# CENTINELA STATE PRISON (SUPPLEMENT)

California Department of Corrections	Chapter:	5	
Corrections	Article:	42	
OPERATIONS MANUAL	VISITING		
INSTITUTIONAL POLICY AND PRO	CEDURE RELA	TED TO THE	ABOVE DOM SECTION

RESPONSIBILITY FOR REVIEW: DATE OF LAST REVIEW:

ASSOCIATE WARDEN-CENTRAL SERVICES

FEBRUARY 2012

54020.7 VISITING DAYS AND HOURS Centinela State Prison's Visiting Schedule is as follows:

Visiting is authorized on all facilities on Saturdays, Sundays, and four (4) holidays (New Year's Day, Fourth of July, Thanksgiving Day and Christmas Day).

Visiting hours are from 0815 hours to 1500 hours for General Population inmates.

Visiting for inmates in Administrative Segregation inmates are one-hour non-contact visits that must be pre-scheduled. Administrative Segregation visits start at 1000 hours and 1230 hours.

During an institutional lock down or modified program, visiting may be restricted or modified, as determined by the Warden.

Visitors can call the Telephonic Information System at (760) 337-7900, extension is 5888. This information is updated whenever visiting information changes for the facilities. In addition, this system is updated every Thursday after 1500 hours to include the most current visiting information for each facility at Centinela State Prison. It should be noted, visiting status changes made after 1600 hours on Fridays and Saturdays may not be included on the Telephonic Information System until the next morning at 0800 hours.

54020.8 VISITOR APPLICATION PROCEDURE Visitors must complete, sign, and return the completed CDC Form 106, to the Institution via U.S. Mail at:

Centinela State Prison

P. O. Box 731

Imperial, CA 92251-0731

Attn.: Visitor Processing Center.

CDC 106 forms will not be accepted from inmates

INSTITUTIONAL SUPPLEMENT TO DOM FEBRUARY 2012 54020.8.1 APPROVAL/ DISAPPROVAL OF APPLICATION TO VISIT Denial of an initial application to visit, and/or any subsequent restriction, suspension or termination of previously approved visits shall be documented on the Automated Visiting Information System (AVIS), and a written copy will be placed in the inmate's visiting file. A copy shall be given to the applicant on the day the action is taken and such documentation shall include the name of the official taking or ordering the action, the length of time the action will apply; the circumstances under which the action will be reconsidered, and instructions for appealing the action taken. Any restrictions on visitors are documented in AVIS with written documentation is placed in the inmate's visiting file.

54020.11 PROCESSING VISITORS Visitors are allowed on State Grounds at 0800 hours and Visitor Processing begins at 0815 hours. Visitors will not be processed after 1400 hours and Visiting ends at 1500 hours

Visitor processing shall continue during both the Minimum and Close Custody counts in order to reduce the amount of time a visitor has to wait for a visit while count is cleared. Although inmate movement is frozen during count time, visitors shall be allowed to enter the affected visiting rooms.

Friends Outside is a non-profit organization intended to provide assistance to visitors. Centinela State Prison has a Friends Outside group located in a trailer adjacent to the visitor's parking lot. Friends Outside may provide childcare and loan clothing to visitors who need assistance in being admitted to the visiting rooms. Minor children not permitted to visit may be checked in with Friends Outside (La Hacienda) personnel. Friends Outside will provide childcare for a maximum of three hours. If minor children are found unattended in the parking lot, the children will be transported to the Visitor Processing Center and the parent's or legal guardian's visit will be terminated. Appropriate law authorities may be contacted for determination of possible child endangerment/negligence charges.

Visitors for Level III and IV inmates will enter the institution via the visitor's pedestrian Sallyport. The Tower #27 Officer shall visually observe the visitors as they walk to the appropriate visiting areas on Complex I or Complex II.

Visitors for Level I inmates will be transported via a CDC vehicle to and from the Level I (Facility E) Visiting Room.

When the visitor(s) arrive at the Visiting Room for the facility, they will present the visitor pass and their identification card to the (Visiting) Foyer Officer. The Foyer Officer will record the visitor information into the logbook. The log will note visitors' last name, first name and middle initial if applicable. The log will also note the time the visitor arrived to the visiting room and the table the visitor and inmate will be assigned to.

54020.11 PROCESSING VISITORS (CON'T) Visitor(s) will remain in the foyer area until the Visiting Search Officer and the Visiting Floor Officer have cleared the inmate for visiting. The visitor will then meet up with the inmate at the Visiting Officer's desk in the Visiting Room.

Visitors will not be permitted to leave the visiting area and return once their visit has begun. Once a visitor leaves the visiting area the visit is terminated. When a visitor wishes to leave the visiting room, they will approach the visiting room podium and inform the officer of their intention to leave.

The Visiting Officer will contact the Foyer Officer and then direct the visitor(s) to the Foyer. The visitor(s) will not be allowed to leave the foyer area until the inmate has been positively identified via the Visiting Search Officer. The Foyer Officer will then log the departure time in the logbook.

Upon returning to the visitor processing center, the visitor(s) will surrender their visitor pass and their identification to the processing officer. The processing officer will verify the identity of the visitor with their picture identification, and the information contained on the visitor's pass and stamped hand. Visitor Processing Staff will ensure the number of minors exiting the prison is consistent with the information noted on the visitors' pass.

The visitor will account for all authorized items allowed in the institution, except for money.

54020.15 ALLOWABLE VISITOR ITEMS Elderly and Disabled visitors will be permitted to bring the following items with them to visiting:

- Two (2) adult incontinence products (diapers)
- Container of Cleaning Wipes
- One (1) change of pants and underclothes

The change of clothes will be held by the Foyer Officer as the visitors are processed in to the Visiting Room. If the visitor needs to change his/her clothes during the visit, they will be given the clothes and a clear plastic bag prior to entering the restroom. The visitor will place the soiled clothes into the clear plastic bag, seal the bag, and turn the bag over to the Foyer Officer. The Foyer Officer will immediately conduct a visual inspection of the restroom to ensure no extra clothing was left behind or thrown in the trash. Once the restroom has been inspected and cleared, the visitor will be allowed back into the visiting room.

Prohibited items include, but are not limited to, the following:

- Excessive jewelry (No more than one necklace, one charm, two rings, one watch, one bracelet, one pair of earrings)
- Body jewelry that prevents clearance of the metal detector

54020.15 ALLOWABLE VISITOR ITEMS (CONT.) Multi-function watches, (i.e. pager watches, calculators, etc.)

54020.19 VISITOR EMERGENCY MEDICAL ASSISTANCE Medical Staff will keep complete records of all First Aid services rendered to inmate visitors. These records shall fully identify the person treated, date of injury, full diagnosis, the cause for treatment (i.e., description of accident, etc.), and detail the services rendered, and including drugs and supplies used.

When the visitor(s) alleges injury or was involved in an accident on State Property, a report will be made on Standard Form 268, Accident report.

54020.20 VISITOR BASIC DRESS STANDARDS

Prohibited Attire consists of, but is not limited to, the following:

- No wrap-around skirts, dresses or blouses
- No colored handkerchiefs (white only)
- Sleeveless shirts cannot be less than two inches wide at the shoulder

54011.21 PROCESSING OF INMATES

Upon notification from visiting staff, housing unit personnel shall notify the inmate of his visit and release him from the housing unit.

The Visiting Search Officer will pick up inmates from the facility pedestrian gate. Each inmate will be positively identified with his state identification card. At no time will the inmate be allowed into the visiting area without a State Identification Card.

The inmate will be escorted to the visiting search room, where the Visiting Search Officer, will confirm the inmate's identity and perform an unclothed body search of the inmate.

Once a visit has terminated, the inmate will report to the Visiting Floor Officer and inform the Floor Officer when he wishes to terminate the visit.

The Visiting Officer will give the inmate his Identification card, and will document the time the inmate left in the visiting logbook. The inmate will report to the Visiting Search area where he will be positively identified and an unclothed body search will be conducted. The Search Officer will notify the Foyer Officer once the inmate has been identified and searched so that his visitors may depart the foyer area.

Under no circumstances will visitors be allowed to leave the visiting lobby without a positive identification of the inmate having been made by the visiting search officer.

54020.21.2 AUTHORIZATION OF EXCUSED TIME OFF FOR VISITS Staff will verify that the inmate is not assigned to a Work/Training assignment during visiting hours. If the inmate is assigned during visiting hours, staff shall identify if Excused Time Off (ETO) has been granted.

If the prospective Visitor is not approved or if the inmate is assigned and ETO time has not been approved by the work supervisor, the visit will be denied. If the prospective visitor is approved to visit, the inmate is not working, or ETO has been approved, the visit will be logged into AVIS.

All inmate work supervisors are responsible to properly account for assigned inmates and to correctly record the inmate's attendance.

