



Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 810.1

Inmate Reception and Classification

Authority:

Directive 810, *Reception and Orientation*

Effective Date: March 1, 2022

Amended: 5/1/22, 4/1/23, 3/6/24, 8/1/24

Supersedes:

Operating Procedure 810.1, March 1, 2019

Access: Restricted Public Inmate

ACA/PREA Standards: 5-ACI-3D-10, 5-ACI-3D-12, 5-ACI-3D-13, 5-ACI-4B-27, 5-ACI-5A-01, 5-ACI-5A-02, 5-ACI-5A-03, 5-ACI-5A-04, 5-ACI-5A-06, 5-ACI-6A-01; 4-ACRS-2A-07, 4-ACRS-3A-03, 4-ACRS-3A-04, 4-ACRS-6A-10; 4-ACRS-6A-11; 2-CO-4A-01; §115.41, §115.42, §115.43, §115.62, §115.81

Content Owner:	Jim Parks Director of Offender Management Services	<i>Signature Copy on File</i>	1/21/22
		Signature	Date
Reviewer:	Jermiah Fitz Corrections Operations Administrator	<i>Signature Copy on File</i>	1/24/22
		Signature	Date
Signatory:	A. David Robinson Chief of Corrections Operations	<i>Signature Copy on File</i>	1/27/22
		Signature	Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

The content owner reviewed this operating procedure in April 2023 and determined that no changes are needed.

The content owner reviewed this operating procedure in March 2024 and determined that no changes are needed.

Table of Contents

DEFINITIONS	3
PURPOSE	5
PROCEDURE.....	5
I. Intake.....	5
II. Screenings and Assessments	7
III. Inmate Orientation	10
IV. Classification.....	13
V. Living Conditions.....	14
REFERENCES.....	14
ATTACHMENTS	15
FORM CITATIONS	15



DEFINITIONS

Accessible Format – Alternative ways of presenting printed, written, or visual material such as large print, audio recordings, and electronic formats so that inmates with visual or other impairments who cannot read standard print can access the material.

American with Disabilities Act (ADA) Coordinator - A Department of Corrections employee assigned to coordinate the Department's efforts to comply with and carry out its responsibilities under the provisions of Title II of the Americans with Disabilities Act to include the review of complaints alleging non-compliance with requirements of non-discrimination for inmates with disabilities and coordination of DOC's efforts to comply.

Blindness/Blind - A physical impairment where generally an inmate's vision is 20/200 or worse, the inmate's visual field is less than 20 degrees, or the inmate has low vision or other vision impairment that substantially limits their ability to see as determined by a Medical Practitioner.

Classification - A process for determining the needs and requirements of inmates; this is an ongoing process that attempts to utilize all relevant information concerning the inmate to identify and analyze individual strengths and risks, address individual needs, and encourage proper adjustment to the prison setting and ultimately free society.

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) - The DOC approved risk/needs assessment, which consists of different versions for community corrections and institutions. COMPAS is a support system for supervision and case-management decisions, a database used in combination with VACORIS, a tool that assesses two critical risks, violence and recidivism, and a tool for determining the criminogenic needs that are used to develop case plans and set programming.

Facility Folder - A two-part folder established at reception for each new inmates received into the DOC on or after August 1, 2015, for the storage of the Property Envelope and institution specific information not uploaded to VACORIS.

Gang/Security Threat Group (STG) - A group of individuals who: (a) possess common characteristics that distinguish them from other persons or groups of persons and who, as an entity, pose a threat to the safety and security of staff, the facility, inmates or the community; (b) have a common distinctive goal, symbolism or philosophy; (c) possess identifiable skills or resources, or engage in unauthorized/illegal activities. Criminal street gangs, terrorists (domestic & international), radical extremists, hate groups, cults, and neighborhood cliques are examples of a Gang/STG.

Gender Non-Conforming - A person whose appearance or manner does not conform to traditional societal gender expectations.

Health Care Appliance - An assistive device or medical support equipment prescribed and approved by a licensed health care provider.

Health Care Staff - Licensed/Certified workers who typically provide direct patient care, including MD, RN, LPN, CHA, PAC, Nurse Practitioner, Certified Nursing Assistant, Dental Hygienist, Dental Assistant, Lab Technician, Mental Health Clinician, and X-Ray Technician.

Health Record - A file that contains information relative to the inmate's or CCAP probationer's/parolee's medical, dental, and mental health condition, and treatment; the Health Record is maintained at the inmate's or CCAP probationer's/parolee's facility of assignment and follows the inmate or CCAP probationer/parolee throughout the term of incarceration or period of supervision.

