



**California
Department of
Corrections and
Rehabilitation**

**Operational Manual
Supplement
(DOM)**

**Chapter: 5 – Custody/Security
Operations**

Article: 42 – Visiting

Section: 54020.1 – 54020.33.20

54020.1 Policy

The privilege of an inmate to have visits shall not be denied except for cause. Limitations may be imposed on the length and frequency of visits, and on the number of persons permitted on a visit at one time, to prevent overcrowding.

Visitor Processing opens at 0730 hours; processing visitors concludes at 1300 hours.

Visiting Room Hours

A Facility	Saturday and Sunday	0800 - 1400 hours
B Facility	Saturday and Sunday	0800 - 1400 hours
C Facility	Saturday and Sunday	0800 - 1400 hours
MSF	Saturday and Sunday	0800 - 1400 hours

54020.7

**VISITING DAYS AND
HOURS**

Non-Contact Visiting Hours

Non-contact visits are for 1½ hours in duration and may be scheduled at 0830, 1030, or 1230 hours each Saturday and/or Sunday.

All non-contact visits must be scheduled at least 24 hours in advance, but no more than eight days in advance. Visitors may schedule the appointment by contacting Visitor Processing via telephone Monday through Sunday, between 0700-1500 hours. Appointments may be scheduled in person on Saturday or Sunday during Visitor Processing hours of operation.

VPASS is an appointment system developed by the California Department of Corrections and Rehabilitation to allow the visitors of inmates to create an appointment time to be processed into visiting areas. Through the proper use of this system and its features, this system allows visitors a specific time to process in at SAC's Visitor Processing. The goal is to expedite the visitor's processing into the visiting areas and increase time spent visiting. VPASS allows visitors a choice of dates and preferred times when they wish to process in to visit.

If a visitor requires VPASS support, they may contact the institution for assistance or the visiting hotline number (1-800-374-8474). Additional resources are provided on the VPASS website at <http://visitorreservations.CDCR.ca.gov>.

Due to of the limited availability of non-contact booths, inmates on non-contact status will be permitted one scheduled non-contact visit per visiting day.

**54020.8
VISITOR
APPLICATION
PROCEDURE**

All visitors must have prior approval before they will be permitted to visit. Exceptions to approval requirements for visitors may be made when death, life-threatening illness, or injury occurs to an immediate family member, including registered domestic partner, of the inmate. Family emergency exceptions shall be made only for an inmate's immediate family members as defined in Section 3000 of the Title 15 or clergy. Each request to visit because of a family emergency shall require proof of the emergency and approval of the supervisor in charge of visiting.

**54020.13.1
METAL DETECTION
DEVICES**

Visitors will be required to pass a metal detector. Clothing containing rivets, large metal buttons, or metal decorations may activate the metal detector. Medical verification is required for visitors with implanted metal. Underwire garments will not be allowed into the institution.

**54020.19
VISITOR EMERGENCY
MEDICAL
ASSISTANCE**

Emergency medical attention may be provided to visitors who become ill, injured, or require medical attention while on institution/facility property. The responding staff member(s) shall make every effort to preserve life.

- This may include First Aid, Cardio Pulmonary Resuscitation (CPR) and other life-saving measures for which the employee is trained and/or certified. Life support measures shall be continued until medical personnel arrive and assume medical care.
- Staff may contact a visitor's relative or companion to assist in the transportation of the visitor. An ambulance may be summoned for visitors requiring medical attention. The visitor is responsible for payment of services provided by outside ambulance/medical services.
- The Visiting Lieutenant or Watch Commander shall immediately be notified. The appropriate documentation shall be completed by the on-duty Visiting Supervisor.

If a visitor alleges injury, or was involved in an accident on institution/facility property, an Accident Report (STD 268; Attachment A) will be completed by a Visiting Supervisor.

The Visiting Lieutenant or Watch Commander will be responsible to ensure the Accident Report is properly routed To the Litigation Office.

**54020.32
ATTORNEY
VISITATIONS AND
CONSULTATIONS**

Legal visits are conducted during 0800-1400 hours on Thursdays and Fridays. A prior appointment is required for all private consultations. Approval for an attorney or representative to schedule a legal visit on a day other than listed requires the approval of the Litigation Coordinator.

