

CHRYSLIS CLUB AT NCCIW
PROCEDURES/INFORMATION

By: Barbara Sawyer
District VI Liaison
Chrysalis Club, NCCIW

10-2-2017 - There have been many changes in procedures at the North Carolina Correctional Institution for Women (NCCIW). These new procedures must be followed or you will not be able to continue to go to NCCIW.

1. **The NCCIW (North Carolina Correctional Institution for Women) form** that must be completed is enclosed. The Social Security number is still required and is mandatory. There have been many comments regarding the fact that the prison requires Social Security numbers. If you are uncomfortable with providing your Social Security number, let me assure you that these forms are discarded at the time that the check is done. This is the reason that they are due to the staff person by the first of the month... it takes time to do these searches on each person. If something comes up on an individual, Ms. Burwell will notify that person or me. Also, there have been many comments regarding the fact that this form is **absolutely required by the first of the month.**
2. The Department of Public Safety (DPS) **PRISON RAPE ELIMINATION ACT (PREA) INFORMATION FOR PERSON(S) WITH DIRECT AND INDIRECT CONTACT WITH INMATES/OFFENDERS/JUVENILES** form is enclosed. This is a different form from the letter that previously had to be signed. You will have to copy the form and ensure that each person who is going to NCCIW with you has read it and has signed it.
3. The **G.S. 14-258.1 Regarding Tobacco and Mobile Phones** letter is enclosed. **NO** Cell phones allowed inside the institution! This is a misdemeanor. **NO** Cigarettes allowed inside the institution and **NO SMOKING** in your car on Institution grounds ... parking lot. You will have to copy the attached letter regarding the **Tobacco and Mobile Phones** Bill and ensure that each person who is going to NCCIW with you has read it and has signed it.
4. You must have a project planned to take into the Chrysalis Club. This project needs to be outlined and sent with the above. A project cannot be just food and fun. It must be informative, helpful to the resident, etc. An educational explanation of the project would be helpful... something like line dancing, would help the resident in balance, memory, etc.
5. If you are planning to bring in food, these items must now be listed and an **ingredients list made available to NCCIW the day you bring the food in.** **No plastic shopping bags allowed.** Please place in a paper bag or a tote. **No cans of soda.** Soda in liter plastic bottles are allowed. Fresh Fruit, cheese and crackers, vegetables and dip, a dessert would be ideal for the ladies. Therefore, this would mean that if you purchase a cake or some soda (as an example) you must provide the ingredients list found on the side of the box or bottle. Home-made food is not allowed. This is not only for the benefit of the ladies you will be serving but for your benefit also. We do not know of the allergies or diets of the ladies. By following these rules/regulations we will be assured that what we bring in is approved and of no consequences. Remember to list any cups, plates, spoons, forks, napkins, etc. Do not bring in any glass, knives, toothpicks, etc. If

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you need ice, request that the facility provide it. **If in doubt... please call me.**

6. REMINDER... There really is a dress code. **Dress appropriately...** No sundresses or halter tops and no flip-flops for safety reasons. There have been two incidences where our ladies would have been turned away if it had not been for an available sweater or two. Take only your driver's license and car keys. **No** purses! Slacks and a blouse would be a safe bet. Dresses with little jackets/sweaters are appropriate.

IF THE ABOVE IS NOT FOLLOWED... YOU CAN BE TURNED AWAY AT THE GATEHOUSE. PLEASE ENSURE THAT EVERYONE WHO IS GOING TO NCCIW UNDERSTANDS THE ABOVE.

Again... after the searches are done, then the list of supplies and the project itself has to be approved. All this takes time to accomplish. The form, the letters, and the explanation of your project/food must be **received** (not mailed) by NCCIW by the first of the month in which you will be going to NCCIW. Therefore, I must receive all the information and forms by one week before the first of the month. I will deliver the packet to NCCIW after I ensure everything is there.

Mrs. Barbara Sawyer
104 Parsons Lane
Cary, NC 27511
919-624-4942

Projects are on the third Tuesday of the month, arriving at the Gate House at 4:45 p.m. to check in. The project must be finished by 7:00 pm. We **MUST** be cleaned up and out no later than 7:30 p.m. unless otherwise told differently.