Health Trained Staff - Correctional Officers or other correctional staff who are trained and appropriately supervised to carry out specific duties regarding the administration of health care.

High Risk Sexual Aggressor (HRSA) - As identified by the Classification Assessment and Mental Health Clinician assessment, any inmate/probationer/parolee at high risk of being sexually abusive.

High Risk Sexual Victim (HRSV) - As identified by the Classification Assessment and Mental Health Clinician assessment, any inmate/probationer/parolee confirmed as a sexual victim or identified as being at high risk of being sexually victimized.

Historical Hardcopy Record - The original criminal record, established at reception for each inmate in an



institution prior to August 1, 2015, containing all original incarceration documents.

Identification Documents - Documents that satisfy the requirements of the U. S. Citizenship and Immigration Services Employment Eligibility Verification (Form I-9) or the identification requirements of the Virginia Department of Motor Vehicles for driver's license or identification card; examples include passport, residency card, visa, driver's license, photo ID card issued by a government agency, Social Security card, birth certificate, etc.

Inmate Orientation - A process of instruction designed to provide an inmate with the information needed to make a positive adjustment to incarceration in the specific institutional setting.

Institutional Classification Authority (ICA) - The institutional employee designated to conduct inmate case review hearings.

Jail Classification Program - A program whereby participating jails assist designated reception units by completing part of the classification process prior to a new inmate's intake into the DOC.

New Inmate - Any convicted person transferred to a Department of Corrections institution from a jail or out of state correctional facility to serve a sentence based on a Court conviction or revocation of Parole or Post-Release supervision. Persons previously incarcerated in a DOC institution and returning after a temporary assignment to a non-VADOC facility or failure to complete work release, re-entry, or other programming in a non-VADOC facility are generally not considered new inmates.

Property Envelope - A 6" by 9" brown envelope established at initial intake to store inmate identification documents and educational documents e.g., original certificates, diplomas, and certification cards, to be transferred with the inmate to each new institution and provided to the inmate upon release.

Mental Health Clinician - An individual with at least a Master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders, which may include a Psychiatric Provider, Social Worker, or Registered Nurse.



PURPOSE

This operating procedure provides for the thorough screening, assessment, and orientation of all inmates newly received into the Department of Corrections (DOC) for assignment to a DOC institution.

PROCEDURE

I. Intake (4-ACRS-6A-11[I])

A. Before Arrival

1. Offender Management Services will: (5-ACI-5A-01; 4-ACRS-6A-10[I])
 - a. Confirm that the inmate is legally committed to the DOC
 - b. Generate a manifest that includes the inmate's name and assigned DOC number in VACORIS notifying the receiving institution of new inmates assigned to that institution.
 - c. Notify the ADA Coordinator by sending an e-mail to ADAinquiries@vadoc.virginia.gov when information received from a jail indicates the inmate has a disability.
2. Records staff will monitor VACORIS for new inmates scheduled for intake and notify, generally the day preceding intake, the following:
 - a. Shift Commander
 - b. Medical Department
 - c. Personal Property Office
 - d. Main Gate
 - e. Reception Treatment Staff
 - f. Mental Health Staff
 - g. Correctional Education Staff
3. For each inmate beginning a new period of incarceration, records staff will establish a Facility Folder.
4. Central Criminal Records maintains the Historical Hardcopy and Health Record for paroled inmates. Upon the return of a Parole Violator, records staff can request to review these records by contacting Central Classification Records.

B. At Arrival

1. The officer transporting the inmate will deliver the warrant or jail credit, any other pertinent documentation, medical information and medications, and any funds belonging to the inmate to records staff; the confidentiality and security of an inmate's medical information and medications must be maintained until released to health care staff.
2. The transporting officer will be directed to the appropriate location(s) to unload the inmate and the inmate's personal property.
 - a. Corrections Officers will take charge of the inmate and their personal property after unloading from the transport vehicle.
 - b. When instructed by Corrections Officers, the transporting officer should remove their restraints.
 - c. Corrections Officers will strip search the inmate and the inmate will dress in clean state-issued clothing; see Operating Procedure 445.4, *Screenings and Searches of Persons* (Restricted). (5-ACI-5A-01)
 - d. Corrections Officers will secure the inmate's personal property until delivered to the Personal Property Officer.
 - e. The Personal Property Officer will take control of all personal property transferred with the inmate; search it for contraband, and enter the inmate's personal property into the property module of VACORIS; see Operating Procedure 802.1, *Inmate and CCAP Probationer/Parolee Property*. (5-



ACI-5A-01)

