
 Corrections and Community Supervision Taconic Correctional Facility	FACILITY OPERATIONS MANUAL TITLE:	FOM. NO. 424
	Inmate Visitor Program (Attachment A & B)	DATE 1/20/16
SUPERSEDES FOM dated 4/17/12	DISTRIBUTION A B	PAGE 1 OF 7
REFERENCES DIRECTIVES: 4403 and 4404	APPROVING AUTHORITY 	

- I. **PURPOSE:** To set forth policy and establish procedures for the uniform administration of the Inmate Visitor Program that will enhance rehabilitative efforts, support the normalization of social relationships, strengthen child/parent bonding and satisfy security requirements of the facility, according to the guidelines of New York State Department of Corrections And Community Supervision Directives #4403 and #4404. The purpose of the standard operating procedure is to provide specific details of the above stated Directives that are unique to Taconic Correctional Facility.
- II. **APPLICABILITY:** To all inmates and personnel of the institution and especially to the Visiting Room staff.
- III. **DEFINITIONS**
 - A. Cross Visit – A visit in which two inmates have the same visitor(s) and sit at the same table.
 - B. Legal Visit – A visit between an inmate and an attorney, approved legal representative or attorney's authorized representative and or governmental officials whose credentials and functions can be verified by DOCCS personnel. A room is specifically designed for legal visits and is located in the Visiting Room. It allows for confidentiality of all communication during such visits. Except in an emergency, attorneys or approved legal representatives are expected to give the facility 24 hours notice before coming to the facility. These visits usually occur Monday through Friday.
 - C. Social Service Visit/Other Placement Agency – A visit between an inmate, her child/children and a representative of an established social service or placement agency whose function is verifiable by DOCCS personnel.
 - D. Holiday – A day on which custom or law dictates a halting of general business activity to commemorate or celebrate a particular event.
- IV. **POLICY:**
 - A. It is the policy of Taconic Correctional Facility to ensure that all regulations pertaining to visiting shall be available to all inmates, visitor and staff. To this end, a copy of Department Directive #4403 "Inmate Visitor Program" is posted in the Visiting Room so it may be read by all inmates and their visitors.
 - B. The number of visitors an inmate may receive and length of visit shall be limited by the institution's schedule, space and personnel requirements. Inmates shall not be denied access to visitation with persons of their choice except where there is clear and convincing evidence that

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such visitation would jeopardize the safety and security of the institution. Inmates may also refuse any visit they wish.

- C. Visiting privileges shall be suspended only by orders from the Superintendent or her designee. Upon suspension of visiting privileges, a notice shall be given to both the inmate and the visitor(s) specifying the reasons for suspension. Both inmate and visitor shall be allowed time to submit written or oral statements in opposition to the suspension. The visitor shall also be notified of his/her right to appeal and the procedure for appealing the decision of the Superintendent to the Commissioner.
- D. The institution shall provide a visiting room for inmates and their guests that allows ease and informality of communication in a natural environment as free from custodial constraint as possible.

V. **PROCEDURE**

- A. Visiting Hours – Visiting hours at Taconic Correctional Facility are between 9:00 am and 3:30 pm on Saturdays, Sundays and designated holidays. Visitor processing begins at 8:30 am and ends at 2:30 pm. All inmate movement to and from the visiting room will stop during the master count. Visitors will still be processed and allowed to enter the visiting room during the count. Visitors will not be allowed to leave the visiting room until the master count is correct. On visiting days the Visiting Room Officer in Charge will announce at 3:15 pm that the visiting hours will end at 3:30 pm. Inmates and visitors should commence saying their goodbyes at their tables. Inmates will remain seated at the table and will not be allowed to escort their visitors to the Officer's desk area. Visitors only will approach the Officer's desk to be processed out of the facility. Inmates will then be called to the Frisk Area by the Officer for processing. The procedure outlined in this policy will expedite the clearing of the Visiting Room area in a timely manner and ensure all inmates are back on their housing units prior to the 4:00 pm count. Social Service and other agency placement visits occur on Thursdays at Taconic during the above mentioned visiting hours.
- B. Visitors – Any person who is not on the negative visiting list will be permitted to visit with proper identification in accordance with Directive #4403 and facility rules and regulations. The types of acceptable identification can be found in Directive #4403.
- C. Number of Visitors – The number of adult visitors will be limited to four (4) per inmate. Children six (6) years of age and over will be counted as an adult.
- D. Visitors with Special Needs – Prior arrangements for visitors with special needs may be made by the inmate or visitor contacting the inmates ORC (Offender Rehabilitation Coordinator) so that necessary facilitation can be made with security staff. The inmate or visitor may also write directly to the Superintendent or the Deputy Superintendent of Programs.

