



POLICY STATEMENT
Commonwealth of Pennsylvania • Department of Corrections

Policy Subject: Volunteers and Interns in the Department of Corrections		Policy Number: 1.1.6
Date of Issue: October 20, 2025	Authority: Signature on File Dr. Laurel R. Harry	Effective Date: October 27, 2025

I. AUTHORITY

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

II. APPLICABILITY

This policy is applicable to all facilities operated under the jurisdiction of, or conducting business with the Department of Corrections.

III. POLICY

It is the policy of the Department to permit volunteers and public visitors to provide a number of direct services to inmates, as well as serving as a link between the Department and the community.¹

IV. PROCEDURES

All applicable procedures are contained in the procedures manual that accompanies this policy document.

¹ 5-ACI-5E-05, 4-ACRS-7F-08

V. SUSPENSION DURING AN EMERGENCY

In an emergency or extended disruption of normal facility operation, the Secretary/designee may suspend any provision or section of this policy for a specific period.

VI. RIGHTS UNDER THIS POLICY

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose(s) of the policies of the Department of Corrections.

VII. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY**A. Release of Information****1. Policy Statement**

This Policy Statement is public information and may be released upon request.

2. Procedures Manuals, Appendixes, and Attachments (if applicable)

The related procedures manuals, appendixes, and attachments (elements) for this policy are public information and are releasable upon request unless designated by the Department as confidential. Confidential elements are not public information and shall not be released in entirety or in part, without the prior approval of the Secretary/designee. Procedures manuals or other elements which are not further restricted, may be released to any Department employee on an as needed basis.

B. Distribution of Policy**1. Public and General Distribution**

Department policies that are not designated as confidential or further restricted, shall be made available to the public through the Department's public web site.

2. Distribution to Staff and Other Government Agencies

All Department policies and related elements, which are not further restricted, shall be available to all Department members. It is the responsibility of those individuals within the Department receiving policies through general distribution, to ensure that each employee expected or required to perform the necessary procedures/duties has access to the policy and procedures. Distribution of confidential policies or elements to other government agencies is subject to the approval of the Secretary/designee.

VIII. SUPERSEDED POLICY AND CROSS REFERENCE

A. Superseded Policy

1. Department Policy

1.1.6, Volunteers in the Department of Corrections, issued January 25, 2013, by former Secretary John E. Wetzel.

2. Facility Policy and Procedures

This document supersedes all facility policy and procedures on this subject.

B. Cross Reference(s)

1. Administrative Manuals

- a. DC-ADM 812, Inmate Visiting Privileges
- b. 1.1.4, Centralized Clearances
- c. 4.1.1, Human Resources and Labor Relations
- d. 6.3.1, Facility Security
- e. 7.6.1, Delivery of Educational Services
- f. 13.2.1, Access to Health Care

2. ACA Standards

- a. Administration of Correctional Agencies: None
- b. Adult Correctional Institutions: 5-ACI-1G-01 (4-4115), 5-ACI-1G-02 (4-4116), 5-ACI-1G-04 (4-4118), 5-ACI-1G-05 (4-4119), 5-ACI-1G-06 (4-4121), 5-ACI-1G-07 (4-4122), 5-ACI-5E-05 (4-4431), 5-ACI-5E-08 (4-4434)
- c. Adult Community Residential Services: 4-ACRS-7B-18, 4-ACRS-7D-04, 4-ACRS-7F-08, 4-ACRS-7F-09
- d. Correctional Training Academies: None



PROCEDURES MANUAL
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Procedure Development: All required procedures shall be developed in compliance with the standards set forth in this manual and/or the governing policy. These standards may be exceeded, but in all cases, these standards are the minimum standard that must be achieved. In the event a deviation or variance is required, a written request is to be submitted to the appropriate Executive Deputy Secretary/Regional Deputy Secretary and the Bureau of Standards, Audits, Assessments, and Compliance for review and approval prior to implementation. Absent such approval, all procedures set forth in this manual must be met.

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
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Section 1 – General Procedures

A. Lines of Authority¹

1. ***The Bureau of Treatment Services (BTS) Director/designee is responsible for monitoring the use of volunteers, non-compensated public visitors and interns throughout the Department.***
2. ***The Religion, Volunteer and Recreational Services Program Administrator/designee, under the direct supervision of the Chief of Treatment Programs, BTS, shall serve as the primary designee to ensure that facilities direct, plan, and coordinate volunteer services for the Department according to policy.***
3. The Facility Manager/designee is responsible for monitoring the use of volunteers, ***non-compensated public visitors and interns*** at his/her facility.
4. ***The Corrections Classification and Program Manager (CCPM) in each facility shall supervise volunteer programming and the Volunteer and Internship Coordinator. In the absence of a CCPM, volunteer programming and the Volunteer and Internship Coordinator will be supervised by the Deputy Superintendent for Centralized Services (DSCS).***
5. ***The CCPM in each facility, in coordination with the Volunteer and Internship Coordinator shall:***
 - a. ***establish the maximum number of volunteers per program, so that the number of volunteers used in the facility remains manageable, yet maximizes the use of volunteers in the facility;***
 - b. ***monitor the use of volunteers, non-compensated public visitors and interns;***
 - c. ***ensure that volunteers are used in diverse program areas to address holistic inmate needs.***
6. ***The Volunteer and Internship Coordinator in each facility will:***
 - a. ***ensure that the Facility Security Office or the Centralized Clearance Unit (for individuals serving in multiple facilities) conducts a background investigation on each volunteer, public visitor and intern to determine the viability of the individual and whether the individual is suited and qualified for service in the Department.² This person typically functions as the liaison between the Department and the college, university or Professional School internship coordinator and oversees student internships;***

¹ 4-4115, 4-ACRS-7D-04

² 4-4115

- b. *recruit, train, schedule and supervise volunteers, non-compensated public visitors and interns utilized in the facility;*
 - c. *coordinate the facility's approved volunteer and internship programs and services to ensure that all volunteers, non-compensated public visitors and interns are suited and qualified for service in, and meet the requirements of, the Department;*
 - d. *function as the liaison between the Department and the college, university, or professional school internship coordinator and oversee student internships, ensuring that appropriate supervision for interns is provided as required by this policy; and*
 - e. *be responsive to requests from the Religion, Volunteer and Recreational Services Program Administrator/designee (BTS) for reports and information.*
7. The Facility Security Office **and/or** Centralized Clearance Unit will ensure that only **volunteers, non-compensated public visitors and interns** with current approved clearances have permission to enter a Department facility.

B. Permitted Services

Volunteers, public visitors (limited access: Religious, AOD, Other) and interns are permitted to **act in the capacity of** advisors, interpreters, and similar direct service roles.

C. Citizen Involvement

1. Person(s) from the following group(s) are permitted to participate in volunteer programs: advisory committees from other governmental agencies, academic facilities, the general public, professional and other organizations, and business groups.³
2. Any person who is an immediate family member of and/or on an inmate's visiting list is prohibited from volunteer program **and internship** participation at that facility, unless written permission is obtained from the Facility Manager/designee as outlined in **Subsection C.4. below**.
3. **Volunteers, public visitors, and interns** must disclose the following:
 - a. the name(s) of any immediate family members or close friends who is/are currently incarcerated in the Department;
 - b. the names of all inmates that they have visited, or currently visit and/or correspond with, and/or send money to, have been in contact with by phone, or served as a Religious Advisor for, within the Department, within the past five years;

³ 4-4411

- c. ***The name of the offender(s) and ex-offender(s) who is/are no longer housed in a State Correctional Institution or the Boot Camp that the volunteer seeks to assist with community reintegration needs prior to relating to this/these individual(s);***
 - d. The name of any ***immediate family member, significant other or close friend***, who, since the ***volunteer, public visitor or intern's*** Centralized Clearance Information Request Form was last submitted, has since been incarcerated, or moved to a facility in which the individual is currently approved.
- 4. It is within the discretion of the Facility Manager/designee to permit or deny ***volunteers, public visitors and interns*** to serve in his/her facility if the ***volunteer, public visitor or intern*** has a family member, ***significant other***, or close friend at the facility. Similarly, it is also within the discretion of the Facility Manager/designee to permit or deny ***volunteers, public visitors or interns*** who serve as Religious Advisors of inmates confined in other Department facilities to serve in his/her facility. Written approval must be obtained from the Facility Manager/designee in all such cases.
 - 5. All clearances for ***volunteers, public visitors and interns*** are the responsibility of the facility Security Office or the Centralized Clearance Unit ***for volunteers and public visitors serving in multiple facilities***.
 - 6. Current Department employees and Contract Service Providers are not permitted to volunteer ***or intern*** for any inmate program unless written permission is granted by the Facility Manager(s)/designee(s).
 - 7. The Facility Manager/designee may permit a retiree and/or a member of the Pennsylvania Prison Society to serve as a ***volunteer, public visitor or intern***. A PA Prison Society Official Visitor approved to enter a facility as a ***volunteer, public visitor or intern*** will abide by all regulations and expectations of volunteers ***and interns*** in the Department as outlined in this ***policy***.

D. Inmate Orientation to Volunteer Services

- 1. ***The Volunteer and Internship Coordinator*** is responsible ***to orient*** inmates regarding ***their participation*** in volunteer ***and internship*** programs. This ***orientation*** should be conducted during orientation sessions ***that take place*** prior to the placement ***of inmates*** in General Population.
- 2. ***Inmates shall be apprised of the following rules during the orientation:***
 - a. ***a facility's use of community citizens as volunteers, public visitors and interns is strictly based on the Department's operational needs as determined by the Facility Manager/designee;***
 - b. ***volunteers, public visitors and interns*** do not take the place of staff nor do these individuals assume any duties of staff;

- c. Inmates are expected to treat **volunteers, public visitors and interns** with the utmost respect at all times.
 - (1) ***An inmate who disrespects a volunteer, public visitor or an intern, or causes disruptions during volunteer or intern led programming, will be disciplined and suspended from program participation minimally for a period of 60 days.***
 - (2) ***If a second disruption occurs by the same inmate, the inmate will be minimally suspended from program participation for a period of 180 days.***
 - (3) ***If a third disruption occurs by the same inmate, the inmate will be suspended from program participation for a minimum of one year, ultimately to be determined by the Facility Manager/designee.***
- d. **Volunteers, public visitors and interns are prohibited from corresponding with, visiting, receiving phone calls from, or placing money in accounts of inmates confined in State Correctional Institutions and the Boot Camp without written approval of the Facility Manager/designee.**
- e. **Volunteers, public visitors and interns are prohibited from serving as Religious Advisors in the facilities in which they serve as a volunteer, public visitor or intern.**
- f. **Volunteers, public visitors and interns** are obligated to inform facility staff if inmates **confined in a State Correctional Institution or the Boot Camp attempt** to contact them outside the facility.
- g. **Volunteers, public visitors and interns** are prohibited from contacting the family members, significant others or close associates of inmates **confined in a State Correctional Institution or the Boot Camp for any reasons.**
- h. **Volunteers, public visitors and interns** are prohibited from assisting inmates with legal matters.
- i. **Department volunteers and public visitors may assist offenders (any persons under the supervision of probation/parole or who reside in Community Corrections Centers) and ex-offenders (any persons previously released from criminal justice custody who are not currently under the supervision of a law enforcement entity) with community reintegration needs, as long as they are not confined in a State Correctional Institution or the Boot Camp, provided the Department volunteer or public visitor:**
 - (1) ***discloses the name of the offender(s) and/or ex-offender(s) that he/she seeks to assist with community reintegration needs before he/she begins***

to relate to this offender outside a State Correctional Institution or the Boot Camp;

- (2) assumes all *risks involved relating to individuals with a criminal history;*
- (3) is aware that if he/she *violates professional boundaries in relating to an offender or an ex-offender, as determined by the Department, that he/she will be suspended from service to the Department.*
- (4) *is aware that if an offender or ex-offender is recommitted to any State Correctional Institution or the Boot Camp, the volunteer or public visitor will report this to his/her Volunteer and Internship Coordinator and the volunteer or public visitor is not permitted to correspond with, visit, receive phone calls from, etc., this individual whom he/she had those privileges when the individual was an offender or ex-offender, without the written approval of the Facility Manager/designee.*

NOTE: *If they are confined in a facility or the boot camp, written approval from the Facility Manager/designee is needed to provide community reintegration needs.*

- 3. A schedule of volunteer-led activities will be posted on inmate bulletin boards.⁴
- 4. A list of the above *rules outlining inmate participation in* volunteer and *internship* programs *will be posted on all housing units.*

E. Annual Review⁵

The **BTS Director/designee**, shall ensure that all volunteer *and intern* services are reviewed annually. To assist in this task, every Volunteer *and Internship* Coordinator will submit an **Annual Volunteer and Intern Report (Attachment 1-A)** to the **Religion, Volunteer, and Recreational Services Program Administrator** by January 15th of each year.

F. Recognizing Volunteer Contributions

- 1. Local Volunteer Appreciation **Celebrations**
 - a. Each facility will ensure that all volunteers *who serve at that facility* are annually and appropriately recognized and thanked for their service. *Each facility will* plan a local volunteer appreciation **celebration** in consultation with the Facility Manager, DSCS, CCPM, Food Service, and the Volunteer *and Internship Coordinator*.

⁴ 4-4121

⁵ 4-4122

- b. **Facility administrators shall be present at local volunteer appreciation celebrations to underscore the value of volunteer involvement in the Department and to foster positive rapport between the facility and the community.**
- c. Facilities are permitted to invite spouses/significant others of volunteers to attend a given volunteer appreciation **celebration**.
- d. **Facilities shall invite a representative from Central Office to be present at the celebration to thank their volunteers on behalf of the Secretary for their service to the Department.**
- e. **Facilities shall incorporate inmate involvement in their local volunteer appreciation celebrations. Minimally, several inmate representatives who participate in volunteer-led programs should be given an opportunity to tell how they benefit from volunteer involvement. Facilities shall allow inmates to express their appreciation to their volunteers through artwork, music, skits, inmate-made gifts, by assisting with the serving of meals/refreshments, etc. No inmate speakers, musicians, or any portion of the music provided by inmates may be videotaped, recorded, and/or photographed unless authorized by the Facility Manager. Recordings and photography will be for Department use only.**
- f. Inmate General Welfare Fund (IGWF) monies can be used for the purchase of craft **or other** materials used by inmates to make tokens of appreciation to present to volunteers for their service to the facility. Inmate organizations may donate funds toward the cost of volunteer gifts.
- g. **Each facility will publically recognize its Volunteer of the Year at its local celebration and bestow upon that individual an appropriate gift (e.g., plaque, painting, etc.).**
- h. **Interns may be invited and honored at the local volunteer appreciation celebration for their time and effort.**
- i. **Facilities may elect to honor inmate volunteers who serve the facility in a variety of capacities at this celebration as well.**
- j. **A printed program should ensure that key facility and Department staff as well as those departments and/or individuals who contributed to the local celebration (e.g., Food Services Department/Manager, clerical support, Activities Department, inmate organization, etc.) are recognized.**

2. Statewide Volunteer of the Year Recognition Luncheon

- a. The **Religion, Volunteer and Recreational Services Program Administrator** will plan an annual Statewide Volunteer of the Year Recognition Luncheon and Program to take place at the Department's Training Academy.
- b. **Each facility** shall submit a 400-word story that reflects the contribution the Volunteer of the Year makes at that facility **to the Religion, Volunteer and Recreational Services Program Administrator/designee (BTS)** in a timely fashion. **Volunteer stories will include the following:**
 - (1) **how the volunteer became involved in volunteering at the facility;**
 - (2) **the year the volunteer began serving at the facility;**
 - (3) **a quotation from the volunteer about what he/she finds most gratifying about volunteering at the facility;**
 - (4) **exact capacity the volunteer serves at the facility and how often he/she comes to the facility;**
 - (5) **any educational degrees the volunteer possesses*;**
 - (6) **the town in which the volunteer lives*;**
 - (7) **the volunteer's current occupation/vocation or the occupation from which he/she retired*;**
 - (8) **the name of the Volunteer of the Year's spouse (if any) and the number and/or names of children (if any)*;**
 - (9) **a quotation from a staff member with a close working relationship with the volunteer attesting to the contributions the volunteer makes*.**

NOTE: * = Optional information at discretion of the volunteer.