3. The Shift Commander or designee will confirm the transfer in VACORIS to add the inmate to the institution's count.
4. Staff will provide the inmate with a copy of the *ICM Dialing Instructions For New Offenders* and should assist the inmate in notifying their next of kin and family of admission by telephone and a free letter; see Attachment 4 to Operating Procedure 803.3, *Offender Telephone Service*. (5-ACI-5A-01)
5. Staff will provide the inmate with a shower, haircut and grooming as needed to comply with Operating Procedure 864.1, *Offender Grooming and Hygiene*. (5-ACI-5A-01)
6. Identification pictures will be taken and staff will issue the inmate their Identification Card; see Operating Procedure 410.3, *Offender Movement Control (Restricted)*. (5-ACI-5A-01)
 - a. Identification cards that are outdated, lost, stolen, or damaged through no fault of the inmate should be replaced free of charge.
 - b. Inmates will be assessed a \$2.00 replacement fee for identification cards that are lost, stolen, or damaged through their own fault.
 - c. If an inmate does not have sufficient funds in their spend account, the fee will be entered as a loan; see Operating Procedure 802.2, *Offender Finances*.
7. Staff will scan the inmate's fingerprints using the institution's Live Scan equipment and will obtain a State Identification (SID) number and confirmation date from the Virginia State Police. (5-ACI-5A-01)
8. The institution Drug Testing Coordinator will ensure the inmate is tested for substance use; see Operating Procedure 841.5, *Inmate and Probationer/Parolee Substance Use Testing and Treatment Services*.
9. Staff will provide the inmate with initial information on how to access routine and emergency health care services and the grievance system; see Operating Procedure 720.1, *Access to Health Services*, and Operating Procedure 866.1, *Offender Grievance Procedure*. (5-ACI-6A-01; 4-ACRS-3A-04(I))
10. The Facility ADA Coordinator or other designated staff will make comprehensive information in accessible formats available to blind and visually impaired inmates and will notify each inmate that these formats are available and how to access them.
 - a. The comprehensive information will include but will not be limited to the following subjects:
 - i. The inmate's right as an individual with a disability.
 - ii. The DOC ADA Coordinator and the Facility ADA Coordinator's contact information and responsibilities.
 - iii. A non-exhaustive list of accessible formats, assistive technology, health care appliances and reasonable modifications that may be available to them and the process for requesting them; see Operating Procedure 801.3, *Managing Inmates with Disabilities*.
 - iv. The availability of and ability to request a Qualified Caregiver at their institution; see Operating Procedure 801.3, *Managing Inmates with Disabilities*.
 - v. The availability of an evaluation for blindness skills and trainings provided by the Department for the Blind and Vision Impaired; see Operating Procedure 801.3, *Managing Inmates with Disabilities*.
 - b. A staff member trained in orientation and mobility for the blind will provide blind inmates with a physical orientation of the institution where they are to be housed.
11. The inmate will receive an initial PREA training and will sign the *Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4*; see Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
12. The Personal Property Officer will issue allowable personal property items to the inmate and will seize and dispose of all contraband and other items not allowed at the institution; see Operating Procedure



802.1, *Inmate and CCAP Probationer/Parolee Property.* (5-ACI-5A-01)

- a. The Personal Property Officer will remove all personal identification documents such as birth certificate, social security card, and driver's license from the inmate's personal property and will forward these documents to the records office. Records office staff will update VACORIS and place the documents in the inmate's *Property Envelope*; see Operating Procedure 820.2, *Inmate Re-entry Planning*.
 - b. The inmate will be provided with the appropriate state issued clothing, linens, and other property.
 - c. When an inmate is received at a new DOC facility with a health care appliance or assistive device that presents a security concern, the Facility Unit Head, in consultation with the facility Medical Practitioner, Facility ADA Coordinator, and DOC ADA Coordinator, will decide whether removal of the item to minimize risk is appropriate, and will provide alternate appropriate accommodation(s).
13. Staff will select an appropriate bed assignment in VACORIS and complete the *Cell Compatibility Assessment*, if needed. (5-ACI-5A-01)
- a. Designated staff will approve the assignment with the date, time, and reason for the assignment completed.
 - b. If adequate information is not available for the *Cell Compatibility Assessment*, treatment staff will complete a *Classification Assessment* in VACORIS, prior to bed assignment.