An attorney wishing to visit an inmate shall request an appointment by calling, faxing, or writing the Litigation Coordinator or designee. Forty-eight hour notice is considered minimum for this purpose.

Inmate/Parolee-patients may be housed in a Mental Health Crisis Bed (MHCB), or other medical setting such as a Correctional Treatment Center (CTC), or Outpatient Housing Unit (OHU), for the purpose of mental health

treatment. This includes inmates on suicide precaution/suicide watch. Attorneys shall have access to visit these individuals in order to provide adequate due process related to court and/or parole proceedings.

54020.32.1
Clearance and
Approval for
Attorney Visit

When the Litigation Coordinator determines that an attorney has requested to visit an inmate housed in a medical setting, the Litigation Coordinator shall notify the Chief of Mental Health of the visit request. The Chief of Mental Health shall notify the assigned primary clinician that the attorney visit was requested. The primary clinician shall then make the determination as to whether or not the inmate can have the visit without compromising his care.

Every effort shall be made to ensure that attorney visits occur, when requested, in a confidential setting. This may require careful scheduling of the attorney visit to avoid impacting services to other patients treated in the facility. When an individual refuses escort to a confidential setting, or there has been documentation that he or she has been assaultive in the last 24 hours, the attorney shall be allowed contact at the cell-front. When an individual is in clinical restraint, the attorney shall be allowed contact from outside the cell door, with the cell door open.

The June 12, 2007, Valdivia Stipulated Protective Order states that CDCR recognizes the obligation "to provide a parolee's attorney access to sensitive medical and mental health information." It indicates "Should any such files contain information covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this order shall be deemed a qualified protective order." The inmate's attorney may review the Unit Health Record of a parolee/inmate-patient, 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 parolee-inmate/patient.

In rare occurrences, the clinician may determine that a visit from the attorney could compromise the health and safety of the inmate/parolee-patient. 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 unit health record. The clinician shall document, using a CDCR Form 128B, that a visit from the attorney could be detrimental to the health and safety of the inmate. The CDCR Form 128B shall be completed the same working day that the clinician is notified of the requested attorney visit, and shall indicate the reason why the visit may be detrimental, and the time frame recommended for a rescheduled visit. Copies of the CDCR Form 128B shall be placed in the Unit Health Record, and the Central File. The original CDCR Form 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 parolee-patient, a mental health clinician who is a supervisor or manager shall be notified to review the documentation of the concern. Progress toward resolving the concern shall be documented in the Unit Health Record 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 following the attorney visit to determine whether modification of the treatment plan is necessary to ensure the safety of the inmate.

**54020.33.1
FAMILY VISIT
APPLICATION**

Inmates may apply for a Family Visit (FV) with their respective counselor. Inmates shall submit their completed FV Application (CDCR-1046, Revised 08/06; Attachment B) to their assigned Correctional Counselor I (CCI). No changes or substitutions of visitors shall be permitted after an initial application has been submitted by an inmate. Only immediate family members may participate in FV's. Verification as an actual immediate family member is required.

Any application received by the FV Coordinator, for which there is not an Informational Chrono (CDCR 128-B; Attachment C) indicating approval, shall be returned to the inmate's assigned CCI for review.

Once the initial application is approved, the signature of the Captain shall be obtained by the CCI prior to forwarding the approved FV application to the FV Coordinator. Once an inmate has been approved for the SAC FV program, any subsequent FV applications shall be sent from the inmate directly to the FV Coordinator for processing and scheduling. If the inmate's eligibility for participation in a FV is rescinded, the CCI shall complete a CDCR 128-B and forward a copy to the FV Coordinator.

**54020.33.2
INMATE FAMILY
VISITING ELIGIBILITY**

To ensure an inmate continues to remain eligible, the FV Coordinator will review the inmate's C-File, 24-72 hours prior to the scheduled FV. If the inmate is on non-contact visiting status due to a pending serious Rules Violation Report (RVR) during the waiting period for his scheduled FV, and the RVR is pending adjudication, the FV will be cancelled. If the inmate's FV is cancelled due to pending disciplinary and/or classification action, and the inmate is found not guilty, the visit shall be re-scheduled on the first available date.