- c. Facilities will designate a staff person to accompany the Volunteer of the Year to the statewide **luncheon** or to be present to receive the recognition on behalf of the facility's Volunteer of the Year **if the volunteer of the year is not able to attend the event.**
- d. **Volunteers** of the year may ride as a passenger in a Commonwealth vehicle. **Guests of volunteers and guests of staff may NOT ride as passengers in Commonwealth vehicles.**

Section 2 – Operation of Volunteer and Intern Programs

A. General

1. A ***volunteer, public visitor or intern*** does not take the place of staff nor does the volunteer, ***public visitor or intern*** assume any duties of staff. A healthy volunteer and ***intern*** program requires a successful partnership between regular staff, volunteers ***and interns*** with understanding and acceptance by all parties.¹
2. A sense of participation on the part of volunteers ***and interns*** in the operation of the program is encouraged by having the Volunteer ***and Internship*** Coordinator solicit feedback annually from volunteers ***and interns, respectively***, using the ***Volunteer Feedback Form (Attachment 2-A) and Internship Feedback Form (refer to Section 4, Attachment 4-F)***.² ***The Volunteer and Internship Coordinator shall maintain a file containing respective feedback forms for volunteer and interns for review by Bureau of Treatment Services (BTS) auditors.***

B. Recruitment

1. The Facility Manager/designee is responsible for the operation of the volunteer ***and internship*** program including the goals, objectives, types of services offered, population served, etc.
2. Recruitment shall occur from all cultural and socio-economic segments of the local community³ and seek to represent the diversity of the facility community as much as possible.
3. ***The facility should utilize volunteers, public visitors and interns in as many diverse program areas as possible. These include, but are not limited to:***
 - a. ***activities;***
 - b. ***art, music, sewing, quilting;***
 - c. ***decision making/end violence;***
 - d. ***dog training;***
 - e. ***education, literacy, inside-outside classes;***
 - f. ***end of life care/hospice;***
 - g. ***grief support groups;***

¹ 4-4434

² 4-4122

³ 4-4116, 4-4431, 4-ACRS-7F-08

- h. *impact of crime/victim stories;*
- i. *information technology (interns);*
- j. *lifer groups;*
- k. *long term offender groups;*
- l. *medical (interns);*
- m. *parenting/birth support;*
- n. *psychology (interns);*
- o. *reentry efforts;*
- p. *religious services;*
- q. *self-help groups (e.g., Alcoholics Anonymous, Al-Anon, Gamblers Anonymous, Narcotics Anonymous, Sexaholics Anonymous, etc.);*
- r. *smoking cessation;*
- s. *sporting/officiating events;*
- t. *unit management (interns); and*
- u. *veterans groups.*

C. Proposal for Services⁴

Any volunteer, public visitor, community citizen, organization or school of higher learning may submit a proposal to provide volunteer services ***or internship resources to a*** Department Head at a facility. The Department Head shall review the proposal and prepare a recommendation of support or non-support for submittal to the Facility Manager/designee. The Facility Manager/designee shall determine if the proposal is approved or disapproved. Approval will be based on the Department's operational needs as determined solely by the Department. Volunteers providing professional services must provide credentials demonstrating that they are qualified to provide these services.⁵

⁴ 4-4122

⁵ 4-4118

D. Audio/Visual Recording of Volunteer Activities

At the discretion of the Facility Manager/designee, audio/video recordings of activities led by volunteers may be aired on facility channels. Under no circumstances shall recordings, videos or photographs of any activity coordinated by the Volunteer and Internship Coordinator be taken or sent out of the facility unless written approval has been obtained through the chain of command and including the Public Information Officer (PIO).

Pennsylvania Department of Corrections
VOLUNTEER FEEDBACK FORM

Name _____ SCI _____

Group _____ Date _____

The Department values your input regarding the current volunteer policy and your involvement in volunteer programs. Please take a few moments to answer these questions regarding your volunteer services at this correctional facility this past year. Thank you for your time.

1. When I arrive at the facility, I am processed in a timely manner.

_____ Always _____ Most of the Time _____ Sometimes _____ Rarely

2. Gate Clearances located by facility lobby staff.

_____ Always _____ Most of the Time _____ Sometimes _____ Rarely

3. I am treated with respect and courtesy by the Front Lobby Officers.

_____ Always _____ Most of the Time _____ Sometimes _____ Rarely

4. I am treated with respect and courtesy by the Volunteer **and Internship** Coordinator and the Department staff who oversee my area of service.

_____ Always _____ Most of the Time _____ Sometimes _____ Rarely

5. Equipment promised to be available for my use is available **and in good working condition**.

_____ Always _____ Most of the Time _____ Sometimes _____ Rarely

6. The most gratifying aspects of being a volunteer at this facility include: _____

7. One frustrating aspect of being a volunteer at this facility is: _____

8. Regarding the Department's use of **volunteers**, I wish the Department would: _____

9. Other Comments _____

Section 3 – Volunteer and Public Visitor Information

A. Registration¹

1. Volunteers

a. Information

The Volunteer *and Internship* Coordinator ***shall provide a prospective volunteer with:***

- (1) ***Cover Letter to Prospective Volunteers and Public Visitors (Attachment 3-A);***
- (2) ***Centralized Clearance Information Request Form*** (refer to Department policy 1.1.4, “Centralized Clearances,” Attachment 4-A);
- (3) ***Instructions: Centralized Clearance Information Request Form (Attachment 3-B);***
- (4) ***Volunteer and Intern Application (Attachment 3-C);***
- (5) ***Emergency Information & Security Consent Form (Attachment 3-D);*** and
- (6) ***Security Orientation for Non-Department Employees (Attachment 3-E).***

b. Documentation Needed

A prospective volunteer new to the Department must submit the following documents to the Volunteer *and Internship* Coordinator at his/her preferred facility:

- (1) **Centralized Clearance Information Request Form**

The Centralized Clearance Information Request Form must be initially submitted to the Volunteer’s Preferred Facility and will be re-submitted to the facility with a frequency dictated by the Centralized Clearances Unit. The Volunteer and Internship Coordinator must complete Section “B” of the Centralized Clearance Information Request Form prior to submission to his/her local security office.

¹ 4-4117

(2) **Volunteer and Intern Application²**

This application is only to be submitted initially by the prospective volunteer, unless direction from the Bureau of Treatment Services (BTS) indicates that volunteers need to submit a new application.

(3) **Emergency information and Security Consent Form**

This form is to be completed and submitted annually to the Volunteer and Internship Coordinator at each facility in which the volunteer serves. A completed form may be photocopied by a volunteer who serves in multiple facilities so that each Volunteer and Internship Coordinator has updated information for each volunteer serving in his/her facility.

(4) **Letter of Endorsement**

A letter of endorsement is required from the **organization (e.g., a church/kingdom hall/mosque/synagogue/community group etc.)** through which the volunteer will serve in the Department. This letter, on organizational letterhead, must list the individual(s) who the organization endorses to serve in the Department. If the volunteer is not affiliated with any particular organization **or if affiliated with one that encourages anonymity (e.g., recovery communities)**, then a written reference **letter from someone well-acquainted with the volunteer** is required. **A Letter of Endorsement is required only at the time the volunteer makes initial application to the Department or if the volunteer changes his/her organizational affiliation. If the volunteer will represent multiple organizations, a letter from each respective organization is required.**

c. **Review and Approval Process**

- (1) ***The Volunteer and Internship Coordinator shall note on the Volunteer and Intern Application the department in which the volunteer will serve, the rationale for use of the volunteer and indicate if he/she recommends the volunteer. The Volunteer and Internship Coordinator shall then forward the Volunteer and Intern Application and the Centralized Clearance Information Request Form to the local security office. The Volunteer and Internship Coordinator will maintain the Emergency Information and Security Consent Form and the Letter of Endorsement.***
- (2) ***The Local Security Unit will indicate on the Volunteer and Intern Application when the volunteer passed or failed an Initial Clearance Check and will then forward the Volunteer and Intern Application to the Corrections Classification and Program Manager (CCPM).***

² 4-4120

- (3) The CCPM, followed by the Deputy Superintendent for Centralized Services (DSCS)/Center Director and the Facility Manager/Regional Director will indicate whether or not they approve the volunteer for service in the facility and return the Volunteer and Intern Application to the Volunteer and Internship Coordinator.**
- (4) If fully approved, the Volunteer and Internship Coordinator will notify the volunteer and inform him/her of when he/she can begin volunteer service to the facility.**

d. Multi-Facility Volunteers

- (1) If an approved volunteer wishes to volunteer in another Department facility which is not his/her Preferred Facility, the Volunteer and Internship Coordinator from the Preferred Facility will, upon request, provide the Volunteer and Internship Coordinator of the new facility(ies) with a copy of the volunteer's Volunteer and Intern Application and any other relevant documentation.**
- (2) The new facility(ies) where the volunteer seeks to serve will add the Disposition Page of the Volunteer and Intern Application to the application and seek approval from the parties noted for the volunteer to also serve in that facility.**
- (3) If the additional facility(ies) approve(s) that volunteer, the Volunteer and Internship Coordinator of the new facility will notify the Religion, Volunteer and Recreational Services Program Administrator/designee to request that the volunteer be approved for multi-facility clearance.**
- (4) The volunteer will still provide to the Volunteer and Internship Coordinator at each facility a copy of his/her completed Emergency Information and Security Consent Form.**

e. Volunteers Assisting Offenders and Ex-Offenders with Re-Entry

- (1) When a volunteer has indicated that he/she plans to assist, or has assisted, an offender or ex-offender with community reintegration needs, the Volunteer and Internship Coordinator will forward the applicable copy of the Emergency Information and Security Consent Form to the Religion, Volunteer and Recreational Services Program Administrator/designee.**
- (2) The Religion, Volunteer and Recreational Services Program Administrator/designee will share this information with the Centralized Clearance Unit, OSII.**

2. Public Visitors³

a. Information

The Volunteer **and Internship** Coordinator shall **provide** individuals interested in serving as public visitors at his/her facility with the following:

- (1) **Cover Letter to Prospective Volunteers and Public Visitors;**
- (2) **Centralized Clearance Information Request Form;**
- (3) **Instructions: Centralized Clearance Information request Form;**
- (4) **Emergency Notification & Security Consent Form;** and
- (5) **Security Orientation for Non-Department Employees.**

b. Documentation Needed

A prospective public visitor must submit the following documents to the Volunteer **and Internship** Coordinator at his/her Preferred Facility:

(1) **Centralized Clearance Information Request Form**

The Centralized Clearance Information Request Form must be initially submitted to the public visitor's Preferred Facility and will be re-submitted to the public visitor's Preferred Facility with a frequency dictated by the Centralized Clearances Unit. The Volunteer and Internship Coordinator must complete Section "B" of the Centralized Clearance Information Request Form prior to submission to his/her local security office.

(2) **Emergency Notification and Security Consent Form**

This form is to be completed and submitted annually to the Volunteer and Internship Coordinator at each facility in which the public visitor serves. A completed form may be photocopied by a public visitor who serves in multiple facilities so that each Volunteer and Internship Coordinator has updated information for each public visitor serving in his/her facility.

(3) **Letter of Endorsement**

A letter of endorsement is required from the **organization (e.g., a church/kingdom hall/mosque/synagogue/community group etc.)** through which the public visitor will serve in the Department. This letter, on organizational

³ 4-4117

letterhead, must list the individual(s) who the organization endorses to serve in the Department. If the public visitor is not affiliated with any particular organization **or is affiliated with one that encourages anonymity (e.g., recovery communities)**, then a written reference **letter from someone well-acquainted with the public visitor** is required. **A Letter of Endorsement is required only at the time the public visitor begins to serve in the department or if the public visitor changes his/her organizational affiliation. If the public visitor represents multiple organizations, a letter from each respective organization is required.**

c. Review and Approval Process

- (1) The Volunteer and Internship Coordinator will review the public visitor's:**
 - (a) Centralized Clearance Information Request Form;**
 - (b) Emergency Notification and Security Consent Form; and**
 - (c) Letter of Endorsement.**
- (2) The Volunteer and Internship Coordinator will forward only the Centralized Clearance Information Request Form to the local security office. The local security office will inform the Volunteer and Internship Coordinator whether the potential public visitor passed the clearance check.**

d. Multi-Facility Public Visitors

(1) Individuals

If an approved public visitor wishes to serve in more than one Department facility, he/she must first secure an invitation from each additional facility's Volunteer and Internship Coordinator to serve. The Volunteer and Internship Coordinator from each additional facility will contact the Religion, Volunteer and Recreational Services Program Administrator/designee to request that the public visitor be granted multi-facility clearance to enter the new facility(ies). The public visitor will still provide to the Volunteer and Internship Coordinator at each facility a copy of his/her completed Emergency Notification and Security Consent Form.

(2) Groups

If a group of approved public visitors (e.g., a ministry or athletic team) wishes to serve in more than one Department facility, the group must first be invited by the respective Volunteer and Internship Coordinator of each facility to serve at the new facility(ies). The Volunteer and Internship Coordinator will contact the Religion, Volunteer and Recreational Services Program Administrator/designee to request that the public visitor group be

granted multi-facility clearance to enter the new facility(ies). Each public visitor representing the public visitor group will still provide to the Volunteer and Internship Coordinator at each facility a copy of his/her completed Emergency Notification and Security Consent Form.

e. **Public Visitors Assisting Offenders and Ex-Offenders with Re-Entry**

- (1) **When a public visitor has indicated that he/she plans to assist or has assisted an offender or ex-offender with community reintegration needs, the Volunteer and Internship Coordinator will forward a copy of that public visitor's Emergency Notification and Security Consent Form to the Religion, Volunteer and Recreational Services Program Administrator/designee.**
- (2) **The Religion, Volunteer and Recreational Services Program Administrator/designee will share this information with the Centralized Clearance Unit, OSII.**

B. Identification⁴

1. Volunteer and **Intern ID Badges and Biometrics**

- a. Each facility shall develop a system to provide rapid and positive identification of volunteers **and interns** authorized to enter Department facilities.
- b. Volunteers **and interns** must have a current, approved Centralized Clearance, be enrolled in the Biometrics system, and be on a weekly/standing Gate Clearance as dictated by the facility security office, to enter a facility.
- c. In accordance with Department policy **6.3.1, "Facility Security," Section 38**, each volunteer **and intern** will only be issued an ID card from the Digital Photo Identification System at his/her Preferred Facility. Volunteer ID cards have a green bar and will include the volunteer's name. **Intern ID cards have a gray bar and will include the intern's name. Each volunteer and intern will be given his/her ID card to be used** in those facilities in which he/she has approved access.
 - (1) Volunteer **and intern** ID cards issued **at the Preferred Facility** will be honored at any other facility the volunteer **or intern** is approved to enter **as a volunteer or intern**.
 - (2) Each volunteer **and intern** shall wear his/her ID card in a visible location above the waist at all times while he/she is in a facility.

