


California Health Care Facility-Supplement

 California Department of Corrections and Rehabilitation DEPARTMENT OPERATIONS MANUAL	Chapter: 5 Adult Custody and Security Operations
	Article: 42 Visiting
	Section: 54020

54020.2 Purpose

This Department Operations Manual (DOM) Supplement is to establish the methods and procedures by which staff, inmates/inmate-patients and visitors will abide by at California Health Care Facility (CHCF).

54020.5 Dignitaries

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For accountability purposes, the dignitary information shall be recorded in the Strategic Offender Management System (SOMS) as a non-regular visit.

54020.6 Official Visits by Other Department Agencies/Foreign Officials and Other Distinguished Visitors

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1. All outside law enforcement personnel, e.g., Police, Sheriff, Probation, District Attorney, Department of Justice, Federal Bureau of Investigations, Corrections, etc., who wish to schedule interviews with inmates/inmate-patients at CHCF, shall contact the Investigative Services Unit (ISU) Lieutenant. For accountability purposes, this information also must be recorded in SOMS.
2. Appointments will be scheduled for Monday through Friday, excluding holidays, between 0800 and 1500 hours. All agencies are encouraged to provide as much advance notice as possible, with a mandatory minimum of 24 hours to make the necessary arrangements. The ISU Lieutenant will have the authority to make exceptions to these guidelines for extenuating circumstances.
3. All outside law enforcement are subject to the rules and regulations of the California Department of Corrections and Rehabilitation (CDCR) and CHCF.
4. ISU will draft a memo to the Entrance Officer of the expected date and arrival time of the outside agent(s) and the materials they have been approved to bring into the interview. Digital recording devices, cameras, fingerprint equipment, etc., will require prior approval of the Warden. The outside agent will be directed to the Visitor Processing Building for processing by the Entrance Officer, who will identify the agent by their Agency picture Identification (I.D.) Card.
5. Prior to gaining admittance, the Gate House Officer will direct the agencies to Tower 3 to store their firearms or special equipment in the Gun Locker.
6. The interviews will be held in the Interview Room, located in the main Visiting Room. However, at the discretion of the ISU Lieutenant, they may be held in other areas of the institution as deemed necessary for the safety of staff, inmates/inmate-patients and the security of the institution.

54020.6 Official Visits by Other Department/Agencies/Foreign Officials and Other Distinguished Visitors (continued)

7. The Consulate's Office shall notify the Warden's Office at least 24 hours in advance of the visit date and delineate the time of arrival and purpose. The Warden, or designee, shall ensure the necessary gate clearance is forwarded to the Entrance Officer. It is expected that the Consular be treated as an Official Visitor.
8. Upon notification that a Consular wishes to either visit or request a tour of a facility, the institution shall notify headquarters by calling the Executive Assistant to the Director, Division of Adult Institutions at (916) 323-4093.

54020.7 Visiting Days and Hours

Female Offender Programs and Services/Special Housing (FOPS/SH) is responsible for the maintenance of the CDCR Visiting Information Toll-Free Telephone number; 1-800-374-8474 accessible to inmate-patient visitors and updating visiting information provided by CHCF. There are two (2) telephone messages provided: the first addressing general information regarding the location of the facility, the local contact telephone number, and the schedule for visiting (days of the week and times); the second, message is updated weekly or in the event of an incident i.e., lockdown, modification, or medical quarantine, and provides information related to the cancellation or an adjustment in visiting hours. You may also obtain information by going to the visitor's website; <http://visitorreservations.cdcr.ca.gov/>. The visiting sergeant shall ensure the information provided on the toll-free number is updated as event(s) occur and is accurate, and shall be updated no less than weekly by 0900 hours each Friday.

- Visiting is closed on Monday, Tuesday, Wednesday, Thursday, and Friday
- General Population (GP) Visiting
 - Saturday and Sunday 0830 hours to 1530 hours
- Holiday Visiting Days
 - New Year's Day
 - Independence Day
 - Thanksgiving Day
 - Christmas Day
- Holiday Visiting Hours for all Units
 - 0830 hours until 1530 hours
- Hours of Arrival and Processing of Visitors
 - Arrival onto Institutional grounds to draw a number for Walk-in visit is at 0830 hours on Saturday and Sunday.
 - Walk-in Visitor processing begins at 0830 hours. Visitors without appointments can return to institutional grounds at 0900 hours.
 - Visitor processing ends at 1300 hours.
 - Visitors can sign up for an appointment at the processing counter at the completion of their visit.
 - Approved visitors may call in to schedule appointments up to four (4) weeks in advance; by calling CHCF visiting at 209-467-2662.
 - There will be three (3), 15 minute time frames available, each containing 18 name slots as follows: 0830, 0845 and 0900 hours. These time frames indicate when the visitor will begin processing.

54020.7 Visiting Days and Hours (continued)

- When there are no visitors with an appointment waiting to be processed; visitors without an appointment will be processed into visiting.
- Visitors may access cdcr.ca.gov and use the “visiting an inmate” icon to sign up and schedule appointments with the Visitor Processing Appointment Scheduling System (VPASS). Timeframes for scheduling at CHCF are subject to change; however, the current appointment times, and days for scheduling will be accurate to the public upon review.
- Visitors, who are more than 15 minutes late, without notifying Visiting, will be placed on Walk-up status for that day.
- Attorney appointment visits are on Mondays, Wednesdays, and Thursdays from 1300 hours to 1500 hours.

Appointments for Out-of-State Visitor(s)

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Visitor(s) who reside outside the state of California, and/or more than 250 miles away from CHCF may schedule a visiting appointment by contacting the Public Information Officer (PIO). These appointments shall be made no less than 30 calendar days from the intended visiting date and the visitor(s) must not have visited within the last six (6) months. Requests may be made directly to the PIO by phone and/or by written request. All written requests must be postmarked no later than 30 calendar days from the date of the requested visit.

The out-of-state visitor(s) must still meet all requirements as set forth in CCR Title 15, Section 3172.1. *Approval/Disapproval of Prospective Visitor(s), and will be allowed to visit for one (1) visiting day without being terminated due to overcrowding.*

This does not preclude the out-of-state visitor(s)/long distance from walk ups or utilizing the Visitor Processing Appointment Scheduling System for the other visiting day.

54020.8 Visitor Application Procedure

1. The mailing address for visiting applications is: PO Box 32050, Stockton, CA. 95213.
2. A CDC 106, Visiting Questionnaire (Attachment A) received from a person who has not obtained citizenship from the United States and is visiting from another country, will be processed on a case-by-case basis. Applicant(s) will be subjected to a criminal history check (i.e. NLETS, ICLETS, CLETS, etc.) in order to determine their request for an approved visit.
3. The Warden or designee can authorize visits under special circumstances which are not outlined in this section.
4. When the completed CDCR 106 is received and processed at the institution/facility, the inmate/inmate-patient shall receive a SOMS Notice of Visitor Approval/Disapproval.

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54020.8.2 Arrest History Inquiry

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Notification

If the visiting application is disapproved, the applicant and the inmate shall receive from visiting staff via SOMS Notice of Visitor Disapproval, written notification of the disapproval and the process to appeal the decision. The visitor shall be informed of the specific reason(s) for disapproval.

54020.10 Visiting Requirements for Minors

When a responsible adult is bringing in the inmate's minor child to visit per court order or on behalf of Social Services, but is not processed through the Litigation Coordinator, the following must apply:

1. A Visiting Questionnaire must be completed, a criminal history check performed and approval status granted.
2. The original Birth Certificate and a copy of the Court Order or paperwork provided by Social Services, on their letterhead, must be provided each and every visit.
3. The visitor is not afforded the same consideration as legal visitors and must follow the same rules as regular visitors.
4. Minors shall be accompanied by an adult who has been approved to visit the inmate, staff shall note the notarized consent form is current and shall annotate it in SOMS.

54020.11 Processing Visitors

Visitor Parking Lot

Upon arrival at the visitor processing area, the visitor shall be issued a SOMS Visitor Pass. (Attachment B)

Walk-in visitors are to pick up a colored processing pass from the Entrance Building. The Outside Patrol Sergeant or designee will have the passes out for the visitor(s) at 0830 hours. These passes will be numbered, which will validate the visitor(s) place in line for actual processing.

All visitor vehicles will be secured and locked. Persons who are transporting visitors to the institution, and are not approved visitors, are not allowed to remain on grounds.

Children shall not be left unattended in vehicles at any time. In the event they are found unattended, CPS may be notified on a case by case basis, the visitor will be immediately directed to return to the Visitor Processing Center and the visit will be terminated.

Persons who are approved, but are not visiting, may wait at an approved area designated by staff but may not wait in their vehicles.

All language barriers with visitors will be handled appropriately; i.e., utilization of bilingual staff, AT&T operators, or other approved methods.

At the Visitor Processing Center, visitors will be called to the counter in order of their colored processing pass number after appointments are completed.