Under the direction of the Visiting Lieutenant and/or Watch Commander, the Visiting Sergeant will serve as the Family Visiting Coordinator.

The FV Coordinator will be responsible for ensuring proper documentation, such as FV Application, CDCR 128-B, Family Visiting Food Menu (Attachment D) and Trust Account Withdrawal Order (CDCR-193; Attachment E) is received and reviewed prior to scheduling any FV.

Along with the FV application, the inmate must submit a FV food menu and CDCR-193. If the inmate has not submitted all necessary documentation, a notice indicating why his FV request was not processed will be sent to the inmate. The inmate will be scheduled when all necessary documentation is received.

**54020.33.4
NOTIFICATION OF
SCHEDULED FAMILY
VISITING DATES**

The FV Coordinator will send the inmate a FV Inmate Notification form (CDCR 1072; Attachment F) informing the inmate of his FV date. The family member participating in the FV must sign and return the notice to the FV Coordinator within 10 days, or the visit will be cancelled.

Inmates may only be placed in FV units assigned to their particular facility, with the exception of inmates housed in A-Facility. FV participants housed in A-Facility will utilize the B-Facility FV units.

Family visits are scheduled to commence on Fridays at approximately 1100 hours and conclude on Sundays at approximately 1100 hours. Family visitors are required to check-in at Visitor Processing area by 1100 hours on the day of the visit. Visitors failing to report to Visitor Processing by 1100 hours are subject to cancellation of the visit.

**54020.33.7
CANCELLATION OF A
FAMILY VISIT**

Inmates may cancel a scheduled FV by sending a Request for Interview to the Family Visiting Coordinator. Additionally, family members scheduled to participate in the FV may contact visiting staff to cancel a FV or notify staff of a delay in arriving.

For each inmate moved from his assigned housing unit to a FV unit, a bed/cell move in the Strategic Offender Management System (SOMS) will occur.

**54020.33.8
PROCESSING
INMATES FOR FAMILY
VISITING**

The Family Visiting Coordinator will notify the inmate's assigned housing unit staff the inmate has a scheduled FV, and request to have the inmate escorted to the FV unit. Upon entry into the visiting search room, visiting staff will positively identify the inmate. An unclothed body search of the inmate will be conducted. Additionally, the inmate's property taken in to the FV unit will be searched and inventoried utilizing Family Visit Inmate Property Inventory – Male Inmate Items (CDCR 1070; Attachment G).

At the conclusion of the FV a bed/cell move in SOMS will occur. The inmate will be positively identified prior to exiting the FV unit. The inmate will then be escorted to the search room where an unclothed body search and inventory of the inmate's property will be conducted.

**54020.33.9
URINALYSIS**

Prior to the beginning of each FV and at the conclusion, the inmate participating in the FV shall be required to submit to a urine sample. The urine sample bottle will be sealed and properly labeled with the inmate's name, CDCR# and date. The sample will then be taken to the Entrance Gate and placed in the designated box/storage area for pick-up and transport to the testing facility.

Failure to provide a sample prior to the FV will result in the cancellation of the FV. Failure to provide a sample at the conclusion of the FV will result in a Rules Violation Report (RVR) and the removal from the FV program pending disposition of the RVR.

**54020.33.14
PROCESSING
VISITORS IN AND OUT
FOR FAMILY VISITS**

Visitor Processing staff will log-in approved visitors utilizing SOMS. The spouse of the inmate must present a valid Marriage Certificate at the time of each FV. Birth certificates for minors must also be presented at the time of each FV.

Minors are only allowed to participate in the FV when they are accompanied by an approved adult, who is an immediate family member. The minor must also be an immediate family member. If the natural parent or legal guardian

is not participating in the FV, a notarized consent to visit from the minor's parent or legal guardian, and the minor's certified or embossed abstract of birth is required. Notarized letters must acknowledge that the child is participating in a FV, which will be for the duration of a minimum of 46 consecutive hours.

