

WORK SITE SUPERVISOR GUIDELINES

Eligibility

To be eligible to serve as a work site supervisor, the supervisor must meet the following criteria:

- Attained at least 18 years of age
- Not on Probation/Parole through the Department of Corrections
- Can not be a relative or family member of any inmate worker
- Can not be a Huber Inmate

Prohibited Acts

- Discuss Jail discipline with a Work Crew worker.
- Have intimate, sexual, or any other personal contact with a Work Crew worker.
- Make available any sort of pornographic or explicit material(s) to a Work Crew worker.
- Allow a worker to operate any motor vehicle.
- Distribute any medications to the worker without authorization from the Detention Center Medical Department.
- Instruct a worker to commit any unlawful act.
- Have workers supervise other workers. (Only supervisors are only allowed to supervise workers)
- Receive money, or anything else of monetary value, from a worker.
- Visit an inmate or put money on his/her commissary account (books).
- Allow workers to receive any items from the site – i.e. clothing, personal hygiene items, etc. without prior permission from the Detention Center.
- Allow inmates to keep personal property at site – i.e. cigarettes, clothing, etc. except at the discretion of the supervisor.
- Allow a worker to work while he/she appears to be under the influence of alcohol or drugs.
- Allow a worker to operate power tools or equipment without first assessing proficiency in safe operation of said item.
- Allow a worker visitation without approval from the Detention Center.
- Allow a worker to use telephones, cell phones, or access e-mail during working hours without permission from the Detention Center.
- Allow a worker to direct traffic on a roadway.

Reporting To The Sheboygan County Detention Center

Site supervisors shall notify the Detention Center of the following:

- The current site telephone number and supervisors name and telephone number
- Any modification of work shifts or locations
- Any personnel changes or other pertinent information related to the work site

- Weekly attendance and hours worked for each inmate
- If for any reason the inmate is released early the supervisor must notify The Sheboygan County Detention Center immediately.
- Any violations of the Sheboygan County Work Camp rules

Miscellaneous

Safety equipment must be provided to the workers by the job site as needed, i.e. safety glasses, dust masks, gloves, etc.

Stopping at a gas station / convenience store prior to or after a work shift with inmates is at the sole discretion and responsibility of the supervisor.

INJURIES

Life threatening injuries – call 911. After calling 911 – notify the Detention Center IMMEDIATELY. Fill out injury form and submit to Detention Center as soon as possible.

NON life threatening injuries that require Hospital attention – Call the Detention Center for transport to hospital or walk-in clinic. Fill out injury form and submit to Detention Center as soon as possible.

Non life threatening injuries that do NOT require hospital attention, contact the Detention Center. Fill out injury form and submit to Detention Center as soon as possible.

OVERTIME REQUESTS

Must be made 24 hours in advance of the day the worker is required. Failure to do this may result in overtime requests not being filled.

Any violations of the Sheboygan County Work Camp Program Rules shall be reported to the Detention Center in a timely manner.

I have read and understand the Supervisor Guidelines and Community Service Work Crew Rules.

Supervisor Name (print name)

Supervisor Signature

Work Crew Site

Date

Sheboygan County Detention Center
2923 South 31 Street
Sheboygan, WI 53081
Ph# (920)459-1301
Fax# (920)459-1307

County Work Camp

Under Wisconsin State Statute 302.15 and 303.10 and Sheboygan County Code Section 52.12, Sheboygan County has declared this site a work camp. Huber Law (Work release) Inmates will be at work in this area and under supervision. If you have questions see your site Supervisor or call the Sheboygan County Detention Center at (920)459-1301.

Roy W. Kluss
Huber/EMP Coordinator
Sheboygan County Detention Center

SHEBOYGAN COUNTY WORK CAMP

INJURY FORM

Fill out top portion and turn in to your supervisor. Please print clearly.

NAME: _____

PROGRAM SITE: _____

DATE INJURED: _____ TIME: _____

LOCATION OF INJURY: (FINGER, ARM, LEG, ETC.) _____

DESCRIBE HOW INJURY OCCURRED: _____

LIST WITNESS(ES) TO INJURY: _____

NAME OF SUPERVISOR NOTIFIED OF INJURY: _____

DATE SUPERVISOR NOTIFIED OF INJURY: _____

SIGNATURE: _____

DATE: _____

Supervisor: Fill out bottom section and return to the Sheboygan County Detention Center.

SUPERVISOR NAME: (PLEASE PRINT) _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

WAS THIS INJURY WITNESSED BY A SUPERVISOR? YES NO

SUPERVISOR'S COMMENTS: _____

Sheboygan County Detention Center
2923 South 31st Street
Sheboygan, WI
Ph# (920)459-1301
Fax# (920)459-1307

Sheboygan County Work Camp Time Sheet

Sheboygan County Detention Center – 2923 S 31st Street, Sheboygan, WI 53081

Phone: (920) 459-1301, Fax: (920)459-1307

Inmate Name: _____
Job Site: _____
Address: _____
Supervisor: _____ Phone# _____

This sheet must be filled out and returned to The Sheboygan County Detention Center weekly to receive credit for your work.

Supervisor please record each days work hours.

| Date | Arrival/Departure | Supervisor |
|------|-------------------|------------|
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I certify that the above named individual has completed the hours as indicated.

Signature _____ Total Hours _____ Date _____

Performance Evaluation

Attitude: Excellent Good Fair Poor
Willingness: Excellent Good Fair Poor
Performance: Excellent Good Fair Poor

Comments you would like to share:
