

Official Visitors



RULES & REGULATIONS HANDBOOK

IF YOU ENTER THE FACILITY IN POSSESSION OF ANY TOBACCO, LIGHTERS, WEAPONS, DRUGS, CELL PHONES, OR ANY CONTRABAND, YOU ARE SUBJECT TO **PERMANENT** REMOVAL FROM CCCF AND POSSIBLE CRIMINAL CHARGES.

THE CENTRE COUNTY CORRECTIONAL FACILITY IS A TOBACCO FREE PROPERTY.

PLEASE TAKE NOTE TO THE FOLLOWING:

- NO visits between 11:15 am – 12:45 pm
- NO visits between 4:15 pm – 6:00 pm
- NO visits during Shift Change
- NO visits before 8:00 am or after 8:00 pm
- NO visits during facility lockdown
- ALL Clergy visits must be scheduled with a counselor
 - Clergy visits are 1-hr each
 - Clergy visits start at 8:00 am
 - Clergy visits must end by 11:00 am
- **CCCF HAS THE RIGHT TO REFUSE ANY VISIT**

To become and remain an Approved Official Visitor at CCCF

- Return your completed application (*only return the last 2-pg*)
 - Applications will be refused if not filled out completely.
 - Complete an updated application yearly at the beginning of the year.
- Return signed receipt & agreement form.
- Submit two (2) references.
- Submit an approved photo id & credentials.
- Attend orientation class & PREA training.
 - You must attend yearly PREA.
 - Mandatory renewal PREA training will be held at the beginning of each year.

Additional Info Required {EVERYONE MUST SUBMIT A COPY OF DRIVER'S LICENSE}

AA / NA: What is your length of recovery or recovery date?
Bible Study: What church / religion are you representing or teaching?
Clergy: License / Certificate, and professional id (file copy & each visit).
Counseling: Professional id (file copy & each visit).
Education: Professional id (file copy & each visit).
Prison Society: Copy of member card (file copy & each visit).
PSU/RJI Program: Name of class & submit start/end dates you will attend CCCF.
Special Programs: Requirements depending on program.

Keep the Rules & Regulations for your records!

Your application is not processed until all required info is received.

Please call (814) 355-6794 to find out if your application has been approved.

Welcome to all Official Visitors who will be playing an essential part here at the Centre County Correctional Facility.

The criminal behavior of those incarcerated reflects to a large degree the failure of the individual as well as of the community. If we expect the offenders to take responsibility for their destructive actions in the community they originated from, then the community has the responsibility to be a moral and ethical model to them. If we expect the offenders to behave as if they had a stake in the community, the community ultimately has to function as having a stake in those individuals.

County correctional facilities do not typically have all the resources to address each one of the offender's problems. The one-to-one relationship between you and an offender can expose them to positive lifestyles, appropriate role models, and new beliefs that can help an individual to resolve his or her problems. Through personal growth and social acceptance in the lawful community, a sense of worth and personal investment will be achieved. An affiliation between an Official Visitor and an offender can facilitate this growth and acceptance.

You, as an Official Visitor, are a valuable resource from the community. The rewards of your involvement may not always be visible, but are always needed and appreciated. I want to thank you for your decision to share your time and energy.

Sincerely,

CCCF Staff and Administration

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I. WELCOME

The following section consists of the Rules & Regulations for the Centre County Correctional Facility. They are designed to address the most common events occurring between an offender and Official Visitors, and hopefully will answer any questions pertaining to this institution’s expectations.

