	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 1, 2024	POLICY NO.: COR.08.11
		SUPERSEDES (Policy No. & Date): COR.08.11 & December 4, 2017	
	SUBJECT: INMATE IDENTIFICATION / PHOTOGRAPHS		Page 1 of 3

1.0 PURPOSE

To set guidelines for the identification of inmates upon admission or photographing under other circumstances.

2.0 SCOPE

This policy shall apply to all correctional facilities within the Department.

3.0 REFERENCES, DEFINITIONS AND FORMS

.1 References

- a. Hawaii Administrative Rules (HAR), Title 23, Department of Public Safety, Subtitle 1, Administration, Chapter 1, General Provision, §23-1-6, Inmate Control.
- b. Hawaii Revised Statutes (HRS) §26-14.6. Department of Public Safety.

.2 Definitions

- a. Jail Inmate: Any individual who is convicted of a crime and committed by the courts for a period of LESS THAN ONE (1) YEAR (this includes probation violators awaiting adjudication of their violation hearings, pretrial detainees, Federal/other State holds)
- b. Prison Inmate: Any individual who is convicted of a crime and sentenced by the courts for a period of MORE THAN ONE (1) YEAR (this includes anyone that has been SENTENCED to a CONSECUTIVE term TOTALLING more than one (1) year combined) and parole violators returned to custody.

.3 Forms

- a. DCR 8235, State of Hawaii, Department of Corrections and Rehabilitation (DCR), Right Index Card (attached).

4.0 POLICY

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Before accepting custody of an inmate, reasonable efforts shall be made to verify his/her identity. Adequate documentation for identification purposes shall be maintained on all inmates. Upon admission to a correctional facility, inmates shall be photographed, fingerprinted, and identifying marks or other unusual physical characteristics documented.

Facilities with finger-scanning capabilities shall also scan the index fingers of each inmate.

5.0 PROCEDURES


- .1 For identification purposes, every inmate shall have a photograph taken of his/her front and right side of his/her face, fingerprinted, and where applicable, finger scanned, upon intake to the Department of Corrections and Rehabilitation.
- .2 Photographs of inmates upon intake.
 - a. The inmate's full face and side face picture shall be photographed with a camera system that is interfaced with DCR's inmate management system, under the inmate's SID number.
 - b. Inmates shall be photographed free of hair that conceals facial features.
 1. Inmates with beards and/or mustaches shall be photographed clean-shaven at their consent.
 2. Inmates photographed with beards and/or mustaches, and subsequently shave off their facial hair during their incarceration, shall be photographed clean-shaven.
 3. For the side face profile picture, hair that conceals the ear and neck shall be set aside so that the ear and neck can be photographed.
- .3 DCR 8235, Right Index Card, shall be completed using an inked right index fingerprint and maintained in the inmate's institutional file.
- .4 A live finger scan, using a MorphoTrak or similar device, shall be performed to verify an inmate's identity. The scanning shall be performed at the time of intake, before transfer to another facility, and when released from a facility.
 - a. The index fingers of both hands of the inmate shall be scanned.

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- .5 The scanning device is interfaced with the Hawaii Criminal Justice Data Center and utilized solely for the purpose of verifying the inmate's identity. DCR does not store the scans of inmates' fingerprints.
- .6 All identifying marks (tattoos), or other unusual physical characteristics shall be documented by a picture taken by a camera system that is interfaced with the DCR's inmate management system under their SID number.
 - a. All Security Threat Group (STG) or gang-related identifying marks shall be documented by a picture taken by a camera system that is interfaced with the DCR's inmate's management system under their SID number. The facility's STG officer shall be notified immediately for validation purposes.

APPROVAL RECOMMENDED:


 _____ JAN 0 1 2024
 Deputy Director for Corrections Date

APPROVED:


 _____ JAN 0 1 2024
 Director Date

Fingerprinted By _____

Date _____

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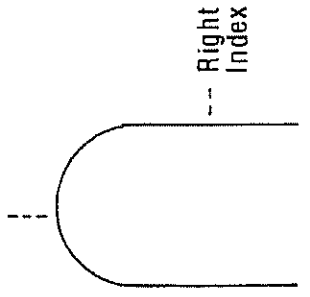


State of Hawaii
DEPARTMENT OF
CORRECTIONS AND REHABILITATION

Last Name _____ First _____ MI _____

SSN or DOB _____ State / D Number _____

Date Issued _____



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