All items brought in by the visitor(s) for the FV will be searched. Items not listed as disallowed may not be permitted based on the necessity of the item and/or the safety and security of the institution. Visitors may secure prohibited items in their vehicle or use the available lockers, provided they have brought their own lock.

Items that cannot be visually or manually inspected shall be x-rayed utilizing the x-ray machine located in the Mailroom, or prohibited.

Disallowed Items:

- Aerosol and/or glass/metal containers
- Items containing alcohol
- Curling irons, hair dryers, electric or battery powered toothbrushes
- Over the counter medication
- Personal lubricants/baby oil/body oil

At the conclusion of the FV, which will conclude at approximately 1100 hours, the visitor will be positively identified prior to being escorted from the FV unit. The visitor may take any remaining food purchased for the FV. Food left in the FV unit will be disposed of per institutional procedures.

54020.33.16
FOOD FOR FAMILY
VISITING

Inmates may obtain a current FV food menu from their assigned CCI or by submitting a written request to visiting staff.

Upon receipt of the food order from the inmate, the FV Coordinator will review it to ensure the inmate has ordered sufficient food to provide a minimum of two meals per person per day for the duration of the FV. The FV Coordinator or his/her designee reserves the right to determine if an inmate ordered an excessive amount of food. When an inappropriate amount of food has been ordered, the food menu will be returned to the inmate for corrections.

The CDCR-193 form will be sent to the Trust Office to have the amount of the food order placed on hold. If the inmate does not have funds to pay for the food order he will be sent a notice indicating he was not scheduled for a FV due to insufficient funds. The inmate must resubmit a FV application, food menu and CDCR-193 when funds are adequate.

Funds sent in by a family member for the FV food order will be exempt from restitution when sent with an Exemption of Family Visit/Temporary Community Leave Funds from Restitution Fines/Orders form (CDCR 1839; Attachment H).

On the day of the scheduled FV, the inmate's FV food order will be purchased at a local grocer by the FV Coordinator or his/her designee. The food will be paid for using a check issued by the Trust Office. Immediately upon return


from the grocer, the food will be delivered to the FV unit. The inmate will verify the food received is as ordered, and sign a copy of the food purchase receipt. The signed copy of the receipt will be forwarded to the Trust Office.

Inmates in the FV units shall present themselves for the count in accordance with California State Prison-Sacramento (SAC) count procedures. Facility Control and Central Control staff will notify the inmate of count by utilizing the FV telephone line located in control. Inmates will be required to step out the front door of the FV unit for count purposes. Staff will positively identify the inmate during each institutional count.

54020.33.18
FAMILY VISITING
COUNT PROCEDURES

ATTACHMENTS

Attachment A	Accident Report	STD 268
Attachment B	Family Visiting Application	CDCR 1046
Attachment C	Informational Chrono	CDCR 128B
Attachment D	Family Visiting Food Menu	
Attachment E	Trust Account Withdrawal Order	CDCR 193
Attachment F	Family Visiting Inmate Notification	CDCR 1072
Attachment G	Family Visit Inmate Property Inventory – Male Inmate Items	CDCR 1070
Attachment H	Exemption of Family Visit /Temporary Community Leave Funds from Restitution Fines/Orders	CDCR 1839


JEFF MACOMBER
Warden (A)


Date

ATTACHMENT A

STATE OF CALIFORNIA

ACCIDENT REPORT
(Other than Motor Vehicle)

STD. 268 (REV. 11/2007) Page 1 of 2

This report shall be completed and forwarded to the Attorney General's Office within 48 hours of the incident. Attach any photos or diagrams. Reports of serious injuries and/or death shall be reported to the Attorney General's Office within 24 hours of the incident.

CONFIDENTIAL**ATTORNEY/CLIENT PRIVILEGED DOCUMENT/WORK PRODUCT**

This is a **CONFIDENTIAL** report requested by, prepared for and retained by the Attorney General's Office. Under no circumstances should this document be provided to anyone except the Attorney General's Office or their agent.