In order to ensure that the Departmental Regulations regarding ETO usage are complied with, the following procedure shall be adhered to:

- An inmate may not use more than 30 days of ETO.
- When the work supervisor becomes aware that an inmate is scheduled to use more than 30 days of ETO, the work supervisors shall submit a CDC-128B to the inmate's respective Correctional Counselor I (CCI) requesting that the inmate's work status be reviewed and if appropriate, the inmate be unassigned from his work assignment.
- The respective CCI shall review the inmate's work status and upon verification that the inmate is scheduled to be away from his assignment more than 30 days the CCI shall act to have classification committee remove the inmate from his assignment and assign the inmate to A2 credit earning status.
- Additionally, inmates are not to be paid for ETO usage.

54020.22 NON-CONTACT VISITING

Administrative Segregation inmate visits require prior appointments. Appointments to visit Administrative Segregation inmates are made for 1000 hours and 1230 hours and are one-hour in duration. Non-contact visits are limited to three (3) visitors per inmate, including minors.

Due to the limited availability of Administrative Segregation appointments (12 per weekend), inmates will be afforded one visit every two weeks.

Visitors must contact the Visitor Processing Center at (760) 337-7900, extension 5804, no less than one week in advance to schedule an appointment. Appointments are assigned on a first call/first serve basis.

Visitors wishing to cancel a scheduled visit must do so at least 24 hours in advance by contacting the phone number listed above. Failure to do so may result in restricting future visiting privileges.

Visitors must report to the Processing Office at least one half-hour prior to their scheduled appointment. Visitors must inform the Processing Officer they have an Administrative Segregation appointment scheduled.

54020.22 NON-CONTACT VISITING(CONT) Inmates will not be escorted from Administrative Segregation until their visitor has arrived at the Visiting Process Center.

The Visitor Processing Staff will notify the Administrative Segregation Control Booth Officer when a visitor has arrived. It is the responsibility of the Administrative Segregation Officer to ensure the inmate is escorted to Visiting in a timely manner.

Inmates assigned to Administrative Segregation Units shall be escorted to the Facility A (A5 Inmates) or Facility C (C6 Inmates) Visiting Room by Administrative Segregation staff.

If the visitor is late and accommodations cannot be made, the visit will be denied. The visitor will be able to reschedule.

54020.22.2 NON-CONTACT VISITS FOR GENERAL POPULATION INMATES Centinela State Prison has three non-contact visiting booths in each of its visiting rooms. Due to the limited number of booths, non-contact visits may be restricted in duration.

Visitors for non-contact visiting shall be processed in the same fashion as regular contact visiting with the exception that visitors shall be informed of the number of visitors allowed and the visitor pass shall be labeled "Non-contact".

Any inmate assigned to non-contact visiting shall receive no more than three visitors (minors included) at one time.

When the non-contact visiting inmate arrives at the visiting search area, the search officer will receive him. The inmate will be identified and given an unclothed body search. The Search Officer will assign the inmate to a vacant non-contact visiting booth. The Search Officer will ensure the booth is clear of any contraband and that the equipment is in good working condition (i.e., phone, seat and lights) prior to placing the inmate in the booth.

Once the inmate is secure in the booth, the Search Officer will contact the Foyer Officer and inform the officer the inmate is ready to receive his visitor(s). The Foyer Officer will direct the visitor(s) into the visiting area, and the Floor Officer will direct the visitor(s) to the appropriate booth. The Floor Officer will document the time the visit began in the Inmate Visiting Log.

54020.29 VISITING CONDUCT Inmates will not be allowed to use the visitor restroom nor will visitors be allowed to use the inmate restroom. Each will use the designated facilities.

54020.30 DENIAL OR TERMINATION OF VISITS DUE TO OVERCROWDING Visiting Rooms on Facilities A, B, C and D have 30 tables and 120 chairs. The room capacity is 120.

The Visiting Room on Facility E has 12 tables and 60 chairs. The room capacity is 60.

If/when table or room capacity has been reached in a visiting room, visits will be terminated on a first-in/first-out basis. Exceptions will be made in accordance with DOM.

54020.32 ATTORNEY VISITATION AND CONSULTATION An attorney request to visit an inmate shall be submitted by calling, faxing or writing to the Litigation Coordinator (or his/her designee). The attorney must provide at minimum, 24 hour notice of his/her intent to visit.

Inmate patients who are housed in the Correctional Treatment Center, (CTC) for the purpose of mental health treatment, shall have access to attorneys. Attorneys shall be allowed to visit these individuals in order to provide adequate due process as related to parole proceedings. Upon the Litigation Coordinator's or his/her designee's receipt of a attorney request for a visit with CTC housed inmate (who is there for mental health reasons), the Litigation Coordinator shall immediately notify the Senior Psychologist (or his/her designee).

In turn the Senior Psychologist or the designee shall immediately notify the assigned primary case clinician.

Every effort shall be made to ensure that attorney visits occur, in a confidential setting. This may require careful scheduling of the attorney visit to avoid impacting services to other CTC patients. When an inmate refuses escort to a confidential setting or there has been documentation that he has been assaultive in the last 24 hours, the attorney shall be allowed contact in the cell-front. When an inmate is in clinical restraint, the attorney shall be allowed contact from outside the cell door, with the cell door open. Custody staff shall maintain security via close observation, but shall make every effort to ensure that the attorney and the inmate are able to speak confidentially.

Pursuant to the June 17, 2007 Valdivia Stipulated Protective Order the institution has an obligation "to provide a parolee's attorney access to sensitive medical and mental health information". The order indicates "Should any such files contain information covered by the Health Insurance Portability and Accountability Act of 1996 (HIPPA), this order shall be deemed a qualified protective order". Hence, attorneys may review the Unit Health Records (UHR) of an inmate or may request to discuss the mental health condition with the assigned clinician. Mental health clinicians shall provide to visiting attorneys, any information necessary for understanding the mental state, and mental health history of the inmate,. In rare occurrences, the clinician may determine that a visit from the attorney could compromise the health and safety of the

INSTITUTIONAL SUPPLEMENT TO DOM FEBRUARY 2012 54020.32 ATTORNEY VISITATION AND CONSULTATION (CONT.) inmate. For example, if an individual holds delusional beliefs about the attorney, or threatens self-harm if an attorney visit is allowed, the clinician shall carefully document the reason for concern in the UHR. The clinician shall document, using a CDCR Form 128 B chrono that a visit from the attorney could be detrimental to the health and safety of the inmate. The chrono shall be completed the same working day that the clinician is notified of the requested attorney visit. The reason why the visit may be detrimental and the time frame recommended for a residential visit shall be documented in the chrono.

Copies of the chrono shall be placed in the UHR, and the Central File. The original chrono shall be immediately provided to the Litigation Coordinator or the designee. The Litigation Coordinator or the designee shall provide a copy of the chrono to the attorney by sending it via facsimile to CalPAP Headquarters at (916) 452-7491, and the attorney shall be requested to postpone the visit.

When a clinician determines that an attorney visit could be detrimental to the inmate, a mental health clinician who is a supervisor or manager shall be notified to review the documentation of the concern. The process toward resolving the concern shall be documented in the UHR at least every 24 hours.

When an attorney declines to postpone the visit, the visit shall be allowed, and clinical contact shall be scheduled immediately after the attorney visit to determine whether modification of the treatment plan is necessary to ensure the safety of the inmate.

The Public Defenders and Alternate Public Defenders Office act as a screening function for litigation issues. These investigators are able to interview inmates face to face, without the need for written verification from the inmate and are allowed entry through normal attorney visitation procedures.

54020.33 FAMILY VISITING GENERAL INFORMATION Inmates convicted of a violent offense involving a minor or family member or any sex offense, which includes, but is not limited to the following Penal Code Sections: 187 (when the victim is a family member or minor); 192; 261; 261.5; 262; 264.1; 266j; 273a; 273d; 273.5; 273.6; 285; 286; 288; 288a; 288.2; 288.5; 289.5; 311.1; 311.2; 311.3; 311.4; 313.1; 314; or 647.6. are prohibited from family visiting. In addition, inmates are ineligible for family visiting when substantial documented evidence or information of the misconduct described in section 3177(b)(1) exists, without a criminal conviction. The evidence or information appropriate for the purpose of this regulation shall include rule violation reports as well as court transcripts, police or probation reports, or parole revocation hearing, etc.

54020.33.1 INMATE FAMILY VISITING ELIGIBILITY Inmates meeting any of the following criteria are ineligible for family visits:

- Inmates sentenced to life without the possibility of parole.
- Sentenced to life without a parole date established by the Board of Prison Terms.
- · Close "A" or Close "B" custody.
- · Condemned inmates.
- Inmates assigned to a Reception Center.
- Inmates assigned to an Administrative Segregation (Ad-Seg) Unit; or Security Housing Unit (SHU).
- An inmate guilty of one or more Division "A" or Division "B" offenses within the last 12 months or guilty of narcotic trafficking while incarcerated in a state prison.
- Inmates assigned to Work Group/Privilege Group "C" and "D".

54020.33.2 INMATE APPLICATIONS FOR FAMILY VISITS Correctional Counselor I's are not required to prepare CDC Form 128-B Informational Chronos for inmates determined to be ineligible for participation in the Family Visiting program (except in cases where approval is being rescinded). If the inmate's case factors change or a hold is placed, the CCI shall review the inmate's continued eligibility.

