



Virginia Department of Corrections

Administration and Organization

Operating Procedure 010.4

Operating Procedure Management

Authority:

Directive 010, *Administration and Organization*

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Amended: 4/8/24

Supersedes:

Operating Procedure 010.4, April 1, 2019

Access: Restricted Public Inmate

ACA/PREA Standards: 5-ACI-1A-05, 5-ACI-1A-12, 5-ACI-1A-13, 5-ACI-1A-14, 5-ACI-1C-01, 5-ACI-1C-02, 5-ACI-3A-01; 4-ACRS-7B-07, 4-ACRS-7B-08, 4-ACRS-7B-09, 4-ACRS-7E-07; 4-APPFS-3D-06, 4-APPFS-3D-07, 4-APPFS-3D-20, 4-APPFS-3E-02; 2-CO-1A-05, 2-CO-1A-15, 2-CO-1A-16, 2-CO-1A-17, 2-CO-1C-01; 1-CTA-1C-01

Content Owner:	Wendy Lohr-Hopp Policy and Initiatives Director	<i>Signature Copy on File</i>	4/13/2022
		Signature	Date
Reviewer:	Joseph W. Walters Deputy Director for Administration	<i>Signature Copy on File</i>	4/18/2022
		Signature	Date
Signatory:	Chadwick S. Dotson Director	<i>Signature Copy on File</i>	4/19/2022
		Signature	Date

REVIEW

The Content Owner will review this operating procedure annually and rewrite it no later than three years after the effective date.

The content owner reviewed this operating procedure in May 2023 and determined that no changes are needed.

The content owner reviewed this operating procedure in April 2024 and necessary changes have been made.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Procedure Amendment - An authorized change to an operating procedure, attachment, or form documented on an *Amendment to Operating Procedure*

Procedure Attachment - A document associated with an operating procedure or an implementation memorandum that provides information, i.e. contact information or instructions

Content Owner - The person in the designated position that has direct knowledge and control of the subject matter of the operating procedure.

Directive - A written statement signed by the Director to authorize one or more operating procedures referencing applicable statutes, policies, regulations, and standards and listing issues to be addressed in each operating procedure; directives do not regulate the public or private sector.

Executive Staff - For purposes of this operating procedure, Executive Staff includes the Director, the Chief of Corrections Operations, the Deputy Director for Administration, and the Deputy Director of Programs, Education, and Reentry.

Form - A document provided for the user to enter information.

Implementation Memorandum - Instructions or protocol developed by an organizational unit if needed to provide additional information to a Department level operating procedure to guide operations of that unit.

Operating Procedure - A specific written protocol that provides for the implementation and uniform application of DOC directives and approved by the appropriate DOC authority.

Operations Leadership - For purposes of operating procedure review, includes the Facility Unit Heads and Chief P&P Officers.

Organizational Unit - A DOC unit, such as a correctional facility, Regional Office, Probation and Parole Office, Virginia Correctional Enterprises, Academy for Staff Development, Corrections Construction Unit, Agribusiness Unit, and individual headquarters unit (e.g., Human Resources, Offender Management, Internal Audit).

Organizational Unit Head - The person occupying the highest position in a DOC organizational unit, such as a correctional facility, Regional Office, Probation and Parole Office, Virginia Correctional Enterprises, Academy for Staff Development, Corrections Construction Unit, Agribusiness Unit, and individual Headquarters unit e.g., Human Resources, Offender Management, Internal Audit.

Policy and Initiatives Unit - The DOC operating unit that is responsible for oversight and management of the Department of Corrections directive and procedure development/review/revision/dissemination process.

Procedure Reviewer - The final level of review before the Signatory Authority for an operating procedure or amendment.

Signatory Authority - One or more positions assigned the authority for approval of a directive, operating procedure, implementation memorandum, or amendment.

Standard - A statement promulgated by the American Correctional Association or other authority that defines a required or essential condition to be achieved or maintained.

PURPOSE

This operating procedure establishes a structured, specific process to maintain and disseminate directives and operating procedures to guide Department of Corrections (DOC) units in support of the Department's mission.