INCIDENT DATE	LOCATION (Describe specific location on reverse)	TIME
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INJURED PARTY INFORMATION

INJURED PARTY'S NAME (Last, First, MI)	BIRTHDATE	DRIVER'S LICENSE NUMBER
INJURED PARTY'S MAILING ADDRESS (Street, City, State, Zip)	HOME TELEPHONE (Area Code + No.)	WORK TELEPHONE (Area Code + No.)
NATURE AND EXTENT OF APPARENT / CLAIMED INJURY (Describe incident in detail on reverse)		

PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM.	FIRST AID GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM
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PROPERTY DAMAGE/LOSS INFORMATION

PROPERTY OWNER'S NAME (Last, First, MI)	HOME TELEPHONE (Area Code + No.)	WORK TELEPHONE (Area Code + No.)
PROPERTY OWNER'S MAILING ADDRESS (Street, City, State, Zip)		
NATURE AND EXTENT OF DAMAGE/LOSS (Describe incident in detail on reverse)		

WITNESS INFORMATION

1. NAME (Last, First, MI)	WORK ADDRESS (Street, City, State, Zip)	WORK TELEPHONE (Area Code + No.)
DRIVER'S LICENSE NUMBER	HOME (Street, City, State, Zip)	HOME TELEPHONE (Area Code + No.)
2. NAME (Last, First, MI)	WORK ADDRESS (Street, City, State, Zip)	WORK TELEPHONE (Area Code + No.)
DRIVER'S LICENSE NUMBER	HOME (Street, City, State, Zip)	HOME TELEPHONE (Area Code + No.)
3. NAME (Last, First, MI)	WORK ADDRESS (Street, City, State, Zip)	WORK TELEPHONE (Area Code + No.)
DRIVER'S LICENSE NUMBER	HOME (Street, City, State, Zip)	HOME TELEPHONE (Area Code + No.)

REPORTING AGENCY NAME

REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)

TELEPHONE NUMBER (Area Code + No.)

REPORTING EMPLOYEE'S SIGNATURE

REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE (Print or Type)

TELEPHONE NUMBER (Area Code + No.)

DISTRIBUTION: ORIGINAL--ATTORNEY GENERAL'S OFFICE TORT UNIT, P. O. BOX 944255, SACRAMENTO, CA 94244-2550 WITHIN 48 HOURS
COPY--RETAINED BY THE LEGAL OFFICE OF THE REPORTING AGENCY/DEPARTMENT

ACCIDENT REPORT
(Other than Motor Vehicle)

STD 268 (REV 11/2007) Page 2 of 2

USE ADDITIONAL SHEETS AS NECESSARY

DESCRIBE SPECIFIC LOCATION OF INCIDENT:

DESCRIBE THE INCIDENT IN DETAIL

FAMILY VISITING APPLICATION

INSTRUCTIONS: Inmate: Complete and submit application to assigned Counselor. *FILL OUT FORM COMPLETELY.*
Counselor: Verify relationships, complete back of this form, forward to Family Visiting Coordinator.

TO FAMILY VISITING COORDINATOR (VIA Correctional Counselor):

DATE REQUEST SUBMITTED TO COUNSELOR:

FROM (Inmate's name):

DATE RECEIVED BY FAMILY VISITING COORDINATOR:

CDC NUMBER:

CELL/DORM/BED:

EPRD/BOARD DATE:

PRIVILEGE GROUP:

CUSTODY LEVEL:

WORK/PROGRAM ASSIGNMENT:

DATE OF LAST CDC 115:

EACH ADULT VISITOR HAS TO BE AN APPROVED VISITOR (LIMIT 3)

I REQUEST THAT A FAMILY VISIT BE SCHEDULED FOR THE FOLLOWING FAMILY MEMBERS:

VISITOR'S NAME (First, Middle, Last):

AGE:

RELATIONSHIP TO YOU:

ADDRESS (Number, Street, City, State):

TELEPHONE NUMBER:

()

VISITOR'S NAME (First, Middle, Last):

AGE:

RELATIONSHIP TO YOU:

ADDRESS (Number, Street, City, State):

TELEPHONE NUMBER:

()

VISITOR'S NAME (First, Middle, Last):

AGE:

RELATIONSHIP TO YOU:

ADDRESS (Number, Street, City, State):