⁴ 4-4117

- (3) Volunteer **and intern** ID cards will be reissued in accordance with Department policy **6.3.1, Section 38**. Volunteers **and interns** must show a current driver's license or photo ID every time they obtain or renew their photo ID.
- d. Volunteers **and interns** will be required to enroll a readable finger print with the biometric finger/ID card reader. Every volunteer **and intern** will enter his/her computer-generated ID number on the keypad, scan the barcode on his/her ID card, or pass his/her ID card over the reader, and scan his/her readable finger on the finger/ID reader upon entering and leaving the facility.
- e. No volunteer **or intern** will leave the secure perimeter of a Department facility unless he/she is positively identified by staff assigned to the gate/sally port area.
- f. Volunteers **and interns** should only use the keypad or barcode reader at those facilities where they are approved as **volunteers or interns**. Volunteers **and interns** who serve as public visitors in other facilities are prohibited from using their volunteer **or intern** ID status in those facilities where they serve as public visitors.
- g. **Copies of the volunteer and interns' Emergency Information and Security Consent Forms, containing emergency contact, medical and vehicle information, shall be maintained in a secure location at the point of entry to the facility and a copy shall be maintained securely by the Volunteer and Internship Coordinator.**

2. Public Visitor **Photo IDs**

- a. A public visitor must show a current driver's license or photo ID every time he/she enters a facility. Failure to bring a photo ID will result in the public visitor being refused entrance to the facility.
- b. A public visitor may be refused entrance to the facility if he/she is not listed on a Gate Clearance and/or does not have a current, approved Centralized Clearance.

C. Initial Security Orientation and Annual Security Review⁵

All volunteers, **public visitors and interns** shall receive proper orientation and training with the assistance of staff made available by the Facility Manager/designee.⁶

1. Volunteers and Interns

a. **Security Orientation**

- (1) Each volunteer **and intern** shall receive a **comprehensive** initial **security** orientation at his/her Preferred Facility. **Volunteers and interns who receive an**

⁵ 4-4419, 4-ACRS-7F-09, 4-ACRS-7B-18

⁶ 4-4119

initial security orientation at one facility are not required to undergo this training at other facilities in which they also **volunteer or intern**.

- (2) Initial **security** orientations shall consist of a thorough review of Department policies and regulations as outlined in the **Security Orientation for Non-PA Department Employees**.⁷

b. **Annual Security Review**

- (1) **Annually, the local security office and/or Volunteer and Internship Coordinator, as designated by the Facility Manager/designee, will review the Security Consent portions of the Emergency Notification and Security Consent Form. Each volunteer and intern will sign and submit this form annually to verify that he/she has received an annual security review.**
- (2) At the time of the **annual** security review, **staff designated by the Facility Manager/designee shall** review any new or changed policies that are applicable to volunteers **and interns**. **Staff** will always inform volunteers **and interns of ways in which** they can alert security in the event of an emergency.
- (3) **Each facility will determine if additional security and/or safety measures need to be reviewed with each intern, depending on his/her area of service, at the immediate start of his/her internship.**

2. Public Visitor **Security Orientation**

- a. The Facility Manager/designee shall designate a staff member to conduct a brief verbal security review for public visitors upon arrival at a facility. The brief review shall **review key portions of the Security Consent portion of the Emergency Information and Security Consent Form**.
- b. **At the time public visitors enter the facility, the Volunteer and Internship Coordinator, or staff person designated by the Facility Manager/designee, will review the Security Consent portions of the Emergency Notification and Security Consent Form with each public visitor. Each public visitor will sign and submit this form annually to verify that he/she has received a security orientation.**

D. **Volunteers, Public Visitors and Interns Entering a Facility**⁸

1. **All volunteers, public visitors and interns** are subject to the security procedures listed below.

⁷ 4-4120

⁸ 4-4119

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Volunteer and Public Visitor Information

2. Each **volunteer, public visitor and intern shall** sign the **DC-325, Register of Facility Visitors**, prior to entering and when departing the facility. A **volunteer, public visitor and/or intern** must note the make and license plate number of the vehicle in which he/she was a driver or a passenger.
3. **Volunteers, public visitors and interns** must be on a weekly/standing Gate Clearance as dictated by the facility security office, prepared by the Volunteer **and Internship Coordinator** **and must** be approved by the Facility Manager/designee, authorizing entrance into the facility for a specific program(s). This Gate Clearance shall be submitted in a timely fashion and must specify which items, for program use, each **volunteer, public visitor and/or intern** is permitted to bring into the facility;
4. **A volunteer and/or intern must show his/her Photo ID badge to the Front Lobby officer and swipe the Photo ID through the biometrics reader upon entering and exiting the facility.**
5. **Public visitors may be issued a visitor's badge/bracelet and/or have their hands marked upon entrance to the facility and will surrender same upon their exit from the facility.**
6. Each **volunteer, public visitor and intern** must successfully pass through a metal detector prior to being permitted to enter the facility. A **volunteer, public visitor or intern** with a metal implant must present medical documentation confirming the medical implant **upon entrance to a facility.**
7. **Volunteers, public visitors and interns** and their vehicles are subject to being searched at any time while on facility grounds. This includes searches by Electronic Drug Detection **Equipment, a K-9 air scan** and/or supporting law enforcement entities.
8. **A volunteer, public visitor and/or intern** who is required by a physician to carry on his/her person a dosage of emergency medication must alert **the Volunteer and Internship Coordinator** ahead of time and carry with him/her a copy of documentation verifying this need. Notification of approved medication must be reflected on the Gate Clearance.
9. **A volunteer, public visitor or intern** will be denied entrance into the facility, and placed on suspended status until reviewed by the Facility Manager/designee if he/she:
 - a. fails to successfully pass through a metal detector or refuses to pass through a metal detector;
 - b. tests positive for the presence of a controlled substance via scanning by Electronic Drug Detection **Equipment** or K-9 air scan, or refuses to be scanned;
 - c. is found to be in the possession of contraband during a search; and/or

- d. ***refuses to be searched.***

E. Tuberculin Skin Test

The infectious Control Nurse will determine which volunteers ***and interns*** need an annual Tuberculin Skin Test (TST), in accordance with Department policy **13.2.1, “Access to Health Care.”**

F. Escort/Supervision

1. Proper escort of ***volunteers, public visitors and interns*** to and from the program area, shall be provided as deemed necessary by the Facility Manager/designee.
2. An employee or contract service provider shall provide intermittent supervision while a fully oriented ***volunteer or intern*** is in the facility conducting a program.
3. An employee or contract service provider shall provide ***direct and*** constant supervision while a public visitor is in the facility conducting a program.

G. Suspension/Termination of Volunteer, Public Visitor or Internship Activities

1. Suspension/Termination of ***Activities***
 - a. The Facility Manager/designee or the Officer-in-Charge may suspend any volunteer ***or intern*** activity as deemed necessary to ensure the secure, orderly running of the facility, or to ensure the safety of the ***volunteer(s), public visitor(s) or intern(s).***
 - b. The Volunteer ***and Internship*** Coordinator will be informed of the reason for the suspended activity and will work with Security, the DSCS, and the CCPM to determine when, ***and under what conditions, the volunteer or internship*** activity can be resumed.
2. Suspension/Termination of ***Volunteers, Public Visitors or Interns***
 - a. ***A volunteer, public visitor or intern may*** be suspended for rule violations as deemed necessary to ensure the secure, orderly running of the facility. ***A volunteer, public visitor or intern*** may be terminated by the Facility Manager/designee when it is determined that the ***volunteer, public visitor or intern*** is no longer needed, or that the ***volunteer, public visitor or intern*** by his/her behavior, indicates an inability or unwillingness to function within the structure, rules, and regulations of the facility.
 - b. Observing staff members will report any rule violations on the part of ***a volunteer, public visitor or intern*** to the Shift Commander, the facility Security Office, and the Volunteer ***and Internship Coordinator***. The ***volunteer, public visitor or intern*** will be escorted from the facility as deemed appropriate. ***The Volunteer and Internship***

Coordinator will contact the volunteer or public visitor's endorsing organization or the intern's school with information regarding the suspension/termination.

- c. All staff involved in, or witnessing alleged rule violations will complete and submit a **DC-121, Part III, Employee Report of Incident to the Shift Commander** prior to the end of his/her duty shift.
- d. The facility Security Office will immediately deactivate the individual's photo ID and biometrics access and notify the Centralized Clearance Unit, if applicable.
- e. ***Volunteer, public visitor or intern*** infractions will be reviewed by facility security staff and the Facility Manager/designee on a case by case basis. Depending on the severity of the offense, the Facility Manager/designee may reinstate the ***volunteer, public visitor or intern after a suspension period of 30, 60, or 90 days, as deemed appropriate by the Facility Manager/designee, and/or retraining.***
- f. The Volunteer ***and Internship*** Coordinator and the ***Religion, Volunteer and recreational Services Program Administrator/designee*** shall be apprised of the findings after the facility security office conducts an investigation.
- g. A suspension at one facility shall result in the ***volunteer, public visitor or intern*** being denied entrance to any other facility ***until such time that the volunteer, public visitor or intern is restored to service. The Centralized Clearance Unit will be informed, as applicable, of the denial/reinstatement to ensure the status of the volunteer, public visitor or intern is current.***

H. Ex-Offenders as Volunteers/Public Visitors in the Department

- 1. The Department recognizes that ex-offenders who have made a successful transition to the community may be a valuable resource to those currently incarcerated and residing in Community Corrections Centers (CCCs). On a case by case basis, the Department will consider ex-offenders, who meet certain basic standards, to offer their services in the following capacities:
 - a. in a CCC;
 - b. as a public visitor ***or volunteer*** within a State Correctional Facility; and/or
 - c. as a mentor visiting an inmate in a facility visiting room as part of an approved Department/community mentoring program.
- 2. Ex-offenders who wish to volunteer ***in the Department, must, in addition to completing all necessary documentation that volunteers must complete***, meet the following minimum standards:

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Volunteer and Public Visitor Information

- a. must not have been ***under court*** jurisdiction (***e.g., incarceration, probation, parole, ARD, etc.***) for at least ***one*** year prior to volunteering.
- b. must receive a positive recommendation from his/her past supervising parole agent/probation officer (if possible), which will be documented via a phone interview by the Volunteer ***and Internship*** Coordinator at the facility;
- c. must have at least two written references; and
- d. ***must not be a defendant in a criminal prosecution nor have any separation issues with anyone at the facilities in which he/she seeks to volunteer.***

NOTE: It is the responsibility of the ex-offender to inform the Department if he/she has separations or was a defendant in a criminal prosecution involving an inmate currently in the state system. Failure to do so will result in immediate suspension.

3. If an ex-offender is denied as a volunteer or public visitor after petitioning for the first time to serve in that capacity, he/she may not serve in any Department facility for a minimum of one year from receipt of the final decision.
 - a. ***The Centralized Clearance Unit will be informed to note the denial for this individual.***
 - b. ***After one year, the ex-offender may*** submit a new request to serve as a volunteer or public visitor.
 - c. ***If the reason an ex-offender is denied entrance to the facility to which petition has been made is solely based on a separation order from an inmate there, the inmate may elect to petition another facility or must wait to serve in the initial facility until the ex-offender no longer has any separations with any inmates in that facility.***
4. An ex-offender, who is already serving as a volunteer or public visitor in one facility, but who is denied serving at an additional facility due, for example, to separation issues, may continue to volunteer at a facility where no separation issue exists. As with all volunteers and public visitors, an ex-offender who is suspended for breaching security at one facility will be barred from serving at any facility.

I. Files

1. ***The Volunteer and Internship Coordinator will maintain a file of all original documentation for each volunteer, public visitor and intern in a secure location.***
 - a. ***Volunteer documentation will include:***
 - (1) ***an approved Volunteer and Intern Application;***

(2) **a Letter of Endorsement; and**

(3) **Emergency Notification and Security Consent Form.**

b. **Public Visitor documentation will include:**

(1) **Emergency Notification and Security Consent Form;**

(2) **Letter of Endorsement; and**

(3) **email or other notification that Public Visitor has received a security clearance.**

c. **Intern document will include:**

(1) **Volunteer and Intern Application;**

(2) **Letter of Endorsement;**

(3) **Emergency Notification and Security Consent;**

(4) **PASSHE Memorandum of Understanding Internship Agreement or Student Internship Agreement;**

(5) **Non-Paid Intern Consent/Waiver Form;**

(6) **Workers Compensation Notification Form (if any); and**

(7) **proof of Liability Insurance for any interns performing professional health services.**

2. **The Volunteer and Internship Coordinator shall maintain a file containing current Volunteer Feedback Forms and Intern Feedback Forms for review by BTS auditors.**

J. Excel Database

The Volunteer **and Internship** Coordinator shall maintain and update, **on a quarterly basis (namely January 15, April 15, July 15, and October 15)** the standardized volunteer (excel) database. The database will include all relevant data requested by the **Religion, Volunteer and Recreational Services Program Administrator/designee, BTS.**

INSTRUCTIONS: Centralized Clearance Information Request Form

Section "A"

(CANDIDATE)

Prospective volunteers, public visitors and interns should initially only check:

☐ I am requesting a **Single-Facility Clearance** and identify the **one** facility, on the blank line next to **Identify Facility**, where the potential volunteer, public visitor or intern hopes to begin his/her service in the PA DOC. Potential volunteers, public visitors and interns should **NOT** check Multi-Facility Clearance or Statewide Clearance, even if they hope someday to serve in multiple facilities. All volunteers, public visitors and interns must be cleared for one primary institution before they will be considered for clearance to other institutions.