If the inmate was participating and is no longer eligible, the CCI shall prepare a CDC Form 128-B and forward a copy, clearly indicating the reason for rescission to the Family Visiting Coordinator.

Each CCI is expected to review C-Files when they receive notices of changes in case factors or placements of new holds. This review will ensure that inmates who have become ineligible for Family Visiting do not enter the Family Visiting units. The CCI shall determine whether the inmate was previously participating in the Family Visiting program. If the inmate was not participating, the CCI shall process the case according to normal procedures for changes in case factors and holds.

If the inmate <u>was participating and continues to be eligible</u>, the CCI shall process the case according to normal procedures for changes in case factors and holds.

Denials determined at the time of application shall be documented only on the Family Visiting application.

If an application is received by the Family Visiting Coordinator, for which there is not a copy of a CDC Form 128-B indicating approval, it shall be returned to the assigned CCI for review and processing.

When an inmate transfers to another institution, the process shall begin again. The Family Visiting Coordinator shall be authorized to use the copy of the CDC Form 128-B only from the current institution to schedule subsequent Family Visits.

54020.33.2 INMATE APPLICATIONS FOR FAMILY VISITS (CONT.) No Family Visiting Application, CDC Form 1046 (Attachment A) will be processed, thirty (30) days prior to an inmate's parole date.

54020.33.4 NOTIFICATION OF SCHEDULED FAMILY VISITING DATES Scheduling of Family Visits shall be the responsibility of the Family Visiting Coordinator who will notify the inmate via institutional mail.

All necessary paperwork will be sent to the inmate. It is the inmate's responsibility to notify the intended visitors and to convey Family Visiting information, rules and regulations. Documents to be forwarded by the inmate to his visitors shall include the Family Visiting Guidelines Confirmation signature form (Attachment B),

The Family Visiting Guidelines Packet (Attachment C), and the CDC 1839, Exemption of Family Visit/Temporary Community Leave Funds from Restitution Fines/Orders (Attachment D).

All stand-by applications will require a 14-day notice from the families when requesting a stand-by visit. This will allow for the Family Visiting Coordinator to notify the families and the inmate via institutional mail or listed phone numbers.

Visiting staff shall complete a review of the inmate's C-File between 24 and 72 hours prior to placing the inmate in the Family Visiting unit. The review shall determine if the inmate's privilege group or disciplinary status has changed or a hold has been placed. If it is determined that the inmate is not appropriate for placement in the FVU, the Visiting Supervisor shall cancel the scheduled visit. The Visiting Supervisor shall prepare a CDC Form 128-B indicating the reason for cancellation and forward a copy to the assigned CCI.

If a visitor fails to return the Confirmation Slip attached to the bottom of the Family Visiting Inmate Notification, CDC Form 1072 (Attachment E), via U.S. Mail at least 72 hours prior to the visit, the visit will be automatically cancelled.

54020.33.5 VISITING STATUS CHANGE

Changes in the inmate's classification status (i.e. custody, housing, privilege, group, etc.) may result in cancellation of the visit.

54020.33.7 CANCELLATION OF A FAMILY VISIT If an inmate, or his visitor, fails for any reason to participate in three consecutive scheduled Family Visits, the inmate will not be scheduled for additional visits for a period of six months. If after review it is determined that the failed participation was a direct result of institution controls, the inmate will not be penalized nor documented. If the supervisor's review determines the inmate was at fault, the specifics of this situation will be documented on a CDC 128B and forwarded to the appropriate Unit

INSTITUTIONAL SUPPLEMENT TO DOM FEBRUARY 2012 54020.33.7 CANCELLATION OF A FAMILY VISIT (CONT.)

54020.33.8 PROCESSING INMATES FOR FAMILY VISITING Classification Committee (UCC) for review and confirmation of suspension for six months from the date of action taken.

When an inmate or visitor has cancelled a scheduled Family Visit, the inmate must reapply.

An Inmate Transfer, GA 154 (Attachment F) will be completed by the Family Visiting Coordinator and delivered to Central Control no later than 1500 hours. Central Control will ensure the inmate's bed is reserved pending his return from the Family Visit.

All inmates will submit to an unclothed search prior to the visit and submit a urine sample for testing. The sample will be logged and secured in Complex Control.

All inmates will be attired in "State issued" clothing. No personal clothing will be allowed.

The inmate may take in only the following personal items. A Family Inmate Property Inventory-Male Inmate Items, CDC Form 1070 (Attachment G) will be completed listing all items in and out for Family Visit:

- Wedding ring
- One extra pair of socks
- One extra pair of undershorts and T-shirt
- Prescription glasses
- Religious medal
- Bible
- State shoes
- State shirt
- State jeans
- State belt
- State jacket
- Razor
- Toothbrush
- Comb
- Shower thongs

The Family Visiting Coordinator will transport the inmate to the FVU for placement. Upon arrival, the officer will conduct an inventory of items in the Family Visiting Unit. The inventory shall be noted on a CDC Form 1069, Family Visiting Inventory Form (Attachment H) and signed by the inmate. The Family Visiting Coordinator will then pick up the visitors. A copy of the GA 154, placing the inmate into FVU will then be taken to Tower 7.

When processing inmates out of FVU, a GA 154 will be completed by the Family Visiting Coordinator and delivered to Central Control no later than 0900 hours. The inmate will be returned to his previously assigned bed.

54020.33.8 PROCESSING INMATES FOR FAMILY VISITING (CONT.) The inmate will retain only the items inventoried prior to his placement into the FVU.

54020.33.11 MINOR'S PARTICIPATION If the minor is accompanied by an adult who is not the parent, legal guardian, or spouse of the minor, a notarized consent must be produced which states that the parent/guardian is giving permission for the minor to visit the specific inmate at Centinela State Prison and must be presented each time the minor visits for regular and/or Family Visiting.

This consent form must include the following information:

- Parent/Guardian's name.
- Child's name.
- Child's Date of Birth.
- Inmate's name and CDC number.
- Visits are occurring at Centinela State Prison.
- Name of designated adult escort
- Duration of approval

54020.33.13 FAMILY VISITING LENGTH AND VISITOR REPORTING REQUIREMENTS

Family Visits are to begin at approximately 1100 hours and end approximately 46 hours later at 0900 hours.

Visitors will be processed in on Tuesday, Thursday and Saturday (at Centinela State Prison processing is only on Thursday and Saturday) at approximately 1100 hours. Visitors may be allowed an arrival deadline of 1500 hours on the day of scheduled visit. Exceptions must be requested and approved by the Visiting Lieutenant in advance. Visitors will be processed out on Thursday, Saturday, and Monday at approximately 0900 hours.

54020.33.14 PROCESSING OF VISITORS FOR FAMILY VISITING

Birth certificates or abstracts of birth may not be laminated. All legal documents must be originals, certified copies, or have embossed county seals. Photocopies will not be accepted.

54020.33.15 AUTHORIZED PROPERTY FOR FAMILY VISITING

Visitors will be instructed to return unauthorized property to their vehicle. Visiting Staff may dispose of unauthorized perishable items.

Women's handbags and any personal keys will be kept in the respective Family Visiting locker provided at the Visitor Processing Center.

Visitors with small children are allowed to bring in baby food in the quantities and packaging indicated as follows:

- Powdered Formula: Unopened containers only.
- Baby Food: Up to four factory-sealed jars of baby food per day, per infant. Vegetables and meats only. NO FRUIT.

INSTITUTIONAL SUPPLEMENT TO DOM FEBRUARY 2012 54020.33.15 AUTHORIZED PROPERTY FOR FAMILY VISITING (CONT.)  Baby Cereal: One factory sealed box of dehydrated baby cereal per infant.

Children's story/coloring books (two per child), coloring pencils (maximum of eight) are allowed. Toys must be of single wall construction and non-battery operated. No Stuffed toys, crayons, toy guns or balloons allowed.

The institution does not provide dishwashing liquid. Visitors may bring dishwashing liquid for their visit in a clear plastic container. Face and hand towels are permitted. Bath towels are provided.

Basic personal hygiene items shall be limited to two fluid ounces (travel size only), in clear plastic containers.

- No Alcohol-based creams, lotions or oils
- No Metal combs or brushes.
- No Gels and/or grease
- · No Powder of any kind.
- No makeup of any kind
- No False eyelashes or eyelash curlers, tweezers or mirrors
- No Excessive jewelry
- No Multi-Function Watches, i.e. Motorola pager watches

THE FINAL DECISION ON ANY ITEM WILL BE LEFT TO THE DISCRETION OF THE VISITING SUPERVISOR WHO IS ON DUTY AT THE TIME THE FAMILY VISIT IS BEING PROCESSED.

Visitors are limited to two changes of clothes per adult. NO CAMOUFLAGE MATERIAL OR CLOTHING RESEMBLING THAT OF AN INMATE OR STAFF.

Inmates are not allowed to send any items out with visitors. Violation may result in documentation, which could affect future visits.

Visitors found leaving the institution with items obtained from the FVU (i.e. radio, pan, curtain, etc.) may be subject to denial of future Family Visits, depending upon Classification Committee Review. The inmate assigned to the unit may be written a disciplinary report that may affect regular visiting for up to six months.