PROCEDURE

I. Authority

A. The Director is responsible for the development and maintenance of DOC operating procedures and associated supporting documents to guide DOC staff, inmates, and probationers/parolees in all matters related to DOC operations. (2-CO-1A-17)

1. COV §53.1-10, *Powers and duties of Director* prescribes the overall powers and duties of the DOC Director.
2. COV §53.1-25, *Director to prescribe rules; rules to be available to prisoners* authorizes the Director to establish such rules as necessary for the government of state correctional facilities.
3. COV §53.1-140, *Powers and duties of Director of Department* defines the powers and duties of the Director to supervise and direct probation and parole services.
4. Other statutory sections apply to various aspects of departmental operations.
5. The Director may deviate from or modify DOC operating procedures as necessary at any time to provide for operational efficiency and effectiveness or to support a compelling DOC business need.

B. The Policy and Initiatives Unit has primary responsibility for the oversight and management of the development, review, revision, and dissemination of DOC directives and Department level operating procedures in accordance with this operating procedure. (2-CO-1A-05)

C. Directives

1. Based on the powers and authority granted by the Code of Virginia, the Director issues directives, as needed, which authorizes the issuance of specific DOC operating procedures.
2. Each functional area of the DOC will have one or more directives that authorize one or more operating procedures to provide guidance on specific subjects.
3. Each directive will designate the Content Owner, Reviewer, and Signatory and will specify the operating standards and issues that must be addressed in each operating procedure.
4. Management of Directives
 - a. The Policy and Initiatives Unit develops directives for approval by the Director.
 - b. The Policy and Initiatives Unit includes relevant statutes, regulations, standards, correctional practices, and DOC initiatives in directives.
 - c. There is no specific review or rewrite period for directives, but the Policy and Initiatives Unit will update directives as needed to incorporate changes in statute, regulation, standards, correctional practice, or DOC initiatives.
5. If a different staff member assumes signatory authority for a directive, operating procedure, or implementation memorandum, the document will remain in force until the next regular rewrite.

II. Department Level Operating Procedures

A. In accordance with the authorizing directive, an operating procedure will provide specific operational instructions to organizational units.

1. The Policy and Initiatives Unit in cooperation with the Content Owner will develop the initial draft of all Department level operating procedures.
2. The assigned Procedure Development Manager will write each authorized operating procedure to provide operating protocols based on sound correctional practice to meet the standards and issues