Facility Abbreviations:

ALB = Albion	DAL = Dallas	LAU = Laurel Highlands	QUE = Quehanna Boot Camp
BEN = Benner Township	FYT = Fayette	MAH = Mahanoy	RET = Retreat
CBS = Cambridge Springs	FTS = Forest	MER = Mercer	ROC = Rockview
CAM = Camp Hill	GRA = Graterford	MUN = Muncy	SMI = Smithfield
CEN = Central Office	GRN = Greene	PXE = Phoenix East	SMR = Somerset
CHS = Chester	GRE = Greensburg	PXW = Phoenix West	WAM = Waymart
COA = Coal Township	HOU = Houtzdale	PNG = Pine Grove	
CRE = Cresson	HUN = Huntingdon	PIT = Pittsburgh	

Category: (Check one):

- ☐ **VOLUNTEER PROGRAM (ALL volunteers, who are NOT public visitors, check here)**
- ☐ **PUBLIC VISITOR (Religious Ministry)** *NOTE: This category includes all AOD, Veteran, Victim, Dog Training, Educ. Volunteers; it will soon be changed to reflect this)*
- ☐ **PUBLIC VISITOR** (Government, Criminal Justice Agency)
- ☐ **PUBLIC VISITOR** (Entertainment, Activities, Sports, Guest Speaker)
- ☐ **OTHER** *NOTE: Interns, check this box and write INTERN in the blank space.*

Check: **Initial Clearance Request (if this is your first time requesting clearance)**

Check: **Renewal Request (if this is not your first time requesting clearance)**

Purpose of Visit: **Print the name of the program through which you will volunteer/intern.**

Organization/Agency/Company/Program Name: If you are representing a religious or other organization or a college/university/professional school, note the name of this organization/school here.

Subcontracted to: Write N/A (for Not Applicable) Title of Position: Write N/A

The remaining portions of the form are self-explanatory.

Enter N/A in any space that does not apply. Failure to list requested demographic information on this form will result in the rejection and/or disapproval of application.

When asked to "Identify names, relationships and locations of any relatives or close friends confined in any DOC Facility," you must include the names of any individuals confined within the PA Department of Corrections with whom you have corresponded, visited, sent/received money or from whom you have accepted phone calls. Use additional paper as necessary. Omission of pertinent information will be considered the same as falsification and will be grounds for disapproval or termination.

Leave Section "B" blank. Return completed form to the **Volunteer and Internship Coordinator** at your **preferred facility**.

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual

Section 3 – Volunteer and Public Visitor Information

Attachment 3-B

Issued: 1/25/2013

Effective: 2/1/2013

VOLUNTEER & INTERN APPLICATION – Pennsylvania Department of Corrections

1. I am applying to be a Department:						☐ Volunteer		☐ Intern																																
2. LAST Name			3. FIRST Name			4. MIDDLE Name																																		
5. Complete HOME ADDRESS																																								
6. Home TEL ()					7. Alternate TEL ()																																			
8. EMAIL Address					9. Date of Birth / /		10.GENDER: Male <i>(circle one)</i> Female																																	
11. Endorsing Organization/school through which you will volunteer/intern in the DOC: Name TEL () Contact:																																								
12. The facility(ies) in which I seek to volunteer/intern (please "x") <table border="0"><tr><td>☐ Albion</td><td>☐ Fayette</td><td>☐ Laurel Highlands</td><td>☐ Quehanna Boot Camp</td></tr><tr><td>☐ Benner Township</td><td>☐ Forest</td><td>☐ Mahanoy</td><td>☐ Retreat</td></tr><tr><td>☐ Cambridge Springs</td><td>☐ Frackville</td><td>☐ Mercer</td><td>☐ Rockview</td></tr><tr><td>☐ Camp Hill</td><td>☐ Graterford</td><td>☐ Muncy</td><td>☐ Smithfield</td></tr><tr><td>☐ Chester</td><td>☐ Greene</td><td>☐ Phoenix East</td><td>☐ Somerset</td></tr><tr><td>☐ Coal Township</td><td>☐ Greensburg</td><td>☐ Phoenix West</td><td>☐ Waymart</td></tr><tr><td>☐ Cresson</td><td>☐ Houtzdale</td><td>☐ Pine Grove</td><td>☐ Comm.Corrections Center</td></tr><tr><td>☐ Dallas</td><td>☐ Huntingdon</td><td>☐ Pittsburgh</td><td>☐ Central Office</td></tr></table>									☐ Albion	☐ Fayette	☐ Laurel Highlands	☐ Quehanna Boot Camp	☐ Benner Township	☐ Forest	☐ Mahanoy	☐ Retreat	☐ Cambridge Springs	☐ Frackville	☐ Mercer	☐ Rockview	☐ Camp Hill	☐ Graterford	☐ Muncy	☐ Smithfield	☐ Chester	☐ Greene	☐ Phoenix East	☐ Somerset	☐ Coal Township	☐ Greensburg	☐ Phoenix West	☐ Waymart	☐ Cresson	☐ Houtzdale	☐ Pine Grove	☐ Comm.Corrections Center	☐ Dallas	☐ Huntingdon	☐ Pittsburgh	☐ Central Office
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13. PREFERRED FACILITY= _____. This will be your "home" facility which receives original documentation and the facility where you will receive security training and have a Photo ID badge taken.																																								
14. Desired Service Area (please "x") <table border="0"><tr><td>☐ Activities</td><td>☐ Psychology (interns only)</td></tr><tr><td>☐ Alcohol and Other Drugs Programs ☐ AA ☐ Al-Anon ☐ NA</td><td>☐ Reentry Programs</td></tr><tr><td>☐ Alternatives to Violence</td><td>☐ Religious Services:</td></tr><tr><td>☐ Art/Music/Sewing/Quilting</td><td> ☐Buddhist ☐Catholic ☐Jewish</td></tr><tr><td>☐ Decision Making/End Violence</td><td> ☐Jehovah's Witnesses ☐Muslim</td></tr><tr><td>☐ Dog Training</td><td> ☐Native American ☐Protestant</td></tr><tr><td>☐ Education/Literacy/Inside-Out Class</td><td> ☐Hispanic Protestant</td></tr><tr><td>☐ Gamblers Anonymous</td><td> ☐Other Religion:_____</td></tr><tr><td>☐ Grief Support Group</td><td>☐ Security (interns only)</td></tr><tr><td>☐ Hospice/End of Life Care</td><td>☐ Sexaholics Anonymous</td></tr><tr><td>☐ Impact of Crime/Victim Stories</td><td>☐ Smoking Cessation</td></tr><tr><td>☐ Lifers Groups</td><td>☐ Sports/Officiating</td></tr><tr><td>☐ Long Term Offenders</td><td>☐ Unit Management (interns only)</td></tr><tr><td>☐ Medical (interns only)</td><td>☐ Veterans Groups</td></tr><tr><td>☐ Parenting/Birth Support</td><td>☐ Central Office _____</td></tr><tr><td></td><td>☐ OTHER _____</td></tr></table>									☐ Activities	☐ Psychology (interns only)	☐ Alcohol and Other Drugs Programs ☐ AA ☐ Al-Anon ☐ NA	☐ Reentry Programs	☐ Alternatives to Violence	☐ Religious Services:	☐ Art/Music/Sewing/Quilting	☐ Buddhist ☐ Catholic ☐ Jewish	☐ Decision Making/End Violence	☐ Jehovah's Witnesses ☐ Muslim	☐ Dog Training	☐ Native American ☐ Protestant	☐ Education/Literacy/Inside-Out Class	☐ Hispanic Protestant	☐ Gamblers Anonymous	☐ Other Religion:_____	☐ Grief Support Group	☐ Security (interns only)	☐ Hospice/End of Life Care	☐ Sexaholics Anonymous	☐ Impact of Crime/Victim Stories	☐ Smoking Cessation	☐ Lifers Groups	☐ Sports/Officiating	☐ Long Term Offenders	☐ Unit Management (interns only)	☐ Medical (interns only)	☐ Veterans Groups	☐ Parenting/Birth Support	☐ Central Office _____		☐ OTHER _____
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☐ Alternatives to Violence	☐ Religious Services:																																							
☐ Art/Music/Sewing/Quilting	☐ Buddhist ☐ Catholic ☐ Jewish																																							
☐ Decision Making/End Violence	☐ Jehovah's Witnesses ☐ Muslim																																							
☐ Dog Training	☐ Native American ☐ Protestant																																							
☐ Education/Literacy/Inside-Out Class	☐ Hispanic Protestant																																							
☐ Gamblers Anonymous	☐ Other Religion:_____																																							
☐ Grief Support Group	☐ Security (interns only)																																							
☐ Hospice/End of Life Care	☐ Sexaholics Anonymous																																							
☐ Impact of Crime/Victim Stories	☐ Smoking Cessation																																							
☐ Lifers Groups	☐ Sports/Officiating																																							
☐ Long Term Offenders	☐ Unit Management (interns only)																																							
☐ Medical (interns only)	☐ Veterans Groups																																							
☐ Parenting/Birth Support	☐ Central Office _____																																							
	☐ OTHER _____																																							

CRIMINAL HISTORY (Please check)	No	Yes
16. Have you ever been arrested or convicted of any felony or misdemeanor?		
17. Have you ever been arrested/convicted of any firearms or explosives violations?		
18. Are you now under charges for any violation of the law?		
19. Have you ever been convicted by a military court-martial?		
20. Have you ever been confined in any jail, prison, or penal institution?		

If you responded yes to any question, 15-19, attach complete explanation on a separate page.

FAMILIARITY with INMATES. Inmate=any person incarcerated in a SCI or Boot Camp.					No	Yes
20. Have you ever been denied permission to visit or correspond with a specific inmate(s) by a Department facility and/or do you have a Separation Order from any inmate(s) within the Department? If yes, attach complete details.						
21. Are any immediate family members, relatives, friends, or acquaintances currently inmates in a State Correctional Institution or the Boot Camp? If yes, complete below.						
Inmate's Name	DOC #	SCI	Your relationship to the inmate			
(1)						
(2)						
22. Other than family members, relatives, friends, or acquaintances listed in # 21, are you on any PA DOC inmate's phone list, visitors list or have you placed money on an inmate's account, or corresponded with any inmate in the DOC within the past five years? If yes, complete below:					No	Yes
Inmate's Name	DOC #	On Phone List	On Visiting List	I Sent \$\$\$	I corresp. with	
(1)						
(2)						
23. OFFENDER & EX-OFFENDER CONTACT. List any offenders or ex-offenders that you seek to or have sought to assist with community reintegration needs within the past year below:						
OFFENDER & Ex-OFFENDER NAME Offenders are persons under the supervision of probation/ parole; ex-offenders are persons previously released from criminal justice custody.	SCI from which released		OFFENDER & Ex-OFFENDER NAME Offenders are persons under the supervision of probation/ parole; ex-offenders are persons previously released from criminal justice custody.	SCI from which released		
(1)			(4)			
(2)			(5)			
(3)			(6)			

I voluntarily declare my desire to serve as a volunteer/intern in the Department. I give permission for the Department to investigate and validate all information on this application. I understand that falsification of this application or omission of pertinent information may result in my being denied permission to volunteer/intern.

SIGNATURE of Applicant _____ DATE ____/____/____

Return this application, a Centralized Clearance Information Request Form (1.1.4. Attachment 4-A) and any other required documentation to the Volunteer and Internship Coordinator at the Preferred Facility indicated in # 13.

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual

Section 3 – Volunteer and Public Visitor Information

Attachment 3-C

Issued: 1/25/2013

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Volunteer & Internship Coordinator Recommendation

Department where volunteer/intern will serve: _____

Name of Immediate Staff Supervisor: _____

Rationale for need for this volunteer/intern: _____
_____☐ Recommend Approval ☐ Do Not Recommend

Volunteer & Internship Coor. Signature _____ Date ____/____/____

Local Security Unit

The individual named above:

☐ PASSED Initial Clearance Check ☐ FAILED Initial Clearance Check

Local Security Signature _____ Date ____/____/____

Corrections Classification and Program Manager (CCPM) Recommendation☐ Recommend Approval ☐ Do Not Recommend

Comments: _____

CCPM Signature _____ Date ____/____/____

Deputy Superintendent for Centralized Services/Center Director Recommendation☐ Recommend Approval ☐ Do Not Recommend

Comments: _____

DSCS/Center Director Signature _____ Date ____/____/____

Facility Manager/Regional Director Final Approval☐ Approved ☐ Disapproved

Comments: _____

FM/Regional Director Signature _____ Date ____/____/____

Return completed original application to the Volunteer & Internship Coordinator for secure filing.

EMERGENCY INFORMATION & SECURITY CONSENT FORM

This form must be signed and submitted annually by volunteers, public visitors and interns to the Volunteer and Internship Coordinator at each facility in which the individual serves. Completed forms may be duplicated for those who frequent multiple facilities.

1. ☐ Volunteer ☐ Public Visitor ☐ Intern		2. Preferred Facility:	
3. Organization/School you represent:			
4. LAST Name		5. FIRST Name	
		6. MIDDLE Name	
7. Complete HOME ADDRESS			
8. Home TEL ()		9. Alternate TEL ()	
10. EMAIL Address			11. Date of Birth / /
12. MOTOR VEHICLE(s) that you may drive on facility grounds	Year	Make	Model
13. I have a medical condition which requires ready access to emergency medication.			Yes No
14. I have a metal implant that may trigger the metal detector (circle).			Yes No
15. EMERGENCY CONTACT	Name	Relationship	TEL
			()
16. List offenders and ex-offenders that you seek to assist with community reintegration needs below (Offenders are persons under the supervision of probation/parole; ex-offenders are persons previously released from criminal justice custody):			
NAME Of Offender/Ex-Offender	Last SCI	NAME Of Offender/Ex-Offender	Last SCI
1)		3)	
2)		4)	

SECURITY CONSENT. I attest that I have been fully advised and clearly understand that:

1. The property which I will enter in the above capacity is under the supervision and control of the Pennsylvania Department of Corrections; and that many inmates who are confined in this facility are permitted to move freely, without restraints, in some areas in which I may be present and that I may not always be in the immediate presence of a correctional officer/staff member;
2. I assume all risks which may result from the normal operation of the facility;
3. No cameras, weapons, recording devices, alcohol, drugs, etc., are permitted on Department property and that my vehicle is subject to being searched;
4. I must lock my wallet/purse/handbag, home keys, attaché case, cell phone, etc. in my locked vehicle and completely close all vehicle windows;
5. I should only bring one vehicle key into the facility and I must register my vehicle type and license plate number in the lobby;
6. I must successfully pass through a metal detector and am subject to being pat searched and searched with an electronic drug ion scanner;
7. Advance written permission must be obtained to bring any item into a facility (e.g. books, medication, etc.);
8. Failure to bring a Department-issued ID Badge (Volunteers, Interns) or a Photo ID (Public Visitors) will result in my being denied access to the facility; I must wear a Department-issued ID Badge or a Visitor Badge visibly on my clothing at all times;
9. I am forbidden to enter any area of the facility other than the designated area for my area of service;
10. I must carefully monitor keys, musical and athletic equipment, etc., reporting lost items immediately;
11. I must wear conservative, non-revealing clothing;
12. I may not discriminate with regard to age, race, color, ancestry, creed, sex, sexual orientation or identity, marital status, national origin, non-job related handicap, or religious or political beliefs;