They will remove everything from their pockets and place the items in the tray provided for them, for inspection by the processing officer. This includes hand carried items and shoes.

Once the visitor reaches the Foyer of the Visiting Room, they relinquish possession of their picture I.D. to the Visiting Officer while they are being logged in.

They then proceed through to the Visiting Room and immediately obtain their seating assignment from the Visiting Room Officer and relinquish possession of their SOMS visitor pass. Upon termination of the visit, the visitor will give the Foyer Officer the pass. The officer will then check the SOMS visitor pass for content and their wrist for the appropriate stamp. The visitor will then proceed directly to the Front Entrance. Visitors are not permitted to visit any other portion of the institution.

54020.11 Processing Visitors (continued)

They then proceed through to the Visiting Room and immediately obtain their seating assignment from the Visiting Room Officer and relinquish possession of their pass. Upon termination of the visit, the visitor will give the Foyer Officer the pass. The officer will then check the pass for content and their wrist for the appropriate stamp. The visitor will then proceed directly to the Front Entrance. Visitors are not permitted to visit any other portion of the institution without prior approval.

Visiting staff ensure outside visiting patio(s) are being utilized, whenever possible, consistent with sound custodial practices and applicable fire code regulations.

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Staff shall identify visitors prior to their exit from the institution/facility by positive physical identification, inspection of their identification card, SOMS visitor pass and wrist stamp.

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54020.11.2 Processing Visitors with Medical Implants, Prosthetic, or Assistive Devices

Visitors with temporary medically implanted or prosthetic devices, wheelchairs, or other assistive devices who cannot clear contraband/metal detection devices shall be required to present a signed letter which includes the address, telephone number, and the California Medical License number (if applicable) of their physician, physiatrist, prosthetist, or orthotist.

Once accepted, this verification will be incorporated into SOMS and will only require update to coincide with changes to the visitor's permanent implanted or prosthetic device(s).

Detail the specific type of mobility impairment and verify the need for a wheelchair or assistive device.

54020.12 Proof of Identity

For Visitors who have previously been approved to visit using the Matricula Consular de Alta Seguridad (MCAS) Identification Card, notification will be given that, effective 60 days from the date of the current visit, the visitor must produce required documentation necessary to conduct a thorough background check prior to being allowed to continue visiting.

54020.13.2 Clothed Searches of Visitors

Any person that cannot pass the metal detector or hand-wand process while at the Visitor Processing Center due to metal contained within their clothing/undergarments will not be authorized entrance into the Institution. The visitor shall be referred to the Friends Outside Office for alternate clothing. If the Doctor's note indicates the person cannot be processed with a metal detection device they are to be pat searched. Prior to conducting a clothed search of a visitor, staff shall notify the highest ranking visiting official for authorization to conduct the search.

54020.13.3 Unclothed Search of Visitors

Unclothed body searches of visitors may be conducted once probable cause has been established. Once established, staff may only conduct the unclothed body search if the visitor has consented to the search and signed a CDC-888, Notice of Request to Search Form (Attachment C) and/or staff has obtained a signed Search Warrant from the San Joaquin County District Attorney's Office. In the event staff attempts to conduct a search (excluding a search warrant) and the visitor refuses to sign the CDC-888 form, their visit will be terminated for that day only. When conducting an unclothed body search, two (2) custody staff of the same sex as the visitor shall conduct the search. Prior to conducting an unclothed body search of a visitor, staff shall notify the highest ranking visiting official for authorization to conduct the search.

54020.14.2 Documentation of Information Leading to a Search of a Visitor

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When staff obtains information that indicates a visitor may be in possession of contraband on institution property, the employee shall document the information in a confidential memorandum.

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A copy of the SOMS Notice of Visitor Warning/Termination/Suspension/Denial/Revocation, with all confidential information redacted shall be given to the inmate/inmate-patient whom the person visited or intended to visit, and to the prospective visitor(s).

54020.20 Visitor Basic Dress Standards

Inappropriate attire will be reason to deny a visit. Any alteration to clothing once a visitor is inside the visiting area will be grounds for terminating the visit.

1. Strapless tops or clothing with spaghetti straps is not allowed.
2. Purses or wallets are not allowed.
3. Clothing exchange for visitors wearing the wrong clothing may be made at the Friends Outside during visiting hours, prior to the visit.
4. Body jewelry such as tongue rings, nose rings/studs, chin studs, eyebrow rings, bellybutton rings, toe rings, and bracelets are not authorized.

54020.20.1 Inmate Visiting Dress Standards

1. No inmate shall wear personal shoes, (without a valid "soft shoe" chrono).
2. Undergarments must be worn at all times.
3. If a jacket is worn, it may be taken off and hung over the back of the inmate/inmate-patient's chair.
4. For religious purposes only, dreadlocks may be worn and the inmate/inmate-patient must submit to a search of the hair at the end of the visit. It does not have to be taken out.

54020.21 Processing of Inmates

1. Inmates/inmate-patient's will present their photo I.D. card to the Visitor Back Search Room Officer and submit to a clothed body search.
2. The officer will log in all allowable personal items in the logbook.
3. The inmate/inmate-patient's name, CDCR number, cell/bed number and time of arrival and departure will be logged in the logbook provided.
4. For all Close-A inmates/inmate-patient's, out-counts will be conducted at 1130 hours on Saturday and Sunday. There will be no processing for these inmates/inmate-patient's after 1045 hours until that count has cleared.

54020.21.3 Inmate Refusal to Visit

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Inmates may refuse to see a visitor. The refusal shall be documented in SOMS on a CDC Form 128-B and shall be signed by the inmate. If the inmate refuses to sign the form, the staff member having knowledge of the refusal shall document the refusal on the CDC Form 128-B.

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54020.22.1 Temporary Imposition of Non-Contact Visits

In accordance with CCR Section 3176.4(a) the ranking custody officer on duty, or the supervisor in charge of visiting, may temporarily impose noncontact visiting restrictions but may not deny visiting as a security measure. The reason(s) for the non-contact visiting status or suspension of visiting shall be documented, recorded in SOMS, and the affected inmate shall be given a copy of the documentation.

54020.22.2 Non-Contact Visits for General Population Inmates

Non-contact visits shall be limited to three (3) visitors, including children. Each visit is limited to one (1) hour. Visiting may be extended depending on the space availability and scheduling.

Maximum (MAX) Custody Inmate visiting

Maximum custody inmate/inmate-patient visiting is restricted to non-contact visiting. The number of visitors is limited to no more than three (3) including children, per each inmate/inmate-patient. Non-contact visits are limited to one (1) hour; visitors arriving will be subject to space available.

Maximum custody inmates/inmate-patients approved for visitation will be escorted from their housing unit in restraints to visiting. The visiting officer will assign and place the maximum custody inmate/inmate-patient in a non-contact booth and remove the inmates/inmate-patient's restraints through the cuff-port. At the conclusion of the visit, the maximum custody inmate/inmate-patient will be placed in restraints through the cuff-port and escorted back to their assigned housing unit.

54020.24 Food in Visiting Areas

Only food and drink items purchased from vending machines located in the visiting room can be consumed in the visiting room and the patio area. The inmate/inmate-patient and the visitor are responsible to clean the table they are assigned to. At no time shall any food or drink items allowed to be brought into the institution. Inmate-patients may be medically restricted by a physician from consuming food or drink items during visiting.

54020.25 Visiting Photo Program

1. All care and consideration for visiting rules and procedures must be adhered to during the taking of pictures.
2. The Visiting Room Officer is responsible for the accountability of the photo ducats, cartridges, printer, and camera and will inventory the photo ducats and match them to the audit performed by the Visiting Processing Officer for funds received.
3. All cameras and related equipment will be secured in the Security Locker located inside the Visiting staff Office.
4. The redeemed photo ducats and funds will be secured in the Visiting Sergeant's Office.
5. Inmates will be assigned as photographers and supervised by the Visiting Room Officer. The Inmate Pay Committee will determine the inmate pay rate. The inmate assigned as the photographer is the only inmate who is able to take pictures, unless directed by staff.
6. Photos of inmates/inmate-patients or visitors, who take a picture with another person not in the authorized visiting party, will have the photo confiscated.
7. The inmate photographer will be responsible for any shortages and may be held accountable if photo ducats are redeemed on days they were not purchased, or used.

54020.25 Visiting Photo Program (continued)

8. Under no circumstances will the visiting camera be allowed to leave the Visiting Room during visiting hours.
9. The inmate/inmate-patient may request the use of the photographer at his wedding and may take approved photos with him after the wedding.
10. The Accounting Office will be notified by the Visiting Office if the camera breaks or is damaged.

54020.27 Visiting in CDCR Hospitals and Infirmaries

High/Low Acuity Medical Housing inmate-patient visiting

All visits for High/Low Acuity inmate-patients must be cleared for outside unit programming by the inmate-patients attending physician. If the inmate-patient is ambulatory and able to walk to the visiting room, under normal circumstances, the inmate-patient will be escorted to the Visiting Room by a Security and Escort (S&E) Officer.