- established in the directive.
3. The Content Owner is responsible for providing the Policy and Initiatives Unit with the information needed for new or revised Department level operating procedures in a manner consistent with the requirements of this operating procedure and Policy and Initiatives Unit practices.
 - a. The Content Owner reviews executive memoranda, legislation, and other Local, State, and Federal level governing documents to determine the need for new or revised operating procedures.
 - b. The Content Owner consults with the Office of the Attorney General, other agencies, institutions of higher learning, citizen groups, service providers, and other affected parties, as needed, to receive input and promote interagency collaboration on matters of mutual concern. (4-APPFS-3D-20; 2-CO-1A-15)
 - c. The Content Owner will consult with VACORIS leadership to determine the impact of any changes needed and the expected implementation date prior to determining an effective date of any new or revised procedure.
 4. Based on the degree of change from current practice and procedure, the Policy and Initiatives Unit will determine what level of review is necessary for Department level operating procedures to allow all levels of staff an opportunity to provide relevant input in formulation of operating procedures. (5-ACI-1A-05; 4-ACRS-7B-09; 4-APPFS-3D-07)
 - a. The Policy and Initiatives Unit or the Content Owner may submit the initial draft to selected subject matter experts for review and the opportunity to provide recommendations for corrections and improvements. The Policy and Initiatives Unit will establish and communicate a timeframe for this review by selected subject matter experts.
 - b. The Policy and Initiatives Unit and Content Owner will revise the initial draft as necessary.
 - c. If needed, the Policy and Initiatives Unit may send the updated draft to Executive/Operations Leadership staff for review. Executive/Operations Leadership staff will be allowed 15 calendar days to respond and provide recommendations for corrections and improvements.
 - d. The Policy and Initiatives Unit reviews recommendations from the Executive/Operations Leadership staff with the Content Owner and will revise the draft as necessary to develop the final operating procedure for signature.
 5. The Policy and Initiatives Unit will prepare a clean document for final review and signature.
 6. The directive assigns and delegates signatory authority based on the subject matter content.
 - a. The Director, Chief of Corrections Operations, Deputy Director for Administration, or the Deputy Director of Programs, Education, and Re-entry must sign Department level operating procedures.
 - b. The Director of Food Services must sign Food Service Manual Chapters.
 7. Department level operating procedures undergo a final review before submission to the Signatory.
 - a. The Reviewer is a direct report to the Signatory and is generally the Organizational Unit Head over the designated Content Owner.
 - b. In some cases, the directive designates one position as both the Content Owner and Reviewer.
- B. Department level operating procedures include personnel practices and are available to each employee for reference via the Virtual Library. (5-ACI-1C-01; 4-ACRS-7E-07; 4-APPFS-3E-02; 2-CO-1C-01; 1-CTA-1C-01)
1. Personnel practices covering the following areas are included in, but not limited to:
 - a. Operating Procedure 010.1, *Virginia Department of Corrections Administration* - Organization chart (table of organization)
 - b. Operating Procedure 040.1, *Litigation* - Legal assistance; Insurance/ professional liability requirement
 - c. Operating Procedure 102.2, *Recruitment, Selection, and Appointment* - Recruitment and promotion; Job descriptions and qualifications

- d. Operating Procedure 102.4, *Compensation* - Salary determinations
- e. Operating Procedure 102.5, *Staff Medical Screening and Physical Examination* - Physical fitness policy
- f. Operating Procedure 102.6, *Staff Onboarding and Orientation* - New employee orientation. New staff are informed in writing of the institution's hostage procedure in regards to staff roles and safety.
- g. Operating Procedure 102.7, *Employee Records* - Personnel records
- h. Operating Procedure 110.1, *Hours of Work and Leaves of Absence* - Benefits, holidays, leave, and work hours.
- i. Operating Procedure 135.1, *Standards of Conduct* - Employee-management relations, including disciplinary procedures.
- j. Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Inmates and Probationers/Parolees* – Fraternalization
- k. Operating Procedure 135.3, *Standards of Ethics and Conflict of Interest* - Code of ethics and conflict of interest; Sexual harassment and hostile work environment prevention; Statutes relating to political activities
- l. Operating Procedure 135.4, *Alcohol and Drug Testing* – Provides protocols for alcohol and drug testing of employees.
- m. Operating Procedure 145.1, *Probationary Period* - Probationary period
- n. Operating Procedure 145.2, *Employee Performance Management* - Employee evaluation
- o. Operating Procedure 145.3, *Equal Employment Opportunity, Anti-Harassment, and Workplace Civility* - Equal employment opportunity and affirmative action provisions
- p. Operating Procedure 145.4, *Employee Grievances* - Employee-management relations, including grievance and appeals procedure.
- q. Operating Procedure 150.5, *Employee Wellness* - Employee Assistance Program
- r. Operating Procedure 175.1, *Employee Separations* - Retirement, resignation, and termination
- s. Operating Procedure 240.1, *Travel* - Travel
- t. Operating Procedure 350.2, *Training and Development* - Staff development, including in-service training

2. During orientation, employees are required to sign statements acknowledging access to and awareness of personnel practices and procedures.

C. Department level operating procedures include those procedures and associated supporting documentation that address facility security and control, with detailed instructions for implementing these procedures. These operating procedures are available to all staff on the Virtual Library. (5-ACI-3A-01)

D. Policy and Initiatives Unit staff will maintain the original copy of all Department level signed amendments, rewrites, and annual reviews.