13. At no time may I give any item to an inmate, no matter how small or trivial it may seem to me;
14. I am forbidden to hug inmates or to strike or lay hands on an inmate unless it is in self-defense;
15. I am not permitted to visit, correspond or converse by phone with any inmate confined in a State Correctional Institution or the Boot Camp;
16. I am forbidden to contact an inmate's family or give an inmate my contact information;
17. I am required to report if an inmate attempts to make outside contact with me by any medium;
18. I may not serve as a foster parent to an inmate's child while the inmate parent is in custody;
19. I am not permitted to directly or indirectly solicit, accept, or agree to accept any gift of money or goods, loans or services for personal benefit from an inmate or a Department employee or contractor;
20. I am not permitted to accept or perform favors or accept or distribute any gifts, money, or loans to or from inmates or members of an inmate's family;
21. I am not permitted to trade, barter, or receive or deliver gifts, money, and favors from or to an inmate or an inmate's friends, relatives, or representative;
22. I must inform my immediate supervisor if an inmate is disrespectful toward me or the group I represent or if I encounter any problems during my visit to the facility;
23. I must immediately report any unusual situations or information that could threaten inmates, staff, visitors or volunteers, as well as facility property, or could compromise and safety and security of the facility;
24. I am always to be respectful of and courteous to correctional staff and immediately obey their directives.
25. If I am not sure if I am permitted to do something, I will ASK a staff member FIRST. I will not make assumptions regarding what I think should be allowed in a correctional environment;
26. I may assist offenders and ex-offenders with community reintegration needs, provided these individuals are NOT confined in a State Correctional Facility or the Boot Camp, and I:
 - i. Disclose on the Volunteer and Intern Application and on the Emergency Information and Security Consent Form the name(s) of the offender(s) and ex-offender(s) that I seek to assist with community reintegration needs before I begin to relate to this individual(s);
 - ii. Assume all risks involved relating to individuals with a criminal history, with an awareness that many offenders have been convicted of violent crimes and that while the Department attempts to impact and change criminal behavior and thought processes while inmates are confined in its facilities, that it cannot guarantee that offenders or ex-offenders will not manipulate, abuse, or victimize those who, with good intentions, seek to assist them in their reintegration process;
 - iii. Maintain professional boundaries in relating to an offender or an ex-offender;
 - iv. Am aware that if an offender or ex-offender is recommitted to a State Correctional Institution or the Boot Camp, I must report this to my Volunteer and Internship Coordinator and the privilege of communicating with this individual outside approved programing opportunities available in the institution will cease;
27. I am not permitted to divulge confidential information about an inmate outside the facility without authorized release;
28. I am subject to the laws of the Commonwealth of Pennsylvania and understand that crimes committed on facility grounds will be prosecuted, and that the failure to adhere to Department rules may result in my permanently being barred from entering a Department facility;
29. If I engage in, or knowingly condone sexual harassment or sexual contact with inmates, I shall be subject to disciplinary action;
30. I am required to inform the Department immediately if an immediate family member, significant other or close friend, who, since I last completed a Centralized Clearance Information Request Form, has since been incarcerated in the Department;
31. I am required to inform the Department of any changes to the information disclosed above and on file with the Department, and I agree to abide by the rules and regulations of the Department as further explained in the Security Orientation for Non-Department Employees (1.1.6. Attachment 3-E).

SIGNATURE _____ DATE ____/____/____

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Volunteer and Public Visitor Information

Attachment 3-D

Issued:
Effective:

Pennsylvania Department of Corrections
SECURITY ORIENTATION FOR NON-DEPARTMENT EMPLOYEES

The category, "Non-Department Employees," includes but is not limited to Contract Service Providers, Vendors, Interns, Volunteers, Public Visitors, and all others who are not Department employees.

I. ASSUMPTION OF RISK

All persons entering a Department facility, ***including a State Correctional Institution, Boot Camp, Community Corrections Center (CCC), or Community Contract Facility (CCF)***, assume all risks resulting from the operation of a facility. Many individuals incarcerated ***or residing in these facilities*** have been charged with and convicted of violent crimes. Most are permitted to move about freely, without restraints, including areas in which Non-Department Employees may be present. ***A correctional officer may not always be present when a Non-Department Employee is in the same location as an inmate, parolee or parole violator. Among the risks being assumed is the risk of physical violence, sexual assault, fraud, identity theft and others.***

II. DISCRIMINATION

Non-Department Employees shall act respectfully toward all citizens of the Commonwealth without regard to age, race, color, ancestry, creed, sex, sexual orientation or identity, marital status, national origin, non-job related handicap, or religious or political beliefs. This necessarily includes inmates, parolees, Department employees, contactors, interns, visitors, and all others.

III. VEHICLE SECURITY

1. ***All vehicles are subject to search.***
2. Vehicles must be locked and windows closed at all times when driving or parked on facility property.
3. Vehicles must not contain cameras, contraband, alcoholic beverages, controlled substances, personal weapons, or implements of escape. Finding of contraband may cause the termination of the privilege to enter Department facilities.
4. The steering wheel of a convertible, jeep, or other soft-top vehicle must have a security device (e.g., club) affixed to it.
5. Remote starting devices should not be used while at the facility nor should any hide-a-key box be attached to any vehicle.
6. Gas cans containing fuel as well as bicycles, ATV's, dirt bikes, and similar conveyances, along with ladders, must be chained and locked to the vehicle or trailer.
7. Secure Tools. Do not leave tools or keys visibly lying on car seats. Tools must be locked in a tool box secured to the vehicle or locked in the trunk.
8. Secure Personal Information. Nothing should be visible from the outside of the vehicle that would identify the vehicle as belonging to a Non-Department Employee (e.g., Photo ID, mail/magazine label with contact information, etc. left on the dashboard or seat).
9. Limit Keys. Bring only a vehicle key into the institution; leave other keys locked in the vehicle.
10. ***Cell phones, pagers, multimedia devices, etc. are not permitted inside facilities. They must be properly secured in a vehicle prior to entering the facility.***
11. ***Any driver/owner and passengers in the vehicle will not be permitted entrance to a facility if the driver/owner refuses a vehicle search.***
12. ***Children and/or animals may not be left unattended in the vehicle.***

IV. SECURITY

1. Subject to Search. Everyone entering or leaving a **Department** facility is subject to search. All persons entering a facility must clear a metal detector and may be searched with an electronic ion detection scanner **and/or K-9 unit**. Arrive at the facility early enough to allow time to be thoroughly processed.
2. Under the Influence. Arriving at the facility under the influence of alcohol **or a controlled substance** will result in the immediate termination of the status as an approved Non-Department employee.
3. Metal Implants/Ambulatory Devices. A person with a metal implant or who is medically required to wear an item constructed with metallic items (e.g., back brace, knee support, etc.), or who is medically required to use an ambulatory assistance device (e.g., wheel chair, walker, cane, crutches, etc.) must present a medical card each time he/she enters the facility. Persons with such requirements will be scanned with a hand-held metal detector.
4. Medicines. If easy access to prescribed emergency doses of a controlled substance or nonproprietary drug is needed, the Non-Department Employee must provide a doctor's note to the facility and alert staff in advance. The facility will determine whether or not the individual may keep the emergency dose of medicine on their person or if the medicine must be kept in a secure but easily accessible location.
5. Contraband. **Non-Department Employees are prohibited from providing or attempting to provide to an offender, contraband, including but not limited to: cell phones; tobacco; food; pornography; nude pictures or photographs; media storage devices; weapons; alcoholic beverages; drugs; drug paraphernalia; explosive devices or materials useful in the fabrication of explosive devices or any other article, substance or thing that may reasonably be considered a danger to the security of the facility.**
6. Prior Permission Mandatory. No Non-Department Employee is permitted to bring anything into or take anything out of the facility for an inmate, no matter how innocent or trivial it may seem. Written permission to bring an item for program use (e.g., handouts, books, musical and/or audio-visual equipment, etc.), must be obtained from the Facility Manager/designee.
7. Movement. Movement is limited to the area where the Non-Department Employee performs his/her service. Groups entering a facility will stay in close proximity to the escorting staff while going to and returning from a program site. Non-Department Employees should always inquire about the location of the nearest correctional officer in the event of an emergency.
8. Monitor Belongings. Non-Department Employees are responsible to closely monitor any item(s) for which they have authorization to bring into the facility. At no time should any property belonging to a Non-Department Employee be left unsecured. If a Non-Department Employee notices an item is missing, he/she will report this immediately to the closest staff.

V. IDENTIFICATION

1. ID and Visitor Badges. Non-Department Employees will either be issued an ID badge or a Visitor's Badge. Badges must be worn on clothing in a visible location above the waist at all times. Notify a staff member immediately to report a lost badge.
2. Photo ID. Persons who are not issued an ID badge must provide a photo ID (e.g., driver's license, etc.) to enter each facility. Failure to bring a photo ID will result in the Non-Department Employee being refused entrance to the facility.
3. Gate Clearance. Non-Department Employees whose names are not recorded on a Gate Clearance will be refused entrance.
4. Biometric Identification System. Non-Department Employees who have been issued an ID badge must enter their ID # on the keypad or scan their ID badge using the ID reader. They will also place their readable finger on the biometric Finger/ID reader upon entering and leaving the

1.1.6, Volunteers and Interns in the Department of Corrections

Section 3 – Volunteer and Public Visitor Information

Attachment 3-E

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facility. No Non-Department Employee will be allowed to leave the secure perimeter of a Department facility unless he/she is positively identified by staff.

5. Sign-In and Sign-Out Procedures. Unless otherwise informed, all Non-Department Employees are required to sign-in and sign-out of the facility, noting the make and license plate number of the respective vehicle in which they were a driver or passenger.

VI. DRESS (4.1.1, “Human Resources and Labor Relations,” Section 53 – Professional Attire Standards for Non-Uniformed Staff)

1. Appropriate Dress
 - a. Non-Department Employees must maintain a neat appearance at all times.
 - b. MEN must wear long trousers and a shirt with sleeves. Shorts are prohibited.
 - c. WOMEN must wear a dress, skirt, or slacks with an appropriate top. See-through apparel, halter-type tops or extremely short skirts are not permitted. Shorts are prohibited. Any footwear with heels that are four inches or higher is prohibited.
2. Avoid Clothing with Metal. Do not wear an abundance of metal jewelry, metal hair pins, or garments/undergarments with metal wire/metal buttons, etc. These items will be detected by the metal detector and cause delays in entering the facility.
3. Shoes. Shoes must be worn. Sandals are permitted; flip flops are not permitted.

VII. INTERACTING WITH INMATES

1. Limit Contact to Handshakes. Hugging or kissing inmates is strictly prohibited. A warm hello and/or a hand shake are the only acceptable greetings.
2. Show Respect. Respect inmates as fellow human beings. View them as people who have made regrettable mistakes in life for which they are serving their punishment. Empathize with inmates, without “feeling sorry” for them, remembering that their life choices, over which they had control, have resulted in their being incarcerated.
3. Vulgarity and Profanity Prohibited. The use of vulgarity and profanity is strictly prohibited.
4. Treatment of Inmates. Do not attempt to psychoanalyze inmates or recommend any medical or mental health treatment. Trained Department medical and mental health professionals are equipped to care for complex inmate medical and mental health needs.
5. Treat all Inmates the Same. Refrain from showing favoritism to any inmate or a select group of inmates.
6. Affirm the Positive. Affirm positive inmate behavior and attitudes at all times.
7. Be Fair. Be fair, firm and consistent in dealing with inmates. Refuse to make promises that cannot be kept.
8. Be Aware of Con Games. Many inmates have learned to cope by manipulating others. Some will attempt to lure Non-Department Employees into compromising positions. If an inmate asks for a favor, tell the inmate NO and that permission must be secured from a staff member. A Non-Department Employee should contact a staff member if he/she feels an inmate might be engaging in manipulative behavior.
9. Limit Personal Sharing. Do not disclose marital status, family concerns, medical conditions, etc. to inmates. No one is obligated or required to answer every question an inmate asks.
10. Do Not Disclose Contact Information. It is forbidden to release personal telephone numbers, mailing or email addresses to any inmate housed in a State Correctional Institution or the Boot Camp in accordance with Department policy **6.3.1**.
11. No Personal Relationships. Non-Department Employees are not permitted to visit, correspond with, or converse by phone with any inmate in the Department unless they have prior written approval from the Facility Manager(s). If it is discovered that an inmate has had contact with a Non-Department Employee by phone, letter or any other means without prior permission, the Non-Department Employee shall be suspended.

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12. Emotional Involvement. Promptly terminate a personal relationship that begins to be fostered with an inmate that may lead to romantic and/or emotional involvement. If involvement is losing its objectivity or is becoming emotionally entangled, speak with an appropriate staff member immediately. A temporary voluntary hiatus from service in the prison may be appropriate.
13. Can't Foster Children. Non-Department Employees may not serve as foster parents to an inmate's child while the parent is in custody.
14. No Money Transactions. Non-Department Employees are prohibited from entering into any type of business transaction with an inmate and are prohibited from placing money in an inmate's account. Non-Department Employees are not permitted to solicit, accept, or agree to accept any gift of money or goods, loans or services for personal benefit from an inmate or accept or perform favors or accept or distribute any gifts, money, or loans to or from inmates or members of an inmate's family.
15. Conflict of Interest. Non-Department Employees may not assist inmates with legal matters nor shall they represent or act as an agent for any private interest, whether compensable or not, which could be reasonably expected to result in a conflict of interest. This includes, but is not limited to representing the interests of inmates.
16. Alert Staff of Disruptive Inmates. Non-Department Employees will alert staff if an inmate shows disrespect or causes distractions during their visit to the institution.
17. Do Not Empower Inmates. Non-Department Employees shall not permit an inmate to be in control of, or exercise authority over, other inmates.

VIII. CONFIDENTIALITY

Non-Department Employees are prohibited from discussing their interactions with specific inmates outside the facility or to use information, not available to the public at large, for personal gain or for the gain of others, or divulge confidential information without its authorized release.

IX. PERSONAL INVOLVEMENT WITH INMATE FAMILIES

1. No contact with Inmate Families, Friends, Relatives. Non-Department Employees are prohibited from contacting the families of inmates or their significant others, unless the Non-Department Employee has prior written permission from the Facility Manager/designee. Inmates have telephone and mail privileges to enable them to contact family members. If a Non-Department Employee is contacted by an inmate by mail or phone or by some other means, the Non-Department Employee is required to report this to facility staff immediately.
2. No Exchange of Materials. Non-Department Employees are prohibited from trading, bartering, or receiving gifts, money, and favors from an inmate or an inmate's friends, relatives, or representatives. Moreover, Non-Department Employees are prohibited from delivering gifts or money to inmate's friends, relatives or representatives.

X. SEXUAL HARASSMENT

1. Zero-Tolerance Policy. The Department has a zero-tolerance policy on sexual harassment. Non-Department Employees may view the Department Policy **1.6.2, "Sexual Harassment"** on the Department's public website: www.cor.state.pa.us.
2. All Subject to Discipline. If a Non-Department Employee engages in, or knowingly condones sexual harassment, he/she shall be subject to disciplinary action. If he/she is found guilty of sexual harassment charges, the Non-Department Employee will be dismissed and services terminated.
3. Report Harassment. If a Non-Department Employee believes that he/she has been the victim of sexual harassment by an inmate or staff, he/she must report the incident immediately to the Facility Manager, the facility's HR Officer, or the Department's Office of Equal Employment

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Opportunity (Toll-free reporting line is 1-877-336-0846). The Facility Manager will ensure that a full investigation of any alleged incident is conducted pursuant to **Management Directive 410.10**. The Non-Department Employee will be notified of the findings upon the conclusion of the investigation.