General Population (GP):

Inmate-patients may participate in the contact visiting program once cleared by a physician. However, restrictions may be placed on the inmate-patient by the physician based on medical concerns (i.e. dietary restrictions, duration of visits, medication and contagious concerns, etc.).

GP contact visiting will consist of a four (4) week rotating schedule alternating full day visiting and half day (AM or PM) each week. This will allow for the accommodation of SNY contact visiting.

Sensitive Needs Yard (SNY):

Inmate-patients may participate in the contact visiting program once cleared by a physician. However, restrictions may be placed on the inmate-patient by the physician based on medical concerns (i.e. dietary restrictions, duration of visits, medication and contagious concerns, etc.).

SNY contact visiting will consist of rotating schedule alternating mornings and afternoons as well as Saturdays and Sundays. The four (4) week rotation allowing SNY contact visits on Saturday AM and PM and Sunday AM and PM periods, will provide access for visitors and their varying schedules.

Maximum (MAX) Custody:

Upon completion of a visit an S&E Officer shall escort the inmate-patient back to the High/Low Acuity Medical Housing Unit.

Non-contact visiting appointments can be scheduled by contacting CHCF Visiting at 209-467-2662.

End of Life Visiting in High/Low Acuity Housing Units

Inmate-patients housed in CHCF High/Low Acuity housing units that are identified by a clinician at an End of Life stage may be authorized for an in housing unit visit by immediate family members on a case by case basis.

The medical department will notify the Next-of-Kin identified on the CDC 127, Notification In Case Of Inmate Death, Serious Injury or Serious Illness (Attachment D). Immediate family members who desire to visit will be referred to the Visiting Sergeant or the Watch Commander who will facilitate the request process.

54020.27 Visiting in CDCR Hospitals and Infirmaries (continued)

- The attending physician will submit a memorandum for end of life visitation/recommendation to the Associate Warden, Health Care.
- Upon review, if the Associate Warden, Health Care approves the memorandum/recommendation he/she will forward the recommendation to the Warden.
- Upon review by the Warden he/she will either approve or deny the recommendation.
- Limited to three (3) visitors at one (1) time.
- Limited to 60 minutes, if deemed necessary by Health Care staff, but not to exceed normal visiting hours.
- No more than three (3) visitors will be allowed in the inmate-patient's room at any given time and they will be under constant observation by custodial staff.
- No personal property of the visitors will be allowed in the hospital room during the visit.

After all approved visiting documentation has been reviewed by the Watch Commander; the inmate-patient's approved immediate family will be notified by the Visiting Sergeant and a visit will be scheduled. The approved family members will be processed thru the visiting room and escorted into the facility and bedside of the inmate-patient by the Visiting Officer or an S&E Officer. The Officer will have direct visual contact of the inmate-patient and visiting family member(s) at all times. Upon completion of the visit the family member(s) will be escorted by the Officer back to the visiting room to be processed out of the institution.

During all bedside visiting the escorting staff will ensure that contact with other inmate-patients is avoided at all times. Escorting staff should consider the privacy and the sensitive nature of the visit to ensure all medical protocol within policy.

Department of State Hospitals Housing Unit

All visits for Department of State Hospital (DSH) inmate-patients shall be based on Interdisciplinary Treatment Team (IDTT) recommendations and approval from the corresponding Psychiatrist. The DSH inmate-patient visiting program is as follows:

- Non-contact.
- Limited to three (3) visitors, including children at one (1) time; each visit is limited to one (1) hour. Visiting may be extended depending on the space availability and scheduling.
- Limited to immediate family;
- Visitors must be approved pursuant to CCR Title 15, Section 3172;
- All (MAX) custody classified DSH inmate-patients will be escorted in mechanical restraints;

If the inmate-patient is ambulatory and able to walk to the visiting room, the inmate-patient will be escorted to the Visiting Room by an S&E Officer. Upon completion of the visit the S&E Officer shall escort the inmate-patient back to the DSH Unit Housing.

After a DSH inmate-patient has been approved for visiting and it is determined by the IDTT that the inmate-patient is clinically or behaviorally no longer appropriate for the visiting program, the IDTT shall immediately notify the Visiting Sergeant, normally within 24 hours of the scheduled visit. The Psychiatrist assigned to the inmate-patients IDTT shall complete a CDCR 128B Informational Chrono and provide it to the Visiting Sergeant, with a copy filed in the inmate-patient's central file and medical record.

Visiting Appointments can be scheduled by contacting CHCF Visiting at 209-467-2662.

54020.28 End of Life Visiting in a Community Hospital

Inmate-patients housed in a Community Hospital that are identified by a clinician at an End of Life stage may be authorized for an in housing unit visit by immediate family members on a case by case basis.

The medical department will notify the Next-of-Kin identified on the CDC 127, Notification In Case Of Inmate Death, Serious Injury or Serious Illness. Immediate family members who desire to visit will be referred to the Visiting Sergeant or the Watch Commander who will facilitate the request process.

Visits, if approved, are to be coordinated between medical staff, Visiting Sergeant and the Custody Captain or AOD, during non-business hours.

The Health Care Sergeant will notify the medical guarding staff as to which inmate-patient is to be visited; by whom and the date the visit is to take place.

All visitors will be logged in the Daily Logbook and the inmate's/inmate-patient's CDC 114A, Segregation Record (Attachment E). The information logged will include time of the visit, person(s) visiting and the name of the official who authorized the visit.

- The attending physician will submit a recommendation to the Associate Warden, Health Care.
- Upon review, if the Associate Warden, Health Care approves the recommendation he/she will forward the recommendation to the Warden.
- Upon review by the Warden he/she will either approve or deny the recommendation.
- Limited to three (3) visitors at one (1) time. No more than three (3) visitors will be allowed in the inmate-patient's room at any given time and they will be under constant observation by custodial staff.
- Limited to 60 minutes, if deemed necessary by the Health Care staff, but not to exceed normal visiting hours.
- No personal property of the visitors will be allowed in the hospital room during the visit.
- The inmate will remain in restraints at all times.
- Attorneys or any other individual who need to visit an inmate-patient in a professional capacity while he is temporarily housed at a Community Hospital; shall submit a request to the Litigation Coordinator at CHCF. The Litigation Coordinator will evaluate the compelling need, obtain the attending physician's approval and the inmate-patient's consent, verify or obtain the security clearance necessary for the visitor, and communicate the need for the visit to occur, to the Health Care Sergeant

54020.29 Visiting Conduct

1. Inmates/inmate-patients must sit facing the Visiting Room Officer so that the officer is able to maintain a visual contact.
2. Visitors will be responsible for obtaining items from the vending machines.
3. All games, cards, etc., will be returned in good condition to the Visiting Officer at the end of the visiting period.
4. Inmates/inmate-patients are not allowed to have their visitors comb, brush, braid or stroke their hair during visiting.
5. Visitors and inmates/inmate-patients may hold hands when standing or walking around. While sitting at the visiting table, they may only hold hands on the top of the table.

54020.29 Visiting Conduct (continued)

6. Any major counseling of inmates/inmate-patients will be done in the Visiting Search Room and not in the presence of other inmates/inmate-patients or visitors.
7. No horseplay between inmates/inmate-patients and visitors will be allowed.
8. If there is an argument between an inmate/inmate-patient and visitor, they are to be physically separated. The Visiting Sergeant/Watch Commander will be immediately contacted and a determination will be made if the visit is to be terminated for that day.
9. The inmate/inmate-patient porter is not to socialize with visitors or other inmates/inmate-patients.
10. Inmate Advisory Council (IAC) representatives are not allowed to conduct IAC business during visiting.
11. Visitors may not borrow money from other visitors for purchases of items.
12. Visitors may not purchase any item(s) for any other visitor or inmate/inmate-patient they are not visiting.
13. Routine restroom breaks for inmates/inmate-patient will be announced every 45 to 60 minutes. However, at no time will a request to use the restroom be denied. Staff shall not search inmates/inmate-patient in view of visitors prior to the use of the restroom.
14. No inmates/inmate-patients are allowed outside during any fog condition.
15. Inmates/inmate-patients are responsible to know and adhere to all Visiting rules and procedures. Any violations are subject to a disciplinary that may range from verbal counseling to termination or suspension of visiting.
16. Visitor's restrooms will be inspected by staff every hour to ensure cleanliness and supplies are available. Upon completion of the inspection staff will sign the Visiting Restroom Inspection Sheet (Attachment F).

54020.29.1 Suspension or Exclusion of Visitors from the Visiting Program

The visiting exclusion is reflected in the policy for visitors as outlined in the CCR, Title 15, Section 3176.3, Exclusion of a Person from Institutions/Facilities.

