I. POLICY

It is the policy of the Department of Corrections (DOC) that all new offenders are provided a reception program upon admission to the system. [4-4287] The reception program includes a thorough screening and assessment, as well as a thorough orientation regarding procedures, rules, programs, and services. [2-CO-4A-01]

II. PURPOSE

The purpose of this administrative regulation (AR) is to establish procedures governing the admission and orientation of all DOC offenders. [4-4285]

III. DEFINITIONS

A. Orientation: Formal classes, in oral, audio/visual or written format, which provide information regarding programs, general information, rules, and regulations.

B. Orientation DOC Employee: The DOC employee assigned to deliver the orientation presentation to the offender population.

C. Temporary Placement: The placement of an offender in any county or city detention facility pending court appearances or regressive movement when an EAO has not been assigned.

IV. PROCEDURES

A. All offenders being admitted to the Department will be processed through the Denver Complex (Denver Reception and Diagnostic Center and Denver Women’s Correctional Facility) or Youthful Offender System (YOS). The initial reception and orientation at the Denver Complex OR YOS will be completed within 30 calendar days after admission. [4-4287] At a minimum, the admission process will include the following:

1. Determination that the offender is legally committed to the institution.

2. Thorough search of the individual and possessions.
3. **Disposition of personal property.**

4. **Shower and hair care, if necessary.**

5. **Issue of clean, laundered clothing, as needed.**

6. **Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics.**

7. **Medical, dental, and mental health screening.**

8. **Assignment to housing unit.**

9. **Recording basic personal data and information to be used for mail and visiting list.**

10. **Explanation of mail and visiting procedures.**

11. **Assistance to offenders in notifying their next of kin and families of admission.**

12. **Assignment of registered number to the offender.**

13. **Giving written orientation materials to the offender.**

14. **Documentation of any reception and orientation procedure completed at a central reception facility.**

**B.** A summary admission report must be completed for all new admissions. The report includes, at a minimum, the following information:

1. **Legal aspects of the case.**
2. **Summary of criminal history, if any.**
3. **Social history.**
4. **Medical, dental, and mental health history.**
5. **Occupational experience and interests.**
6. **Educational status and interests.**
7. **Vocational programming.**
8. **Recreational preference and needs assessment.**
9. **Psychological evaluation.**
10. **DOC employee, contract worker, and volunteer recommendations.**
11. **Pre-institutional assessment information.**

**C.** During the reception process, all offenders will undergo an orientation that will specify the DOC expectations and responsibilities of offenders while they are in the Department. The orientation information is designed to give an overview of the Department’s policies and procedures.

1. **Orientations will include, but are not limited to, information on the control of personal property and funds belonging to offenders, as well as what personal property an offender may retain in his/her possession.**
2. **During the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding**
sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment (115.33(a)).

3. During the intake process, Transgender and Intersex inmates will be informed of their opportunity to shower separately from other inmates at all DOC Facilities. (115.42(f))

4. The Denver Complex and YOS shall develop an orientation verification form for offenders new to DOC. The form shall include Section “B” of Attachment “A,” “Offender Orientation Verification Form.”

D. Facility Transfers

1. Offenders transferred from other DOC facilities or returned from temporary placement will be strip searched upon arrival at their permanent facility. This search will compare previous mug shots, identifying marks, or tattoos to any new identifying marks, tattoos, or significant change in appearance that may have occurred since incarceration.
   a. Any new identifying marks or tattoos found during the strip search will be photographed and input into PCDCIS Imaging/Photos by the facility’s intake employees.
   b. A photograph will be taken of the offender if any significant change in appearance exists and input into PCDCIS Imaging/Photos by the facility’s intake employees.

2. The orientations will include the information outlined on AR Form 850-07A. Facility specific information may be added to the form, where indicated. Procedures governing visitation will be made available to offenders within 24 hours after arrival at the facility [4-4499] (see AR 300-01, Offender Visiting Program). A DOC employee will respond to questions from offenders concerning the facility orientation.

3. Reception and orientation of offenders transferred from another facility within the Department will be completed within seven calendar days after admission, except for unusual circumstances. [4-4290] Unusual circumstances delaying the orientation will be documented, in writing, in the offender’s working file and reported to the appropriate DOC employee identified in facility policy.