XI. SEXUAL CONTACT WITH AN INMATE (DC-ADM 008, "Prison Rape Elimination Act")

1. Zero-Tolerance Policy. The Department has a zero-tolerance policy on any type of sexual contact with an inmate.
2. All Subject to Discipline. If a Non-Department Employee engages in, or knowingly condones sexual contact with an inmate, he/she shall be subject to disciplinary action. If the Non-Department Employee is found guilty of sexual contact with an inmate, he/she will be dismissed, services will be terminated, and criminal charges will be filed.
3. Report Sexual Contact. If a Non-Department Employee becomes aware of an individual's sexual contact with an inmate, he/she is obligated to report this to the Immediate Staff Supervisor.

XII. PERSONAL WELFARE

1. Hands Off Inmates. It is forbidden to strike or lay hands on an inmate unless it is in self-defense. Only the absolute minimum amount of force shall be used if a Non-Department Employee elects to defend him/herself or others, or to prevent an escape, or to prevent serious injury or damage to property, or to quell a disturbance or riot, he/she assumes all risks.
2. Report What Doesn't Seem Right. Immediately report to staff any unusual situation which occurs or information that is received, which could threaten any person, property or security. This includes notifying staff if any radical changes in an inmate's attitude or routine are observed.

XIII. INTERACTING WITH STAFF

1. Always be Respectful. At all times, a Non-Department Employee will be respectful of and courteous toward correctional staff. Be aware that correctional staff will err on the side of caution, being thorough in confirming the identity of Non-Department Employees as well as searching their belongings and person, and ensuring proper supervision. Patience with and friendliness toward correctional staff will promote a healthy correctional environment for all.
2. Obey Orders. Obey facility staff's direction immediately even if the reason for the order is not known. Obey first, discuss later. If a Non-Department Employee observes correctional staff acting inappropriately, or thinks correctional staff is wrong, do not discuss this in front of inmates. Discuss this privately with an Immediate Staff Supervisor at a later time.

XIV. EMERGENCIES

1. Remain Calm. When faced with an emergency (e.g., a threatening inmate, a fire, assault, escape or physical sickness), remain as calm as possible. Do not exhibit fear. Locate the nearest staff member in person or by phone.
2. Injured or Sick while inside. If a Non-Department Employee is injured while on Department property or becomes ill, report to an Immediate Staff Supervisor as soon as possible.
3. If Taken Hostage. If a Non-Department Employee is seized or taken hostage, he/she shall have no authority to disregard, alter, modify, or change in any manner the prescribed duties, responsibilities, or obligations or demands by the prison(s), or plea between hostages, regardless of consequences, unless on orders from the Secretary or higher authority.

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XV. LEGAL

1. No Legal Coverage. Inmates often file lawsuits against persons with whom they come into contact while incarcerated. While this rarely happens to Non-Department Employees, if sued, the Commonwealth cannot provide liability insurance for a Non-Department Employee, nor can it provide legal representation.
2. Subject to the Laws of the Commonwealth. While Non-Department Employees are present in a Department facility or on facility grounds, they are subject to the laws of the Commonwealth of Pennsylvania. Any crimes committed on facility grounds will be prosecuted.

XVI. CONTACT WITH OFFENDERS AND EX-OFFENDERS

1. ***Non-Department employees may assist individuals in Community Corrections Centers (CCCs) and Community Contract Facilities (CCFs) and parolees with community reintegration needs. The Non-Department Employee must inform the Facility Manager in writing of the name(s) of the inmate(s) released to a CCC/CCF and the Community who he/she seeks to assist with community reintegration needs. Non-Department Employees who elect to engage inmates released to the community assume all risks involved in relating to individuals with a criminal history.***
2. ***Non-Department employees must comply with the provisions of the Prison Rape Elimination Act (PREA) and the regulations issues thereunder.***

Section 5 – Canine Service Provider Program

A. General Information

1. The Department, in conjunction with a Canine Service Provider, ***including local animal shelters***, offers a public service by training canines, thereby (a) preparing the canines as possible service dogs for individuals with physical, ***cognitive or psychological disabilities*** or (b) ***teaching the canines basic obedience and socialization skills to aid in possible adoption***. The intent of this program is to instill a sense of responsibility, discipline, and social awareness in the inmates involved, ***in addition to providing beneficial vocational and life skills***. ***All new/proposed canine programs must receive approval from the Bureau of Treatment Services (BTS) Director prior to implementation of said programs. Please note: all providers will be referred to as Canine Service Providers.***
2. ***Changes to policies and procedures that may affect the Prison Canine Program shall be communicated by the Facility Manager/designee to the Canine Service Provider prior to implementation of changes, when possible. At no time should the safety and security of staff, inmates, the canines, and/or the orderly operation of the facility be compromised.***
3. ***Either party may discontinue its participation in these programs at any time. If participation in the program is discontinued, all canines and supplies provided by the Canine Service Provider to the facility must be returned to the Canine Service Provider.***

B. Facility Requirements

1. ***Each facility operating a canine program must designate one housing unit where the canine program will be located. All of the inmate handlers and canines must be located within the same housing unit to be able to work cooperatively as a group. Multiple housing units may be utilized if, for example, there is a second group of canines to be trained.***
2. ***The facility must provide a fenced play area to be designated as the canine play area and not to be utilized for any other purpose. The facility should consult with the Canine Service Provider on the size and materials used to create this area prior to its creation. Only inmates and staff who are active participants in the canine program should be permitted in this area. The canines should never be permitted to run free in any area except the designated recreation area and under the direct supervision of the inmate handler.***
3. ***The facility must allow each canine to have a variety of toys, to include bones, fleece tugs, and balls, for their growth and relaxation. Rawhides (or similar items) and rope toys shall not be permitted.***

- 4. The facility must provide a space for the inmate handlers to train on a daily basis and a space to hold training classes with the Canine Service Training Coordinator (this area is generally large – a visiting room, gym, activity room, etc.).**
- 5. The facility must ensure appropriate staffing to manage the day to day supervision and administrative aspects of the program. Additional staff should be given time to participate in program training (if required by the Canine Service Provider) in order to support the program (i.e., taking canines to the veterinarian, supervising the canines during a lock down, etc.). Staff members who assist with the program must attend training sessions with the Canine Service Training Coordinator and should familiarize themselves with the training curriculum of the Canine Service Provider. A trained staff member should be available to check in with the participating inmates on a daily basis.**
- 6. It will be the responsibility of the facility to provide the staff and vehicle to transport each canine to all veterinary appointments (routine and emergency).**
- 7. Inmate handlers must be permitted to keep a crate, the canine, toys as noted in Subsection B.3. above and related supplies in their cells. Items which are a safety concern (first aid kit, nail trimmers, clippers, scissors, etc.) should be kept in a controlled area that can be accessed by the inmates quickly if needed, or in a manner as determined by the facility.**
- 8. Each facility must provide an area for the canines to be groomed and bathed (taking in to consideration that depending on the age and breed of the canines, they may weigh in excess of 75 lbs.).**
- 9. Each facility must purchase items for the program (unless provided by the Canine Service Provider) which may include shampoo, ear cleaner, dog toothpaste, toys, collars, leashes, head halters, etc.**
- 10. The facility must allow the inmate handlers time each day to train their canines, in addition to giving the canines at least two 45 minute play periods each day.**
- 11. The Facility must allow community volunteers, who meet the visitor criteria, to be permitted to enter the facility to receive program training (if provided by the Canine Service Provider) to socialize the canines in public.**
- 12. The facility may be responsible for purchasing food (unless provided by the Canine Service Provider, or donated by an outside source). If the Canine Service Provider agrees to pay for the cost of dog food, the dog food shall be purchased from a local establishment with reasonable prices. Canine Service Providers will not be responsible for shipping charges.**

C. Canine Service Provider Requirements

1. *Canine Service Providers will provide canines for the program(s) who have no major physical, medical or behavioral concerns (such as biting).*
2. *Canine Service Providers will provide a Canine Service Training Coordinator for each facility. This may be a staff member from the Canine Service Provider or a well-trained volunteer familiar with the Canine Service Provider's training practices. This individual will provide training for the inmate handlers, staff and volunteers. In addition, they will provide counseling and support to everyone involved with the program and will be the main point of contact for any non-emergency issues.*
3. *The Canine Service Provider may provide supplies such as crates, training capes, collars, leashes, halters, etc., for the canines entering the program. Donated items/funds may also be acceptable depending on the Canine Service Provider.*
4. *The Canine Service Provider will ensure that each canine has a veterinary sponsor, or if no sponsor is available, will pay for all veterinary care.*
5. *In most cases, the Canine Service Provider will provide the food for all canines. There are some Canine Service Providers who allow food to be donated or paid for through the Inmate General Welfare Fund (IGWF) or other donations, providing the food is approved by the Canine Service Providers. The facility may be responsible for picking up the food or any shipping/delivery charges depending on the Canine Service Provider with which they are working.*

D. Inmate Selection Process

Each participating facility must develop a handler selection process and criteria to meet their respective facility's needs. However, each process/criteria must include that:

1. An inmate who is interested in participating in the program must request a **Canine Program Application (Attachment 9-A)** from his/her unit team. Completed applications should be forwarded to the Unit Manager/*designee assigned to the inmate's assigned housing unit at time of application.*
2. The Unit Manager/designee will review the application to ensure the inmate meets the following selection criteria:
 - a. *inmates whose crimes were against animals or children will not be considered;*
 - b. *inmates whose crimes were sexually predatory in nature will not be considered;*
 - c. further offenses may be considered depending on program criteria;

- d. must have been at the current facility for a minimum of 12 months;
 - e. must have a minimum of **one** year, **preferably two**, left to his/her minimum sentence or re-parole date;
 - f. must be misconduct free for the last 12 months;
 - g. must have a stability score of A or B;
 - h. must be free from misconducts for assault or fighting for two years;
 - i. must be medically screened to determine that there is no medical condition that would preclude participation in the program (i.e., allergies, etc.) in accordance with Department policy **13.2.1, "Access to Health Care;"**
 - j. must be willing to change housing units if necessary;
 - k. ***must be willing to assume all care for the canine including, but not limited to, bathing, housing in his/her cell, clean up (including feces and vomit), grooming, etc.; and***
 - l. ***inmates wishing to participate in the program must be housed on a general population housing unit.***
- 3. ***An application deemed appropriate by the inmate's Unit Manager will be forwarded to the Program Coordinator.***
 - 4. ***The Program Coordinator and the inmate's Unit Manager will review the application and may recommend the inmate for final approval.***
 - 5. ***The approved application will be returned to the inmate's assigned Corrections Counselor for DC-46, Vote Sheet processing, all final approvals will be by DC-46 process.***

E. Assignment to/Removal from the Program

- 1. Assignment to the Program
 - a. ***Depending upon the Canine Service Provider and the facility***, this program may or may not be a job assignment, but it is preferred that this be voluntary. All specified meeting times, training sessions, or other scheduled activities shall be considered mandatory and all primary and alternate handlers must attend.

- b. An inmate selected to participate in the program will complete a **Canine Service Provider Program Inmate Agreement (Attachment 9-B) if required by the Canine Service Provider.**
- c. There shall be one inmate assigned to each canine as the primary handler and one inmate assigned to each canine as the alternate handler.
- d. All program rules and directions given by Department staff and the Canine Service Provider must be followed at all times. There will be no exceptions.

2. Removal from the Program

- a. A **Canine Service Provider Program Inmate Handler Citation (Attachment 9-C)** will be issued when necessary, at the discretion of the Department and the Canine Service Provider, explaining the inappropriate action displayed by the inmate. Inappropriate actions may include, but are not limited to, the following:
 - (1) not following directions given by the **Canine Service Training Coordinator;**
 - (2) feeding inappropriate amounts **and/or types** of food;
 - (3) not keeping the canine on a leash and/or allowing another inmate to handle the canine; and
 - (4) **not meeting general expectations** for participation in the program.
 - b. An inmate receiving three citations will be immediately removed from the program.
 - c. An inmate removed from the program for any reason (**other than by personal choice**) will not be eligible to reapply until two years from the date of removal.
 - d. An inmate found guilty of a Class I Misconduct while participating in the program shall be automatically removed from the program.
 - e. **Inmates found guilty of a Class II misconduct will be reviewed on a case-by-case basis for possible removal.**
 - f. If there is any evidence that an inmate has jeopardized a canine's safety, the inmate will be immediately, but temporarily, removed from the program, pending further investigation. The Program Coordinator will determine if further participation will be permitted and may consult with the Canine Service provider in so doing.
3. Canines will be returned to the Canine Service Provider after they have been at the facility **for the amount of time required by the Canine Service Provider's training program.** Each inmate will be given the opportunity to either withdraw or remain in the program prior to new canines arriving at the facility. An inmate shall express his/her intentions in writing to the Program Coordinator.

F. Housing

1. An inmate selected to participate in the program must be assigned a designated housing location.
2. An inmate assigned to the program must keep his/her respective area clean at all times.
3. Smoking is not permitted **by the inmate handler while handling the canine. Violations may result in temporary or permanent removal from the program.**
4. Post orders for the unit will reflect all current information relevant to the Canine Service Provider Program. Efforts should be made to ensure consistency in the operation of the unit and program.
5. The unit officer will maintain an up to date list of the canines and their current inmate handler(s).
6. An inmate handler and the canine are subject to all routine searches according to facility policy.

G. Training

1. Each handler is responsible for training the canine assigned to him/her. While it is recognized that dogs will learn at different rates, failure of the Canine Service Provider's canines to make progress in the training process may result in a counseling session with the inmate handler. **The Canine Service Training Coordinator will communicate concerns to the Program Coordinator, who will determine whether counseling is appropriate.** The Program Coordinator and **Canine Service Training Coordinator** will provide a counseling session for the handler. Continued failure to progress may result in removal of the inmate handler, **and possibly the canine**, from the program.
2. **The inmate handler must submit weekly/monthly reports as required by the individual Canine Service Provider to the Program Coordinator/designee. The Program Coordinator must ensure that any reports required by the Canine Service Provider are submitted in a timely fashion.**
3. The **inmate handler** shall be required to submit a **Canine Service Provider Program Weekly Checklist (Attachment 9-D)** to his/her **Unit Manager**.
4. The **inmate handler** shall be required to submit a **Canine Service Provider Program Monthly Progress Report (Attachment 9-E)** to the Program Coordinator.
5. The **inmate handler** shall be required to submit a **Canine Service Provider Program Socialization Report (Attachment 9-F)** to the Program Coordinator on a monthly basis.