54020.30 Denial or Termination of Visits Due to Overcrowding

Visits may be terminated or denied when the visiting areas are in use to maximum capacity, and there are other approved visitors waiting to visit.

Upon termination of the visit due to overcrowding, the official taking the action shall prepare a SOMS Termination Notice explaining the reason for termination. The visiting supervisor authorizing the action shall sign the notice. Records shall be maintained in SOMS and copies forwarded to the inmate, and the visitor. Any visitor whose visit is terminated due to overcrowding shall not be allowed to re-enter on the day of termination.

An Institution Termination Log shall be completed for each visiting room. This Log is only for visitor terminations due to overcrowding. No other terminations are to be reported on this Log. The Visiting Sergeant is responsible for the completion of this Log each visiting day (Saturday and Sunday). The Visiting Sergeant is also responsible to ensure a hard copy of each visiting day's Log, along with an electronic copy, is submitted to the Warden's Office by the close of visiting each Sunday.

54020.32 Attorney Visitations and Consultations

1. When an attorney, investigator, court appointed official, social worker, or employee of a county or state agency is required to visit an inmate/inmate-patient in an official capacity through the course of their employment, every effort will be made to accommodate their request for access to the inmate/inmate-patient. This is defined as "legal visiting."
2. Private consultation booths will be made available upon request.

54020.32.1 Clearance and Approval for Attorney Visit

Legal visits for inmate-patients housed in a Mental Health Crisis Bed (MHCB) or Acute Treatment Program/Non-Acute Program who are pending Parole Revocation proceedings

Inmate-patients pending parole revocation proceedings and who are housed in a MHCB or in the Outpatient Housing Unit will be allowed legal visits from their Cal-PAP attorney under the following conditions:

- When the Litigation Coordinator determines that an attorney has requested to visit an inmate-patient housed in a MHCB or for the purpose of mental health treatment, the Litigation Coordinator shall notify the Chief of Mental Health and/or Program Director for DSH of the visiting request and the attorney of the inmate-patient's housing status.
- The Chief of Mental Health or Program Director for DSH shall notify the assigned primary clinician that the visit was requested.

Visits for inmate-patients housed in a MHCB, the following procedures will be adhered to:

- The Clinical Director in conjunction with the IDTT will submit a recommendation to the Associate Warden, Health Care. The Clinical Director and IDTT will determine the inmate-patient's level of ability to participate in the visit in a manner that is not harmful to him or others.
- A qualified clinician will document that it is safe to participate in the visit on a Physicians Order form. There shall also be documentation when it is deemed that the inmate-patient is not able to participate in the visit.
- Upon review, if the Associate Warden, Health Care approves the recommendation, he/she will forward the recommendation to the Warden.
- Upon review by the Warden he/she will either approve or deny the recommendation.

Every effort shall be made to ensure that the attorney visits occur, when requested, in a confidential setting. This may require careful scheduling of the attorney visit to avoid impacting services to other inmate-patients treated in the facility. When an inmate-patient refuses to be escorted to a confidential setting, or there has been documented assaultive behavior in the last 24 hours, the attorney shall be allowed contact at the cell-front.

Attorneys may review the Unit Health Record (UHR) of an inmate-patient or may request to discuss the mental health condition with the assigned clinician. Mental health clinicians shall provide to the visiting attorney, any information necessary for understanding the mental state and mental health history of the inmate-patient. In rare occurrences, the clinician may determine that a visit from the attorney could compromise the health and safety of the inmate-patient or the treatment team assessment indicates inmate-patient is not psychologically stable for visit. Examples:

- If an inmate-patient holds delusional belief about the attorney;
- Or threatens self-harm if an attorney visit is allowed.

54020.32.1 Clearance and Approval for Attorney Visit (continued)

The clinician shall carefully document the reason for concern on a CDCR 128B, General Chrono for inclusion in inmate-patient's UHR. Using the CDCR 128B, the clinician shall document that a visit from the attorney could be detrimental to the health and safety of the inmate-patient or visitor/staff.

The CDCR 128B shall be completed the same working day that the clinician is notified of the requested attorney visit. The CDCR 128B shall indicate the reason why the visit may be detrimental and the recommendation to reschedule the visit.

Copies of the CDCR 128B shall be placed in the UHR and the Central File, Confidential Folder, of the inmate-patient. The original CDCR 128B shall be given to the Litigation Coordinator. The Litigation Coordinator shall provide a copy of the CDCR 128B 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-patient, a mental health clinician, who is a supervisor or manager, shall be notified to review the documentation of the concern. Progress towards 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 the clinical contact shall be scheduled immediately following the attorney visit to determine whether modification of the treatment plan is necessary to ensure the safety of the inmate-patient.

The process for all Legal Visits is:

1. Requests may be faxed or mailed to the CHCF Litigation Coordinator at, PO Box 32050, Stockton, CA 95213-0099.
2. Upon receipt of the request, the Litigation Coordinator will conduct a background investigation.
3. The Litigation Coordinator will maintain a "Clearance List" for approved legal visitors. A copy will be forwarded to the Visiting Office and the Entrance Officer.
4. The Litigation Coordinator will provide a memorandum to the Visiting Office, Front Entrance Officer, Watch Commander, and the Inmate Assignment Lieutenant, before any scheduled legal visit. A CDC 1081, Notice of Attorney/Legal Visit (Attachment G) will be prepared by the Litigation Coordinator and forwarded to the Visiting Office for placement into the inmates/inmate-patient's visiting file.
5. During visiting hours, the legal visitors are processed the same as any regular visitor, except they do not have to wait in line and they must also have their Agency or State I.D. Bar Card.
6. Prior approval must be received for the use of equipment such as video cameras, notary stamps, audio cassettes/recorders, tapes, laptops, etc.

The approval memo must be drafted by the Litigation Coordinator, with final approval by the Warden. On weekends, the AOD, in conjunction with the Watch Commander may approve the equipment.

54020.33 Family Visiting General Information

- Permanent Work Crew (PWC) Inmates only. Inmate-patients are not eligible to participate in the Family Visiting program at CHCF.
- Inmates must wear state issued clothing whenever they are outside the Family Visiting Unit.
- Children are not to climb or pull on the fence that encloses the Family Visiting Unit.
- All daylight activity is restricted to the fenced area enclosing the Family Visiting Unit.

54020.33 Family Visiting General Information (continued)

- No one is to be outside the Family Visiting Unit during hours of darkness or before 0800 hours.
- During institution Fog Alert conditions, the inmate and visitor(s) are to remain in the Family Visiting Unit at all times.
- Visitor(s) will be packed and ready to be processed out of the Family Visiting Unit at 0800 hours on the day of the departure.
- Every effort shall be made to recognize the privacy of the inmate and their family; however, the safety of persons and the security of the institution may require the inspection and/or search of the Family Visiting Unit while a family visit is in progress.
- Every effort will be made to provide a pleasant and secure atmosphere for the family visit.
- Falsification of any information will cause family visiting privileges to be canceled and will result in disciplinary action.
- The Family Visiting area is out of bounds to all other unsupervised inmates. There will be no inter-apartment visiting by inmates or their visitors.
- No animals will be brought onto or left on institution grounds.

54020.33.8 Processing Inmates for Family Visiting

1. The Family Visiting Coordinator (FVC) will maintain a record logbook of all incoming applications and the date they are received. The FVC will record the CC-I or Classification Committee approval date in the right-hand corner of the Family Visiting Application.
2. The FVC will maintain a card file of those inmates participating in regularly scheduled family visits. The family visiting dates will be listed chronologically on the card. The inmate's next eligibility date will be written in pencil in the right-hand corner of the card.
3. The FVC will prepare an Inmate Transfer in SOMS assigning the inmate to the Family Visiting Unit. The officer will notify the housing unit staff and have the inmate report to Patient Management Unit (PMU). The FVC will report to PMU with the necessary paperwork. The inmate will surrender his I.D. Card and Housing Unit Pass. The FVC will then place the inmate in a caged vehicle and drive to the family visiting quarters.
4. Upon processing the inmate into the Family Visiting Unit, the FVC will inventory the food items with the inmate. Once the inmate is satisfied that all food items ordered by him on the Family Visiting Food Order Form are present, he will sign the designated area at the bottom of the sheet in the presence of the FVC.
5. At 0800 hours on the last day of the family visit, visitors along with their property will be released to the Entrance Building. The inmate will remain locked in the Family Visiting Unit until the FVC returns. After the processing of the family visitors, the FVC will inventory and inspect the Family Visiting Unit.
6. If anything is missing or damaged at the end of the visit, a disciplinary report will be filed by the FVC. The FVC will submit a copy of the disciplinary report and the inmate's signed Trust Account Withdrawal Form to Accounting for the purpose of placing a "freeze" on the inmate's account for the cost of repair or replacement. Copies will also be sent to the CCI. Copies of all paperwork will be kept in the inmate's Family Visiting File.