II. Screenings and Assessments (2-CO-4A-01)**A. Health Screenings and Assessments**

1. Health trained or appropriate health care staff will complete an intake health screening on the inmate on the day of arrival; see Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care.* (5-ACI-5A-01)
 2. If the Medical Practitioner determines, at intake, an inmate is blind, the Health Care Practitioner or other health care staff member must notify the facility ADA Coordinator; see Operating Procedure 801.3, *Managing Inmates with Disabilities*
 3. Health care staff will complete a comprehensive health appraisal and physical examination for each inmate as soon after arrival as possible, but no later than 14 days after arrival for inmates with identified significant health care problems and 30 days for all other inmates; see Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care.*
 4. Dental screenings, examinations, and classifications will be in accordance with Operating Procedure 720.6, *Dental Services.*
 5. A Mental Health Clinician will complete a full mental health appraisal on each inmate within 14 calendar days of admission; see Operating Procedure 730.2, *Mental Health and Wellness Services: Screening, Assessment, and Classification.*
 - a. A Mental Health Clinician will interview each newly received inmate on psychotropic medication within one working day of admission.
 - b. The Mental Health Clinician will assign the appropriate Mental Health Classification Code.
- B. A Counselor or other designated non-clerical staff member will complete a *Classification Assessment* in VACORIS for each new inmate within 24 hours of the inmate's arrival and housing assignments made accordingly. (5-ACI-3D-10; 4-ACRS-2A-07[I]; §115.41[c])
1. Staff will review the *Classification Assessment* questions with the inmate to ensure that the inmate's housing and bed assignment pending in VACORIS is appropriate. When the inmate's responses indicate these assignments may not be appropriate, staff must consult with the staff member responsible for inmate housing and bed assignments to determine if a new assignment is warranted.
 2. The *Classification Assessment* must be approved within 72 hours of the inmate's arrival at the

- institution and will include a review of the following factors: (§115.41[b], §115.41[e])
- a. History of assaultive behavior
 - b. Potential for victimization
 - c. History of prior victimization
 - d. Special medical, mental health, or disability status
 - e. Escape history
 - f. Age
 - g. Enemies or inmate keep separate information
 - h. Any other related information
3. Staff will use information from the inmate's *Classification Assessment* to determine appropriate housing, bed, work, education, and program assignments with the goal of keeping inmates at a high risk of being sexually victimized separate from inmates at high risk of being sexually abusive. (§115.42[a])
4. Staff using the results of the *Classification Assessment* in VACORIS and available inmate records will screen the inmate for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and will interview and evaluate the inmate for High Risk Sexual Aggressor (HRSA) and/or High Risk Sexual Victim (HRSV) tendencies. (5-ACI-3D-10; §115.41[a], §115.41[d])
- a. Staff must refer any inmate subject to a substantial risk of imminent sexual abuse, or who is considered to be at risk for additional sexual victimization to the Mental Health Clinician who will immediately consult with the Facility Unit Head or designee to recommend immediate action to protect the inmate. (§115.62)
 - b. The staff member completing the *Classification Assessment* must immediately notify the Senior Mental Health Clinician of any inmate who scores as a High Risk Sexual Aggressor (HRSA) or a High Risk Sexual Victim (HRSV), for follow-up; see Operating Procedure 730.2, *Mental Health and Wellness Services: Screening, Assessment, and Classification*. (5-ACI-3D-12, 5-ACI-3D-13)
 - c. For any inmate that does not have an *Assaultive Alert* in VACORIS and scores as High Risk Sexual Aggressor (HRSA) and/or a High Risk Sexual Victim (HRSV), the staff member completing the *Classification Assessment* must immediately notify the Shift Commander to review for appropriate bed/cell assignment.
 - d. In order to ensure that staff or other inmate's do not exploit sensitive information that is detrimental to another inmate, responses to *Classification Assessment* questions regarding an inmate's risk of sexual victimization and abusiveness will only be disseminated in accordance with this operating procedure. (§115.41[I])
 - e. Staff must not discipline inmates for refusing to answer or for not disclosing complete information in response to questions asked in the *Classification Assessment* interview. (§115.41[h])
 - f. Inmates identified as HRSV will not be placed in the Restorative Housing Unit without their consent unless an assessment of all available alternatives has been made, and a Mental Health Clinician in consultation with the Shift Commander and Regional PREA Analyst, has determined there is no available alternative means of separation from likely abusers. (§115.43[a])
 - i. When staff cannot conduct the assessment immediately, the Shift Commander may place the inmate on General Detention for no more than 24-hours while completing the assessment.
 - ii. Staff must clearly document the basis for the institution's concern for the inmate's safety and the reason why no alternative means of separation can be arranged; see Operating Procedure 425.4, *Management of Bed and Cell Assignments (Restricted)*. (§115.43[d])
5. When an inmate indicates they experienced prior sexual victimization or previously perpetrated sexual abuse during the *Classification Assessment*, whether it occurred in an institutional setting or in the community, the staff member completing the *Classification Assessment* must offer the inmate a follow up meeting with medical or mental health staff.