II. RULES & REGULATIONS “Do’s”

1. DO be on time for the start of your program. If you are 15 min late, your program will be canceled that day.
2. DO notify us if you are unable to make your program.
3. DO sign yourself in and out at the Visitation desk. Remember your photo ID at each visit.
4. DO complete the Activity Attendance Form and return to the Visitation Officer at the conclusion of the program.
5. DO keep your Personal Alarm Transmitter (PAT) on you at all times. Ask the Visitation Officer if you have questions about its use.
6. DO maintain a professional and positive attitude at all times.
7. DO respect and treat inmates as human beings.
8. DO maintain a neat and professional appearance and dress appropriately.
9. DO have all correspondence and telephone calls relative to business of the institution cleared through the Warden.
10. DO report any unusual situation or information that would threaten person, property, or security to the Shift Commander immediately.
11. DO remain only in the areas you are authorized to be in at all times.
12. DO maintain confidentiality by not discussing information concerning inmates or staff outside the institution.
13. DO feel free to bring any ideas for new activities to the Director of Treatment.
14. DO be a positive role model.
15. DO report periodically of the progress about your work with inmates.
16. DO inform staff of any changes in inmates’ attitudes, behaviors, or daily routines.
17. DO be supportive, encouraging, and firm.
18. DO encourage mutual respect for one another.
19. DO be sensitive by not asking questions in regards to their incarceration status.
20. DO notify the facility immediately of **any** criminal charges you receive; this is mandatory and may or may not affect your status with the Facility.
21. DO report any perceived problems or violations to the appropriate staff. We encourage open communication to resolve any issues between the Facility and outside volunteers.

III. RULES & REGULATIONS “DON'TS”

1. DO NOT leave your vehicle unlocked.
2. DO NOT leave any contraband such as implements for escape, medications, or weapons in your vehicle.
3. DO NOT bring **anything**, including any type of contraband, into the facility without prior approval from the Warden.
4. DO NOT wear halter-tops, half shirts, tube tops, see-thru tops, mini skirts, spaghetti straps, etc.
5. DO NOT take anything out of the facility without prior approval from the Warden.
6. DO NOT get personally involved with an inmate's life by making personal contact with his family or friends without prior approval from the Warden.
7. DO NOT aid or abet the escape of any inmate.
8. DO NOT make promises to an inmate if you are not certain you can keep them.
9. DO NOT favor any particular inmate or inmates. Do not show partiality in any situation.
10. DO NOT lie to inmates.
11. DO NOT give legal or therapeutic advice unless licensed to do so.
12. DO NOT force inmates into a situation that requires disclosure of unnecessary information.
13. DO NOT criticize institutional policies or people.
14. DO NOT gossip about or reveal personal information about staff or inmates.
15. DO NOT take photographs without authorization from the Warden.
16. DO NOT do anything that would compromise the security of the institution. When in doubt, ASK BEFORE YOU ACT.
17. DO NOT take it upon yourself to investigate inmate complaints. Speak to the appropriate personnel.
18. DO NOT have any outside correspondence with an inmate or their family.
19. DO NOT write or telephone a Judge or other court personnel regarding an inmate without prior approval from the Warden.
20. DO NOT strike or lay hands on an inmate unless it is in self-defense (see Emergency Procedures).
21. DO NOT have any physical contact with an inmate...kisses, hugs, etc. (handshakes are permitted) **Maintain appropriate space between you and an inmate at all times.**

IV. EMERGENCY NOTIFICATION

1. In the event you are unable to keep a scheduled appointment with an inmate, please notify the Shift Commander as soon as possible.
2. If the inmate becomes unavailable for a scheduled meeting with you, the Shift Commander will make every attempt to notify you.
3. In the event of an emergency lockdown, you may not be notified before your scheduled class / visit.

V. EMERGENCY SITUATION

In the event that a crisis would arise while you are in the institution, please adhere to the following:

1. Make your whereabouts known to a staff member.
2. Remain in your designated area until instructed to move.
3. If you feel your safety is in jeopardy, report to a staff member immediately.
4. Request the individual or group of inmates that you are meeting with to remain in their designated area until instructed by a Security Staff member to return to their housing unit or required location.
5. In the event the fire alarm would sound, remain in your designated area until normal operation resumes, unless instructed to move by a staff member.
6. Remain calm at all times.

Failure to abide by regulations by any visitor can cause a negative impression to all. Therefore, anyone unable to function within our accepted guidelines will be asked to discontinue their service.

The ranking official on duty is responsible for the institution. It is his/her option to conduct the affairs of the facility, as he/she deems necessary for proper operation. Should any controversy arise, you are expected to abide by the decision of the ranking official at the time.

VI. RISK AGREEMENT

I. Individuals may be subject to search upon entering or leaving the institution (Title #61, Section 384)

- A. All individuals working with inmates may be subject to legal implications. Two examples of this are:
 - 1. Penalties for criminal behavior in a correctional facility.
 - 2. Potential lawsuits by inmates.

