Disposition of Arrest, Restraining Orders and Suspensions of Driver's License; or Default of Student Loans:

4.1 All employees and 3rd party providers must report any receipt of arrest warrant, indictment, restraining order(s) regarding a family member or co-habitant and the disposition of the arrest warrant (other than minor traffic violations) through their immediate supervisor to the appropriate Warden/Division Director and to the Division of Human Resources.

All employees and 3rd party providers must accomplish the reporting within twenty-four (24) hours from the date of the arrest warrant or restraining order(s) and/or before physically reporting to work. The disposition of the arrest warrant must also be reported within twenty-four (24) hours. Under no circumstances can an employee or 3rd party provider report to work without prior notification and providing the required information relating to section 4.1 above.

Employees and 3rd party providers are to accomplish the reporting by first personally calling their immediate supervisor, Warden/Division Director, or have someone call on their behalf to report the arrest warrant or court ordered restraining order. In addition to the above, the employee must complete and submit a SCDC Form 16-69, "Notification of Arrest/Disposition," to the Warden/Division Director and attach a copy of the original arrest warrant, restraining order and the final disposition from the court. Both are to be submitted to the Division Director of Human Resources/designee for review and determination as to whether further action is necessary.

The Agency may suspend or terminate an employee who is arrested, indicted or convicted for violation of federal or state law for an act which adversely reflects upon his/her suitability for continued employment.

4.1.1 Failure to report an arrest warrant, and the disposition of an arrest, indictment or restraining order within twenty-four (24) hours as defined above and/or before physically reporting to work will result in corrective action up to and including termination, regardless of the severity.

ADM-11.04 – Employee Corrective Action

1.4 The Agency may suspend or terminate an employee who is arrested, indicted or convicted for violation of federal or state law for an act which adversely reflects upon his/her suitability for continued employment.

1.5 This policy does not apply to probationary status employees who may be disciplined and terminated, at the discretion of the Agency.

Please ensure that you have read and understand these policies. If any questions arise after you get to your work site, see your Human Resource Manager and/or immediate supervisor for clarification.

Tom M. Osmer Jr.
Deputy Director, Administration

My signature below indicates I have read this Memorandum and understand the policy and procedures as it relates to arrests and the reporting of such arrests.

Prospective New Employee or 3rd Party Signature / Date

Please Print Name

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
Office of General Counsel

THIRD PARTY/EXTERN/INTERN SERVICES AGREEMENT

As a Third Party/Extern/Intern for _____ at the South Carolina Department of Corrections (SCDC), you are responsible for notifying the affected staff member within one (1) working day of any arrests other than minor traffic violations.

Third Party/Externs/Interns are responsible for understanding and following SCDC policies and procedures. Third Party/Externs/Interns are also responsible for understanding and following any new policies signed into effect by the Agency Director. There are certain policies and procedures that directly affect the safety, security, and health of the facility, the inmates, the volunteers, the staff, and others. These policies and procedures are addressed during orientation:

- Employee Conduct – (ADM-11.17)
- Employee-Inmate Relations – (ADM-11.34)
- Staff Sexual Misconduct With Inmates - (ADM-11.39)
- Domestic Violence - (ADM-17.08)
- DrugFree Workplace Program – (GA-03.02)
- Social Networking - (GA-06.03)
- IT Security – (GA-06.05 RESTRICTED Policy)
- Prevention, Detection, And Response To Sexual Abuse//Sexual Harassment (PREA) – (OP-21.12)
- Emergency Management – (OP-22.54 RESTRICTED Policy)
- Effective Communications: Deafness Sensitivity (Video)
- Divisional Orientation (Prepared by Division)

At a minimum, all Third Party/Externs/Interns should be familiar with these policies/procedures. Before signing this agreement, you should have read these policies/procedures and agree to abide by any guidelines that affect your service.

I agree and understand that the Prison Rape Elimination Act (PREA) is a federal law that prohibits and seeks to eliminate sexual assaults and sexual misconduct in SCDC correctional institutions. Further, that SCDC has a zero tolerance for sexual assault or abuse of any person or sexual relationships between staff, volunteers, and offenders. I have also been informed of how to report such incidents.

Print Name

Signature of Third Party/Extern/Intern

Date

SCDC Official Providing Orientation Signature/Date

Institution/ Division/Office Of:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF HUMAN RESOURCES MEMORANDUM

TO: All SCDC Employees

FROM: Donnette Jeffcoat, Human Resources Director

SUBJECT: Industrial HEMP/ Cannabidiol (CBD) Products and Random Drug Testing

DATE: March 27,2019

With the recent proliferation of Industrial Hemp Products containing CBD in South Carolina, I wanted to caution SCDC employees that CBD is isolated from the cannabis plant, traditionally referred to as Marijuana, but more recently Hemp. CBD is one of approximately 400 compounds found in cannabis, the same plant that produces the psychoactive compound, delta-9-tetrahydrocannabinol (THC). While most CBD products claim to be less than 0.3% THC, which is classified as hemp, the products remain unregulated making the reported THC levels unreliable.