- a. This information will be communicated to Mental Health Clinicians, health care staff and other staff, only as necessary, to develop treatment plans and make security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. (§115.81[d])
- b. The staff member will place a note in the *Comments* section of the *Classification Assessment* documenting that they offered the inmate a meeting along with the inmate's decision to accept or decline the meeting.
- c. The staff member will notify the Senior Mental Health Clinician and appropriate health care staff by email that the inmate's *Classification Assessment* indicates prior sexual victimization or abuse, that a meeting was offered and the inmate's decision to accept or decline the meeting.
- d. If the inmate accepts the meeting, the inmate must be seen within 14 days of the intake screening.
- e. Victims of a recent sexual assault will be referred for medical and mental health care and treatment as necessary in accordance with Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
6. Inmates are able to provide information to DOC staff about their gender identity at any time during their incarceration in the DOC, which includes, but is not limited to, initial reception, institution intake, and institutional transfer or at any time during their incarceration.
7. When an inmate indicates they are transgender or intersex during the *Classification Assessment* or at any time during their incarceration, a Counselor or the staff member completing the *Classification Assessment* will place a "six month follow up" alert in VACORIS and will notify the Senior Mental Health Clinician by email. (§115.42[d])
 - a. Transgender and intersex inmates will be required to complete the *Strip Search Deviation Request* 810_F2 in order to express their preference regarding the gender of correctional staff conducting their strip searches.
 - b. Staff will document completion of the *Strip Search Deviation Request* 810_F2 as a *Special Entry* in the *Facility Notes* section of VACORIS with a copy of the *Strip Search Deviation Request* scanned and uploaded as an external document to the corresponding *Special Entry* note.
 - c. Inmate refusal to indicate their preference on the *Strip Search Deviation Request* will result in inmate strip searches conducted by correctional staff of the same gender as the inmate.
 - d. If the inmate's preference indicates a deviation to same gender strip search procedures, staff will forward the *Strip Search Deviation Request* to the treatment team for consideration and approval.
 - i. The treatment team will meet within 14 calendar days to review and approve or disapprove the *Strip Search Deviation Request*.
 - ii. Treatment team meetings held to review *Strip Search Deviation Requests* must include the PREA Compliance Manager.
 - e. The PREA Compliance Manager or other designated treatment team member must notify the Institutional Program Manager (IPM) and Chief of Security of the inmate's strip search preference as approved on the *Strip Search Deviation Request*. In the absence of an IPM, notification will be made to the either the Chief of Housing and Programs, Assistant Facility Unit Head, or Facility Unit Head.
 - f. The PREA Compliance Manager will maintain a list of all transgender and intersex inmates with an approved *Strip Search Deviation Request* and will submit the list as it is updated it to the Facility Unit Head.
 - g. The Chief of Security or designee will notify correctional staff conducting inmate strip searches when a deviation is approved and that the inmate must be strip searched in accordance with their approved *Strip Search Deviation Request*; see Operating Procedure 445.4, *Screenings and Searches of Persons (Restricted)*.
 - h. The entire strip search of a transgender and intersex inmate will be conducted by correctional staff of the gender indicated on the *Strip Search Deviation Request* and as approved by the institution treatment team. Strip searches will not be conducted in a manner that allows for partial strip



searches of an inmate by male and female corrections staff.

- C. Within 5 days of arrival, the Facility Unit Head or designee will ensure that the Gang Specialist interviews each incoming inmate and documents and photographs their tattoos, identifying marks, or other unusual physical characteristics; see Operating Procedure 435.2, *Gang and Security Threat Group Identification and Tracking* (Restricted). (5-ACI-5A-01)
1. The Gang Specialist must document and record all gang/STG related tattoos, brands, etc. and any gang/STG related information in the VACORIS Gang Module.
 2. The Gang Specialist will conduct a follow-up interview and examination with the inmate just before an inmate transfers to their assigned institution to:
 - a. Detect additional displays of gang/STG affiliation
 - b. Ensure that the VACORIS Gang Module entry is complete
 - c. Ensure a gang alert appears in VACORIS when applicable
 3. The Gang Specialist must notify the Gang Specialist or other designated staff at a receiving institution of any gang/STG related information on inmates transferring to their location.
- D. Within 21 days from the inmate's arrival at the institution, staff will meet with the inmate and will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the institution since the intake screening. (§115.41(f))
1. The *PREA Reassessment* 810_F1 must be completed no sooner than 14 days and no later than 21 days after the inmate's arrival at the institution.
 2. Staff must document completion of the reassessment as a *PREA Reassessment* in the *Facility Notes* section of VACORIS.
 3. Staff must scan and upload the *PREA Reassessment* as an external document to the corresponding *PREA Reassessment* note on the same day they conduct reassessment.
- E. Correctional education staff will screen and test inmates, as needed, to determine each inmate's educational needs; see Operating Procedure 601.4, *Educational Testing*.
- F. Designated staff will collect a DNA sample when required; see the *DNA Sampling of Offenders* attachment to Operating Procedure 920.1, *Community Case Opening, Supervision, and Transfer*.