54020.33.16 FOOD FOR FAMILY VISITING Inmates are responsible for purchasing approved prepackaged food items for their visitors and themselves with funds from their trust account. The Commissary Order Form (Attachment I) and a Trust Account Withdrawal Order (Attachment J) for a minimum of \$40.00 must be available and verified in the inmate's trust account two weeks prior to any Family Visit.

The Family Visiting Coordinator shall facilitate delivery of the prepackaged food items to the FVU at the commencement of the visit.

Any opened food items, which remain at the conclusion of the Family Visit, will be destroyed. Under no circumstances shall any purchased food item be allowed to accompany the inmate into the facility at the conclusion of the visit.

The Desert Rio Cafe will not accept returns of items and no refunds will be made. If the inmate's visitor cancels the Family Visit, at least 72 hours prior to the visit, the inmate's funds shall remain on his books. If said funds were submitted with a CDC 1839 Form, these funds shall remain frozen until such time as the visit is rescheduled or the inmate paroles.

When an inmate or visitor cancel a Family Visit without appropriate notice, the inmate is held financially responsible for the food ordered from Desert Rio Cafe. They will not accept returned food.

Visitors will be allowed to retain and take with them unopened food items. All other items and opened foods will be disposed of.

54020.33.17 FAMILY VISITOR MEDICATION Visitors requiring medication shall present a physician's statement to the Family Visiting Coordinator for processing. All such medication must be contained in the original prescription bottle.

Visitors requiring insulin will only be allowed the required number of syringes, which will be counted by the Family Visiting Coordinator. All medication will be retained and locked in the medication refrigerator located at the Visitor Processing Center. A Watch S&E will be responsible for routing the needed medication to the respective FVU at the visitor's designated time.

The medications will be listed on a Family Visiting Unit Visitor Medication Form (Attachment K). The officer delivering the medication shall note the date and time the medication was dispensed and both the visitor and officer will sign the form. A list of the FVU's needing medication routed to them will be posted at Staff Entrance, along with their scheduled times.

Upon conclusion of the Family Visit, the Family Visiting Coordinator will account for all syringes of insulin and dispose of by placing them in the Red Sharp's Container, sign the Log Book indicating or noting starting date, FVU #, the owner of the needles, how many needles were disposed of and Coordinator's signature.

Inmates requiring medication shall notify his facility Licensed Vocational Nurse (LVN) of his scheduled Family Visit 72 hours in advance. The Senior LVN and/or the supervising nurse will also receive a 72-hour notice.

The facility LVN will prepare only the dosage of medication required for the Family Visit. All controlled medication is delivered to the inmate by

INSTITUTIONAL SUPPLEMENT TO DOM FEBRUARY 2012 54020.33.17 FAMILY VISITOR MEDICATION (CONT.) the on duty Central Health LVN. All other medications will be in the inmate's possession. Inmate's requiring insulin will receive their shots from the on duty Central Health LVN.

The LVN responsible for dispensing medication will be advised of such a visit and will report to the designated FVU at the designated time to administer the medication with the assistance of the Watch Search and Escort Officer S&E. For other injections and/or special medication(s), the inmate will be escorted by the Watch S&E to Central Health for administration of medication.

54020.33.18 FAMILY VISITING COUNT PROCEDURES The designated Watch S&E Officer will count inmates. Inmates will exit the FVU for the following Institutional counts: 0230, 0515, 1700, 2115, and 2350. The only exception to these counts will be an institutional emergency.

During inclement or foggy weather inmates and their visitors will be expected to remain in their unit until the fog lifts, unless contact is made with Tower 7 Officer and approval is given. Inmates are responsible for the actions of their visitors.

54020.33.19 UNSCHEDULED INSPECTION/ SEARCH OF FAMILY VISITING UNITS The degree of security for Family Visiting will be consistent with the overall requirements of the institution.

The privacy of the Family Visiting participants will not be imposed upon through surprise searches, unless there is reasonable cause to believe the inmate or visitor is in direct violation of the law or policies and procedures, which govern Family Visits.

Searches will be conducted only with the approval of the CDW. In the absence of the CDW, the Administrative Officer of the Day may approve the search.

Visitors and inmates are to stay away from the fence. Any person who throws anything over the fence or approaches the fence in a suspicious manner will have the visit terminated immediately.

In the event of a major disturbance, fire, earthquake, etc., evacuation of visitors and inmates from the FVU's may become necessary. If such evacuation occurs, visiting will be terminated and will not resume unless the Warden gives special approval.

In the event of a fire alarm activation, all visitors and inmates will evacuate the FVU's and proceed to the pedestrian gate at the end of the sidewalk. They will remain there until the firefighter or Fire Chief clears the fire alarm.

Accident/injury to a visitor or inmate will be documented and supervisor will be notified, with the added necessity to fill out an accident report on the individual. Refer to DOM Section 31020, Health and Safety Program.

INSTITUTIONAL SUPPLEMENT TO DOM FEBRUARY 2012 54020.33.19 UNSCHEDULED INSPECTION/ SEARCH OF FAMILY VISITING UNITS (CONT.) The Family Visiting Coordinator will visit each occupied unit at 0900 hours to ensure the safety of visitors, inmate's presence and condition of the apartment.

54020.33.20 CONDITION AND CLEANLINESS OF FAMILY VISITING UNITS

Family visits take place in an apartment-type setting. Maximum occupancy in each apartment unit is six. There are a total of seven units to accommodate visitors. Each unit is equipped with cooking and eating utensils and dishes. Linen, bedding and towels are also provided by the institution.

At Centinela State Prison all cleaning of Family Visiting Units are conducted during 2<sup>nd</sup> Watch. Two visiting porters from B Visiting are utilized to maintain the units and the inmates themselves are required to clean the unit the day they complete their visit.

54020.34 APPEALS RELATED TO VISITING Inmates, approved inmate visitors and visiting applicants may register complaints/appeals regarding visiting.

Inmates shall use the established inmate appeal procedures.

Written appeals of departmental policies, staff decisions, and institution procedures relating to visiting by visitors and applicants shall be in writing and submitted to the institution head.

A written response shall be provided within 15 working days from receipt of the appeal.

If dissatisfied with the institution's response or action, the appellant may refer the appeal, with a copy of the institution's decision, to the director or designee. A written response to appeals addressed to the director shall be provided within 20 working days from the date of receipt.

All subsequent decisions made as a result of an appeal and the reasons for the decisions shall be documented with a copy to the appellant and/or inmate. Visiting privileges shall be promptly approved or restored when an investigation concludes that no violation of rules, regulations, or procedures took place.

54020.37 REFERENCES California Code of Regulations; Title 15, Article 7, Visiting.

Penal Code; Sections 2600, 2601, 2080, 2772, 2790, 4502, 4535, 4573.3, 4573.6, 5054 and 5058, Statutes of 1982, Chapter 1.

Memorandum dated November 17, 1999, "Close Custody Counts."

54020.37 REFERENCES (CONT.) Memorandum dated April 13, 2000, "Policy Change in the Visiting Room Capacity Procedure."

Deputy Director's Memorandum (DD 74/00) dated June 28, 2000, "Correctional Counselor I Workload Project-Directives for Immediate Work Relief-Family Visiting."

Memorandum dated December 7, 2000, "Visiting Procedures Requirement", referring to memorandum dated November 17, 1997, "Public Defenders Office/Alternative Public Defenders Attorneys."

Memorandum dated January 31, 2001, "Expanded Use Of Excused Time Off" authored by L. Witek, Deputy Director (A), Institutions Division.

Memorandum dated December 21, 2011 "Allowable Items for Elderly or Disabled Visitors" authored by G. Guirbino, Director (A) Division of Adult Institutions.

54020.37 ATTACHMENTS ATTACHMENT A CDC 1046, Family Visiting Application.

ATTACHMENT B Family Visiting Guidelines Confirmation signature form

ATTACHMENT C The Family Visiting Guidelines Packet

ATTACHMENT D CDC 1839, Exemption of Family Visit/Temporary Community Leave Funds from Restitution Fines/Orders

ATTACHMENT E CDC 1072 Family Visiting Inmate Notification

ATTACHMENT F GA 154 - Inmate Transfer

ATTACHMENT G Family Visit Inmate Property Inventory-Male Inmate Items

ATTACHMENT H Family Visiting Inventory, CDC 1069 form

ATTACHMENT I Commissary Order Form

ATTACHMENT J Trust Account Withdrawal, CDC 193 form

ATTACHMENT K Family Visiting Unit Visitor Medication Form

ATTACHMENT L In/Out Processing Cleanliness Inspection Form

DOMINGO URIBE JR.

