



# Virginia Department of Corrections

## Offender Management and Programs

### Operating Procedure 810.2

#### *Transferred Inmate Receiving and Orientation*

#### **Authority:**

Directive 810, *Reception and Orientation*

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### REVIEW

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

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

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

### 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.

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## 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.

**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.

**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 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.

**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.

**Intersex** - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female; intersex medical conditions are sometimes referred to as disorders of sex development.

**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.

**Prison Rape Elimination Act (PREA)** - Federal law, 34 U.S.C. Chapter 303, *Prison Rape Elimination, and regulatory standards*, 28 CFR Part 115, *Prison Rape Elimination Act National Standards*, proscribing background checks, training, reporting, and response requirements designed to eliminate sexual abuse and sexual harassment of inmates and CCAP probationers/parolees.

**Restorative Housing Unit** - A general term for special purpose bed assignments including restorative housing, and step-down statuses; usually a housing unit or area separated from full privilege general population.

- **Alt-GP Status** - General population bed assignments operated with increased privileges above RHU status but



more control than full privilege general population for inmates making an informed voluntary request for placement and inmates assigned to the restorative housing unit for their own protection.

- **RHU-Restorative Housing (RHU) Status** - Special purpose bed assignments operated under maximum security regulations and procedures, and utilized under proper administrative process, for inmates requesting placement with informed voluntary consent, inmates needing confinement for their own protection, when there is a need to prevent imminent threat of physical harm to the inmate or another person, or the inmate's behavior threatens the orderly operation of the facility.
- **RH Step-Down 1 (SD-1), RH Step-Down 2 (SD-2) Status** - General population bed assignments operated with increased privileges above RHU status but more control than full privilege general population.

**Transgender** - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.



## PURPOSE

This operating procedure provides guidance for the reception and orientation of inmates transferring from a Department of Corrections (DOC) institution to another institution.

## PROCEDURE

- I. At Arrival
  - A. Upon entry to the institution from transportation, corrections staff of the same gender as the inmate or of the gender indicated on the inmate's approved *Strip Search Deviation Request* 810\_F2 will strip search the inmate; see Operating Procedure 445.4, *Screenings and Searches of Persons* (Restricted).
  - B. The Shift Commander or designee will confirm the inmate's transfer in VACORIS to add the inmate to the institution's count.
    1. Staff will screen each inmate for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, prior to completing the inmate's bed assignment. (5-ACI-3D-10)
    2. Staff will select an appropriate bed assignment in VACORIS and complete the *Cell Compatibility Assessment*, if needed.
    3. Designated staff must approve the bed location with the date, time, and reason for the assignment completed.
  - C. The Personal Property Officer will take control of all personal property transferred with the inmate, search it for contraband, check the personal property against the inventory in the property module of VACORIS, and update the property inventory when necessary; see Operating Procedure 802.1, *Inmate and CCAP Probationer/Parolee Property*.
    1. 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 new institution.
    2. Staff will provide the inmate with appropriate state issued clothing, linens, and other property; see the *Institutional Property Matrix* attachments to Operating Procedure 802.1, *Inmate and CCAP Probationer/Parolee Property*.
    3. 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, 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), if feasible.
  - D. Staff will check the inmate's identification card to ensure the card matches the inmate's actual appearance; see Operating Procedure 410.3, *Offender Movement Control* (Restricted).
    1. If the card contains an outdated photograph, staff will take a new photograph and issue the inmate a new identification card free of charge.
    2. Identification cards that are outdated, lost, stolen, or damaged through no fault of the inmate will be replaced free of charge.
    3. Inmates will be assessed a \$2.00 replacement fee for identification cards that are lost, stolen, or damaged through their own fault.
    4. 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*.
  - E. The institution drug testing coordinator will ensure that the inmate is tested for substance use; see Operating Procedure 841.5, *Inmate and Probationer/Parolee Substance Use Testing and Treatment Services* .
  - F. Staff will provide the inmate with initial information on how to access routine and emergency health care



services and the grievance system at that institution; 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])

G. 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.

1. The comprehensive information shall include but will not be limited to the following subjects:

- a. The inmate's right as an individual with a disability.
- b. The DOC ADA Coordinator and the Facility ADA Coordinator' contact information and responsibilities.
- c. 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*.
- d. The availability of and ability to request a Qualified Caregiver at his or her institution; see Operating Procedure 801.3, *Managing Inmates with Disabilities*.
- e. 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*.

2. A staff member trained in orientation and mobility for the blind will provide blind inmates with a physical orientation of the institution at which he or she is to be housed.

H. Staff will provide the inmate with a copy of Attachment 1, *Notice of Rights for Offenders with Disabilities*, to Operating Procedure 801.3, *Managing Offenders with Disabilities*

## II. Screenings and Assessments

A. Health trained or appropriate health care staff will complete a medical and mental health screening; see Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, and Operating Procedure 730.2, *Mental Health and Wellness Services: Screening, Assessment, and Classification*.