III. Inmate Orientation

- A. A Counselor is assigned to each inmate to ensure supervision and personal contact with the inmate; the Counselor may be part of a treatment or a unit management team that performs this function; see Operating Procedure 841.1, *Inmate Programs*.
1. The assigned Counselor will meet with the inmate soon after arrival in accordance with institutional practice to receive emergency and next of kin contact information using the *Emergency Notification Information* 050_F11.
 2. The Counselor will gather the inmate's demographic information, complete the appropriate risk and needs assessment, and perform any other actions necessary to prepare the inmate for incarceration and re-entry; see Operating Procedure 820.1, *Inmate Case Management*. This includes: (5-ACI-5A-03)
 - a. Entering a *Home Plan* into VACORIS as a Proposed Home Plan within 15 calendar days; see Operating Procedure 820.2, *Inmate Re-entry Planning*.
 - b. Reviewing, updating, and when necessary entering the inmate's *Social History/Family Environmental Information* in VACORIS.
 - i. If the *Social History/Family Environmental Information* was not completed, the Counselor must enter the required information into VACORIS. The Counselor will enter the information on the *Family Members* tab located in the *Environmental Summary* under *Offender Pages*. (5-ACI-5A-01)



- ii. Family members include biological, adoptive, or step mother, father, sister, brother, daughter, son, grandparents, the inmate's spouse or any other relative that raised the inmate.
 - iii. At a minimum the following information, if known and as reported by the inmate, is required:
 - (a) First, Middle, Last, and Maiden name
 - (b) Address and phone number
 - (c) If the family member has been on supervision or incarcerated
 - (d) Date of birth
 - (e) Highest educational level
 - (f) Substance use history
 - (g) If the family member has a criminal history
 - c. Researching the inmate's conviction history; if the inmate was convicted of an offense that potentially requires registration, the Counselor must complete the Virginia State Police *Sex Offender and Crimes Against Minors Registration Form (SP-236)*; see Operating Procedure 735.1, *Sex Offender and Crimes Against Minors Registration*.
 - d. Verifying if the inmate registered with Selective Service and assist them in registration, if required; see Operating Procedure 820.2, *Inmate Re-entry Planning*.
 - e. Identifying treatment and special re-entry needs; see Operating Procedure 820.2, *Inmate Re-entry Planning*
 - f. Providing program information to address:
 - i. Importance of re-entry preparation
 - ii. Motivational change program
 - iii. Healthy relationships
 - iv. Court ordered financial obligations repayment plan
 - v. Beginning Re-entry Savings Plan
- B. Designated staff will provide all new inmates with a thorough orientation on operating procedures, rules, programs, and services. (4-ACRS-3A-04[I]; 2-CO-4A-01)
- 1. Each institution should hold one or more formal inmate orientation sessions per week in which a Counselor, Institutional Ombudsman, and/or other designated staff review the information in the *Inmate Orientation Manual or Packet* and any additional information necessary with new inmates that arrived after the last formal inmate orientation session. (4-ACRS-3A-04[I])
 - a. The staff member(s) conducting formal inmate orientation should encourage questions about the information presented, and provide meaningful, appropriate answers and guidance.
 - b. The staff member(s) conducting formal inmate orientation should ensure that each inmate received a counselor assignment and information on staff to contact for guidance on institution operations.
 - c. Inmate attendance at formal inmate orientation is mandatory; inmates who fail to attend as scheduled may be subject to a disciplinary offense; see Operating Procedure 861.1, *Offender Discipline, Institutions*.
 - d. Each inmate should sign and date an institution specific acknowledgement of attending the formal inmate orientation with a general list of the topics covered.
 - 2. Each new inmate to include inmates assigned directly to the Restorative Housing Unit will be given a written *Inmate Orientation Manual or Packet* and the inmate will sign and date an institution specific acknowledgement documenting receipt of the *Inmate Orientation Manual or Packet*. (5-ACI-4B-27, 5-ACI-5A-01, 5-ACI-5A-04; 4-ACRS-3A-03[I])
 - a. Where a disability or problems with language or literacy hinder an inmate's ability to understand inmate orientation materials, staff presenting the formal inmate orientation session will access appropriate staff, inmates, volunteer, or contract resources to assist the inmate; see Operating Procedure 801.7, *Language Services for Limited English Proficiency*. (5-ACI-6A-01; 4-ACRS-3A-04[I])

