



**DEPARTMENT OF CORRECTIONS
MONTANA WOMEN'S PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MWP 4.1.1	Subject: INTAKE PROCESS
Reference: DOC 3.1.20, DOC 4.1.1, DOC 4.1.2, DOC 4.1.3	Page 1 of 3 and 3 attachments
Effective Date: 29 March 2000	Revision Date: 9/30/2020
Signature: /s/ Jennie Hansen / Warden	

I. PURPOSE

To ensure that all intakes are properly processed into the Montana Women's Prison.

II. DEFINITIONS

III. PROCEDURES

A. General

1. Notify the Shift Lieutenant and/or the Relief Lieutenant for verification of intake.
2. Log the count change in the shift report and change count board. The Shift Lieutenant or designee will enter applicable information into OMIS.
3. Two (2) officers must be assigned for the intake process.
4. Notify the medical and food service departments of the intake arrivals.
5. Escorting officer will be directed, by control, to the intake sally port. Direct the transport/escorting officer(s) to leave their weapons, ammunition, batons, and chemical agents in their vehicle, or to use the available locking storage boxes in the vehicle sally port.
6. All intakes will enter the facility via the intake sally port. Once the intake enters MWP, the receiving officers, two at all times, will take charge.
7. MWP must have the following documents:
 - a. Verification of Commitment Form
 - b. Notification of Offender Commitment to DOC/MWP
 - c. Secure placement request if applicable.
8. Fill out the Body Receipt Form and have the transport/escorting officer sign it. The yellow copy goes to the transport/escorting officer. The original will be forwarded to the MWP Records Department.

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B. Intake

1. Complete the following upon intake.
 - a. Urinalysis
 1. Urinalysis should be completed as soon as possible.
 2. Follow the MWP3.1.20 Drug Screening - Urinalysis. Procedure Order.
 3. Record test results in OMIS
 - b. Pictures
 1. Take pictures in accordance with OMIS policy.
 - c. Strip Search, Shower and Delouse:
 1. Conduct a strip search in accordance with MWP3.1.17B Strip Search Procedures.
 2. Personal clothing will be added to the inmate's property previously inventoried. The clothing will be listed on the Property Receipt form and shaken down for contraband.
 3. Observe the inmate put the lice treatment in her hair. Do not use lice treatment if the inmate suspects she may be pregnant. Let the treatment stand for ten (10) minutes ensuring that the water stays off during this time.
 4. Dress in state issued clothing.
 - d. Intake Paperwork
 1. Fill out the Intake Check List (Attachment A) and ensure all necessary paperwork is completed. Place completed forms in a manila envelope and turn in to records.
 2. Ensure the Suicide Severity Rating Scale (Attachment B) is complete and given CSD.
 3. Ensure the Tablet Agreement (Attachment C) is completed and given to the Records Department.
 - e. Fingerprints
 1. Fingerprints will be completed within 7 days of intake.
 - f. DNA
 1. Check with the Records Department and/or the on-duty Lieutenant to determine if DNA collection will be required. DNA will be collected within 7 days of intake.

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- g. ID Card
 - 1. Issue an ID Card with authorized information.
- h. Security Threat Group (STG)
 - 1. Ensure the STG Questionnaire is completed.
- i. Escort to medical with UA.
- j. Property
 - 1. Refer to MWP4.1.3 Inmate Property

IV. CLOSING

Questions concerning this operational procedure should be directed to your immediate supervisor or the Associate Warden of Security

V. ATTACHMENTS

Intake processing Checklist	Attachment A
Suicide Severity Rating Scale	Attachment B
Tablet Agreement	Attachment C

**MONTANA WOMEN'S PRISON
INTAKE PROCESSING CHECKLIST**

REVISION DATE: 09/15/2020

OFFENDER NAME: _____ AO# _____

	Date Completed	CO Initials
Clothing items bagged and property receipt form completed:	_____	_____
• Place property and receipt in Property.		
Contraband items placed in box and sealed for mail out:	_____	_____
• Attach receipt to box, and address label.	_____	_____
• Attach request for funds form.	_____	_____
• Place contraband, receipt form, and request for funds in Property.		
Jewelry inventoried and property receipt form completed:	_____	_____
• Place jewelry and receipt form in Property.		
Monies inventoried and property receipt form completed:	\$_____	_____
• Monies include cash, checks, and/or money orders.	Amount	
• Place monies and receipt form in locked cabinet in Intake.		
UA given and urinalysis request form completed:	_____	_____
Strip-searched:	_____	_____
Showered / Quelled:	_____	_____
• Inquire if offender may be pregnant before quelling.		
Suicide prevention screening guide completed:	_____	_____
• Give to CSD.		
Photographed with digital camera for escape file and tattoos:	_____	_____
• Frontal and profile views.		
Fingerprinted:	_____	_____
• Give to Records.		
DNA sample:	_____	_____
• Montana Crime Lab.		
Medical paperwork:	_____	_____
• Medical Department will collect.		
Offender identification card made:	_____	_____
	Offender Signature	
Intake property issued:	_____	_____
	Offender Signature	
Bed roll issued:	_____	_____
	Offender Signature	
Hygiene package/ PREA Pamphlet issued:	_____	_____
	Offender Signature	

COLUMBIA-SUICIDE SEVERITY RATING SCALE
*Screen with Triage Points for **Primary Care***

Ask questions that are in bold and underlined.	Past month	
	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions



Montana Department of Corrections

Montana Women's Prison
Jennie Hansen
Warden

Steve Bullock, Governor

Reginald D. Michael, Director

DEPARTMENT OF CORRECTIONS MONTANA WOMEN'S PRISON ACCEPTABLE USE POLICY

Subject: Inmate Acceptable Use Policy for Edovo educational tablets/docking stations

Reference: MWP Procedure No. 3.3.1 - Offender Issued Computer Tablets

- I. The Edovo educational tablets are for inmates to further their education within a variety of subjects. While inmates have a tablet in their possession, they are expected to keep the devices in good working condition and to utilize the devices for educational purposes only.
- II. If at any time, a tablet is found to have been damaged and not reported by the inmate to whom the device was checked out, said inmate will be written up for a disciplinary infraction and upon a finding of guilty, assessed a monetary amount to fix/replace the damaged device or housing case.

*If the tablet is damaged or malfunctioning, the inmate must notify the staff assigned to process such reports as soon as possible.

Inmate Name (Print): _____ AO#: _____

Inmate Signature: _____ Date: _____