TELEPHONE NUMBER:

I UNDERSTAND MY CORRECTIONAL COUNSELOR WILL VERIFY THESE RELATIONSHIPS AND A CERTIFIED PROOF OF MARRIAGE OR OTHER QUESTIONED RELATIONSHIP MUST BE PRESENTED AT THE TIME OF THE VISIT. I UNDERSTAND AND AGREE TO THE FOLLOWING REQUIREMENTS FOR PARTICIPATION IN THE FAMILY VISITING ROOM:

1. That a serious rules violation during the waiting period will cancel any pending scheduled visit.
2. That falsification of any information will cause my Family Visiting privileges to be cancelled and result in disciplinary action.
3. That it is required that I submit an unclothed body search and may be required to submit a urine specimen for testing and the beginning and end of the visit.
4. That my visitors are subject to a search of their person(s), property, and vehicles.
5. That my visitors must abide by the rules posted in the Family Visiting Unit.
6. That I am responsible to ensure the Family Visiting Unit is left in clean condition.
7. That I am responsible for any damage to the unit and/or equipment incurred during my visit.
8. That a Family Visit may be terminated at anytime for reasons of security of the institution.
9. That all Family Visiting Units are subject to unannounced inspections and searches for security and health purposes.

Inmates Signature: _____

My family is available: ___ WEEKDAYS – Sun-Wed

___ WEEKENDS – Thurs – Sun

FORGERY, FALSIFICATION OR ALTERATION OF ANY PORTION OF THIS APPLICATION MAY RESULT IN DISCIPLINARY ACTION.

INMATE'S SIGNATURE _____ DATE SIGNED _____

NAME AND NUMBER

INMATE (CDCR#)

CDC128-B

SUBJECT'S CASE WAS REVIEWED FOR ELIGIBILITY TO PARTICIPATE IN FAMILY VISITING AS NOTED IN SECTION 3177 OF TITLE 15 OF THE CALIFORNIA CODE OF REGULATIONS (CCR)

Family visiting is a privilege. Eligibility for family visiting shall be limited by the assignment of the inmate to a qualifying work/training incentive group as outlined in section 3044. Family visits shall not be permitted for 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 as defined in Section 3000 or minor); 192 (when the victim is a family member or minor); 243.4; 261; 261.5; 262; 264.1; 266c; 266j; 273a; 273d; 273.5; 273.6; 285; 286; 288; 288a; 288.2; 288.5; 289; 289.5; 311.1; 311.2; 311.3; 311.4; 313.1; 314; or 647.6. Family visits shall not be permitted for inmates who are in any of the following categories: sentenced to life without the possibility of parole; sentenced to life, without a parole date established by the Board of Parole Hearings; designated Close A or Close B custody; designated a condemned inmate; assigned to a reception center; assigned to an administrative segregation unit; assigned to a security housing unit; designated "C" status; guilty of one or more Division A or Division B offense(s) within the last 12 months; or guilty of narcotics distribution while incarcerated in a state prison.

I have verified the above criteria and status in accordance with the CCR. Changes in the inmate's eligibility will be reported to the family visiting coordinator.

Subject: DOES/DOES NOT meet eligibility.

NAME
Correctional Counselor I
CSP-Sacramento

DATE: ??????