- b. Staff will give each blind and visually impaired inmate a copy of the *Inmate Orientation Manual or Packet* and other written orientation materials in an accessible format and will notify all blind and visually impaired inmates that these formats are available and how to access them.
3. The institution *Inmate Orientation Manual or Packet* provides basic knowledge of DOC operating procedures governing such areas as PREA, inmate discipline, grievance process, personal property, inmate finance/indigent procedures, correspondence, publications, telephone services, visitation, and gang/STG avoidance and related issues. (5-ACI-5A-01, 5-ACI-5A-06, 5-ACI-6A-01; 4-ACRS-3A-03[I])
 - a. The following declaration regarding gangs/STGs is to be included in the *Inmate Orientation Manual or Packet* to ensure inmates understand the DOC's requirements concerning such behavior.

"The Virginia Department of Corrections has the authority and responsibility to promote a safe and secure environment for those individuals who are employed within the Department's facilities, as well as those persons who are incarcerated. In doing so, the Department has a policy of zero tolerance for any inappropriate or criminal behavior committed by any individual or group of individuals. One factor of such concern is gangs (street gangs, hate groups, cults)/STGs and their members. This is to inform you that as an inmate under the control or supervision of the Virginia Department of Corrections you are prohibited from joining, recruiting for, associating with, participating in or acting in concert with any individual or group of individuals who may constitute a gang/STG. In addition, you are prohibited from owning, creating, possessing, or passing to other individuals any correspondence, documents, photographs, drawings, jewelry, symbols, or property of any type that contains or indicates gang/STG identifiers, language, or information. Any behavior on your part which indicates such participation may lead to disciplinary, administrative, and/or criminal action against you."
 - b. The *Inmate Orientation Manual or Packet* must include the following information regarding mandated re-entry programming for inmates.
 - i. The DOC developed a streamlined approach of incarceration that follows inmates from their reception into the DOC through re-entry into their community.
 - ii. Every inmate releasing from incarceration in Virginia is expected to complete re-entry programming successfully prior to release; see Operating Procedure 820.2, *Inmate Re-entry Planning*.
 - iii. Any inmate who refuses re-entry programming will be subject to disciplinary action and may be subject to loss of good time, increase in security level and possible transfer to another institution; see Operating Procedure 820.2, *Inmate Re-entry Planning*, and Operating Procedure 861.1, *Offender Discipline, Institutions*.
 - c. The following information on mental health services must be included in the *Inmate Orientation Manual or Packet*.
 - i. Inmates are initially screened on arrival by health trained staff or appropriate health care staff. If it is determined that further evaluation, monitoring, or treatment is required, the inmate will be referred to a Mental Health Clinician for follow-up services.
 - ii. It is common for inmates to struggle with feelings of anxiety or sadness and there are Mental Health Clinicians assigned to each institution for inmates to address these issues.
 - iii. Inmates can request an appointment with a Mental Health Clinician by submitting a request form to mental health services.
 - iv. An inmate who is concerned that another inmate may attempt to hurt or kill them self, should encourage the inmate to reach out to mental health and wellness services for help and report their concerns to staff immediately for assistance. Warning signs of suicide among inmates may include the following:
 - (a) Expressions of hopelessness or helplessness
 - (b) Withdrawal from family, friends or normal activities
 - (c) Statements focusing on death, suicide or self-harm

- (d) Changes in eating, sleeping, recreation, concentration, interests
- (e) Getting affairs in order (saying good-bye, writing a will, etc.)
- (f) Giving away personal possessions
- v. Any inmate experiencing a mental health crisis or who observes another inmate in distress; should notify a staff member immediately. An inmate can write an anonymous request form to mental health staff to express their concerns.
- d. The *Inmate Orientation Manual* or *Packet* should include all necessary institution-specific information as directed in the *Inmate Orientation Manual/Packet-Guidelines* attachment to Operating Procedure 810.2, *Transferred Inmate Receiving and Orientation*.

C. Staff will provide the inmate with an overview of the DOC re-entry process by viewing the *Re-entry Video for Incarcerated Offenders*. Staff may access the video at *Prison Re-entry Program (Video for Offenders)* or obtain recorded copies from the Re-entry and Programs Unit.

D. Within 10 days of arrival, the inmate must receive the comprehensive PREA training, and will sign the *Preventing Sexual Abuse and Assault Training Acknowledgement* 038_F4; see Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.