54020.33.8 Processing Inmates for Family Visiting (continued)

7. Upon completing inspection of the Family Visiting Unit, the FVC will conduct an unclothed body search on the inmate and obtain a urine sample. The urine sample will be labeled and sealed in a plastic bag. The urine sample will be logged in the Urine Sample Log Book (located in the Central Control and the sample placed in the designated "U.A. Sample" box also located in the Central Control Sallyport.
8. If the inmate fails to submit a urine sample, the FVC will notify the inmate's respective Facility Sergeant. The Facility Sergeant will ensure the urine sample is obtained before the end of his/her shift and will ensure the sample is logged and the sample(s) placed in the designated box in the Central Control Sallyport. The Facility Sergeant will ensure a CDC-115 (Rules Violation Report), is prepared and served upon any inmate who fails to submit a urine sample.
9. At the conclusion of the processing of inmates, the FVC will inventory the inmate's personal property while checking for contraband. Any unauthorized item will be confiscated and documented. The FVC will then place the inmate in a caged vehicle and drive inmate from the family visiting quarters to the PMU and conduct an unclothed body search. The FVC will prepare an inmate transfer in SOMS to Central Control placing the inmate back into his assigned Housing Unit. Central Control will identify the inmate and give the inmate his ID Card. The inmate will then return to his assigned Housing Unit.
10. Inmates are allowed to bring the following items to their family visit, which includes the clothing being worn by the inmate:

State Issued Clothing:	Shirts (3)	Pants (2)	Shower shoes (1)
	Jacket (1)	Underwear (3)	Shoes (1 pair)
Personal Clothing/Items	Handkerchief (1)	Prescription glasses (1 pair)	
Jewelry Items:	Watch (1)	Religious medallion with chain (1)	
Toiletries:	Toothbrush	Shampoo/Conditioner (1 each)	Deodorant
	Toothpaste	Soap/Soap Dish (1 each)	Razor
	Lotion	Comb/Hairbrush (1 each)	
Medications:	Must be authorized by physician's order.		
	Must be properly packaged by the pharmacist.		
	Only the amount needed for the duration of the family visit.		
	Medication is a non-returnable item.		

54020.33.11 Minor's Participation

1. In addition to a certified birth certificate, children 18 years of age and older must have a picture ID Card (driver's license or other government ID Card). A birth certificate alone or other readily acquired and altered identification such as a Social Security Card or Student ID Card is NOT acceptable. Any exceptions to the above will require approval of the Warden.
2. Family visits will not be processed for inmates with parole dates of 30 days or less.

54020.33.13 Family Visiting Length and Visitor Reporting Requirements

Inmates who do not routinely receive regular visits from immediate family members may be eligible for an extended family visit, up to 90 hours (Thursday through Sunday).

Request for Extended Family Visits must be written on the comment section of the Family Visiting Application. The recommendation and approval of the Custody Captain are required. Any one (1) of the following criteria will be used to determine if an inmate qualifies for an Extended Family Visit:

- Inmate does not receive regular visits from the immediate family member who is requesting the visit.
- Family member is from out-of-state.
- Court ordered.
- Only one (1) Extended Family Visit per year.

54020.33.14 Processing of Visitors for Family Visiting

The Visiting staff shall review the inmate's Central File to verify the relationship before approving the visit. Checking the inmate's Institutional Staff Recommendation Summary Sheet in his Central File shall satisfy the need for verification prior to the visit. The above listed documents may be presented to the Family Visiting Officer by the visitor before being processed into the Family Visiting Unit.

Requirements for visitors are as follows:

1. Before the visit, the FVC shall give written HIV information to the visitors. The information shall include at least an explanation of the HIV disease, transmission routes and precautions that should be taken to avoid exposure.
2. The parent/legal guardian of any minor visitor shall sign a CDC-7301A, "Parent/Legal Guardian's Authorization, Waiver and Release," (Attachment H), absolving the CDCR of all liability should the minor child contract the HIV disease or any illness as a result of the visit.
3. The FVC will ensure that the signed waivers and the authorization form from both parents shall contain an acknowledgment that the HIV materials were received, read and understood.
4. The inmate's written authorization is required before CDCR can release the inmate's HIV status to approved visitors. Additionally, written authorization must be received before the required waivers and authorization forms can be obtained.
5. In order to accomplish this, CHCF will use only the CDC 7301A. When completed, these forms are to be considered confidential documents and shall be maintained in the inmate's Medical File.
6. The FVC will count out the family visiting utensils to each visitor. The FVC and the visitor will sign the Family Visiting Utensil Inventory Check Out for accountability purposes. This process will be repeated at the end of the visit.

Medical Treatment

The only emergency medical treatment of visitors by CHCF medical staff will be that of life-sustaining measures. All emergencies will be transported to the nearest medical facility via ambulance. Medical emergencies are to be reported to Tower 3. The Central Control Sergeant will make the necessary arrangements.

54020.33.15 Authorized Property for Family Visiting

The institution will provide all necessary accommodations to allow overnight visits between inmates and their families. This will include bedding, towels, household utensils, paper products, and cleaning materials.

Clothing and infant care items are to be provided by the visitor. Due to the space restrictions and limited staff available to search incoming items, reasonable limitations will be placed upon the quantity of items that will be allowed into the Family Visiting Unit. All materials, including personal care items, will be inspected before their delivery to the Family Visiting Unit.

The FVC will make a determination regarding the suitability of questioned items based upon two (2) criteria:

1. The security of the institution.
2. The potential for the introduction of contraband into the institution.

All visitors must be fully clothed. Shoes are required. It is recommended that visitors dress conservatively and with the following guidelines in mind. Inappropriate attire will be reason to deny a visit.

Prohibited items:

- Narcotics or alcoholic beverages.
- Glass containers.
- Money (checkbook, credit cards, wallets or purses, etc.).
- Electrical appliances (curling irons, hair dryers, irons, etc.).
- Musical instruments.
- Flammable liquids (lighter fluid, etc.).
- Cameras, camcorders and/or recording instruments.
- Firearms, explosives or knives.
- Any battery operated electrical device (radios, toys, etc.).
- Key remotes, pagers, cell phones.
- All tobacco products including matches and lighters.
- Children's toys

The following toys **will not** be permitted:

- Stuffed animals.
- Toy guns or knives.
- Toys with removable parts.

Allowable Infant Care Items

- Disposable diapers only, in factory sealed package.
- Clothing (only enough for duration of visit).
- Clear plastic bottles.
- Powdered or bottled formula in vendor-sealed containers.
- Baby food in vendor-sealed containers
- Umbrella Stroller

54020.33.15 Authorized Property for Family Visiting (continued)

Personal Care Items (Personal items such as toiletries are limited to small amounts only)

- One (1) tube of lipstick.
- One (1) tube of mascara, one (1) eye shadow, one (1) eye liner.
- One (1) liquid make-up, one (1) compact, one (1) blush.
- Sanitary items/feminine hygiene products. Must be factory sealed.
- One (1) bar of new, unopened soap.
- One (1) 8-16 ounce, plastic, see-through bottle of unopened shampoo and conditioner.
- One (1) unopened stick of deodorant.
- One (1) unopened tube of toothpaste.
- One (1) disposable razor.

All papers, documents, books, and magazines shall be approved by the FVC before being permitted into the institution. Combinations of three (3) of the following items are allowed:

- Paperback books, magazines, newspaper, one (1) Bible

54020.33.16 Food for Family Visiting

1. Funds sent to an inmate by a family member specifically intended to cover the cost of expenses for a family visit must be accompanied by a completed, signed CDC 1839, Exemption of Family Visit/Temporary Community Leave Funds from Restitution Fines/Orders (Attachment I).
2. One (1) week before the scheduled visit, the FVC will call Accounting to check the amount of money on the inmate's family visiting and personal account.
3. The food order must provide a minimum of two (2) frozen dinners per person, per day. The inmate's failure to order the minimum food requirement or to submit these requisitions by the time noted above will result in the family visit being canceled. The FVC will notify the inmate by using the "Notification of Cancellation of Family Visit" Memorandum.
4. Menu requisitions and CDC 193, Trust Account Withdrawal Forms must be sent to the FVC.

NOTE:

The FVC will maintain an accurate inventory of all food items stored in the freezer located in the Family Visiting Maintenance room. The freezer will be secured to prevent unauthorized access.

5. The FVC will be responsible for assuring that milk is provided for inmates and their visitors. The FVC will order the milk from the Food Services Department by submitting a Storeroom Supplies Order Form STD-115 (Attachment J) to the Food Manager or Material and Stores Supervisor I at least three (3) working days before the scheduled family visit.

54020.33.17 Family Visitor Medications

Medication, syringes and insulin will be stored in Central Control, with the exception of Nitroglycerin. The FVC or designated staff will take insulin and syringes to the Family Visiting Unit as scheduled during the visit. The designated staff member will issue the insulin and syringe to the visitor along with a biohazard syringe container. The visitors will handle and dispose of the insulin syringes themselves. At NO TIME, will staff handle any biohazard material for any reason.