FAMILY VISITING

CDC-128-B

CSP-SACRAMENTO
FAMILY VISIT FOOD ORDER MENU

INMATE NAME

CDC#

<u>QTY.</u>	<u>BREAKFAST</u>	<u>SIZE</u>	<u>PRICE</u>	<u>TOTAL</u>
_____	JENNIE-O TURKEY STORE SAUSAGE LINKS	12 OZ	\$3.99	\$_____
_____	ORE-IDA COUNTRY HASH BROWN POTATOES	30 OZ	\$3.99	\$_____
_____	LARGE AA EGGS	1 DZ	\$3.99	\$_____
_____	RALEY'S SLICED BACON	16 OZ	\$6.99	\$_____
_____	CHEERIOS CEREAL	12 OZ	\$4.99	\$_____
_____	LUCKY CHARM'S CEREAL	11.5 OZ	\$4.99	\$_____
_____	CINNAMON TOAST CRUNCH CEREAL	20 OZ	\$4.99	\$_____
_____	QUAKER INSTANT OATMEAL - VARIETY PACK	14.2 OZ	\$4.99	\$_____
_____	EGGO FROZEN WAFFLES OR PANCAKES (CIRCLE ONE)	12.3 OZ	\$4.19	\$_____
_____	CAN'T BELIEVE IT'S NOT BUTTER	16 OZ	\$2.99	\$_____
<u>QTY.</u>	<u>LUNCH/DINNER</u>	<u>SIZE</u>	<u>PRICE</u>	<u>TOTAL</u>
_____	DIGIORNO SUPREME OR FOUR CHEESE PIZZA (CIRCLE ONE)	N/A	\$7.59	\$_____
_____	FULLY COOKED ROTISSERIE WHOLE CHICKEN	N/A	\$7.99	\$_____
_____	HARRIS RANCH POT ROAST WITH GRAVY	17 OZ	\$7.99	\$_____
_____	NOB HILL SEASAME CHICKEN W/ BROWN RICE	24 OZ	\$5.99	\$_____
_____	LLYOD'S COOKED SHREDDED PORK W/ BBQ SAUCE	15 OZ	\$5.99	\$_____
_____	FROZEN 1/4 BURGER PATTIES	3 LB	\$8.98	\$_____
_____	TYSON CHICKEN CRISPY	25 OZ	\$9.99	\$_____
_____	STOUFFERS MAC & CHEESE	20 OZ	\$3.99	\$_____
_____	STOUFFERS LASAGNA W/ MEAT SAUCE	19 OZ	\$3.90	\$_____
_____	TINA'S BEAN & CHEESE BURRITO	N/A	\$0.59	\$_____
_____	TINA'S RED HOT BEEF BURRITO	N/A	\$0.59	\$_____
_____	HOT POCKETS - BBQ BEEF OR MEATBALL (CIRCLE ONE)	N/A	\$2.99	\$_____
_____	MARIE CALENDAR'S CHICKEN POT PIE	16 OZ	\$3.99	\$_____
_____	FOSTER FARMS CORN DOGS	42 OZ	\$5.98	\$_____
_____	EL MONTEREY TAQUITO CHICKEN AND CHEESE	28 OZ	\$5.99	\$_____
_____	ORE-IDA TATER TOTS	32 OZ	\$2.50	\$_____
_____	FOSTER FARMS LUNCHMEAT - VARIETY	12. OZ	\$3.99	\$_____
_____	GALLO DELI STYLE SALAMI	15 OZ	\$6.99	\$_____
<u>QTY.</u>	<u>BREAD</u>	<u>SIZE</u>	<u>PRICE</u>	<u>TOTAL</u>
_____	RALEY'S WHITE OR WHEAT BREAD (CIRCLE ONE)	N/A	\$2.99	\$_____
_____	HAMBURGER BUNS	6 CT	\$2.99	\$_____
_____	MISSION FLOUR TORTILLAS	20 CT	\$4.99	\$_____
<u>QTY.</u>	<u>DAIRY</u>	<u>SIZE</u>	<u>PRICE</u>	<u>TOTAL</u>
_____	WHOLE MILK OR 2% MILK (CIRCLE ONE)	1/2 GAL	\$2.49	\$_____
_____	AMERICAN SLICED CHEESE	8 OZ	\$3.99	\$_____
_____	KRAFT SHREDDED CHEDDAR CHEESE	8 OZ	\$3.99	\$_____
_____	YOPLAIT YOGURT MIXED BERRY	6 OZ	\$0.90	\$_____

TRUST ACCOUNT WITHDRAWAL ORDER

Date _____ 20____

To: Warden

Approved _____

I hereby request that my Trust Account be charged \$_____ for the purpose stated below and authorize the withdrawal of that sum from my account:

NUMBER_____
NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested
(do not use this form for Canteen or Hobby purchase).

PRINT PLAINLY BELOW name and address of person
to whom check is to be mailed.