E. Policy and Initiatives Unit staff will maintain and destroy all procedure notes and drafts in accordance to Library of Virginia records management retention schedules; see Operating Procedure 025.3, *Public Records Retention and Disposition*.

III. Procedure Dissemination and Access

A. Operating procedures are disseminated and made available to all DOC organizational units, employees, volunteers, public citizens, and inmates as appropriate.

1. The Policy and Initiatives Unit will maintain Department level directives, operating procedures, annual reviews, forms, and other documentation in the DOC Virtual Library on iDOC. (5-ACI-1A-12, 5-ACI-1A-13; 4-ACRS-7B-07; 2-CO-1A-16)

a. Policy Initiatives Unit staff will post documents on the Virtual Library at least 30 days before the

- effective date. (5-ACI-1A-14; 4-ACRS-7B-08).
- i. Policy Initiatives Unit staff may post emergency actions, changes with minimal impact, and changes driven by outside agencies with less than 30 days notice.
 - ii. When an operating procedure is rewritten, Policy and Initiatives Unit staff will maintain both the “old” procedure and the “new” procedure on the Virtual Library until the new procedure’s effective date.
- b. New postings on the Virtual Library are listed in the “What’s New” section.
 - c. Institutions, Probation and Parole Districts, and other administrative units will maintain their local operating procedure page.
2. Anyone with a user account in an approved security group can access the Virtual Library to view directives and operating procedures. Supervisors must ensure that their employees have access to operating procedures. (5-ACI-1A-12, 5-ACI-1A-13; 4-ACRS-7B-07; 2-CO-1A-16, 2-CO-1A-17)
 3. Staff may copy procedures located on the Virtual Library and place them in a manual.
 - a. The staff member must continually update this manual to remain consistent with the documents accessible on the Virtual Library.
 - b. Due to the inclusion of restricted procedures, the staff member must secure this manual in a locked area when not in use and it should not be accessible or shared with anyone not authorized to access restricted procedures.
 4. The Policy and Initiatives Unit will send an email to all DOC employees listing new postings on the Virtual Library on a regular basis.
 5. Department and local operating procedure changes with significant impact on inmates and probationers/parolees must be communicated by the Organizational Unit Head and Content Owner at least 30 days prior to the effective date, if possible. (5-ACI-1A-14)
 6. Organizational Unit Heads are responsible for communicating changes in operating procedures to employees, volunteers, and inmates/probationers/parolees prior to implementation. (5-ACI-1A-14; 4-ACRS-7B-08)
- B. COV §2.2-3700 et seq., *The Virginia Freedom of Information Act* provides that certain information may be excluded from public disclosure under the Freedom of Information Act (FOIA).
1. Operating procedures and associated documents containing information excluded from release under FOIA will include a statement indicating that the document is restricted and that portions of the document are excluded from public disclosure requirements under FOIA and unauthorized dissemination, printing, or copying of any part of the document is prohibited.
 - a. Each document containing information excluded from release under FOIA will be marked as Restricted.
 - b. Each page is marked with a banner and a watermark with the text “Unauthorized dissemination, printing, or copying is prohibited”.
 - c. For each restricted Department level operating procedure, the Policy and Initiatives Unit will maintain a redacted version suitable for public disclosure.
 - d. Restricted operating procedures will be posted on the Virtual Library but must only be released by the Director or designee.
 - e. Redacted versions of restricted documents containing information excluded from release under FOIA will be marked as approved for public access and may be posted on the Public website with the approval of the Director or designee.
 - f. Documents with redacted information may be authorized for inmate access if approved by the Director or designee.
 2. Each organizational unit is responsible for the security of their documents containing information excluded from release under FOIA.