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- E. Visits to Inmates in Outside Hospital – These special visits shall be arranged and coordinated with the facility Watch Commander and approved by the Medical Department. These visits are normally limited to immediate family members.
- F. Termination and Suspension of Visits – A visit may be denied or terminated and visiting privileges suspended under any or all circumstances outlined in Appendix “A” of Directive #4403.
- G. Search of Inmate’s Visitors – Visitors are subject to search as a condition of visitation. All handbags, briefcases, shopping bags and/or containers will also be searched prior to entering the facility. If the Superintendent or her designee makes the determination that a strip search is warranted based on their belief that drugs or other contraband are concealed on the visitor’s person, this procedure is performed. If the visitor refuses to submit to a search, the visit shall be denied.
- H. Acceptable Items in the Visiting Room - Acceptable items brought into the Visiting Room by an inmate or visitor are specifically outlined under Directive #4403. NO exceptions allowed.
- I. Visiting Room Overcrowding – in the event the Visiting Room becomes overcrowded, the first visitors to have arrived that day will be asked to leave to allow other families/friends to visit. This does not include visitors who needed special consideration for a visit due to disability, distance, etc.
- K. Procedure for any funds left for inmates by visitors is as follows:
 - 1. A locked deposit box will be mounted at the Front Gate.
 - 2. If visitors want to leave money (check, money order or cash), the Visitor Registration Correction Officer will give him/her a “Visitor Deposit Envelope” to fill out clearly and legibly. A maximum of \$50.00 per visit is allowed. Checks or money orders must be made **payable to the inmate** and must include the **inmates DIN number** and the **name of the person leaving** the funds. The visitor should then seal the envelope and give it to the Correction Officer. The visitor does not get a receipt.
 - 3. The Correction Officer (visitor registration) will verify the information printed on the envelope for legibility and completion. When complete, the Officer will direct the visitor to place the envelope in the lock box.
 - 4. On the next business day envelopes will be opened and verified by two Business Office Employees. If the amount agrees, a receipt to the inmate will be written and the money will be deposited in the bank with a copy going to Inmate Accounts to post the correct amount to the inmates account.

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L. Visitor Pass and Registration Forms

1. All visitors shall be required to properly identify themselves with acceptable documents and complete the first sections of the Visitor Registration and Visitor's Pass Forms. (See attached sample) the Visitor Processing Officer will assist the visitors with these forms. The information on the Visitor Registration Form will be entered into the KVPR system by the Officer through the computer at the Front Gate.
2. The Front Gate Visitor Processing Officer shall identify the housing unit location of the inmate to be visited, verify the Visitor's Pass, indicate whether a package or packages have been brought in, how many and sign her/her name in the appropriate space. After the visitor has been processed and searched, the Front Gate Officer will stamp the visitors hand and the visitor will proceed to the Administrative Lobby taking the pass with them.
3. Upon arrival at the Administrative Lobby, the visitor submits the Visitor's Pass to the Administrative Lobby Officer. The Administrative Lobby Officer notifies the Unit Officer of the visit, signs the Visitor Pass in the appropriate place and returns the pass to the visitor.
4. The visitor will then give the Visitor's Pass to the Visiting Room Officer and sit where directed. The Visiting Room Officer notes the time in on the pass. If the inmate does not arrive within fifteen (15) minutes the Visiting Room Officer will call the inmate's housing unit.
5. Upon completion of the visit, the visitor will pick up his/her Visitor's Pass from the Visiting Room Officer, who has noted the time out and signed the pass.
6. The Visitor then proceeds to the Front Gate where he/she will return their Visitor's Pass to the Front Gate Officer and have their hand stamp checked, then depart the facility.
7. All Visitors' passes are held for ninety (90) days by the Front Gate Officer. Passes are destroyed after six (6) months.