IV. Classification

A. Staff will document the reception, orientation, and classification process in VACORIS with necessary reports and documents included in the inmate's Health Record; see Operating Procedure 050.1, *Offender Records Management*, and Operating Procedure 701.3, *Health Records*. (5-ACI-5A-01)

B. Except in unusual circumstances, staff will complete the reception and orientation of new inmates within 30 calendar days after admission to the correctional system. (5-ACI-5A-03)

C. Classification of a new inmate will proceed once all necessary evaluations and assessments have been completed so that the official inmate record maintained in VACORIS includes at a minimum the following information: (5-ACI-5A-02)

1. Legal aspects of the case
2. Summary of criminal history, if any
3. Social history/family environmental information
4. Medical, dental, and mental health history
5. Occupational experience and interests
6. Educational status and interest
7. Vocational programming
8. Recreational preference and needs assessment
9. Psychological evaluation
10. Staff recommendations
11. Pre-institutional assessment information

D. Treatment staff will complete the *Initial Security Level Score Sheet* in VACORIS and any other necessary documentation necessary for the initial classification; see Operating Procedure 830.2, *Security Level Classification*.

E. Treatment staff will assign all new inmates to an initial Work Classification of "No Outside Work" in VACORIS; see Operating Procedure 425.1, *Outside Work Assignments (Restricted)*.

F. The institution ICA will review the inmate's criminal history, security level, medical classification, mental health classification, social history, risk/needs assessment and any other relevant information and recommend appropriate institutional assignments.



G. Staff must document and review inmate classification assignments in VACORIS; see Operating Procedure 830.1, *Institution Classification Management*.

V. Living Conditions

A. In general, living conditions for inmates in reception units will be similar to those for inmates in general population units, but there are certain exceptions due to the inmate's short stay in a reception unit and issues related to assimilating the inmate into a DOC institution.

1. Inmates in a Classification and Reception Unit should have access to reading materials, religious services, recreation/exercise on the same schedule as general population, and work, educational, and rehabilitative programs subject to resource limitations at the institution.
2. The institution may provide new inmates with a different color or type of clothing to provide visual identification of inmates in reception units.
3. New inmates in reception units are not allowed:
 - a. Visitation with family and friends for the first 60 days after receipt into the DOC
 - b. Subscriptions to publications
 - c. Commissary purchases of personal property items other than hygiene and consumable items

B. Reception units participating in the Jail Classification Program may place additional restrictions on new inmates.

1. Conditions/privileges should be at a minimum the same as those provided for an inmate assigned to General Detention status in a Restorative Housing Unit.
2. Reception units should not generally impose such additional restrictions beyond one week.

REFERENCES

Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*

Operating Procedure 050.1, *Offender Records Management*

Operating Procedure 410.3, *Offender Movement Control (Restricted)*

Operating Procedure 425.1, *Outside Work Assignments (Restricted)*

Operating Procedure 425.4, *Management of Bed and Cell Assignments (Restricted)*

Operating Procedure 435.2, *Gang and Security Threat Group Identification and Tracking (Restricted)*

Operating Procedure 445.4, *Screenings and Searches of Persons (Restricted)*

Operating Procedure 601.4, *Educational Testing*

Operating Procedure 701.3, *Health Records*

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 730.2, *Mental Health and Wellness Services: Screening, Assessment, and Classification*

Operating Procedure 735.1, *Sex Offender and Crimes Against Minors Registration*

Operating Procedure 801.7, *Language Services for Limited English Proficiency*

Operating Procedure 802.1, *Inmate and CCAP Probationer/Parolee Property*

Operating Procedure 802.2, *Offender Finances*

Operating Procedure 803.3, *Offender Telephone Service*

Operating Procedure 810.2, *Transferred Inmate Receiving and Orientation*



Operating Procedure 820.1, *Inmate Case Management*
Operating Procedure 820.2, *Inmate Re-entry Planning*
Operating Procedure 830.1, *Institution Classification Management*
Operating Procedure 830.2, *Security Level Classification*
Operating Procedure 841.1, *Inmate Programs*
Operating Procedure 841.5, *Inmate and Probationer/Parolee Substance Use Testing and Treatment Services*
Operating Procedure 861.1, *Offender Discipline, Institutions*
Operating Procedure 864.1, *Offender Grooming and Hygiene*
Operating Procedure 866.1, *Offender Grievance Procedure*
Operating Procedure 920.1, *Community Case Opening, Supervision, and Transfer*
Prison Re-entry Program (Video for Offenders)

ATTACHMENTS

None

FORM CITATIONS

Preventing Sexual Abuse and Assault Training Acknowledgement 038_F4

Emergency Notification Information 050_F11

Health Services Orientation 720_F16

PREA Reassessment 810_F1

Strip Search Deviation Request 810_F2