After the biohazard container is sealed and deemed safe to handle, the staff member will take the container to the Medical Department for proper disposal. Biohazard contaminated syringe containers may be obtained from the Investigative Services Unit. All prescribed medication will be logged on the "Medication Log".

54020.33.18 Family Visiting Count Procedures

1. Inmates in family visiting will be counted by the Central Control Officer at the following times:

Formal Counts

- 0030 hours
 - 0230 hours
 - 0430 hours
 - 1700 hours
 - 2100 hours
2. At the above noted count times, the Tower 1 Officer will contact the Family Visiting Units by institutional telephone and instruct the inmates to walk to the front gate of the Family Visiting Unit. The Watch Office S&E Officer will proceed to the Family Visiting Units with the inmate's Identification Cards, identify each inmate and return the inmate Identification Cards to Central Control. The Central Control Officer will out count the inmates and submit the Out Count Slip in SOMS to Central Control with the family visiting count total.

54020.33.20 Condition and Cleanliness of Family Visiting Units

1. Family visiting is provided in the five (5) apartments located adjacent to Tower 1. Each apartment has two (2) bedrooms, one (1) bath, and a living room/dining area/kitchen combination. Each has a sleeping capacity of six (6) persons. A fenced play area for children is located in the front of each unit. Apartment #1 is designed for physically disabled persons.
2. The inmate is responsible for the cleanliness of the unit and for any loss or damage to the unit and/or equipment. The unit will be inspected by the FVC with the inmate for cleanliness and to account for all household items before and immediately after a visit. Discrepancies may be cause for disciplinary action and evaluation of the inmate's future eligibility for family visits.
3. All emergency plumbing, electrical problems, etc., will be reported to Tower 1. Non-emergency repairs will be accomplished when the units are not occupied. The telephones are automatically connected with Tower 1 when they are taken off the hook.
4. The following household items are provided by the institution:
 - Cooking and eating utensils
 - Dishes and drinking glasses

54020.33.20 Condition and Cleanliness of Family Visiting Units (continued)

- Bedding
- Towels and washcloths
- Combination clock/radio
- Cleaning supplies

Fires and/or Accidents

In case of fire, the inmate and his visitors will evacuate the Family Visiting Unit and proceed to the fenced gate area for assistance.

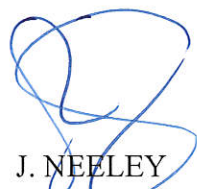
In case of an accident or injury, the inmate will report the situation to the Tower 1 Officer by using the telephone. The Tower 1 Officer will summon assistance.

54020.36 Revisions

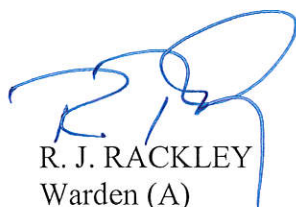
This Supplement will be reviewed annually in July by the Visiting Sergeant and submitted to the Associate Warden, Central Services for approval, with final approval from the Warden.

Attachments

Attachment A	CDC 106, Visiting Questionnaire
Attachment B	CDCR 1000, Visitor Pass
Attachment C	CDC Form 888, Notice of Request for Search
Attachment D	CDC Form 127, Notification In Case of Inmate Death, Serious Injury or Illness
Attachment E	CDC Form 114A, Segregation Record
Attachment F	Visiting Restroom Inspection Sheet
Attachment G	CDC Form 1081, Notice of Attorney/Legal Visit
Attachment H	CDC Form 7301A, Parent/Legal Guardian Authorization, Waiver and Release
Attachment I	CDC Form 1839, Exemption of Family Visit/Temporary Community Leave Funds from Restitution Fines/Orders
Attachment J	STD 115, Storeroom Supply Order Form


J. NEELEY
Associate Warden
Central Services

6.18.14
DATE


R. J. RACKLEY
Warden (A)

7/7/14
DATE

STATE OF CALIFORNIA

VISITING QUESTIONNAIRE

CDC 106 (Rev. 01/03)

DEPARTMENT OF CORRECTIONS

READ CAREFULLY. Please **PRINT** or **TYPE**. The information requested will be used by officials of the California Department of Corrections (CDC) to determine whether your questionnaire will be approved or disapproved. The information provided will be maintained in a file pertaining to the inmate.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security number is optional. However, any omission or falsification on this questionnaire may be cause for denial of visiting. Please mail this form directly to the visiting office of the institution where the inmate is confined.

1. NAME OF INMATE YOU WANT TO VISIT (LAST FIRST MIDDLE)				INMATE'S CDC NUMBER	
2. YOUR NAME (Print your name exactly as indicated on the photo identification you will be using)				SUFFIX (Jr., Sr., etc.)	HOME TELEPHONE NUMBER ()
3. MAIDEN NAME (If applicable)		HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST		RELATIONSHIP TO INMATE: (Spouse, Son/Daughter, other)	
4. DATE OF BIRTH (Mo/Day/Yr)	AGE	GENDER (Check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHPLACE (City	County	State Country)
5. ID NUMBER	ID TYPE (Check one) <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> STATE ID <input type="checkbox"/> MILITARY ID <input type="checkbox"/> USINS CARD <input type="checkbox"/> MCAS <input type="checkbox"/> PASSPORT				
OFFICIAL USE ONLY EXPIRATION DATE	ISSUED BY (County State Country)			6. SOCIAL SECURITY NUMBER	
7. CURRENT RESIDENCE ADDRESS: STREET ADDRESS Apt. # (If Applicable)			CITY	STATE	ZIP CODE
8. MAILING ADDRESS: (If different from Residence Address)			CITY	STATE	ZIP CODE
9. PREVIOUS ADDRESS WITHIN PAST TWO YEARS: Apt. # (If Applicable)			CITY	STATE	ZIP CODE
10. ACCOMPANYING MINOR(S) (If Any): NAME, DOB, RELATIONSHIP TO INMATE					
1.		2.		3.	
10. Continued					
4.		5.		6.	
11. HAVE YOU EVER VISITED ANOTHER INMATE(S) IN A CALIFORNIA PRISON? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Item 11A. Attach additional sheet(s) if more than two inmates.					
11A. INMATE NAME		CDC NUMBER	INSTITUTION WHERE YOU VISIT INMATE		RELATIONSHIP TO INMATE
1.					
2.					
12. HAVE YOU EVER BEEN DETAINED, ARRESTED, OR CONVICTED OF A CRIME? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete Item 12A. List all detentions, arrest and/or convictions. Failure to list all requested information may result in denial of visiting. Attach additional sheet(s) if necessary.					
12A. OFFENSE		APPROX. DATE	DISPOSITION: (Dismissed, Probation, Jail, Prison)		COUNTY STATE
13. ARE YOU ON PROBATION? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, answer 13A.		ARE YOU ON PAROLE OR CIVIL ADDICT OUTPATIENT STATUS? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, answer 13A.		HAVE YOU BEEN INCARCERATED IN A STATE ADULT/JUVENILE CORRECTIONAL FACILITY? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, read 13B	
14. ARE YOU CURRENTLY UNDER ANY TYPE OF COURT IMPOSED PROGRAM? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain on additional sheet and attach to this form.					
13A. TYPE: (Court, Formal, Informal, etc.)		SUPERVISING AGENCY		NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:	
				COUNTY	STATE

13B. If you were discharged from an institution or discharged from parole or outpatient status within the last twelve (12) months, you must have prior written approval of the Warden before visiting will be permitted. You will also need to provide a copy of your discharge paperwork.

CONTINUED ON BACK PAGE

15. If you are under 18 years of age and are not an emancipated minor or the inmate's legal spouse, you must have the written notarized consent of a parent or legal guardian and be accompanied by a responsible adult who is also approved to visit. The notarized written consent must be presented each time a minor visits unless prior approval has been attained from the Warden for an inmate to visit with his or her unchaperoned children.
16. **VISITORS WITH DISABILITIES:** If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Visitors with guide dogs will need to provide the dog's certification paperwork upon visit check-in. The CDC will make every effort to provide reasonable accommodations for all qualified/eligible visitors with disabilities in keeping with the safety and security of the institution and the public. If you have any questions and/or concerns, please contact the institution where the inmate is confined.
17. The following laws relate to prison visitation:

SUBJECT TO SEARCH: Visitors entering the correctional institution, camp or facility grounds are subject to a search of their person, vehicle and property. Except as described below, visitors may leave the institution, camp, or facility grounds rather than submit to a search of their person, vehicle or property. Refusal to submit to the search will result in denial of visiting for that day.

Visitors may not elect to leave the correctional institution, camp or facility grounds rather than submit to a search when institution officials possess a court issued search warrant or cause for a search arises while the visitor is on the institution grounds and the cause for the search is believed by institutional officials to be a criminal offense.