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FORM 4169 (9/91)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

VISITOR REGISTRATION FORM

-PLEASE PRINT OR TYPE-

INMATE TO BE VISITED			
DIN:	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(LAST)	(FIRST)	(INITIAL) (JR., II etc.)

VISITOR INFORMATION			
NAME:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(LAST)	(FIRST)	(INITIAL) (JR., II etc.)
ADDRESS:	<input type="text"/>		
	(NO. AND STREET)		
	<input type="text"/>		
	(CITY)		
	<input type="text"/>	<input type="text"/>	
	(STATE)	(ZIP)	
* PHONE #	<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATIONSHIP	<input type="text"/>	DOB: <input type="text"/>	SS# <input type="text"/>
			SEX: <input type="text"/>
HEIGHT:	<input type="text"/>	WEIGHT:	<input type="text"/>
		HAIR	<input type="text"/>
		EYES	<input type="text"/>
<input type="text"/>			
SIGNATURE			

DO NOT WRITE BELOW THIS LINE

OFFICIAL USE	DATE OF VISIT	/ /	VISIT TYPE -
	ID TYPE 1 - ()	ID 1#
	ID TYPE 2 - ()	ID 2#
REGISTERED BY:	<input type="text"/>		
	(NAME)	(TITLE)	
DATE:	<input type="text"/>		

* Listing one's telephone number is optional.

** Social Security Number only required if used as identification.

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TA013 (01/03)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
TACONIC CORRECTIONAL FACILITY

VISITORS PASS

LOCKER #: _____

PASS #: _____

VISITOR SECTION To Be Completed by Visitor (PLEASE PRINT)		INMATE LOCATION
I N M A T E	Identification No.: _____ Date: _____	
	Name: _____	
V I S I T O R	Name: _____	
	Address: _____	
	City: _____ State: _____ Zip: _____	
	Relationship - Purpose of Visit: _____	TIME UNIT WAS NOTIFIED
	MODE OF TRANSPORTATION: <input type="checkbox"/> Private Car <input type="checkbox"/> Train <input type="checkbox"/> State Sponsored Bus If private car, driver must note the following for parking purposes: Make: _____ Model: _____ Plate No.: _____ State: _____	
FACILITY USE ONLY		OFFICER NOTIFYING UNIT
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Child No. In Party <input type="checkbox"/>		
F R O N T G A T E	Visitor's Signature IN C.O. Signature & Badge No. _____ _____	
	Visitor's Signature OUT C.O. Signature & Badge No. _____ _____	
V I S I T O R R O O M	TIME IN A.M.: _____ P.M.: _____ C.O. Signature & Badge No. _____ _____	
	TIME OUT A.M.: _____ P.M.: _____ C.O. Signature & Badge No. _____ _____	
	PACKAGE <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Packages <input type="checkbox"/>	
	Visitor Notified of Package Return: _____ _____ Officer's Signature	

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2703E (09/04)

VISITOR DEPOSIT ENVELOPE

INMATE NAME: (Last): _____ (First): _____

DIN: _____

VISITOR NAME: (Last): _____ (First): _____

ADDRESS: _____
(Street) (City) (State) (Zip)

☐ CHECK # _____

AMOUNT MAY NOT EXCEED \$50

CHECK ONE ☐ MONEY ORDER # _____

TODAY'S DATE: _____

☐ CASH (Not Recommended)

NOTE: Any attempt to transmit funds to an inmate not visited, or any other misconduct in connection with this deposit may result in suspension or revocation of visiting privileges.

NOTA: Cualquier intento de transmitirle fondos a un recluso que no haya sido visitado o cualquier otro mal comportamiento en conexión con este depósito podrá resultar en la suspensión o revocación de los privilegios de la visita.