B. Health care staff will review the results of the inmate's last eye examination and offer the inmate the opportunity to take a new eye examination; see Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.

1. A new eye examination is not required if the inmate was received from a reception center where the inmate was housed for seven days or less.
2. When a Medical Practitioner determines an inmate is blind, the Medical Practitioner or other health care staff member must notify the Facility ADA Coordinator.

C. A Counselor or other non-clerical staff member will assess each inmate, upon transfer from one DOC institution to another, for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. (§115.41[a])

1. A Counselor or other non-clerical staff member will complete a new *Classification Assessment* in VACORIS.
2. The *Classification Assessment* must be completed and 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[c], §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 *Classification Assessment* when making 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 scoring 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 a 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 inmates 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 Prison Rape Elimination Act (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 two hours while completing the assessment.
      - ii. Staff must clearly document the basis of 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 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.
    - i. 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.
    - ii. 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.
    - iii. 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.
      - (a) The treatment team must meet within 14 calendar days to approve or disapprove the *Strip Search Deviation Request*.
      - (b) Treatment team meetings held to review *Strip Search Deviation Requests* must include the PREA Compliance Manager.
  - b. When a transgender or intersex inmate arrives at an institution with an approved *Strip Search Deviation Request* 810\_F2, the Counselor or staff member will confirm that a copy of the approved *Strip Search Deviation Request* was uploaded and the "six month follow up" alert was documented in VACORIS. Transgender and intersex inmates are not required to complete a new *Request*; the approved *Strip Search Deviation Request* transfers with the inmate.
  - c. The Counselor or other staff members 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.
  - d. 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.
  - e. The Chief of Security or designee will notify correctional staff conducting inmate strip searches when a deviation is approved and when an inmate is received with an approved deviation. Correctional staff must strip search the inmate in accordance with the approved *Strip Search Deviation Request*; see Operating Procedure 445.4, *Screenings and Searches of Persons (Restricted)*.
  - f. 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.

- 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 the reassessment.
- E. Within five 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).
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 the inmate is to be released or transferred to another 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 at the receiving institution, P&P Office Gang Specialist, or other authority of any gang/STG related information on the inmate.

### III. Reception and 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 inmate's assigned Counselor will meet with the inmate to review the inmate's *Re-Entry Case Plan*, determine if a risk needs assessment is due and complete the appropriate assessment when necessary, work with the inmate to develop their *Re-entry Timeline*, and assist the inmate in accessing resources at the institution; see Operating Procedure 820.1, *Inmate Case Management*.
  2. The Counselor will review the inmate's *Demographics* page in VACORIS to verify the State Identification (SID) number was documented and has a confirmation date from the Virginia State Police.
    - a. When an inmate's SID number is missing a confirmation date, the Counselor must notify records office staff or other designated so the staff can scan the inmate's fingerprints using the institution's Live Scan equipment.
    - b. Staff should verify that the SID number and a confirmation date is received from the Virginia State Police.
  3. The Counselor will review and when necessary enter and/ or update the inmate's *Social History/Family Environmental Information* in VACORIS.
    - a. Family members include biological, adoptive, or step mother, father, sister, brother, daughter, son, grandparents, or the inmate's spouse or any other relative that raised the inmate.