6. The inmate handler shall be required to keep a **Canine Journal (Attachment 9-G) describing the overall training experience.**
7. **The Program Coordinator/designee must ensure that any reports required by the Canine Service Provider are submitted by the date required by the Canine Service Provider.** All reports will be available for review by the Facility Manager/designee and Deputy Superintendents upon request.
8. The Canine Service Training Coordinator assigned by the Canine Service Provider will provide training instruction for the inmate handlers. **Attendance is required for all inmate handlers.**
9. It is critical that all handlers be able to work cooperatively and professionally with each other and as part of a group while raising/training the canines. Handlers who are unable to work effectively as part of a group will be removed from the program. Primary and alternate inmate handlers must work cooperatively with each other.
10. The canines must be exposed to a variety of stimuli (**especially when required for the training of the canines as service dogs to assist individuals**). With the exception of the RHU, Food Preparation, **restricted storage areas, and any other location determined by the Facility Manager**, the canines will have access to all other areas of the facility, depending on their progress in training, **including the Visiting Room, and should be exposed to children.**
11. The primary/alternate handler will be permitted to take the canines outside for **elimination purposes** after daylight hours as necessary. The housing unit officer must be notified prior to the inmate handler exiting the housing unit after hours and the Control Center is to be notified of the movement. The inmate handler may be monitored by video cameras, if available, and by the compound officer, if available. An inmate handler should be dressed appropriately when taking the canine outside after daylight hours.
12. An inmate handler is responsible for cleaning up the dog's feces and disposing of it in the designated waste receptacles.
13. **Canines must be on a leash at all times within the facility unless they are in a designated, fully enclosed area for play or training and will always be accompanied by an inmate handler. When a canine is not being directly supervised by an inmate handler, he/she must be in a crate.**
14. Unless authorized by the Canine Service Training Coordinator, inmate handlers are the only individuals permitted to feed their canines. Canines are not be fed "people food" under any circumstances, unless authorized to do so by the Canine Service Training Coordinator, veterinarian, **and/or the protocol in the Canine Service Provider's Training Curriculum.**

15. While in the inmate handler's cell, the canine must be kept in the crate for any of the following reasons:
 - a. staff must enter the cell;
 - b. neither inmate handler is present;
 - c. the inmate handler is asleep. Under no circumstances shall the canine be permitted to sleep in an inmate handler's bunk. (it is recognized that there are occasions when the canine may be on the bottom bunk for training purposes as part of the program); and
 - d. count times.
16. The inmate handler shall maintain all **records, progress reports, journals, etc.** as required **by the Canine Service Provider. These records** shall contain information regarding veterinary visits, health of the canine, **any special notations**, training updates, etc., and must be available upon request, for review by any staff member of the Department and/or by any representative of the Canine Service Provider. This notebook will be turned over to the Canine Service Provider when the dog leaves the facility if requested by the Canine Service Provider, and a copy will be maintained at that facility.
17. The Unit Manager shall complete and submit the **Canine Service Provider Program Monthly Evaluation of Handler Form (Attachment 9-H)** to the Program Coordinator by the 5th of each month.

H. Interaction with the Canines

1. When a canine is wearing its cape, **or other designators**, it is in training. At that time, no staff member or other inmate is permitted to interact with the canine except for the inmate handler. This includes touching or petting the canines, talking to the canine, making sounds toward the canine, and making physical movements to get the canine's attention. **No one should divert the canine's attention from the assigned inmate handlers when the canines have their capes on.**
2. When a canine is not wearing its cape, **or other designated training identifiers** staff and inmates may interact with the canine. However, they must request permission from the inmate handler first.
3. The inmate handler will report any inmate or staff member who is in violation of **Subsection H.1. above** to the Program Coordinator. Subsequent to notification by the Program Coordinator, inmate discipline will be in accordance with Department policy **DC-ADM 801, "Inmate Discipline"** and guidelines for staff discipline will be utilized respectively.
4. No staff member will take control of a canine **unless he/she has received training from the Canine Service Provider** or without permission from the program staff at a facility, except in an emergency.

5. ***Each handler will be permitted to wear a “treat pouch,” or waist pack, to keep treats, a clicker, and clean-up supplies. Inmate handlers must permit inspection of this pack and the canine’s cape at any time. Nothing is to be kept within the pouch or cape other than canine-related supplies. Any inmate handler who violates this policy will be subject to disciplinary action and removal from the program.***

I. Emergencies (Veterinary Emergencies, Facility Emergencies, Lockdowns, etc.)

1. Should a dog bite an inmate or staff member, guidelines in Department policy **6.3.1, “Facility Security,” Section 17** must be followed. Additional guidelines are as follows:
 - a. the bite victim will receive appropriate medical treatment and photographs will be taken;
 - b. the Program Coordinator will be notified as well as the Facility Manager/designee and Deputy Superintendents;
 - c. all witnesses will file a report concerning the incident;
 - d. ***the canine will be kept in its crate until a representative from the Canine Service Provider can remove the dog from the facility. The canine shall only be taken out to be walked, muzzled while walked, and shall not be permitted to interact with any person, except for the inmate handler. The canine shall not interact with any of the other canines; and***
 - e. ***the Program Coordinator or a trained staff member, in consultation with the Canine Service Provider, will determine if the canine should be quarantined, and if so:***
 - (1) the Program Coordinator shall issue a memorandum to that effect to all administrative staff, Shift Commanders, and Department Heads. Additionally, the information will be ***posted on the employee bulletin board at the entrance into the facility;***
 - (2) the Canine Service Provider will be contacted to pick up the dog pending a decision on the dog’s status with respect to the program;
 - (3) the Program Coordinator will meet with the inmate to discuss the quarantine;
 - (4) the canine will be kept in its crate until a representative from the Canine Service Provider can remove the dog from the facility;
 - (5) the canine shall only be taken out to be walked, muzzled while walked, and shall not be permitted to interact with any person, except for the inmate handler; and

- (6) the dog will wear an orange vest/**cape or soft muzzle (depending on the Canine Service Provider)** to signify its quarantined status.
2. If a canine gets sick or injured after hours, a Commissioned Officer must contact the Canine **Service** Training Coordinator assigned by the Canine Service Provider. If it is necessary for the canine to be transported to a veterinarian, a Commissioned Officer will make arrangements for transport of the canine to the veterinarian designated by the Canine Service Training Coordinator. During normal working hours, the Program Coordinator shall be notified.
3. ***Each facility must be prepared to deal with a veterinary emergency quickly and effectively. Facilities should consult with their Canine Service Provider to develop an Emergency Veterinary Plan to be prepared for reference in the event that one of the canines is seriously or critically ill.***
4. ***All veterinary or safety emergencies must be reported to the Canine Service Provider as soon as possible.***
5. ***In an emergency situation, or extended disruption of normal facility operation, the Facility Manager/designee may suspend any provision or section of this procedure as needed. The Canine Service Provider must be notified as soon as possible of the situation and may remove the canines, and even potentially discontinue the program.***
6. If for any reason a canine is removed from the program either permanently or temporarily, it is not to be replaced with another canine without the knowledge and consent of the Facility Manager/designee.
7. ***Each facility must have a lock-down policy (the facility may consult with the Canine Service Provider on this policy) to ensure the canine's needs are appropriately met. Lock-down policies may vary depending on the facility, but should include that if training is scheduled for that day, the Canine Service Training Coordinator should be notified as soon as possible if training cannot occur. During lock-down situations, the canines must be taken out regularly for elimination under the constant supervision of a program-trained staff member.***

J. Overnight/Weekend Visits

1. Staff wishing to volunteer to socialize the canines must submit, to the Program Coordinator, a **Home Visitation Request Form (Attachment 9-I) three or more days prior to the requested visit date.**
2. Overnight/weekend visits shall not be approved prior to the approval of the Canine Service Provider, or before the canines have had all required vaccinations, including rabies. Original documentation of vaccination shall be maintained on file in the office of the Program Coordinator, with copies distributed to the Canine Service Training

Coordinator *(if requested by the Canine Service Provider)* and Home Visitor Coordinator *(if applicable)*.

3. Staff wishing to volunteer to socialize the canines must follow the Canine Service Provider's guidelines for overnight visits, as well as any volunteer policies and procedures, and must sign the **Canine Home Visit Agreement (Attachment 9-J)** and the **Guidelines for Overnight Visits (Attachment 9-K)**.
4. Staff who socialize the canines may be required to submit a **Temporary Canine Home Report (Attachment 9-L)**.

K. Grooming Equipment

1. Grooming equipment and supplies for the canines will be stored in an appropriate location on the housing unit. The equipment will be shadowed and arranged in such an order to ensure proper and accurate accountability. A Master Inventory list as outlined in Department policy **6.3.1, Section 7 (Attachment 7-D)** will be posted in every storage area annotating all equipment. All equipment will be engraved in the Security Office upon receipt and will be numbered and inventoried. An inventory will be conducted by all three shifts and recorded in the Housing Unit logbook. Any missing items will be addressed utilizing the guidelines outlined in Department policy **6.3.1, Section 7**.
2. Any time a piece of equipment is issued, the officer issuing the equipment will obtain the inmate's identification card. The officer issuing the receiving the equipment back is responsible for notating all information on the sign-out sheet as outlined in Department policy **6.3.1, Section 7 (Attachment 7-C)**.
3. Garden hoses, rope, cables, and extension cords over ten feet in length shall be stored in a secure room, and shall remain under direct staff supervision when in use. These items shall be accounted for on the inventory for the area in which they are stored.

L. Adoption of Canines

1. ***Staff members wishing to adopt a canine from a Canine Service Provider must complete an application through the Canine Service Provider.***
2. ***The facility has no role in any adoption process; this shall be a private matter between the staff member and the Canine Service Provider's program.***

**Pennsylvania Department of Corrections
CANINE SERVICE PROVIDER PROGRAM
APPLICATION FOR CONSIDERATION**

Inmate Name: _____ DC #: _____

Housing Assignment: _____ Counselor: _____

The following questions must be answered:

1. Date arrived at SCI- _____
2. Do you have a minimum of two (2) years prior to release? ☐ Yes ☐ No
3. What is your minimum sentence date? _____
4. Date of last misconduct? _____ Charge(s) found guilty of? _____

5. Is there a history of child and/or animal abuse? ☐ Yes ☐ No
6. What is your current job assignment? _____
7. Are you willing to clean up urine and feces from the puppy? ☐ Yes ☐ No
8. Are you willing to clean your room daily? ☐ Yes ☐ No
9. Are you willing to be medically screened for participation? ☐ Yes ☐ No
10. Do you understand that if you receive an informal misconduct or are found guilty of any Class I or Class II misconduct will result in immediate dismissal from the program? ☐ Yes ☐ No
11. Are you willing to change housing units, if necessary?
☐ Yes ☐ No
12. Do you smoke? ☐ Yes ☐ No
13. Are you currently enrolled in any recommended treatment program(s)? ☐ Yes ☐ No
If Yes, what program(s)? _____
14. Are you planning to be enrolled in any recommended treatment programs? ☐ Yes ☐ No
If Yes, what program(s)? _____

I understand that my participation in this program is voluntary. I understand that my attendance is mandatory at all training sessions, or at any program deemed necessary by the Training Coordinator or Program Coordinator.

Signature _____ Date: _____

15. Write a brief essay explaining **why** you are interested in participating in this program, and what experience you may have working with dogs/animals.

Submit Application to Program Coordinator

**1.1.6, Volunteers and Interns in the Department Procedures Manual
Section 5 – Canine Service Provider Program**

Issued: 5/8/2013
Effective: 5/15/2013

Attachment 5-A

**Pennsylvania Department of Corrections
CANINE SERVICE PROVIDER PROGRAM
INMATE ACKNOWLEDGEMENT**

Name/DOC#: _____

I wish to raise a canine for [name of Canine Service Provider] as a community service project. I acknowledge that I must:

1. give the dog love and attention;
2. raise the canine in the housing unit, avoid smoking in the presence of the canine;
3. clean up after the canine, including feces and vomit;
4. bathe the canine and maintain cleanliness of my room at all times;
5. complete and submit all required reports as directed;
6. familiarize the canine with a variety of people and situations;
7. walk the canine regularly on a leash;
8. participate with the canine in a formal obedience course; and
9. abide by all the rules and regulations of the program and of the facility in general.

I understand that if dismissed from the program for any cause, I will not be eligible to reapply for at least two years.

I will maintain accurate records of the canine's rate of growth, personality traits, food, and training. These records will be available during the year and at the time the dog is returned to [name of Canine Service Provider]. When the canine is approximately twelve to fourteen months of age, or as requested by [name of Canine Service Provider], I will return the canine to begin intensive training as a guide dog.

I understand that my participation in this program is voluntary. I understand that my attendance is mandatory at all training sessions, or at any program deemed necessary by the Program Coordinator.

Inmate's Signature

Date

Program Coordinator's Signature

Date

**Pennsylvania Department of Corrections
Canine Service Provider Program
Socialization Report**

Canine: _____

Month/Year: _____

Handler: _____

Date	Length of work day	Places Socialized & Brief Comments
1		
2		
3		
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**Pennsylvania Department of Corrections
CANINE SERVICE PROVIDER PROGRAM
HOME VISITATION REQUEST FORM**

Name of Staff Person Requesting Visit *(please print)* _____

Assigned Canine's Name: _____

Dates Requested: _____ to _____

Time: _____ to _____

I am taking the above named canine for a Home Visit voluntarily and have been informed of the purpose and responsibilities of the visit.

As a participant of the Home Visit process, I have completed the required training provided by the Canine Service Provider.

I understand that I will be responsible for the safety and well-being of the canine while it's in my care. Should the canine become ill or injured, I will follow the procedures given.

I understand that neither the facility nor the Canine Service Provider is responsible for any incidental damage or injury that may occur to any person or property during the canine's stay with me.

I understand that the canine MUST wear its vest when out in public and when in training.

I understand that the canine named above is the property of the Canine Service Provider (in the care of this facility) and must be returned to the facility on the agreed date and time.

I understand that this form must be completed and submitted to the Program Coordinator three or more days prior to the requested visit date.

Employee's Signature: _____ Date: _____

Submit completed forms to the Program Coordinator for scheduling

(DO NOT WRITE BELOW THIS LINE)

Approved: _____ Yes _____ No (if no, indicate why) _____

Authorized Staff Member's Signature: _____

Title: _____ Date: _____

cc: Program Coordinator Shift Commander Control File

****original presented to requesting employee****

**Pennsylvania Department of Corrections
CANINE SERVICE PROVIDER PROGRAM
CANINE HOME VISIT AGREEMENT**

I, _____, assume great responsibility when I participate in the socialization and care of a Department Prison Canine and therefore I agree to the following term and conditions each and every time I take a canine on a home visit.

