

Sentence to Service

Adult program orientation and requirements

Phone Numbers and Email

- STS Crew Leader can be reached at 7 a.m. by calling 651-430-6990 option 1.
- For STS Program Manager, call 651-430-6950. Send an email to: CCSTS@washingtoncountymn.gov.

Attendance

- Any scheduled day missed is counted as an absence. The reason does not matter.
- You are required to work a minimum of 1 day per month and complete the program before your case expires.
- Absences exceeding the maximum allowed will result in termination from the program. A client terminated from the out-of-custody STS program is given a report to jail date and NOT entitled to jail credit for any days worked prior to termination.
- If you know more than 7 days in advance that you are unable to attend a scheduled day, please contact the STS Program Manager at 651-430-6950 or CCSTS@washingtoncountymn.gov.

The table below reflects the maximum number of absences allowed for a client ordered to complete the out-of-custody STS program:

STS Days Ordered	Absences Allowed
0-10 days	3
11-20 days	5
21-30 days	6
31+ days	8

- An “absence” is defined as:
 - Not attending a scheduled STS workday
 - Arriving late for a scheduled STS workday
 - Rescheduling a workday less than seven (7) days before the next scheduled STS workday.
 - A violation of any program rules during the workday (additional sanctions and/or program termination may also result depending upon the program violation committed).
 - A client may appeal termination from the STS program per established policies and procedures.

Clothing Requirements

- Full Length work pants such as jeans, cargos, or khakis.
- Please Note: Athletic pants or sweatpants are not allowed unless worn over or under work pants.
- Shirt (T-shirts or Sweatshirts) shirts must have short or long sleeves.
- Work boots or athletic shoes and gloves. Boots are best.
- A work jacket, hat, and gloves.
- Please Note: Shorts and Tank Tops are NOT allowed.
- If NOT dressed appropriately, you will not be allowed to work, sent home, and it will count as an absence.

Report Time and Place

- STS participants will meet in the STS Office between 7:45–8 a.m.

Workday

- 8 a.m. to typically 4 p.m. (Credit for 1 day will be given.)

Lunch

- Bring your own lunch.

STS is a Jail Alternative Program

- Items NOT allowed while in Jail are NOT Allowed on the STS Program.
- Tobacco products of any kind including (E-cigarettes), lighters or matches.
- Cell phones or any other electronic devices.
- Bringing any of these items on the work crew will result in discipline which may include termination.

STS is a Drug- and Alcohol-Free Program

- The use of alcohol and illegal chemicals is prohibited for the duration of your participation in the STS program.
- Any crew member found to have alcohol or illegal chemicals in his/her system, at any time, shall be subject to discipline.
- Breathalyzer testing is randomly conducted. If you register anything but 0.000, you will not be allowed to work the day, and it will be counted as an absence. If you are over the legal limit, law enforcement will be contacted.

Safety

- Safety is a key factor during an STS workday.
- Crew Leaders will explain and enforce safety measures.
- HyViz Safety Vests will be provided and must be always worn while working on the crew.

Additional Important Program Information

- Additional important program information is available on the Washington County website at www.WashingtonCountyMN.gov/STS.

Disciplinary Action

- Crew Leaders will administer necessary action. Actions may include a verbal warning, written warning, loss of credit hours, or removal from the STS Program.
- Crew leaders have the discretion and authority to terminate crew members while on crew due to crew member behavioral issues.

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Courthouse | 14949 62nd Street North | P. O. Box 6 | Stillwater, MN 55082-0006
P: 651-430-6900 | F (adult): 651-430-6999 | F (juvenile): 651-430-6947 | TTY: 651-430-6246
www.co.washington.mn.us

Washington County is an equal opportunity organization and employer

Minnesota Department of Corrections
Community Work Programs
CREW MEMBER MEDICAL INFORMATION SHEET

CREW MEMBER SHOULD COMPLETE THIS FORM BEFORE STARTING FIRST ASSIGNMENT

NAME _____ D.O.B. _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (home) _____ (work) _____

EMERGENCY CONTACT PERSON _____ TELEPHONE _____

To assist in your job or task placement, please check all that apply (if you have had or are now experiencing):

Poison Ivy Allergy Allergic to Bee Stings Other Allergies Diabetes Frostbite
 Fainting/Blackouts Heart Trouble Heat Stroke Asthma Epilepsy
 Now Pregnant HIV Positive Hemophilia Cancer Back Injury
 Other Disability _____

Do you have medical restrictions limiting the work you can do? Yes No If yes, please explain:

Please list all current medications:

Are you currently under a doctor's orders regarding work? Yes No If yes, please explain:

Physician: _____ Clinic: _____

Clinic Phone: _____ Do you currently have health care coverage? Yes No

Medical Assistance/Insurance Co.: _____ Policy/Account No.: _____

I understand the medical information I provide will be used to determine suitability for participation in a community work program and may be released to medical professionals in the event of a medical emergency. I understand I must notify the crew leader **immediately** if I am injured while performing work service. I also understand that my health care coverage must pay for medical costs. If I do not have health care coverage or incur costs not covered, I must contact the crew leader within **30 days** of the date of injury to file a claim or I will be fully responsible for my medical costs. I declare under penalties of perjury that the information provided in this document is true, correct and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Sentence to Service

Privacy Act

Several state and federal laws are in force, which protect your rights to privacy.

The information you provide about yourself to the Sentence to Service program will be used to find out if you are eligible for the program, decide what you can be assigned to do, and schedule your work time.

You may refuse to provide the information. However, if you do not provide the requested information, you cannot participate in the Sentence to Service program.

Information provided

The Sentence to Service program will report to the sentencing court your status in the program, relevant progress, termination or completion information.

Information access

Judges, prosecuting attorneys, defense attorneys, and probation officers will have access to the information you provide.

Statement

As required by the Minnesota Government Data Practices Act, I have been informed of and understand my rights as a subject of data.

Name (print): _____

Crew Member Signature

Date

Crew Member Work Agreement

Name (print): _____

I have been ordered by the Court to complete Sentence to Service (STS) hours. I understand that my failure to abide by the general rules of probation and the Crew Member Work Agreement will result in termination from the program and a report will be submitted to the Court through my Probation Officer. I have read and understand the Crew Member Work Agreement with the STS Program and agree to comply with the program rules. The crew leader has final authority in determining whether a crew member is fit to participate in the crew's daily activities.

Crew Member Signature

Date

Crew Leader Signature

Date

Note: This Work Agreement must be signed and returned to the Crew Leader on your first working day with STS.