FIREARMS AND DRUGS ON INSTITUTIONAL GROUNDS /ASSISTING INMATES TO ESCAPE: It is a felony for anyone to assist inmates to escape. Bringing firearms, deadly weapons, explosives, tear gas, drugs, drug paraphernalia, or selling drugs on prison grounds, or giving/selling inmates firearms, weapons, explosives, liquor, cocaine, or other narcotics or any kind of drugs, including marijuana, is a crime (Sections 2772, 2790, 4534, 4535, 4550, 4573, 4573.5, 4573.6, 4573.8, 4573.9, 4574, 4600, California Penal Code).

GIVING LETTERS TO INMATES OR TAKING LETTERS OUT FOR INMATES BY ANYONE IS A MISDEMEANOR:
(Section 4570, 4570.1, California Penal Code).

FALSE IDENTIFICATION: Anyone who falsely identifies himself/herself to gain admittance to a prison is guilty of a misdemeanor. Persons previously convicted of a felony in the State who come upon the grounds of a prison without permission of the official in charge are guilty of a felony (Section 4570.5, 4571 California Penal Code).

TRESPASSING: Entry on institution property for unauthorized purposes will be considered trespassing as provided in Section 602(j) of the California Penal Code. Refusal or failure to leave the property when requested to do so by an official will be considered trespassing as provided in Section 602(p) of the California Penal Code.

PERIOD OF EMERGENCY: In the event of an emergency situation that affects a significant portion of the inmate population at an institution, the visiting program and other program activities may be suspended during the period of emergency (Section 2601(d), California Penal Code).

GIVING OR RECEIVING GIFTS: Giving or receiving gifts to or from inmates is a misdemeanor (Section 2540, 2541, California Penal Code).

HOSTAGES: Hostages will not be recognized for bargaining purposes during attempted escapes by inmates (Section 3304, California Code of Regulations, Title 15, Division 3, Chapter 1).

18. If you are APPROVED to visit, the inmate will be notified and it is his/her responsibility to notify you.
If you are DISAPPROVED to visit, the institution will notify you by mail. You will not be allowed to visit until your application is approved.

I have read and understand the above information and agree to follow all Federal, State and CDC rules and regulations.		VERIFICATION OF MAILING	
		I have mailed this Visiting Questionnaire to the visitor applicant.	
VISITOR SIGNATURE	DATE	INMATE SIGNATURE / CDC #	DATE

OFFICIAL USE ONLY - TO BE COMPLETED BY INSTITUTION STAFF

- ☐ **APPROVED**
- ☐ **DISAPPROVED**, for the following reason(s): (If DISAPPROVED, the applicant and inmate are to be informed in writing of the disapproval.)
- ☐ Omissions and/or falsifications Section(s): _____ ☐ Need copy of Declaration of Discharge
- ☐ Need disposition(s) for: _____
- ☐ Applicant is under: ☐ parole ☐ formal probation ☐ Civil Addict Outpatient supervision
- ☐ Arrest record received via DOJ indicates applicant has an extensive and /or recent history of criminal activity for offenses that are particularly sensitive to the institutional security. May reapply after: (DATE: _____)
- ☐ Other: _____
- ☐ Applicant's privileges to visit will be reconsidered:
☐ upon receipt of the above requested information and/or ☐ after (DATE: _____)

PRINT NAME	SIGNATURE	TITLE	INSTITUTION	DATE

- ☐ INMATE/VISITOR NOTIFIED ON (DATE) _____ BY WHOM _____

INMATE VISITORS PASS

STATE OF CALIFORNIA VISITOR PASS COC 1000 (5/87)		DEPARTMENT OF CORRECTIONS
THIS PASS MUST BE SURRENDERED AT THE GATE WHEN YOU LEAVE THE INSTITUTION.		
INMATE'S NAME (Please print)		INMATE'S NUMBER
RELATIONSHIP TO INMATE		
YOUR NAME (Please print)		
YOUR ADDRESS (Number, Street, City, State, Zip)		

IN ACCEPTING THIS PASS, I AGREE TO ABIDE BY ALL THE LAWS AND RULES GOVERNING VISITS WITH INMATES WITHIN THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND BY THE SPECIFIC RULES OF THE INSTITUTION BEING VISITED.

PLEASE
SIGN
HERE

NUMBER OF MINORS (UNDER AGE 18) INCLUDED IN THIS VISIT

THIS AREA TO BE COMPLETED BY INSTITUTION STAFF		
LOCKER NUMBER	INSTITUTION	DATE
PASS NUMBER	TIME IN	TIME OUT

11-00155

STATE OF CALIFORNIA

NOTICE OF REQUEST FOR SEARCH

CDC 888 (2/88)

DEPARTMENT OF CORRECTIONS

NAME OF VISITOR

NAME AND NUMBER OF INMATE VISITED

Institution staff has cause to suspect that you might be carrying some form of contraband. Consistent with the posted notice at the entrance of this facility, we request your voluntary submission to an unclothed search of your person and any minor(s)* accompanying you. The search may include your personal possessions and/or your vehicle.

This search will be conducted in private by staff members of the same sex as the adult or minor visitor. If a minor is searched, the parent or legal guardian may be present during the search. A separate form is required for each minor.

<input type="checkbox"/> I VOLUNTARILY AGREE to be searched.	Signature of Visitor
<input type="checkbox"/> I VOLUNTARILY AUTHORIZE the search of: _____, Age: _____ NAME OF MINOR	Signature of Visitor *Relationship to Minor:
<input type="checkbox"/> I REFUSE to be searched.	Signature of Visitor
<input type="checkbox"/> I REFUSE TO AUTHORIZE the search of: _____, Age: _____ NAME OF MINOR	Signature of Visitor *Relationship to Minor:

I SECURED ADVANCE PERMISSION FOR THIS SEARCH FROM:

NAME	DATE
TITLE	TIME

STAFF COMMENTS**WATCH COMMANDER/VISITING LIEUTENANT**

Staff Member Conducting Search	NAME	POSITION
Staff Member Witnessing Search	NAME	POSITION

RESULTS OF SEARCH:☐ POSITIVE☐ NEGATIVE**DESCRIPTION OF CONTRABAND:****VISITOR IS:**☐ PERMITTED to visit inmate.☐ NOT PERMITTED to visit inmate.

*Only the parent or legal guardian of a minor may authorize an unclothed body search. Absent positive proof of relationship (i.e., birth certificate, court order, notarized authorization by parent or legal guardian), a search of a minor will not be conducted and visiting will not be allowed.

Original: C-File (Visiting)

cc: Warden/Superintendent

Investigator's File

Visitor

STATE OF CALIFORNIA

**NOTIFICATION IN CASE OF INMATE DEATH, SERIOUS INJURY,
OR SERIOUS ILLNESS**

CDC 127 (Rev 06/01)

DEPARTMENT OF CORRECTIONS

CDC NUMBER	COMMITMENT NAME	INSTITUTION
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The inmate shall provide accurate information to identify the next of kin and any person(s) to be notified in the event of his/her death, serious illness, or serious injury as determined by a physician. In compliance with Penal Code Section 5022, the inmate shall provide the name(s), last known address(es), and telephone number(s) of the next of kin and person(s) to be notified. The inmate shall also notify his or her assigned Correctional Counselor of changes as soon as possible. Staff shall use reasonable effort to contact the person(s) identified by the inmate based on the information provided by the inmate. Therefore, it is important that the inmate ensure the information provided is current and accurate.

NAME OF KIN	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)
NAME OF KIN	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)

NAME OF PERSON TO NOTIFY	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)

If the inmate has a will, the inmate shall identify the person to be contacted who possesses or has access to it. This form is not to be used as a will.

NAME OF CONTACT FOR WILL	STREET ADDRESS	TELEPHONE NUMBER (HOME)
ENTER NONE IF THERE IS NO WILL	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)

Is inmate a foreign national? ☐ Yes ☐ No

This information shall be updated annually as part of the classification review process, as part of the classification committee review when the inmate is being referred to the Classification Staff Representative for program placement or transfer consideration, or whenever the inmate desires to revise the information.

DATE	INMATE'S SIGNATURE	COUNSELING STAFF WITNESS'S PRINTED NAME/ TITLE/ SIGNATURE	INSTITUTION
DATE	INMATE'S SIGNATURE	COUNSELING STAFF WITNESS'S PRINTED NAME/ TITLE/ SIGNATURE	INSTITUTION
DATE	INMATE'S SIGNATURE	COUNSELING STAFF WITNESS'S PRINTED NAME/ TITLE/ SIGNATURE	INSTITUTION
DATE	INMATE'S SIGNATURE	COUNSELING STAFF WITNESS'S PRINTED NAME/ TITLE/ SIGNATURE	INSTITUTION
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DATE	INMATE'S SIGNATURE	COUNSELING STAFF WITNESS'S PRINTED NAME/ TITLE/ SIGNATURE	INSTITUTION
DATE	INMATE'S SIGNATURE	COUNSELING STAFF WITNESS'S PRINTED NAME/ TITLE/ SIGNATURE	INSTITUTION

DISTRIBUTION
 ORIG - C-FILE
 COPY - INMATE

Additional instructions are listed on the back of this form.