Warden

Centinela State Prison

	-6		
DEPARTM	ENT OF	CORR	ECTIO

DATE OF VISIT

## FAMILY VISITING APPLICATION

UNIT NUMBER

INSTRUCTIONS: Inmate: Con	nplete and submit application erify relationships, complete	to assigned C	ounselor. FILL OUT	FORM COMPLETE				
TO FAMILY VISITING COORDINATOR (			DATE REQUEST SUBMITTED TO COUNSELOR:					
FROM(Inmate's name):		DATE RE	DATE RECEIVED BY FAMILY VISITING COORDINATOR:					
CDC NUMBER:	CELL/DORM/BED:	EPRD/BOA	RD DATE:	PRIVILEGE GROUP:				
CUSTODY LEVEL:		WORK/PRO	OGRAM ASSIGNMENT	DATE OF LAST CDC 115:				
		1.30.		DG G HETT GDD				
	ILY VISIT BE SCHEDULED FOI	AGE:	RELATIONSHIP TO YO	RS: (LIMIT SIX)				
VISITOR'S NAME (First, Middle, Last):		AGE.	RELATIONSIM TO IX					
ADDRESS(Number, Street, City, State):			TELEPHONE NUMBER	E .				
VISITOR'S NAME (First, Middle, Last):	ya ya mada ya dalifara a maya ya mada da a da a da a da a da	AGE:	RELATIONSHIP TO YO	DÜ:				
ADDRESS(Number, Street, City, State):			TELEPHONE NUMBER	₹:				
	8 9 . 8 40 8							
VISITOR'S NAME (First, Middle, Last);		AGE:	RELATIONSHIP TO YO	OU:				
ADDRESS(Number, Street, City, State):			TELEPHONE NUMBER	<b>:</b> , , , , , , , , , , , , , , , , , , ,				
VISITOR'S NAME (First, Middle, Last):		AGE:	RELATIONSHIP TO YO	OU:				
ADDRESS(Number, Street, City, State):			TELEPHONE NUMBER	૯				
VISITOR'S NAME (First, Middle, Last):		AGE:	RELATIONSHIP TO Y	OU:				
ADDRESS(Number, Street, City, State):			TELEPHONE NUMBE	R:				
	9		( )					
VISITOR'S NAME (First, Middle, Last):		AGE:	RELATIONSHIP TO Y	OU:				
ADDRESS(Number, Street, City, State):			TELEPHONE NUMBER	R:				
			( )					
I UNDERSTAND MY CORRECTIONAL OR OTHER QUESTIONED RELATIONS FOLLOWING REQUIREMENTS FOR F  1. That a serious rules violation during to 2. That falsification of any information of 3. That it is required I submit to an unclivisit.  4. That my visitors are subject to a sease 5. That my visitors must abide by the rule 6. That I am responsible to ensure the F 7. That I am responsible for any damage 8. That a Family Visit may be terminate 9. That all Family Visting Units are sub I I am requesting a REGULAR FAM	HIP MUST BE PRESENTED AT T PARTICIPATION IN THE FAMILY the waiting period will cancel any per will cause my Family Visiting privile othed body search and may be required to their person(s), property, and tles posted in the Family Visiting Unit amily Visiting Unit is left in clean of the unit and/or equipment incurred at anytime for reasons of security ject to unannounced inspections and	HE TIME OF TIY VISITING PR nding scheduled viges to be cancell ired to submit a vivehicles. nit. condition. ed during my visit of the institution searches for secre	HE VISIT. I UNDERSTAN OGRAM: visit. led and result in disciplinar urine specimen for testing a lit.	y action. t the beginning and end of the				
	NYTIME		y family may require	1				
□ v	VEEKDAYS VEEKENDS	141		110410 1105100				
FORGERY, FALSIFICATION OR ALT		F THIS APPLIC	ATION MAY RESULT	N DISCIPLINARY ACTION				
INMATE'S SIGNATURE	Diagram of Part I Ordion of		SIGNED					

STATE OF CALIFORNIA
Family Visiting Application
CDC 1046 (Rev. 2/00)

## THIS AREA TO BE COMPLETED BY CORRECTIONAL COUNSELOR

I have verified the information on the front of this form, including family relationship, privilege group, disciplinary record, and status as approved visitors in accordance with the institutional Visiting Procedures. Changes in an inmate's eligibility will be reported to the Family Visiting Coordinator prior to the visit.

THIS VISIT IS APPROVED.

THIS VISIT IS DENIED FOR ONE OR MORE OF THE FOLLOWING REASONS:

Inmate not eligible for Family Visiting.

Records indicate inmate and proposed visitor are not legally married.

The visitor is not an approved visitor.

Inmate or visitor is on non-contact visiting status.

Other

COUNSELOR'S SIGNATURE:

TODAY'S DATE:

TODAY'S DATE:

Attachment B

## Memorandum

Date :

To : FAMILY VISITING PARTICIPANTS

Subject: FAMILY VISITING CONFIRMATION/FAMILY VISITING GUIDELINES

The Family Visiting Coordinator <u>MUST</u> receive the attached Family Visiting Confirmation notice and the lower portion of this form at least two weeks prior to the scheduled Family Visit.

Should you have any questions or concerns pertaining to this matter, you may contact the Family Visiting Coordinator at (760) 337-7900, extension 5806.

M. ASAELI
Family Visiting Coordinator
Centinela State Prison

Attachments

#### \*\*\*\*SIGN AND RETURN\*\*\*\*

I have received and reviewed the attached Family Visiting Guidelines. I understand that failure to provide the required documentation or failure to comply with all of the requirements outlined in these guidelines may result in cancellation of the visit.

Inmate Name CDC Number

Visitor Signature Date

Return To:

Centinela State Prison
Family Visiting Coordinator
P. O. Box 731
Imperial, CA 92251-0731

# FAMILY VISITING CONFIRMATION NOTICE

INM	IATE:	CDC#:	H/U	11
You	are scheduled for a Family	y Visit on :		:
Trust	ware that you need a minimut Withdrawal Authorizations not two weeks prior to your sche	nust be completed and rec	eived by the Family Vis	siting Coordinatorat
You Visit	are completely responsible to	inform your family of the	date, time and items to	bring to the Famil
CAN	CELLATION OF FAMIL	Y VISIT		
Ά.	If a family cancels a Far Coordinator no less than Coordinator on the morning	72 hours prior to the a	scheduled visit. Call	the Family Visiting
В.	Your request for cancellation	on must be in written form.		
C.	If you become scheduled for	Parole within 30 days of	your visit, the visit will	be canceled.
D.	Any increase in your custod	y status will cancel your v	isit.	· ·
E.	Any other unanticipate (i.e., insufficient funds, med	The same of the sa	may adversely afformations afformations and a sections and a sections afformations afformation afforma	DOMEST OF THE PERSON AND PROPERTY.
F	If a Family Visit is cancelle family does not show, inap the food you have ordered,	propriate documentation)	you are held financia	lly responsible for
G.	You may not submit another visit has been completed/caframe will be denied.			
The F	family visiting participant will amily Visiting Officer will instructed the unit is instructed to the second secon	spect all units at the term	ination of the visit. If	the Family Visiting
unders	ming below, you agree to the tand that only those visitors libur statements on the application manner.	sted thereon are allowed	to participate in this vis	it. You also affirm
				W. **
INMA	TE'S SIGNATURE:		DATE:	

# VISITOR PACKAGE

All paperwork must be completed and returned to the family Visiting Coordinator no later than 14 days prior to the scheduled day of the visit.

Failure to complete and return these forms by the deadline may result in cancellation of your visit.

Forms must be returned directly to Family Visiting. Visitor Packet forms WILL NOT be accepted from the inmate. Mail forms directly to:

Centinela State Prison
Attn: Family Visiting
P.O. Box 731
Imperial, Ca 92251

# CENTINELA STATE PRISON FAMILY VISITING P.O. BOX 731 IMPERIAL, CA 92251-0731

HOUSING UNIT:	*		
INMATE NAME:	CDC NUMBER:	DATE:	
The above named inmate has been in toxicology testing, one sample precedusit.			
en v E			
FAMILY VISITIN	G COORDINATOR	DATE	
a a		20 20	
U. A	A. SAMPLE SUBMITTED BY:	•	
TESTING NO. 1: (ENTERING) OFF	FICER:	DATE:	
TESTING NO. 2: (DEPARTING) OF	FICER:	DATE:	
My signature indicates I understand the requirement as a condition of Family V		d I agree to comply with this	
		*	
INMATE SIGN	IATURE	DATE	

#### **FAMILY VISITING GUIDELINES**

#### **OVERVIEW OF FAMILY VISITING:**

Family visits are a 43-hour visit in a 2-bedroom apartment on institutional property. Family Visiting is available only to immediate family members of the inmates.

Each Family Visiting apartment consists of two bedrooms, kitchen, bathroom and living room. One apartment is located at the Minimum Facility "E" for the use of Level I inmates. Five apartments available for Family Visits are located within the secured perimeter of the Level I, II, III and IV inmates, one of which is a handicapped accessible apartment available for use by any inmate and family needing it (including Level I inmates).

#### SCHEDULING:

Family Visits begin on Thursdays and Saturdays. Visitors participating in family visiting must report to the Visitor Processing Center between 11:00 a.m. and 1:00 p.m. on the first day of the visit. Visitors may not enter institutional property before 11:00 a.m. on the first day of the visit. Visitors who are being dropped off by a friend or family member must have that person wait until the visitors are processed; in order to secure any unauthorized items. Centinela State Prison will not hold unauthorized items during the visit. Visitors will be processed out at the end of the family visit at 9:00 a.m. on the third day.