Through many discussions with the Supervisor AND the members of the Chrysalis Club, one of the following programs may be considered. This is by no means a complete list of topics, but it will help you with some ideas.

Fashion/Makeup Trends
Health Issues (Woman's)
Financial/Investments
Aging Care/Organizations

Craft/Art Projects
Exercise Class
Music Presentations
Nutrition/Weight Management

If you have any questions or concerns, please do not hesitate to call me at **919-624-4942**.

DIRECTIONS TO THE NORTH CAROLINA CORRECTIONAL
INSTITUTION FOR WOMEN (NCCIW)

FROM DURHAM, CARY: Take I-40 into Raleigh. Remain on I-40 until the Rock Quarry Road Exit (Exit 300). Take a left at the top of the exit ramp. Go over the bridge and at the second stoplight bear to the left and continue to the next stoplight which is Martin Luther King Boulevard and turn left. You will take the next left onto Coleman Street and an immediate left into the parking lot of NCCIW.

FROM WENDELL and ZEBULON: Take Highway 64 into Raleigh. Go past Wake Medical Center (on left) and continue approximately 3 miles. Turn left between BoJangles and Hardees onto Tarboro Road. Turn Right on Martin Luther King Boulevard. Turn left onto Coleman Street and an immediate left into the parking lot of NCCIW.

DC- 345 (A)
(November 2013)

COMMUNITY VOLUNTEER PROGRAM APPLICATION
ONE TIME REPRESENTATIVE ACTIVITY
NCDPS, DIVISION OF ADULT CORRECTION AND JUVENILE JUSTICE
REHABILITATIVE PROGRAMS AND SERVICES

GROUP NAME _____

REPRESENTATIVE _____

ADDRESS _____

TELEPHONE NUMBER () _____ E-Mail _____

ACTIVITY AND DATE TO BE CONDUCTED: _____

I understand that I will not receive any compensation for serving as a volunteer.

I understand that there are certain risks inherent in working within the confines of a correctional facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from legal liability that may result from my actions as a representative.

X I, _____, have been oriented by a staff member at _____ as to Facility and Division rules and regulations.

X Signed: _____

Barbara Sawyer
Group Representative

X _____
Date

X _____
Group Volunteer

X _____
Date

Facility Representative

Date

REQUEST FOR DCI CHECKS

New _____ Renewal _____ Year X

All Information on this form must be printed or typed.

DCI Check Performed By: _____ Date: _____
Approved By: _____ Date: _____

I hereby give the North Carolina Department of Public Safety – Adult Corrections, permission to run a Division of Criminal Information (DCI) check on myself for the below checked reason(s). This information includes a criminal history check and driver record inquiry. This information will be kept strictly confidential.

Purpose of Request: _____ Employment _____ H/L Supervision
_____ CV Sponsor _____ H/L Transportation
_____ W/R Supervision _____ Religious
_____ W/R Transportation _____ CF Representative
_____ Emergency Leave _____ CRC
X Other

X Name: _____
(Last) (First) (MI)

X Address: _____

X Telephone Number's (Home): _____ (Work) _____
(Cell): _____

X Driver's License Number: _____ Social Security X

X Date of Birth: _____ Race X Sex X

INMATE PROGRAM OR WORK FOR WHICH SERVICE IS REQUESTED:

Chrysalis Club (NCCIW Woman's Club)

X Signature: _____ X Date: _____

Witness: Barbara Sawyer X Date: _____

Hit: _____ or _____
Yes no

FBI# _____ SID# _____

Crimes / Comments:



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PRISON RAPE ELIMINATION ACT of 2003 (PREA) INFORMATION
FOR PERSON(S) WITH DIRECT AND INDIRECT
CONTACT WITH INMATES/ OFFENDERS/JUVENILES

The North Carolina Department of Public Safety has adopted a ZERO-TOLERANCE standard for sexual abuse in its prisons, juvenile justice centers, community corrections facilities and other locations related to supervision. The intent of PREA is to ensure a safe, humane and appropriately secure environment, free from the threat of sexual abuse of all inmates/offenders/juveniles.

You have an obligation to maintain clear boundaries with inmates/offenders/juveniles and to establish a relationship of authority, objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional or sexual relationships to occur with inmates/offenders/juveniles. Please remember that any sexual contact between an inmate/offender/juvenile and staff member (including you) is considered a form of sexual abuse.