PURPOSE _____

NAME _____

ADDRESS _____

PRINT YOUR FULL NAME HERE

CONFIRMATION NOTICE

Failure to return this form at least 72 hours prior to the Family Visit may result in automatic cancelation of the visit. Telephone contact is acceptable by contacting the Family Visiting Coordinator at (916) 985-8610 x 5010

To: Proposed Family Visiting Participants listed below:	Inmate's Name	CDC Number
---	---------------	------------

- | | |
|----------------------------------|--|
| 1. _____
2. _____
3. _____ | 4. LEAVE BLANK
5. <u>no more than three persons per visit</u>
6. <u>no more than three persons per visit</u> |
|----------------------------------|--|

A Family Visit has been scheduled for (date) _____

REQUIRED DOCUMENTATION NEEDED

Valid form of identification

Original Marriage Certificate and/or Birth Certificate (minors)

Minors must be accompanied by an adult who is an approved visitor and must have a current NOTARIZED written approval from a parent or legal guardian, if the accompanying adult is not the minor's parent or legal guardian.

Please confirm your participation or cancelation by completing the information below. This form must be returned via U.S. Mail to the Family Visiting Coordinator 72 hours prior to the scheduled Family Visiting Date.

I understand that I am responsible for knowing and understanding the information listed herein.

Return the Completed Confirmation Form to:

FAMILY VISITING COORDINATOR
Sacramento State Prison
Post Office Box 290001
Represa, CA 95671

- ☐ I/We will arrive as scheduled at 11:00 A.M.
- ☐ I/We will not arrive as scheduled.
Please cancel this scheduled visit.

Visitor's Signature:	Date
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Only Life Sustaining Medication will be allowed into the Family Visiting Unit. All Life Sustaining Medication must be accompanied with a current prescription and a Doctor's Verification as to the need for the medication. Only the amount necessary for the length of the Family Visit will be allowed into the Family Visiting Unit.

Name of Visitor Requesting Medication _____

Type of Medication _____

Reason for Medication _____

Doctor's Name and Telephone Number _____

FAMILY VISIT INMATE PROPERTY INVENTORY – MALE INMATE ITEMS

CDC-1070

INMATE'S NAME	CDC NUMBER	HOUSING	DATE OF SCHEDULED VISIT
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THIS INVENTORY WILL BE RETAINED IN THE FAMILY VISITING OFFICE. UPON COMPLETION OF THE FAMILY VISIT, THE ASSIGNED SEARCH AND ESCORT STAFF WILL INVENTORY THE RETURNING INMATE'S PROPERTY TO INSURE THAT NO CONTRABAND ENTERS THE INSTITUTION. ONLY LISTED ITEMS ARE AUTHORIZED TO BE TAKEN TO A FAMILY VISIT. NO EXCEPTIONS WILL BE MADE WITHOUT THE WRITTEN APPROVAL OF THE WARDEN/SUPERINTENDENT OR HIS/HER DESIGNEE.

AMOUNT TAKEN IN	AMOUNT RETURNED	AUTHORIZED ITEMS	DESCRIPTION
		SHOES (STATE ISSUE ONLY)	
		SHOWER SHOES	
		SOCKS – 3 PAIRS	
		BOXERS – 3	
		T-SHIRTS – 3	
		SHIRTS - 3	
		JEANS	
		JACKET	
		WATCH CAP	
		HANDKERCHIEF	
		BELT	
		PRESCRIPTION GLASSES	
		WATCH	
		WEDDING BAND - PLAIN	<input type="checkbox"/> Yellow Tone <input type="checkbox"/> White Tone
		RELIGIOUS MEDAL ON NECKLACE	
		TOOTHBRUSH	
		TOOTHPASTE	
		SHAMPOO	
		SOAP	
		SOAP CASE	
		COMB	
		HAIRBRUSH	
		DEODORANT	
		APPROVED MEDICAL DEVICE	<input type="checkbox"/> Cane <input type="checkbox"/> Other _____

Comments:

The amount taken into Family Visit 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 _____

ATTACHMENT H

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 MEMEBER PROVIDING FUNDS

DATE SIGNED

SIGNATURE OF CDC STAFF FACILITATING FUNDS FOR EMERGENCY TCL

DATE SIGNED