- b. At a minimum the following information, if known and as reported by the inmate, is required:
    - i. First, Middle, Last, and Maiden name
    - ii. Address and phone number
    - iii. If the family member has been on supervision or incarcerated
    - iv. Date of birth
    - v. Highest educational level
    - vi. Substance abuse history
    - vii. If the family member has a criminal history
  4. The Counselor will review the inmate's work classification and when warranted, assign the inmate to the appropriate work classification in VACORIS; see Operating Procedure 425.1, *Outside Work Assignments (Restricted)*.
- B. The Counselor or other designated staff must provide the inmate with a copy of the *Zero Tolerance for Sexual Abuse and Sexual Harassment* attachment that includes the Sexual Assault Hotline Number; see Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
1. If the signed *Preventing Sexual Abuse and Assault Training Acknowledgement* 038\_F4 is not available in VACORIS, staff must provide the inmate with the comprehensive PREA training as described for inmates newly received into the DOC and will upload the signed *Training Acknowledgement* as an external document in VACORIS identified as a *Special Entry Note*. (§115.33[c])
  2. Each institution will ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. (§115.33[f])
- C. Orientation Requirements
1. Every institution has operating procedures, rules, regulations, and methods to access services unique to its mission, physical plant, and security level. (5-ACI-5A-05; 4-ACRS-3A-03[I], 4-ACRS-3A-04[I])
    - a. Staff must provide inmates who transfer into the institution from another institution with essential information specific to the new institution in a formal orientation.
    - b. Except in unusual circumstances, staff will complete the reception and orientation for inmates transferred from another DOC institution within seven calendar days after the inmate's arrival.
    - c. Staff may be required to provide additional institution specific information in a formal orientation when an inmate moves from one population to another within the institution such as Cognitive Therapeutic Community, Shared Allied Management Unit, etc.
    - d. Where disability or problems with language or literacy hinder an inmate's ability to understand inmate orientation materials, staff presenting the formal orientation session will access appropriate staff, inmate, volunteer, or contract resources to assist the inmate; see Operating Procedure 801.3, *Managing Offenders with Disabilities*, and Operating Procedure 801.7, *Language Services for Limited English Proficiency*. (5-ACI-4B-27, 5-ACI-6A-01; 4-ACRS-3A-04[I], 4-ACRS-3A-05[I])
  2. Each institution will maintain a written *Orientation Manual* or *Packet* that addresses institution-specific information as required on Attachment 1, *Inmate Orientation Manual/Packet-Guidelines* and as applicable to that institution. (5-ACI-4B-27, 5-ACI-6A-01; 4-ACRS-3A-03[I], 4-ACRS-3A-04[I], 4-ACRS-3A-05[I]; 2-CO-3C-01)
    - a. The institution's *Inmate Orientation Manual* or *Packet* should assume that the inmate has a basic knowledge of DOC operating procedures governing such areas as inmate discipline, grievance procedure, personal property, inmate finances, correspondence, publications, telephone services, and visitation.
    - b. The Personal Property or other designated staff will provide all inmates new to the institution to include inmates assigned directly to the Restorative Housing Unit with a copy of the *Inmate Orientation Manual* or *Packet* prior to any formal orientation session. (5-ACI-6A-01; 4-ACRS-3A-

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- c. The Personal Property or other designated 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 blind and vision impaired inmates that these formats are available and how to access them.
  - d. Each inmate will sign and date an institution specific acknowledgement of receiving the *Inmate Orientation Manual or Packet*.
3. The following declaration regarding gangs/STGs must be included in the *Inmate Orientation Manual or Packet* to ensure inmates understand the Department'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."
4. The *Inmate Orientation Manual or Packet* must include the following information regarding mandated re-entry programming for inmates.
- a. The DOC developed a streamlined approach of incarceration that follows inmates from their reception into the DOC through re-entry into their community.
  - b. Every inmate releasing from incarceration in Virginia is expected to complete re-entry programming successfully prior to their release; see Operating Procedure 820.2, *Inmate Re-entry Planning*.
  - c. Programming requirements vary by security level; however, all inmates are required to complete the re-entry services available at their designated location.
  - d. 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, *Re-entry Planning* and Operating Procedure 861.1, *Offender Discipline, Institutions*.
5. The following information on mental health services must be included in the *Inmate Orientation Manual or Packet*.
- a. Inmates are initially screened on arrival by health trained 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.
  - b. 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.
  - c. Inmates can request an appointment with a Mental Health Clinician by submitting a request form to mental health services.
  - d. Any 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:
    - i. Expressions of hopelessness or helplessness



- ii. Withdrawal from family, friends or normal activities
  - iii. Statements focusing on death, suicide or self-harm
  - iv. Changes in eating, sleeping, recreation, concentration, interests
  - v. Getting affairs in order (saying good-bye, writing a will, etc.)
  - vi. Giving away personal possessions
- e. 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. Each institution will hold one or more formal 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 inmates that have arrived at the institution since the last formal orientation session. (4-ACRS-3A-04[I])

1. The staff member(s) conducting formal inmate orientation should encourage questions about the information presented, and provide meaningful, appropriate answers and guidance.
2. 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.
3. Inmate attendance at formal 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*.
4. Each inmate should sign an institution specific acknowledgement of attending the formal inmate orientation with a general list of the topics covered. (4-ACRS-3A-04[I])

## REFERENCES

Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*  
 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 720.1, *Access to Health Services*  
 Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*  
 Operating Procedure 730.2, *Mental Health and Wellness Services: Screening, Assessment, and Classification*  
 Operating Procedure 801.3, *Managing Offenders with Disabilities*  
 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 820.1, *Inmate Case Management*  
 Operating Procedure 820.2, *Inmate Re-entry Planning*  
 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 866.1, *Offender Grievance Procedure*

## ATTACHMENTS



Attachment 1, *Inmate Orientation Manual/Packet-Guidelines*

**FORM CITATIONS**

*Preventing Sexual Abuse and Assault Training Acknowledgement* 038\_F4

*PREA Reassessment* 810\_F1

*Strip Search Deviation Request* 810\_F2