1. I understand that the guidelines and directions listed in the Canine Home Manual are to be followed strictly.
2. I understand that the primary purpose of any socialization activity is to familiarize the canine with the daily routines of life and to expose the canine to a variety of unusual environmental situations.
3. I understand that the canine I am socializing is always to wear a canine cape (provided by CSP) and will always have proper identification and state laws in the name tag holder if we are in a public facility or conveyance.
4. I agree that the purpose of the socialization activity is NOT to initiate or enforce any training upon the canine except the commands listed in the manual. I will not attempt to teach or require the canine to perform any service related tasks and will never force or teach retrieval skills.
5. I understand what constitutes appropriate public behavior of a canine and agree to document on the Temporary Canine Home Report if the canine I am handling exhibits inappropriate behavior. This including barking, growling, and aggressive action, elimination problems and/or any uncontrollable physical activity. When in public, I will always use the training aid given to me, as directed by CSP staff. I also agree to keep the canine on a leash at ALL times while outdoors except when in a fenced in area.
6. I understand that if routine medical care is needed, I will be directed which veterinarian will be used. In case of an emergency, a private veterinarian will be accepted. A copy of medication, procedure, test results and a diagnosis MUST be sent back with the canine.
7. I agree to crate train the canine according to CSP guidelines.
8. I understand that the canine that has been placed in my care is the property of the CSP and, if at any time it is determined by the CSP that my performance warrants it, I will be removed from the program.
9. If at any time I am found to use the CSP's equipment for uses other than intended, I will return the canine and equipment immediately.
10. I agree to NEVER allow anyone not trained by CSP staff to handle or "watch" the canine.
11. I agree that the canine will be restricted from certain facilities and events that the CSP deems inappropriate, unless given prior written permission by the training coordinator. They include, but are not limited to: pet stores which sell dogs; properties owned by companies, individuals and/or organizations not related to the CSP but within the assistance dog industry that place assistance dogs; properties on which companies, individuals and/or organizations not related to the CSP but within the assistance dog industry operate; any fundraiser which supports other assistance dog companies; and individuals and/or organizations or any event or trip sponsored or promoted by other assistance dog companies, individuals and/or organizations not related to the CSP.
12. I agree that I will not participate in any dog-related event or class without the prior written approval of the training coordinator (example: obedience classes, agility classes, etc).

Canine Home Visit Volunteer

Date

CSP Training Coordinator

Date

1.1.6, Volunteers and Interns in the Department Procedures Manual

Section 5 – Canine Service Provider Program

Attachment 5-J

Issued: 5/8/2013

Effective: 5/15/2013

**Pennsylvania Department of Corrections
CANINE SERVICE PROVIDER PROGRAM
GUIDELINES FOR OVERNIGHT VISITS**

I. FEEDING:

- A. Canines will only be fed food prescribed by the CSP. This food will be sent with you when the puppy is picked up. The amount of food may vary from time to time, but a general rule is 2-3 cups of food PER DAY; 1 ½ cups in the AM, around 8:00 am and 1 ½ cups in the pm, around 5:30 pm. Food shall be placed on the floor in a stainless steel or crock bowl. The canine is to sit, then you will command, "Look at Me." When he/she makes eye contact, say, "ok," and he/she can eat. The food is to be left down only ten minutes; if he/she does not eat all, it is taken up and given at the next feeding. Please remember weight gain in these canines may cause the canine to be released from the program. If working with treats as rewards, subtract amount of treats from daily rations.
- B. Water can be given freely throughout the day. The canine should consume no water after 7pm to aid in housebreaking.
- C. NO "TABLE SCRAPS" or "PEOPLE FOOD" is to be fed to the canine at any time. If, by accident, the canine does pick up something, you are to open his/her mouth, and stick your hand far into his/her mouth to retrieve the food item. If you see him/her sniff or approach a food item on the floor, command him/her to "Leave it."

II. HOUSEBREAKING:

- A. Canines are to be taken out on a leash to a designated area. The command "Do Your Business" should be given and the canine should eliminate immediately on command. The canine should be exposed to all different surfaces so that he/she gets used to eliminating anywhere he/she is commanded to do so. Do not let the canine have the free run of your home or/as his/her house breaking will be set back considerably.
- B. Schedule:
 - When you first get up in the morning, no later than 7:30am.
 - About 30 minutes after the morning meal.
 - Between 12:00pm and 1:00pm.
 - Around 2:30pm.
 - 30 minutes after the evening meal.
 - Around 8:00pm.
 - Just before you retire for the evening.
- C. Whenever the canine starts whining or barking for no obvious reason, it is probably a sign that he/she needs to go out.

III. GENERAL

- A. The halter should be on the canine anytime he/she is out walking or training. Use a long line to tether the canine. The canine should be supervised at all times.
- B. The canine should sleep in a crate or be tied to the bed on a leash. This will help him/her associate being with his/her master.
- C. Keep the leash on the canine when transporting him/her. The canine should "Load Up" to get into the car, and "Wait," and then "Off" to get out. Do not roll windows down and let the puppy hang out all the way. NEVER leave the puppy in the car while unattended.
- D. The inmate handlers are working very hard to train the canines and it is best to follow the same training methods while the canine is under your supervision.
- E. The canine must be supervised at all times; he/she may run free in a fenced in yard only.
- F. Any food or supplies not used should be returned to the facility when the canine is returned.
- G. The Cape or Backpack must be on the canine when out in public.
- H. Trainers should not smoke while the canine is in their presence.
- I. The canines can be sprayed or wet down on extremely hot days.
- J. Play: Wading pools are great for cooling off and playing. Swimming is permitted if the pool is in an enclosed fenced area, or a lake or beach only on a long line or retractable leash. The canine should never be forced to go in the water.
- K. Appropriate Corrections:
 - A stern, "Wrong."

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Section 5 – Canine Service Provider Program

Attachment 5-K, Page 1 of 2

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If canine refuses to move or lay down, halter is to be pulled as the trainer continues to walk.
If he/she will not settle, step on the lead close to the head to keep him/her from getting up.
Canines are to be worked through difficult tasks; they are not to be babied and cuddled or carried.
Scruff Shake – hold cheeks with both hands, look right into puppies eyes and say, “Wrong-Don’t Do That Again.”
In extreme cases, an ear pinch can be used.
If canine gets up from a down-stay or sit-stay, handler shall go over, grab the halter, and put the canine back in the original position.

L. Inappropriate Corrections:

Pushing the back to get a “Sit.”
Pulling on the front legs to get a “Down.”
Hitting, kicking, punching with any object or body part.
No screaming or verbal abuse at any time.
No chewing foreign objects; he/she may carry things in his/her mouth, but should not chew them, with the exception of approved chew items.
No paw pinching.
No people food.
No popping or jerking of the collar.
No pinch or choke collars unless determined necessary by the Training Coordinator.
These puppies are to be trained with a positive reward system and praise.
The words “No, Bad Dog” should not be used.

**VIOLATIONS OF ANY OF THESE RULES COULD RESULT IN DISMISSAL FROM THE SCI-
_____/CSP HOME VISITATION PROGRAM.**

I have read, and fully understand, the rules and recommendations specified within this document. I also understand that if any of these rules or recommendations are broken, I may be dismissed from participating in the Home Visitation Program.

Name: _____

Date: _____

A signed copy of these guidelines is to be given to the participating staff member, a copy should remain with the Program Coordinator.

Temporary Canine Home Report

Volunteer: _____

Canine: _____

Dates of Canine Sitting: _____

1. Were you provided with all of the necessary supplies? If not, what was missing?

2. Was the canine housebroken? If not, in what situations did the accidents generally occur?

3. How would you classify the canine's behavior?

(* Please mark all that apply)

_____ Shy, cautious, nervous

_____ Outgoing, anxious to explore, little or no fears

_____ Aggressive, pushy, difficult to handle

_____ Lethargic, low energy

_____ Vivacious, energetic, active

_____ Came when called

_____ Ran away when called

_____ Excessive chewing

_____ Poor behavior around children

_____ Poor behavior around other animals

4. Did you socialize the canine while he/she was under your care? If so where? Describe the canine's behavior?

5. Did the canine appear healthy during the stay? Did he/she eat properly?

Additional comments, questions, or concerns: _____

Section 6 – Non-Governmental Official Visitors

As defined by statute, Non-Governmental Official Visitors may be authorized members of the Pennsylvania Prison Society (PPS) who have been designated as official visitors, whose names shall be given to the Centralized Clearance Unit in writing, together with the terms of their appointment under its corporate seal.

A. Requirements

1. Procedures for official visitors are located in Department policy **DC-ADM 812, “Inmate Visiting Privileges.”**
2. Members of the PPS, who have been designated as official visitors must submit the following documents to the Centralized Clearance Unit, Office of Special Investigations and Intelligence (OSII):

- a. **Centralized Clearance Information Request Form** (refer to Department policy **1.1.4, “Centralized Clearances,” Attachment 4-A**)

The **Centralized Clearance Information Request Form** must be initially submitted to the Centralized Clearance Unit and will be re-submitted to the Centralized Clearance Unit in accordance with Department policy **1.1.4**.

- b. Documentation of Active Membership in the PPS

Each PPS member must submit an official letter by the PPS, including its corporate seal, which notes the term of appointment as a member and authorizes him/her to serve as an official visitor in the Department. Members whose terms have expired will be suspended until a new letter is issued.

3. The Centralized Clearance Unit will review PPS member documentation and will inform the PPS when authorized PPS members may begin/continue/cease their official visitations.
 - a. If a PPS member is denied access for security reasons by the Centralized Clearance Unit, he/she may not serve in any Department facility for a minimum of one year from receipt of the initial denial. After one year, the PPS member may submit new documentation for approval consideration.
 - b. If the reason a PPS member is denied entrance to a Department facility is based solely on a personal acquaintance with an inmate, the PPS member will automatically be reviewed for access to other facilities in which he/she has no personal acquaintance with any inmates.
 - c. If the PPS member already has clearance for a particular Department facility under another category, the PPS member will not be permitted to serve as an official visitor

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Section 6 – Non-Governmental Official Visitors

at that facility. If the PPS member has approval as an inmate visitor, he/she cannot visit that inmate as an official visitor.

1.1.6, Volunteers and Interns in the Department of Corrections
Glossary of Terms

Alternate Handler – An inmate assigned as alternate caretaker and trainer of a canine.

Canine Program Volunteers – Volunteers from either the facility's staff or from the community, who have had proper orientation and training, to take the canines from the facility to be socialized within their home and community.

Canine Service Program Coordinator – The Canine Service Provider staff member serving as the liaison between the facility and the Canine Provider.

Canine Service Provider Program Committee – A committee formed to oversee the program at each facility. Members include the Program Coordinator, Unit Manager from the unit in which the puppies are housed, a Lieutenant and other staff as designated.

Canine Service Training Coordinator – An individual assigned by the Canine Service Provider to provide oversight, guidance and training for the canines, inmates and staff.

Centralized Clearance Unit – The unit works with the Facility Security Office and the Central Office Security Division to ensure that only approved individuals enter correctional facilities by facilitating multi-facility and statewide clearances.

Ex-Offender – Any convicted person, previously released from criminal justice custody, who is not currently under the supervision of a law enforcement entity.

Facility Manager – The Superintendent of a State Correctional Institution, Commander of a Motivational Boot Camp, Regional Director of a Community Corrections Center, and/or the Director of the Training Academy.

Home Visit Coordinator – The staff member responsible for scheduling the puppies for home/overnight visits. The Home Visit Coordinator may also be the Program Coordinator or Program Administrator.

Immediate Family Member – Immediate family members are defined as spouse (legal/common-law), children, parents, grandparents, brothers, sisters, aunts, uncles, or step-relatives. Such relationships must be verifiable in the inmate's record in accordance with Department policy **DC-ADM 812, "Inmate Visiting Privileges."**

Immediate Staff Supervisor – A staff member designated by the Facility Manager/designee to act as the supervisor of volunteers, public visitors and/or interns who fall under their area of service (e.g., DATS supervise volunteers, public visitors and interns serving in the AOD department; chaplains supervise religious volunteers, religious public visitors and religious interns, etc.).

Inmate – Any person incarcerated in a State Correctional Institution or a Boot Camp.

Facility Security Office - The security office at each local facility works with the Centralized Clearance Unit to conduct clearance checks on all individuals entering correctional facilities.

1.1.6, Volunteers and Interns in the Department of Corrections
Glossary of Terms

Non-Department Employee – Any persons (contract service provider, vendor, intern, volunteer, public visitor, etc. who is not a Department employee.

Offender – Any person under the supervision of probation/parole, who resides in Community Corrections Centers/Facilities.

Office of Special Investigations and Intelligence (OSII) – OSII is responsible for investigating criminal offenses and/or Code of Ethic violations involving inmates, staff members, visitors and civilians associated with the Department and/or their subcontractors/agents employed by any Department facility.

Official Visitor (Governmental) – As defined by statute, the Governor, Lieutenant Governor, President pro tempore and members of the Senate, Speaker and members of the House of Representatives, justices and judges of the courts of record, General Counsel and the Attorney general and his/her deputies, provided they continue to serve in their official governmental capacities.

Official Visitor (Non-Governmental) – As defined by statute, authorized members of the Pennsylvania Prison Society, who have been designated as official visitors, whose names shall be given to the Centralized Clearance Unit in writing, together with the terms of their appointment under its corporate seal.

Preferred Facility – The facility, also referred to as a “Home” facility, selected by a volunteer or public visitor which shall maintain original documentation as well as where required security briefings and clearances shall be processed.

Primary Handler – An inmate assigned to the care and training of a canine.

Program Administrator – A staff member whose responsibilities may include, but are not limited to, scheduling veterinary visits, collecting reports, overseeing vet records, organizing training classes in coordination with the Canine Service Provider, etc.

Program Coordinator – A staff member who will be responsible for coordinating the program and providing oversight between the Canine Service Provider and the facility, as well as ensuring that trained staff are working within the housing unit. The Program Coordinator may also be the Program Administrator.

Public Visitor (Limited Access: Religious, AOD, Other) – A person from the community who performs his/her service while under constant supervision of staff or contract service providers. Persons designated as public visitors typically include non-compensated individuals who visit correctional facilities and Community Corrections Centers intermittently (e.g., for special events and programs or as guest speakers or entertainers). **NOTE:** This policy does not apply to Public Visitors who represent government or criminal justice agencies or those Public Visitors who are paid or otherwise reimbursed to provide their services whether through such venues as entertainment, activities, sports, or as guest speakers.

1.1.6, Volunteers and Interns in the Department of Corrections
Glossary of Terms

Quarantine – The dog will be permitted in the following area only: the inmate handlers' cell. The dog will be kenneled in the crate in the cell and out to be fed, watered and taken outside as necessary. Additionally, the dog will wear an orange vest. Only the inmate handlers, the Training Coordinator and the Canine Service Provider Trainer(s) shall have interaction with a dog in quarantine.

Religious Advisor – An individual endorsed/ordained/licensed/authorized by an outside faith community/organization (e.g., church, mosque, synagogue, etc.) to counsel and guide others in their spiritual journey.

Screening Committee – A committee consisting of the Facility Manager/designee, Deputy Superintendent for Centralized Services (DSCS), Corrections Classification and Program Manager (CCPM), Facility Security Office representative, and the Volunteer and Internship Coordinator. At Community Corrections Centers and Community Contract Facilities, the committee shall consist of the Regional Director, CCC/CCF Director, and the designated staff coordinator.

Training Coordinator – The individual assigned by a Canine Service Provider to provide and oversee dog-trained programs.

Volunteer (Full Access Certified) – A person from the community who, at no cost or compensation, offers services, programs, education, or other assistance to the inmates¹ on a regular basis and is supervised intermittently by a correctional staff member or a contracted service provider. Persons designated as Volunteers usually provide service to facilities and Community Corrections Centers (e.g., leading weekly or monthly recovery, religious, and educational/other groups).

Volunteer and Internship Coordinator – A staff member, designated and approved by the Facility Manager, who coordinates the facility's approved volunteer and internship programs and services and ensures that all volunteers, public visitors and interns meet the requirements to serve in the Department.

¹ 4-4434