Your Family Visit will be cancelled if the visitor does not arrive by 1:00 p.m. If you cannot keep your scheduled family visit, you must notify the Family Visiting Coordinator at least 72 hours prior to the beginning of the visit. Failure to notify the Family Visiting Coordinator of a cancellation at least 72 hours in advance may result in the loss of family Visiting Privileges.

## VISITOR IDENTIFICATION AND PROOF OF MARRIAGE OR RELATION:

All adults participating in the Family Visiting program must be approved visitors and must be in possession of a valid form of identification (listed below). In addition to this identification, all visitors must provide proof of relationship to the inmate in order to be processed in.

#### **IDENTIFICATION:**

- Valid Driver's License with photo, (non-laminated) from state of residence.
- Valid Department of Motor Vehicles Identification Card with photo, (nonlaminated) from state of residence.
- Valid Passport with photo.
- Armed Forces Identification Card with photo.

 Identification Cards issued by the United State Department of Justice Immigration and Naturalization Services.

#### PROOF OF MARRIAGE OR RELATION:

In addition to the above identification, visitors will be required to present the below listed additional identification. All identification and documents must be presented at the beginning of each visit. All documents must be originals or certified copies. Abstract documents will not be accepted. Laminated documents will not be accepted.

WIFE: An original marriage license, with an original county seal, stamp and recording clerk's signature.

SIBLINGS: Brothers and sisters must bring both their Birth Certificate and the inmate's Birth Certificate. These documents must identify that both persons have the same parents. Additionally, if the visitor has changed their name for any reason, he/she must also have a marriage license or other court document verifying the change of name with an original county seal, stamp, and recording clerk's signature showing their given name.

PARENTS: The inmate's Birth Certificate listing the visitor as the inmate's parents.

CHILDREN: The child (ren's) Birth Certificate listing the inmate as the father.

**STEPCHILDREN:** The child (ren's) Birth Certificate listing the inmate's wife as the mother.

Any visitor chaperoning a minor who is not their child, must present a notarized permission letter from the child's legal guardian, authorizing the escort for the purpose of the visit.

#### ALLOWABLE ITEMS:

The following is a list of items that will be allowed into the Family Visiting Unit with the visitor. Due to the variety of items brought by families, this list cannot be totally inclusive of all items allowed onto prison grounds. These are quite basic guidelines for your use.

SUITCASES: Limited to two soft canvas bags or overnightits or shoulder totes, per adult visitor. NO HARD SIDED SUITCASES ARE PERMITTED.

**CLOTHING:** Each visitor may bring a maximum of two changes of clothing for the visit. All clothing is for the visitor's use only. No blue denim. No clothing that resembles inmate clothing. No clothing that resembles that of correctional staff. No camouflage of any kind.

FOOD: No food items or beverages may be brought in from the outside. Inmates are responsible for providing the necessary food items for the duration of the visit. Inmates shall purchase approved pre-packaged food items for their visitors and themselves with funds from their Trust Account. The institution will provide all inmates with a family Visiting Menu order form in sufficient time for the food to be delivered prior to the visit.

The inmate will be required to order his food items for the family visit at the time the visiting date is confirmed. This will be done through the Family Visiting Coordinator. The inmate will sign a Trust Account Withdrawal Form (CDC Form 193) for the food for the inmate and visitors. The minimum food order amount is \$40.00 to ensure an adequate supply pf food for the inmate and visitors.

TOILETRIES: Limited to two (2) fluid ounces, (travel size) in original containers. All toiletries must be translucent. All containers must be clear plastic and must contain a list of ingredients.

- No hand or body creams, lotions, or oils.
- No perfumes or colognes.
- No make-up of any kind.
- No items that are alcohol based.
- Dishwashing soap is permitted.
- Face and hand towels are permitted. Bath towels are provided.
- No items in metal or glass containers.

#### **BABY/CHILDREN ITEMS:**

- Baby formula (must be POWDERED in <u>factory sealed</u> containers ONLY).
- Disposable diapers, baby wipes (in <u>factory sealed</u> packages ONLY).
- No toys are permitted except; visitors with infants/toddlers may bring three clear plastic teething toys.
- Visitors may bring two coloring books per child and a maximum of eight colored pencils. (NO CRAYONS).
- School work: School age children may bring homework and soft cover school books. No hard cover books permitted.

#### **MEDICATION:**

Visitors may bring to the family visit only the amount of prescribed medication needed during the visit. All medication must be brought to the Visitor Processing Center in their original prescription bottle with the visitors name on the label. Visiting Staff will not hold additional medication during the visit. Prison officials will deliver all medication to the Family Visiting Unit at the times specified on the bottle.

Visitors on medically prescribed diets, treatments, and medical procedures (i.e.; dialysis) may bring in the necessary items in order to continue the medical procedure while on their family visit. A notarized letter from the physician's with a description of medication, diet, or medical procedure must accompany all medication.

Insulin dependent visitors: Must provide new, capped (unused) vials of insulin in the Family Visiting Unit.

#### PROHIBITED MEDICATIONS:

- Narcotics/Pain Medications.
- Psychotropic Medication.
- Medication containing alcohol.
- Medications labeled "take as needed".
- Over the counter type drugs such as aspirin, cough syrup, vitamins, Rolaids, etc.

#### MEDICATION TREATMENT DURING VISIT:

The institution will provide only emergency medical treatment during a family visit. Any visitor requiring medical treatment will result in termination of the visit.

#### **UNAUTHORIZED ITEMS:**

The following is a list of items that will not be allowed to enter Centinela State Prison grounds during a family visit. Due to the variety of items brought in by the families, this list <u>cannot</u> be totally inclusive of all items prohibited. This is only a guideline for your use. The final decision on any item will be left to the discretion of the officer who is processing your Family Visit. <u>All unauthorized items must be left in your car.</u> Centinela will not hold unauthorized items during the visit.

- Narcotics/alcoholic beverages (read the label).
- Money, keys, identification (You must surrender all money, keys, identification and/or return bus pass to Visiting Staff for safekeeping during your visit).
- No products containing alcohol.
- No hair products; such as hair lotions, hair color, peroxide, permanent waves, hair spray, gels and/or grease.
- Metal combs or brushes.
- Glue or false eyelashes, eyelash curlers, tweezers or mirrors.
- Needles, thread or scissors of any kind.
- Photographs/excessive jewelry
- Incense sticks/candles.
- Electrical appliances.

#### **FAMILY VISITING REGULATIONS:**

#### CONDUCT:

All visitors must abide by all laws, rules and regulations pertaining to visiting. Visitors are responsible for the conduct of their children. Failure to abide by all rules and regulations may result in termination of the visit and/or suspension of visiting privileges.

#### HOUSEKEEPING:

Each family visiting participant will be responsible for the cleanliness and upkeep of the assigned Family Visiting Unit. The Family Visiting Officer will inspect all units at the termination of the visit.

 All items, furniture, sinks, showers, toilets, refrigerators, cooking and eating utensils, etc. must be cleaned at the completion of your visit. All floors must be swept and mopped.

 There will be an inventory of all items at the termination of the visit. Failure to account for all items may result in suspension of visiting privileges and disciplinary action.

#### **COUNT PROCEDURES:**

Inmates in the family visiting quarters shall present themselves for count per instructions provided in the Family Visiting Units. A minimum of 4 counts per 24-hour period shall be conducted.

NOTE:

Inmates who fail to be present for count are subject to disciplinary action and termination of the family visit.

#### COMPLETION OF YOUR VISIT:

No food will be left inside the family Visiting Units. The inmate will not take food items back into the institution. The visitors may take **UNOPEND** food items home. Any opened food items will be disposed of.