NC General Statute 14-27.7(a), states that if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental; having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E Felony.

THERE IS NO SUCH THING AS CONSENSUAL SEX
BETWEEN YOU AND AN INMATE/OFFENDER/JUVENILE!!!

All forms of unwanted sexual abuse and harassment between inmates/offenders/juveniles are against DPS policy and may be against NC law. Therefore, if you are aware of any such incidents between inmates/offenders/juveniles or with employees, you have a duty to report them to your Departmental/Division Contact.

Reporting methods include but are not limited to the following:

- | | |
|--|--|
| ▪ Facility/Center/Judicial District Office | ▪ Division Directors/Central Office |
| ▪ Facility/Center/Division Administrator | ▪ NCDPS Employee |
| ▪ PREA Administration: at (919)825-2754 or
prea@doc.state.nc.us | ▪ Officer in Charge or Probation Officer |

I acknowledge that I have been oriented on and understand the Prison Rape Elimination Act of 2003, NC General Statute 14-27.7(a), and the NCDPS zero-tolerance standard for sexual abuse. I also acknowledge that I will report any findings of sexual abuse immediately.

X _____
Print Name and Business/ Organization

X _____
Signature and Date
Vyneder J. Burwell Volunteer Coordinator
Name and Title of NCDPS Representative

Signature of NC DPS Representative and Date



North Carolina Department of Public Safety

Prisons

Pat McCrory, Governor
Frank L. Perry, Secretary

W. David Guice, Commissioner
George T. Solomon, Director

October 29, 2014

MEMORANDUM

TO: All Prisons' Employees

FROM: George Solomon, Director
Prisons

George T. Solomon

RE: G.S. 14-258.1 Regarding Mobile Phones

In September 2014, Governor McCrory signed House Bill 369. The bill incorporated changes to the State's General Statute 14-258.1 concerning mobile telephones for inmates in the Department of Public Safety.

Effective December 1, 2014 a person(s) shall be guilty of a Class H felony charge for giving or selling a mobile telephone or wireless telecommunication device to an inmate in the Department of Public Safety.

To ensure that ALL Prison's employees are aware of G.S. 14-258.1, the attached form has been developed for all Prison employees to read and sign. This form should be signed by all Permanent, Part-time, Contractual, and Volunteer staff. An original signed form must be placed in the employees personnel file and the employee provided a copy to keep.

Where applicable, each NCDPS Prisons facility is also instructed to update any material and meet with all custodial agents making them aware of this policy and the General Statute. Each facility must have all custodial agents sign a statement of acknowledgment of the General Statute and retain on file at the facility for reference.

NCDPS, Prisons policy F.4000, Cellular/Wireless Device Management will be revised shortly to reflect this change. Should you or your staff have any questions concerning this memorandum, they may contact Mary Beth Carroll, Chief of Executive Services for the Department of Public Safety via e-mail MaryBeth.Carroll@ncdps.gov, or by phone (919) 838-4029 (work), (919) 218-9785 (cell).

GTS:MBC/zia

cc: David Guice

Tim Moose

MAILING ADDRESS:
4260 Mail Service Center
Raleigh, NC 27699-4260
www.ncdps.gov



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831 W. Morgan St.
Raleigh, NC 27699-4260
Telephone (919) 838-4000
Fax (919) 838-4749

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NC Department of Public Safety Mobile Cellular Phone or Device

14-258.1 (d) Any person who knowingly gives or sells a mobile telephone or other wireless communications device, or a component of one of those devices, to an inmate in the custody of the Department of Public Safety or to an inmate in the custody of a local confinement facility, or any person who knowingly gives or sells any such device or component to a person who is not an inmate for delivery to an inmate, is guilty of a Class H felony.

By signing below I have read and understand the information listed in G.S. 14-258.1 (d). I understand that violation of G.S.14-258.1 (d) is a Class H felony and that employees who are in noncompliance may be subject to disciplinary action.

X _____
Name

X _____
Date

Instructions: Please sign and date indicating intent to comply with G.S.14-258.1 (d). Keep the original signed statement in employee's personnel file and provide a copy of the signed statement for employee to keep.