- a. Local documents should be placed on the unit's LOP page on the Virtual Library including the statement, banner, and watermark as stated for Department level documents.
 - b. The Chief of Corrections Operations, Regional Operations Chief, or designee must review and approve redacted versions of restricted local operating procedures and restricted implementation memoranda before public disclosure.
 - c. Each document should be marked to indicate whether or not it is approved for public access
 - d. Documents with redacted information must specify the exact COV section that grants the exclusion for each section redacted.
 - e. Documents with redacted information may be approved for inmate access if appropriate.
3. Documents containing information excluded from release under FOIA will be printed or copied only as needed for reference, training, or audit purposes.
- a. Documents containing information excluded from release under FOIA will not be disseminated to the public without specific authorization from the DOC FOIA Officer or the Policy and Initiatives Unit.
 - b. Inmates will not be allowed to view or access documents containing information excluded from release under FOIA.
- C. Certain operating procedures are designated to be accessible to inmates. These documents should be available in the facility in areas such as the law library and library.
- D. Directives and operating procedures not containing information excluded from release under FOIA should be designated as approved for public access and can be provided on request to other agencies and to the public. All requests for operating procedures containing information excluded from release under FOIA must be forwarded to the Policy and Initiatives Unit.
- E. All DOC operating procedures are listed on the DOC public website. (5-ACI-1A-12; 2-CO-1A-16)
1. Public Access documents are hyperlinked for direct download.
 2. Requests for redacted versions of restricted documents must be submitted through the DOC FOIA Office.

IV. Review Process

- A. Operating procedures are reviewed annually and rewritten every three years. Updates will be made as needed to incorporate changes in statute, regulation, standards, or correctional practice. (5-ACI-1A-12, 5-ACI-1A-13; 4-ACRS-7B-08; 4-APPFS-3D-06; 2-CO-1A-17)
- B. For Department and local operating procedures, the Content Owner will conduct an annual review to ensure that the procedure remains in conformity with DOC directives and other management changes; that it continues to be necessary; and that it adequately addresses the need for which it was developed.
- C. For Department level operating procedures, the annual review should be documented on an Annual Review Memo signed by the Content Owner. Any revision submissions for Department level procedures must be forwarded to the Policy and Initiatives Unit.
- D. For local level operating procedures and implementation memoranda, the annual review should be documented on an *Annual Procedure Review* 010_F12 signed by the Organizational Unit Head.
- E. For Department and local operating procedures, the Content Owner will review and update the procedure within three years of its effective date. Any revision submissions for Department level procedures must be forwarded to the Content Owner and Policy and Initiatives Unit.

V. Unit-Specific Procedures

A. Local Operating Procedures

1. Local operating procedures authorized by directive will bear the procedure number, address the

ACA/PREA standards, and address the issues as required in the directive.

2. If an organizational unit has need for an operating procedure on a subject not covered by a Department level operating procedure, the unit may write and maintain a local operating procedure.
3. A local operating procedure cannot be written on the same subject as a Department level operating procedure. An implementation memorandum or variance can be used if needed.
4. Local operating procedures not authorized by directive are identified with the three-digit number of the most closely related directive and a sequential letter i.e. 001.A.
5. Local operating procedures, including those specifically authorized by a directive, will be signed by the Organizational Unit Head and Regional Administrator.
6. The organizational unit is responsible for maintaining each local operating procedure annually, documented on an *Annual Procedure Review* 010_F12, and completing a rewrite every three years. Updates will be made as needed to incorporate changes in statute, regulation, standards, or correctional practice. (5-ACI-1C-02)

B. Implementation Memoranda

1. If necessary, an organizational unit may write and maintain an implementation memorandum to provide unit specific information not provided by a Department level operating procedure; see *Implementation Memorandum Template* 010_F10.
2. At any time, an organizational unit will not have more than one active implementation memorandum for an operating procedure.
3. An implementation memorandum will use the same number as the related Department level operating procedure and include only the additional local information.
4. Implementation memoranda will be signed by the Organizational Unit Head and Regional Administrator.
5. The organizational unit will review each implementation memorandum annually, documented on an *Annual Procedure Review* 010_F12, and rewrite every three years. Updates will be made as needed to incorporate changes in statute, regulation, standards, or correctional practice. (5-ACI-1C-02)

C. Operating Procedure Variance

1. When special circumstances make certain provisions of a Department level operating procedure impractical for an operating unit, the *Procedure Variance Request* 010_F11 will be used to request a variance to those specific provisions.
2. The *Procedure Variance Request* should be submitted to the appropriate Regional Administrator and Regional Operations Chief for review, and forwarded for approval to the Signatory that signed the operating procedure.
3. Once approved, a *Procedure Variance Request* is effective for three years or until there is a substantive change in the operating procedure, whichever comes first.