THIS FORM IS NOT A WILL

[illegible]

SYMBOLS

X- ITEM COMPLETED
Q- CONFINED TO QUARTERS / PENDING DISCIPLINARY
L- LINEN EXCHANGED
B- BLANKETS EXCHANGED

R- REFUSED
N- NO YARD PENDING ICC / REVIEW
C- CLOTHING EXCHANGED
S- LOCKDOWN

VISITING RESTROOM INSPECTION SHEET

INSTRUCTIONS: Check each area of concern, and initial the appropriate box. If the hours listed fall outside of your Visiting program for that day, place an "X" in the box for that hourly check.

TODAY'S DATE: _____

FACILITY: _____

Areas of Concern	Check-Off Times										
	0800	0900	1000	1100	1200	1300	1400	1500	1600		
Trash Emptied											
Toilet(s) Clean											
Sink(s) Clean											
Mirrors Clean											
Floors Clean/Dry											
Soap Stocked											
Toilet Paper Stocked											
Paper Towels Stocked											
Notes:											

This form is to be kept in the facility restroom for the duration of the Visiting program. At the end of the Visiting program, this form is to be reviewed and signed by the Visiting supervisor. Reviewed inspection sheets are to be maintained at the institution for a period of 12 calendar months.

Printed Name and Signature of Staff Conducting Inspections

Printed Name and Signature of Reviewing Supervisor

STATE OF CALIFORNIA
CDC 1081 (6/87)

DEPARTMENT OF CORRECTIONS

NOTICE OF ATTORNEY/LEGAL VISIT

<input type="checkbox"/> VISIT SCHEDULED		<input type="checkbox"/> VISIT CANCELLED		TODAY'S DATE	
DATE OF VISIT		TIME		REGARDING	
NAME OF VISITING ATTORNEY/ATTORNEY REPRESENTATIVE				INMATE'S NAME	
ADDRESS OF ATTORNEY/ATTORNEY REPRESENTATIVE				CDC NUMBER	
NUMBER AND STREET				WORK ASSIGNMENT	
CITY, STATE, ZIP CODE				HOUSING ASSIGNMENT	
TELEPHONE NUMBER (Include area code)				TYPE OF APPOINTMENT	
NAME OF CALLER				<input type="checkbox"/> REGULAR LEGAL VISIT	
NAME OF STAFF WHO RECEIVED CALL				<input type="checkbox"/> DEPOSITION	
DATE CALL RECEIVED		TIME		<input type="checkbox"/> CENTRAL FILE REVIEW	
DISTRIBUTION: ORIGINAL: Entrance of Visitor Processing Center Copy: Inmate Copy: Watch Lt./Ducat Clerk Copy: Inmate Visiting File				<input type="checkbox"/> OTHER (Specify) _____ _____	

CONFIDENTIAL DOCUMENT
PARENT/LEGAL GUARDIAN'S WAIVER AND RELEASE FOR FAMILY VISIT

I understand that the person whom my child/ward will visit has tested positive for the HIV antibodies and agree on behalf of my minor/ward to:

1. Assume all risk if, as a result of this visit, my child/ward becomes infected with HIV, AIDS, or other related disease or diseases;
2. Release, waive, discharge, and covenant not to sue (a) the California Department of Corrections and Rehabilitation ("CDCR"); (b) Cedar's prisons, facilities, camps, or institutions; (c) the State of California ("State"), including each of its departments, boards, or other divisions; and (d) the employees or agents of (a) through (c) above; for any and all liability for all losses or damages on account of violation of the civil rights of, and/or the injury to the person of, the property of, and/or the death of my child or any other person or persons caused, whether primarily or secondarily, by an HIV infection arising out of this visit; and,
3. Expressly agree that this waiver and release is as broad and inclusive as is permitted by the laws of the State and of the United States, and that if any part of it is held invalid, the remainder shall continue in full force and effect.

In addition to the above, my signature acknowledges that I have received, read and understand the HIV materials provided by the Department of Corrections and Rehabilitation and that it is my responsibility to educate and inform my child/ward of the HIV disease as I see fit.

I am the ☐ parent ☐ legal guardian of _____
(NAME OF CHILD/WARD)
I authorize _____, to accompany my child/ward on an overnight visit.
(NAME OF ACCOMPANYING ADULT)

PRINT NAME- FIRST, MIDDLE, LAST

PARENT OR GUARDIANS SIGNATURE

DATE

To be completed by Notary Public:

State of California

County of _____

On _____ before me, _____

Personally appeared _____

Personally known to me (or provided to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they execute the same in and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness: my hand and official seal

Signature _____

Notary Public: Affix official notary seal above.

SIGNATURE OF WARDEN OR HIS/HER DESIGNEE

DATE

VISIT: ☐ APPROVED ☐ DENIED

INSTITUTION: _____

THIS FORM, WHEN COMPLETED IS TO BE MAINTAINED IN THE INMATES MEDICAL FILE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**EXEMPTION OF FAMILY VISIT/TEMPORARY COMMUNITY LEAVE
FUNDS FROM RESTITUTION FINES/ORDERS**
CDC 1839 (Rev 5/97)

AMOUNT OF MONEY YOU HAVE ENCLOSED:

TO BE COMPLETED, IN ITS ENTIRETY, BY FAMILY MEMBER

NAME OF INMATE YOU WISH TO VISIT: (Last, First, MI)

CDC NUMBER:

NAME OF FAMILY MEMBER PROVIDING FUNDS: (Last, First, MI)

TELEPHONE NUMBER:

()

FAMILY MEMBER'S ADDRESS: (Include City State, and Zip Code) (See Privacy Statement on the back)

☐

THESE FUNDS ARE TO PAY FOR FOOD DURING A **FAMILY VISIT (FV)**

☐

THESE FUNDS ARE FOR A **TEMPORARY COMMUNITY LEAVE (TCL)**

CANCELLATIONS

IF THIS VISIT/LEAVE IS CANCELLED:

- 1) ALL FUNDS WILL REMAIN INDEFINITELY IN THE INMATE'S TRUST ACCOUNT WITH A HOLD PLACED ON THEM UNTIL USED FOR FUTURE FAMILY VISITS OR TEMPORARY COMMUNITY LEAVES.
- 2) THESE FUNDS WILL BE AVAILABLE SOLELY FOR THE PURPOSE OF FAMILY VISITS OR TEMPORARY COMMUNITY LEAVES AND CANNOT BE USED TO PURCHASE ITEMS FROM THE CANTEEN.
- 3) RESTITUTION WILL NOT BE TAKEN FROM THESE FUNDS WHILE THEY ARE BEING HELD FOR THE FAMILY VISITS OR TEMPORARY COMMUNITY LEAVES.
- 4) NO REFUNDS WILL BE MADE.

IMPORTANT:

- 1) PLEASE SEND THIS FORM WITH PAYMENT TO THE INSTITUTION'S ADDRESS,
ATTENTION: CASHIER
- 2) IF THIS FORM DOES NOT HAVE COMPLETE INFORMATION, THE FUNDS WILL BE TRANSFERRED TO THE INMATE'S TRUST ACCOUNT AND SUBJECT TO RESTITUTION DEDUCTIONS.

SIGNATURE OF FAMILY MEMBER PROVIDING FUNDS

DATE SIGNED

SIGNATURE OF CDC STAFF FACILITATION FUNDS FOR EMERGENCY TCL

DATE SIGNED

STOREROOM SUPPLIES ORDER

STD. 115 (REV. 7-88)

SERIAL

No.

ORDER DATE

STOREKEEPER'S NUMBER

TO: Authorizing Officer

I REQUEST DELIVERY OF THE ITEMS BELOW TO:

UNIT

SIGNATURE

TITLE

RECEIPT OF GOODS BY REQUESTING UNIT

I hereby certify that I have carefully counted or weighed the articles received on this requisition and find the same to be exactly as set forth in the column headed "Delivered".

SIGNATURE

TITLE

LN. NO.	STOCK ITEM CODE NUMBER	ITEM DESCRIPTION	PRO- CESS CODE	UNIT	(X)	QUANTITY		(X)
						WANTED	DELIVERED	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								

I APPROVE THE ABOVE REQUISITION

SIGNATURE

TITLE

TO ACCOUNTING: I certify that items listed in column headed "Delivered" have actually been delivered.

STOREKEEPER'S SIGNATURE

TITLE

DATE DELIVERED

RECEIPT
COMPARED

DISTRIBUTION: Original—Accounting; 2nd Copy—Storekeeper; 3rd Copy—Requester—Until Delivery then send to Accounting