The Drug Enforcement Administration (DEA) states, "for practical purposes, all extracts that contain CBD will also contain at least small amounts of other cannabinoids. Although it might be theoretically possible to produce a CBD extract that contains absolutely no amounts of other cannabinoids, the DEA is not aware of any industrially-utilized methods that have achieved this result."

Since none of the CBD products sold over the counter have been approved by the U.S. Food and Drug Administration (FDA), there can be inconsistencies associated with the manufacturing, cannabinoid concentrations, and recommended dosing/serving size. These inconsistencies could lead to Hemp based products (oils, vapes, infused edibles, etc.) being utilized that contain THC in concentrations that could possibly lead to a "positive" reasonable suspicion or random urine drug test.

In accordance with SCDC's Drugfree Workplace Program GA 03.02, The South Carolina Department of Corrections maintains a zero tolerance for all employees regarding the use of illegal drugs. In order to promote this philosophy and to provide for a safe, secure, and drug free workplace, the Agency has established an Employee Drug Testing Program to assist in the detection and deterrence of illegal drug use by employees. Employees found in violation of this policy will have their employment with SCDC terminated.

I strongly encourage all SCDC employees to use caution concerning the potential utilization of HEMP products which could contain THC. Questions can be addressed to SCDC Employee Relations or SCDC Drug Testing.

Applicant/Employee Signature

Date

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

TATTOO/GROUP AFFILIATION

NAME: _____

DATE: _____

INSTITUTION: _____

SOCIAL SECURITY #: _____

Please identify **current** or **prior** memberships or affiliations with any organizations, associations, or groups of any kind, including any memberships, associations, or affiliations with any entity characterized as a "gang".

DO YOU HAVE ANY SCARS, MARKS, BRANDINGS OR TATTOOS? YES NO

I have NO visible tattoos I have tattoos on face, neck, and/or head I have visible tattoos

If yes, please give location on your body and description of the tattoo, scar, and/or branding below.

If you have visible tattoos, please circle the number associated with the visible tattoos below:

1(LOCATION): _____ (DESCRIPTION): _____

2(LOCATION): _____ (DESCRIPTION): _____

3(LOCATION): _____ (DESCRIPTION): _____

4(LOCATION): _____ (DESCRIPTION): _____

5(LOCATION): _____ (DESCRIPTION): _____

6(LOCATION): _____ (DESCRIPTION): _____

7(LOCATION): _____ (DESCRIPTION): _____

8(LOCATION): _____ (DESCRIPTION): _____

9(LOCATION): _____ (DESCRIPTION): _____

10(LOCATION): _____ (DESCRIPTION): _____

By my signature below, I certify that I have **truthfully** and completely answered the above inquiries and acknowledge that I have a continuing obligation to advise the Human Resource Office of any additions or changes to the above inquiries.

Signature: _____

Date: _____

Authorized items that can be brought into an institution

The following are authorized items that can be brought into an institution by an employee in a clear container, bag or backpack. The container, bag or backpack must fit inside the box located at the entrance/front gate of the institution.

- Food items from home in a clear container, (see conditions under "Note" for food from outside vendors)
- Beverages - (limit of four (4); must be in containers, 24 ounces or smaller, factory sealed, and all labels removed.) NO CANS OR GLASS
- Toothbrush - One (1)
- Toothpaste - One (1) travel size
- Lip gloss - One (1)
- Lipstick - One (1)
- Hand Sanitizer - One (1) small see through plastic bottle (2.5 ounces or smaller)
- Hand Lotion - One (1) small see through plastic bottle
- Comb or hairbrush - One (1)
- Personal hygiene products (may be in a small separate bag that is not clear, but will be searched)
- Eye care products (i.e. contact lens solution)
- Cash - maximum of \$50.00 per employee
- Ven Card - One (1) for vending machine
- Prescribed medication - must be in the original prescription bottle and the amount cannot exceed prescribed daily dosage
- Over the counter (OTC) medication - must be in the original container and amount cannot exceed manufacturers prescribed/recommended daily dosage
- Personal PDA - Non transmittal Palm Pilots - only with permission of Warden/Designee
- Pagers - Agency issued only (No non-Agency devices allowed)
- Briefcases/Portfolios - only with approval of Warden/Designee
- Telephone calling card (one)
- One set of personal keys
- Umbrella
- In limited circumstances, other items may be approved by the Warden or Division of Operations

(Note: Containers with food that is purchased as takeout from local restaurants or brought in for special events in non-clear containers will be opened and the contents will be visually examined. The contents of pockets, briefcases or any other container will be searched before entering the institution and at any time deemed necessary for security reasons. Refusal to submit to such a search will constitute a reason to deny admission to SCDC property or removal from SCDC property).

* * Items above are subject to change depending on assigned institution, please see supervisor to verify approved items * *