VI. Format and Supporting Documents

A. Numbering System

1. Directives are identified with a three-digit number; directives within the same functional area have related numbers.
2. Operating procedures, Department or local level, specifically authorized by a directive are identified with the three digit directive number and a sequential number as assigned in the directive, i.e. 001.1.
3. Local operating procedures not authorized by directive are identified with the three-digit number of the most closely related directive and a sequential letter i.e. 001.A.

- B. All documents generated under this operating procedure should use the templates, formats, and styles as

provided by the Policy and Initiatives Unit whenever practicable. Previously approved documents need not be updated for the sole purpose of conversion to a new format or style.

1. Operating procedures will be written in accordance with Attachment 1, *Procedure Style Guidelines*.
2. *Local Operating Procedure Template 010_F7* and *Local Operating Procedure Template (Restricted) 010_F8* are to be used for all local operating procedures.
3. References to ACA, PREA, or other standards should appear in red font within parentheses at the end of the first paragraph of text that supports the standard. Multiple references may be needed in one or more operating procedures to address all facets of a standard.

C. Attachments

1. An attachment is added to an operating procedure or an implementation memorandum when there is need to provide information that does not fit within the text, i.e. contact information or instructions for completing a form; see *Attachment Template 010_F9*.
2. Attachments with a Department level operating procedure will be identified as Attachment 1, 2, etc.
3. Attachments to a local operating procedure or an implementation memorandum will be identified as Attachment A, B, etc.
4. The effective date of an attachment should match the effective date of the related operating procedure.
 - a. The revision date should remain the same until there is a change in the content of the attachment.
 - b. If an attachment is changed before the related operating procedure is rewritten, the revision date will be changed and, if necessary (major change), a revision date may be added next to the effective date which should remain the same as the current operating procedure.

D. Forms

1. A form is provided when there is a need for the user to enter information and form data fields should be provided for online forms; see *Form Template 010_F13*.
2. A Department level form is identified with the form name, the directive number, the letter “F” and a sequential number, i.e. *Form Name 001_F6*.
3. A local level form is identified with the form name, the directive number, the letter “F” and a sequential letter, i.e. *Form Name 001_FA*.
4. Each form may be referenced in and used within multiple operating procedures.
5. Forms should be updated as needed but not necessarily updated when the procedure is rewritten.
 - a. The revision date should be changed to reflect the date draft changes are made to the form.
 - b. The form filename (001_F6_2-19 {month-year}) should be changed to reflect the month and year of the effective date of the revised form, not the effective date of the operating procedure.

VII. Amendments to Directives, Operating Procedures, and Implementation Memoranda

- A. Directives, operating procedures, and implementation memoranda should be changed as needed to keep the document current with changes in statute, regulation, standards, or correctional practice.
 1. Policy Initiatives Unit staff will rewrite directives to incorporate significant changes.
 2. Significant changes to operating procedures and associated documents should be documented on an *Amendment to Operating Procedure 010_F14* signed by the Content Owner, Reviewer, and Signatory that signed the original document.
 3. The Content Owner can authorize minor corrections and technical changes without issuing an *Amendment to Operating Procedure*. The Content Owner is responsible for notifying the Reviewer and Signatory prior to requesting the minor correction or technical change.
- B. Changes to the content of a document should be denoted with additions in black type with gray 25%

highlight and deletions in black type with a strike through and gray 25% highlight.