DATE SIGNED

EXEMPTION OF FAMILY VISIT/TEMPORARY COMMUNITY LEAVE **FUNDS FROM RESTITUTION FINES/ORDERS** 

AMOUNT OF MONEY YOU HAVE ENCLOSED:

CDC 1839 (Rev 5/	97)			£		i de
Car Second	116.0		TO BE COMPLETED, IN ITS ENTIRETY	BY FAMILY N	MEMBER	
NAME OF INMATE	YOU	MSH	TO VISIT: (Last, First, MI)			CDC NUMBER:
NAME OF FAMILY	MEME	ER P	ROVIDING FUNDS: (Last, First, MI)		TELEPHONE	NUMBER:
FAMILY MEMBER	'S ADD	RESS	: (Include City State, and Zip Code) (See Privacy	Statement on the	back)	
a 1 ° ,		) 1	ESE FUNDS ARE TO PAY FOR FOOD	9 <b>4</b> 8		4
	<u></u>	] IH	ESE FUNDS ARE FOR A TEMPORARY	COMMUNITY	LEAVE (T	CL)
			##\###################################			
			IF THIS VISIT/LEAVE IS CA	NCELLED:		
	1)	WI.	L FUNDS WILL REMAIN INDEFINIT TH A HOLD PLACED ON THEM UN TEMPORARY COMMUNITY LEAV	NTIL USED F	INMATE'S	S TRUST ACOUNT RE FAMILY VISITS
a 16 gr	2)	VIS	ESE FUNDS WILL BE AVAILABLE SITS OR TEMPORARY COMMUNIT RCHASE ITEMS FROM THE CANTI	Y LEAVES		
	3)		STITUTION WILL NOT BE TAKEN ING HELD FOR THE FAMILY VISITS			
	4)	NO	REFUNDS WILL BE MADE.		de °	
			IMPORTANT:	1		
	1)	PLE	EASE SEND THIS FORM WITH PAY	MENT TO TH	ie institu	JTION'S ADDRESS
	2)	TRA	THIS FORM DOES NOT HAVE COMPI ANSFERRED TO THE INMATE'S TRUST DUCTIONS.	LETE INFORM ACCOUNT A	MATION, TH	HE FUNDS WILL BE
						il a
SIGNATURE OF FA	MILY	MEME	BER PROVIDING FUNDS			DATE SIGNED
SIGNATURE OF CE	OC STA	FF F/	ACILITATING FUNDS FOR EMERGENCY TCL			DATE SIGNED

#### STATE OF CALIFORNIA

# FAMILY VISITING INMATE NOTIFICATION CDC 1072 (4/88)

TO: (Inmate's Name)	CDC NUMBER	HOUSING	
	INSTITUTION	DATE	
FROM: FAMILY VISITING COORDINATOR	INSTITUTION	DATE	
YOUR REQUEST FOR A FAMILY VISIT WITH THE FOLLOWING PR	I ROPOSED VISITOR:	S HAS BEEN APPROVI	ED.
1	4.		
*			
2	_ 5		- 0
		120	
3	_ 6		
TYPE OF VISIT REQUESTED: REGULAR FAMILY VISIT		STAND-BY FAMILY VI	SIT
Your Family Visit is scheduled for (date):			n 6.79% c
	(a) (b) 21 (42) (62)		property and the second second
Detach the lower portion of this form and mail it to a participat confirmation must be returned by the proposed visitor, via U.S. Ma			
confirmation must be returned by the proposed visitor, via 0.5. Ma	ii, directly to the Fa	inny visiting coordina	tor or this institution.
			· · · · · · · · · · · · · · · · · · ·
To: Proposed Family Visiting Participants listed below:	INMATE'S NAME	_	CDC NUMBER
1.			4380
1 8			
2	5	a	
		1 25	
3	6		
		8	
4.			
			100
A family visit has been scheduled for (date)			
Minors must be accompanied by an adult who is an approve legal guardian if the accompanying adult is not the minor's			proval from a parent or
Please confirm your participation or cancellation by comple Mail to the FAMILY VISITING COORDINATOR.	ting the informatio	n below. This form mu:	st be returned via U.S.
FAILURE TO RETURN THIS FORM AT LEAST 72 HOURS	PRIOR TO THE FA	AMILY VISIT MAY RES	SULT IN AUTOMATIC
CANCELLATION OF THE VISIT.			
Return Completed Confirmation to:	□ I/We will a	rrive as scheduled at a	annroximately
FAMILY VISITING COORDINATOR			am/pm (circle one)
	(time)		am/ pm (circle one)
9	I/We will scheduled	•	duled. Please cancel (
the contract of the contract o	SIGNATURE OF ADULT	PROPOSED VISITOR	DATE
Telephone Number:			

## Attachment F

STATE OF CALIFORNIA GA 154 (Rev. 10/03) DEPARTMENT OF CORRECTIONS

#### INMATE TRANSFER/HOUSING ASSIGNMENT CHANGE

CDC NUMBER	INMATE'S NAME	FROM QUARTERS	TO QUARTERS	REASON
	1			
			,	
				*
	٥			
	<i>p</i>			
	•			

DISTRIBUTION:
White Copy - Control Room
Yellow Copy - Sending Facility
Pink Copy - Receiving Facility
Goldenrod Copy - Approving Authority

Signature and Title of Approving Authority (Correctional Lieutenant or above)

Attachment G STATE OF CALIFORNIA FAMILY VISIT INMATE PROPERTY INVENTORY—MALE INMATE DATE OF SCHEDULED VISIT INMATE'S NAME (LAST, FIRST) CDC NUMBER HOUSING THIS INVENTORY SHEET WILL BE RETAINED IN THE FAMILY VISITING OFFICE, UPON COMPLETION OF THE FAMILY VISIT. THE ASSI SEARCH AND ESCORT STAFF WILL INVENTORY THE RETURNING INMATE'S PROPERTY TO INSURE THAT NO CONTRABAND ENTERS INSTITUTION. ONLY LISTED ITEMS ARE AUTHORIZED TO BE TAKEN OUT TO A FAMILY VISIT. NO EXCEPTIONS WILL BE MADE WITHOUT THE WRITTEN APPROVAL OF THE WARDEN/SUPERINTENDENT OR HIS/HER DESIGNEE. DESCRIPTION **AUTHORIZED ITEMS AMOUNT** TAKEN OUT RETURNED DRESS SHOES SHOWER SHOES SOCKS UNDERSHORTS T-SHIRTS SHIRTS **JEANS** JACKET WATCH CAP HANDKERCHIEFS BELT SUNGLASSES PRESCRIPTION GLASSES WEDDING RING **JEWELRY** RAZOR TOOTHBRUSH TOOTHPASTE SHAMPOO SOAP SOAP BASE COMB HAIRBRUSH MEDICATION OTHER

			(*)
The amount taken out as noted	l is correct.	The amount returned as noted is	correct.
INMATE'S SIGNATURE	DATE	INMATE'S SIGNATURE	DATE
OFFICER'S SIGNATURE	DATE	OFFICER'S SIGNATURE	DATE (

CDC 1069 (6/87)

#### FAMILY VISITING INVENTORY FORM

Attachment H

TE:							
LATE'S NA	ME:					CDC NUMBER:	
KITCHE			IN	our		LIVING ROOM	10
CABINE	TS ABOVE STOVE & SINK		_			WINDOWS	
	TS BELOW SINK					CURTAINS	
STOVE (						COUCH & COUCH PILLOWS	
STOVE (	INSIDE)					CHAIR & CHAIR PILLOWS	
TABLE,	DINING					TELEVISION SET	
CHAIRS	DINING					COFFEE TABLE	
	ERATOR (TOP)				. 7	FLOORS & MOLDINGS	_
	ERATOR (INSIDE)	1			81	SMOKE ALARM & BATTERIES	
	& MOLDING				9)	TELEVISION STAND	
SMOKE	ALARM & BATTERIES				10)	END TABLE, LAMP	1.
			-		OT	IER:	
MERI	·					MMENTS:	
					-		
KITCHE	UTENSIL8	HTUA	M	OUT		BEDROOM	
PLATES.				$\vdash$	_	ATTACHED HEADBOARD/FOOTBOARD	
CUPS				$\vdash$		MATTRESS & BOX SPRINGS	
SAUCER	is ·					BED FRAME	
BOWLS				$\sqcup$		OVERHEAD LIGHT FIXTURE	
	G BOWLS			$\Box$		CURTAINS	1
SERVING	G PLATTER					WINDOWS	
GLASSE	S, DRINKING					WALL HEATERS	
KNIVES						CHEST OF DRAWERS	
FORKS						BEDROOM LAMP & BULBS	
SPOONS						DOORS & LOCKING DEVICES	
SOUP S	POONS					CLOSET AREA	
ER:					12)	FLOORS & MOLDINGS	
MMENTS:							
						HER:	
	COOKWARE	AUTH	IN	OUT		MMENT8:	
KITCHEN	COOKWARE	HTUA	IN	OUT	COI	MMENTS:	4 10
KITCHEN OVEN BI		AUTH	IN	OUT	1)	BEDDING AUTI	4 18
KITCHEN OVEN BI	N COOKWARE ROILER PAN	HTUA	IN	OUT	1) 2)	MMENTS:  BEDDING AUTI BLANKETS SHEETS	4 10
KITCHER OVEN BI FRYING SAUCE I	N COOKWARE ROILER PAN PAN-1 CAST/1 TEF PAN S-M-L	HTUA	IN	OUT	1) 2) 3)	BEDDING AUTI BLANKETS SHEETS PILLOW CASES	1 11
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KITCHER OVEN BI FRYING SAUCE I BOILER COFFEE	N COOKWARE ROILER PAN PAN-1 CAST/1 TEF PAN S-M-L W/LID POT	AUTH	IN	OUT	1) 2) 3)	BEDDING AUTI BLANKETS SHEETS PILLOW CASES MATTRESS COVERS	4 11
OVEN BE FRYING SAUCE I BOILER COFFEE	N COOKWARE ROILER PAN PAN-1 CAST/1 TEF PAN S-M-L W/LID POT	AUTH	IN	OUT	1) 2) 3) 4) 5)	BEDDING AUTI BLANKETS SHEETS PILLOW CASES MATTRESS COVERS	4 11
KITCHER OVEN BI FRYING SAUCE I BOILER COFFEE TOASTE DUTCH	N COOKWARE ROILER PAN PAN-1 CAST/1 TEF PAN S-M-L W/LID POT R	AUTH	IN	OUT	1) 2) 3) 4) 5)	BEDDING AUTI BLANKETS SHEETS PILLOW CASES MATTRESS COVERS BATH TOWELS	4 11
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KITCHER OVEN BI FRYING SAUCE I BOILER COFFEE TOASTE DUTCH ( MICROV TEA KET	ROILER PAN PAN-1 CAST/1 TEF PAN S-M-L W/LID POT R OVEN VAVE TLE  G UTENSILS D SPOON SPOON FORK A KNIFE R KNIFE PEELER MASHER DERS BOWLS ENER				1) 22) 33) 44) 55) 66) 77) 69) 10) 11) 12) 13)	BEDDING BLANKETS SHEETS PILLOW CASES MATTRESS COVERS BATH TOWELS DISH TOWELS DISH TOWELS PILLOWS TELEVISION CLOCK RADIO, AM/FM CLOCK ALARM SMOKE ALARM & BATTERIES IER: AMENTS: BATHROOM DOOR & LOCKING DEVICE TOWEL RACK MEDICINE CABINET TOOTHBRUSH HOLDER SOAP DISH FACE BOWL FAUCETS (HOT & COLD) TOILET PAPER HOLDER TOILET SHOWER CURTAIN BATHTUB/SHOWER STALL TILE INSIDE BATHTUB AREA	