E. Once the orientation is complete, the DOC employee providing the orientation and the offender shall sign and date the orientation verification form and a signed copy maintained in the offender working file. The assigned case manager will ensure that the orientation form for all ADA offenders is scanned and e-mailed to the appropriate legal assistant in the Office of the AIC. The copy shall be placed on the left hand side part 1, section1, in chronological order on top of the Certificate of Orientation. [4-4288]

F. If the orientation is given in an audio/visual format, the orientation DOC employee conducting the orientation will be present during the presentation to respond to any questions and observe the offender’s reaction and behavior. The DOC employee conducting the orientation should use this opportunity to observe offender behavior and identify special problems. Issues will be documented and forwarded to the appropriate DOC employee identified in facility policy in a written report. That person will evaluate this information and determine the appropriate action and/or dissemination.

G. Refer to AR 100-19, Communication with Offenders, for information on interpreters and translators for offenders.

V. RESPONSIBILITY

A. The administrative head shall establish facility procedures for the implementation of this administrative regulation.

B. The case management supervisor/designee shall:
1. Maintain and update all orientation materials on an as needed basis.
2. Disseminate information received during orientation to the appropriate areas for disposition or investigation.

C. Orientation DOC employees shall:

1. Ensure the orientation is documented by a statement signed and dated by the offender.
2. Ensure a written report is provided to the appropriate DOC employee identified in facility policy at the completion of each orientation session noting the information obtained during the orientation.

D. The Office of Offender Services shall be responsible to review and update this administrative regulation annually.

VI. AUTHORITY

17-1-109. Duties and functions of the warden.

VII. HISTORY

April 1, 2013.
January 1, 2012
December 15, 2010
December 15, 2009
January 15, 2009
April 15, 2008
December 1, 2007
December 1, 2006
December 1, 2005

ATTACHMENTS:  
A. AR Form 850-07A, Facility Offender Orientation Verification Form
B. AR Form 100-01A, Administrative Regulation Implementation/Adjustment
SECTION A – ORIENTATION

1. COPD
2. Offender Mail
3. Telephone Regulations (CIPS-Inmate phone list, TTY Kiosk)
4. Offender Visiting Program
5. Indigent Assistance
6. Canteen
7. Case Management and Re-Entry
8. Clinical Services – Medical, Dental, Optometry, Co-payment procedure
9. Mental Health Services
10. Prison Rape Elimination Procedure
11. Grievance Procedures
12. Americans With Disabilities Act, Notice
13. Legal Access – Assistance, Materials, Access
14. Life/Fire Safety and Emergency Evacuation
15. Offender Dress Code
16. Laundry
17. Offender Property Limitations/Compliance Requirements
18. Searches and Contraband Control
19. Offender Assignments and Pay
20. Offender Movement: Scheduled, unscheduled, pass, units, rooms/cells and transfers
21. Offender Counts
22. Emergency Notification for Offenders
23. Food Service
24. Identification Cards - Facility specific procedure
25. Programs: Religious, Library, Law Library, Recreation, Education
26. Security Threat Groups
27. Non-Discrimination
28. (Any facility specific information not already included)

SECTION B – VERIFICATION

I CERTIFY THAT I HAVE RECEIVED A FACILITY ORIENTATION AND ORIENTATION MATERIALS IN AN UNDERSTANDABLE FORMAT:

____________________________________________________________
PRINT OFFENDER NAME

____________________________________________________________
OFFENDER SIGNATURE

____________________________________________________________
PRINTED NAME OF DOC EMPLOYEE PROVIDING ORIENTATION

____________________________________________________________
TRANSFER FROM ________________ DATE ____________

□ THIS OFFENDER DID NOT REQUIRE MATERIALS IN AN ACCESSIBLE FORMAT
□ THIS OFFENDER RECEIVED ORIENTATION MATERIALS IN AN ACCESSIBLE FORMAT, AS LISTED BELOW:

□ LARGE PRINT □ AUDIO/VISUAL □ AMERICAN SIGN LANGUAGE □ OTHER ___________

□ AUDIO RECORDING OR VERBAL INSTRUCTIONS OF EVACUATION PROCEDURES FOR VISION IMPAIRMENT

Original: Working file
ADA Offenders - Electronic/Scanned Copy: Legal Services

Attachment “A”
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## ADMINISTRATIVE REGULATION IMPLEMENTATION/ADJUSTMENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>SUBJECT</th>
<th>AR #</th>
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<td>Offender Personnel</td>
<td>Offender Reception and Orientation</td>
<td>850-07</td>
<td>03/15/14</td>
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(FACILITY/WORK UNIT NAME)
WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

[] AS WRITTEN  [] NOT APPLICABLE  [] WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE INTENT OF THE AR

(SIGNED) ____________________________________________________ (DATE) _______________________
Administrative Head

Attachment “B”
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