II. Notice of dangerous conditions and assumption of risk

- A. This correctional facility which you seek to enter as an Official Visitor is under the supervision and control of the Centre County Correctional Facility Board and a place of confinement for individuals who have been charged with crimes and are awaiting trial and/or have been convicted and serving their sentences.
 - 1. Some of the inmates who reside in this facility have been charged and convicted of violent felony crimes.
 - 2. Inmates confined in this facility are permitted to move freely without restraint in some areas in which you may be present.
 - 3. **You assume all risks, which result from the normal operation of the institution.**

We, the staff here at the Centre County Correctional Facility, acknowledge and uphold any/all Pennsylvania Code of Ethics where applicable.

Please complete & return ONLY the last 2 pages along with a copy of your driver's license and required credentials to:

CENTRE COUNTY CORRECTIONAL FACILITY
OFFICIAL VISITOR APPLICATIONS
700 RISHEL HILL ROAD
BELLEFONTE, PA 16823
or
email: damurphy@centrecountypa.gov

ALL INFORMATION MUST BE RECEIVED BEFORE YOUR APPLICATION IS PROCESSED

Submit a Copy of your Driver's License & Supporting Documents

Applications are Not Approved Until You Complete the Yearly PREA Training

Incomplete or Falsified Applications Will Be Denied

You Are Required to Show ID at Every Visit

OFFICIAL VISITORS APPLICATION

New

APPLICANT INFORMATION

Renew

Full Name: _____

Maiden Name: _____

Home Address: _____

Phone: _____

Social Security #: _____
You must provide your full ss# for the background check

Email: _____

Driver's License #: _____

Driver's License State: _____

DOB: _____ Sex: _____ Race: _____

MEDICAL IMPLANT THAT WILL TRIGGER THE METAL DETECTOR: _____

Group / Class: List the info below & submit supporting documents for your group

AA/NA: _____
(list length / date of recovery)

CHURCH/BIBLE STUDY: _____
(bible study group / church name)

CLERGY: _____
(copy of credentials / name of returning citizen requesting visit)

COUNSELING: _____
(submit credentials / list employer)

EDUCATION/TEACHER: _____
(class/course-submit credentials)

PSU/RJI: _____
(list start/end dates & class)

PRISON SOCIETY MEMBER: _____
(submit copy of member card / present card at every visit)

SPECIAL PROGRAM: _____
(name of program)

Have you ever been arrested? NO YES If yes, please explain (even if out of state)

If applicable, last date on Probation/Parole _____ State/County _____

Is there currently a Protection from Abuse Order active against you? NO YES

Do you know someone presently incarcerated? NO YES

Who? _____ Relationship? _____

Applications are not approved until you complete the yearly PREA training. Applications not filled out completely and truthfully, are denied.

APPLICANT'S SIGNATURE _____ **DATE** _____

You must submit a copy of your driver's license & supporting documents along with all 3 pages of your completed application.

APPROVED / DENIED _____ DATE _____
Director of Treatment

APPROVED / DENIED _____ DATE _____
Deputy Warden

ID/Credentials _____ Background _____ References/Renew _____ PREA _____ System Info _____

OFFICIAL VISITORS APPLICATION

RECEIPT & AGREEMENT

New
Renew

I have received, read, understand, and have been orientated to the Handbook, as well as the Rules and Regulations regarding my service activities while at the Centre County Correctional Facility.

I agree to abide by all rules and regulations contained in this handbook or otherwise provided to me. I understand the policies change / updated periodically and agree to follow all Facility policies.

I understand that visits / programs may be denied without notice or may end early due to Facility situations.

I understand and agree to never bring into the Facility any contraband, including cell phones, and any other electronic devices.

I understand that I am required to report **all police contacts**, charges, or new arrests (even in another County/State) **immediately** to the Director of Treatment.

I understand my responsibilities related to PREA and agree to report any allegations.

I understand a background check will be done, my application must be approved, and I must attend the Federally mandated PREA training before I am permitted to visit.

I understand that I must update my application and PREA training yearly, as well as submit an approved photo id and credentials yearly, or I will not be authorized to remain an Official Visitor of the Centre County Correctional Facility.

I understand that all information submitted in my application must be truthful. Falsification of any information shall be immediate denial of my application.

Applicant Signature

Date

Reference 1

Name _____

Email _____

Tele _____

Reference 2

Name _____

Email _____

Tele _____