#### CENTINELA STATE PRISON COMMISSARY ORDER FORM

Attachment I

					20	THE RESIDENCE OF THE PARTY OF T			100	
Inmate Name (F	Please Print)	-1	CDC Nun	nber			Housing U	nit		
Family Visiting A	partment No.					P	Date of Scheduk	ed Visit		(
enclosed three (3) signed there is enough money in There will be no refunds d	trust withdra your accountue to particu	wal slips t to cover lar or indi	ain the last copy. The other the and that you have this form to ryour food costs. This menutividual tastes. Prices and means you for your cooperation.	irned in at must be re	least two w ceived in th	eeks prior ne Family \	to the visit. It is your re- visit Office fourteen days	sponsi s befor	bility t	o see th r visit.
have read and understand	the above inst	tructions.								
Sign Here When Ordering X						Date			_	
Sign Here When Received X_		.1				Date			- 50	
Item	Qty   Cost   T	otal			Total	Item			Cost	Total
BREAKFAST	ENTREES		STAPLE	ES			CANDY/SNACKS/E	ESSE	रा	
Pancake Batter Qt size	\$3.50	2/84/	Butter 1/4 Stick	\$2.0	0	1.1	Chips-Regular, BBQ,Sour and Onion, Cheetos, Pork Poritos		\$0,99	
						Almond Almond Peanut,	Bars - 3 Musketeers, Joy, Kit Kat, Hersheys s, Snickers, Crunch, M&M M&M Plain, Nutter Butter,		-	
Eggs 1 Doz Fresh	\$3.25		Margarine 1/4 stick	\$1.0	)	Oreo Co	okies		\$1.25	
Cold Cereal (Individual) Wheaties-Cheerios-Total-			Condiment Package (Salt, Pepper, Ketchup, Mayonnaise, Mustard, Taco				- Microwave (Butter or			•
Raisin Bran-Honey Nut	\$1.35		Sauce) (10 each)	\$2.0	0	Plain)			\$1.50	
Sausage Links-8 Oz Pkg Pork-Turkey	\$2.50		Cooking Oil 24oz	\$3.0	)	Apple Pi	e 12"		\$7.25	
Bacon 1Lb Pkg Pork-Beef	\$4.70		Tortillas 1 dz Pkg (Flour- Corn)	\$3.00	,		#)			1
Chorizo 1Lb Pkg Pork-Beef	\$2.80		Cheese-Grated 8 oz	\$3.2	5		BEVERAGE	S		1 ,
Hash Brown 32 Oz Frozen	\$2.80		Refried Beans 16 oz	\$1.60		Coke-Pe	psi (Reg or Diet) 6 Pk		\$5,00	
Syrup-24 Oz Bottle	\$3.75					Sprite-7	UP (Reg or Diet) 6 Pk		\$5.00	
Bread -Standard Loaf White-Wheat	\$2.50		11 •				er-Strawberry-Orange- er (Reg or Diet) 6 Pk		\$5.00	
Menudo	\$3.25					A STATE OF STATE OF STATE OF	Vater (1 Gallon)		\$2.50	
							Juice 1 Otr - Bottle		\$3,00	
COLORE S. I	57 Sec. 10. 17 Sec. 10.		3				r-Carton (Homogenized-		SERVICE OF STREET	
LUNCH EN	TREES		Shrimp-Breaded & Frozen -	REES \$11.50			w Fat-Nonfat) Reg) Makes 1 Pot		\$2.25 \$1.75	
Chili Beans Reg-Low Fat	\$1,60		Jumbo Fried Chicken 8 -10 Pcs.	\$8.00		1				
Beef Stew	\$1.60		Pork Chops (Boneless, Center Cut 1 Lb.)	\$5,95			FRESH FRUITS AND VE	EGETA	BLES	
Deer Otew	31.00		Steak 1 Lb	\$5.75		Potatoes		1	\$1.35	
Posts & Chickon	\$3,50		Ground Beef 1 Lb	\$4.25		Onions 1		-	\$1.35	
Pasta & Chicken  Burritos -Frozen Bean & Cheese/Chicken/Beef	\$2.25		Lasagna Dinner-Frozen 5 (Beef - Vegetable)	\$15.50		Tomatoes			\$1.80	
Pizza Frozen-6" (Pepperoni-Cheese)	\$2.50		Spaghetti Dinner Noodles 16 Oz, Sauce 26 Oz	\$5.00		Lettuce (F			\$1.80	
	-							-		
Crackers Single Package Lunch-Meat-Turkey Variety	\$1.25		Spanish Rice Box   Vegetables, Canned   (Corn, Green Beans, Peas)	\$2.00		Jalapeno	s 1/2 Lb		\$1.35	
10 Oz	\$3.75								-	
French Fries 28 Oz	\$3.00	_	Hot Wings 5 Oz.	\$3.50		Apples - E		+	\$4.50	
						Oranges -		-+	\$0.85	
					V V	Lemons -			\$0.85	
T.										

Check here if you do not want out of stock items substituted with comparable items. If you check this box, any out of stock items will be deleted from the menu, reducing your total order. Additional items and/or substitutions will not be made at the time of your visit.

Revised: 09/30/2009

STATE OF CALIFORNIA CDC - 193 (1/88)

# TRUST ACCOUNT WITHDRAWAL ORDER

Attachment J

	Date20
To: Warden Approved	
	for the purpose stated below and authorize
the withdrawal of that sum from my account:	
2	
NUMBER	NAME (Signature please, DO NOT PRINT)
State below the PURPOSE for which withdrawal is request (do not use this form for Canteen or Hobby purchase).	ed PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.
PURPOSE	NAME
	ADDRESS
*	PRINT YOUR FULL NAME HERE

# S & E MEMO

# FAMILY VISITING MEDICATIONS

•• 260			
FAMILY VISITING UNIT:	·		
INMATE NAME:	CDC#:	(1)	_
FAMILY NAME:			
TIMES FOR MEDICATIONS(S):			
BEGINNING DATE:			
ENDING DATE:	·		
S & E	MEMO		
FAMILY VISITIN	NG MEDICATIO	NS	
	A 40		
FAMILY VISITING UNIT:			
INMATE NAME:	CDC#:		- 7 ptc
FAMILY NAME:	U =		
TIMES FOR MEDICATIONS(S):	8		
DECINING DATE		<u>.</u> 7	
ENDING DATE:	· · = - ·	237*	1864 H-1814 F
FAMILY VISITING  FAMILY VISITING UNIT:  INMATE NAME:  FAMILY NAME:  TIMES FOR MEDICATIONS(S):  BEGINNING DATE:	NG MEDICATIO	NS	

It is my responsibility at the termination of my Family Visit to clean the assigned un ---- walls, shower, toilet, refrigerator, sinks and all floors. I further acknowledge that six knives, six forks, and six spoons have been issued to me for the duration of the visit, and must be returned to the Family Visit Staff upon the termination of the visit. I further understand that I am responsible for any loss or damage to state property upon the termination of my visit. My signature indicates that I understand all of the above and that all guidelines will be adhered to. STAFF SIGNATURE INMATE SIGNATURE IN-PROCESSING INVENTORY CDC NUMBER OUT OUT-PROCESSING INVENTORY STAFF SIGNATURE INMATE SIGNATURE CDC NUMBER OFFICER'S COMMENTS: **OUT-PROCESSING CLEANLINESS INSPECTION** BATHROOM: \_\_\_\_ KITCHEN: BEDROOMS: \_\_\_\_\_ LIVING/DINING AREA: \_\_\_\_\_ OVERALL CONDITION: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_

DATE:

Visit. The above inventoried items shall be left in clean, working order upon my departer