1. The type of change (added, deleted, changed) and the effective date should appear in 9 font within parentheses at the end of the first paragraph of the affected section.
 2. The date of all changes to a document should be entered in the *Amended* section in the operating procedure header.
 3. Attachments may be changed as above or replaced by a new version with the revision date noted in the footer.
 4. Form changes will generally require the issue of an updated form.
- C. Major changes that affect multiple sections of a directive, operating procedure, or implementation memorandum may require that the entire document be rewritten before the three-year life expires.
- D. For Department level operating procedures, the Policy and Initiatives Unit will determine, in consultation with the Content Owner, whether an *Amendment to Operating Procedure*, rewrite of an existing procedure, or a new operating procedure is needed and will work with the Content Owner to develop an initial draft.
- E. For local operating procedures and implementation memoranda, the unit Content Owner should provide the information to the Operations Manager or other unit authority responsible for procedures. Operational units will establish an internal procedure development process.

VIII. Policy and Initiatives Unit Duties

- A. Ensure that all Department level operating procedures are clearly written and properly formatted
- B. Assess potential impact on related administrative and operational issues, and provide appropriate input to executive staff
- C. Manage subject matter expert and executive staff reviews, when needed
- D. Assist the Content Owner, as necessary, in maintaining current, relevant Department level operating procedures
- E. Coordinate final Department level operating procedure approvals and dissemination to the Virtual Library and the public website
- F. Maintain current directives, operating procedures, associated documents, and Executive Memoranda on the Virtual Library
- G. Submit appropriate operating procedures for posting on the DOC public website
- H. Incorporate relevant ACA and PREA standards into Department level operating procedures; maintain crosswalk to document standards in procedures.
- I. Maintain master files of current and superseded Department level operating procedures
- J. Provide copies of archived documents to the Attorney General's Office, Human Resources Hearing Officers, and others as needed
- K. Provide documents to satisfy FOIA requests including redacted versions of restricted documents
- L. Provide documents and information in support of other correctional and law enforcement agencies
- M. Monitor the effective date of Department level operating procedures
- N. Notify the Content Owner of Department level operating procedure annual reviews
- O. Assist the Content Owner to develop rewrites when due
- P. Serve as a resource for DOC staff, other state agencies, local law enforcement agencies and jails,

correctional agencies for other states, and the public to find procedure references, provide copies of procedures, and research superseded procedures.

REFERENCES

COV §2.2-3700 et seq., *The Virginia Freedom of Information Act*

COV §53.1-10, *Powers and duties of Director*

COV §53.1-25, *Director to prescribe rules; rules to be available to prisoners*

COV §53.1-140, *Powers and duties of Director of Department*

Operating Procedure 010.1, *Virginia Department of Corrections Administration*

Operating Procedure 025.3, *Public Records Retention and Disposition*

Operating Procedure 040.1, *Litigation*

Operating Procedure 102.2, *Recruitment, Selection, and Appointment*

Operating Procedure 102.4, *Compensation*

Operating Procedure 102.5, *Staff Medical Screening and Physical Examination*

Operating Procedure 102.6, *Staff Onboarding and Orientation*

Operating Procedure 102.7, *Employee Records*

Operating Procedure 110.1, *Hours of Work and Leaves of Absence*

Operating Procedure 135.1, *Standards of Conduct*

Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Inmates and Probationers/Parolees*

Operating Procedure 135.3, *Standards of Ethics and Conflict of Interest*

Operating Procedure 145.1, *Probationary Period*

Operating Procedure 145.2, *Employee Performance Management*

Operating Procedure 145.3, *Equal Employment Opportunity, Anti-Harassment, and Workplace Civility*

Operating Procedure 145.4, *Employee Grievances*

Operating Procedure 150.5, *Employee Health and Wellness*

Operating Procedure 175.1, *Employee Separations*

Operating Procedure 240.1, *Travel*

Operating Procedure 350.2, *Training and Development*

ATTACHMENTS

Attachment 1, *Procedure Style Guidelines*

FORM CITATIONS

Local Operating Procedure Template 010_F7

Local Operating Procedure Template (Restricted) 010_F8

Attachment Template 010_F9

Implementation Memorandum Template 010_F10

Procedure Variance Request 010_F11

Annual Procedure Review 010_F12

Form Template 010_F13

Amendment to Operating Procedure 010_F14