

Prison Rape Elimination Act (PREA) Training Acknowledgement Form

By signing below, I acknowledge that I have received training on the following topics as required by Prison Rape Elimination Act Standard 115.31 and Operating Procedure 038.3, Prison Rape Elimination Act (PREA):

- The Department’s Zero Tolerance Policy for sexual abuse and sexual harassment;
- How to fulfill my responsibility under agency sexual abuse and sexual harassment prevention, detections, reporting, and response policies and procedures;
- An inmate’s right to be free from sexual abuse and sexual harassment;
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with inmates;
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

By my signature, I am acknowledging that I understand the training provided and that the Virginia Department of Corrections has zero tolerance for sexual abuse or sexual harassment between inmates and between staff, contractor, volunteers, and inmates. I agree to abide by that policy. I likewise have been made aware of my requirement to report and know instances or suspicions of sexual abuse or harassment of inmates.

Signature of Employee

Date

Signature of Trainer

Date



Employee Vaccination Status Form

In accordance with DHRM Interim Guidance, Ensuring a Safe Workplace, and Executive Directive Eighteen (2021):

- All state employees (whether they are in the office or teleworking) are required to provide their COVID-19 vaccination status to their Agency's Office of Human Resources or other designated staff as noted in agency procedures.
- This Vaccination Status Form will be retained in a confidential file that is separate from the employee's official personnel record.

Please complete the information below to disclose your current vaccination status. Failure to provide this information as required may result in disciplinary action.

EMPLOYEE NAME (first, middle and last):

Select the appropriate box below

<input type="checkbox"/> Fully Vaccinated	Date of Final Inoculation (Month/Day Year)
By selecting the box above, I am declaring that I am fully vaccinated with a COVID-19 Vaccine and presenting proof. Fully vaccinated means that it has been two weeks or more since receiving the final dose in a two-dose series or two weeks since receiving a single dose vaccination.	
Certification of Vaccination Documentation as reviewed by Human Resources/Designated Staff	
Date of Review	Reviewer's Signature/Title
Type of documentation provided by the Employee (check one):	
<input type="checkbox"/> Vaccination Card (hard copy or electronic-copy)	<input type="checkbox"/> VA Health Department Document
<input type="checkbox"/> Medical Practitioner Document	<input type="checkbox"/> Other Public Health Department Document

<input type="checkbox"/> Not Fully Vaccinated
By selecting the box above, I am declaring that I am either partially vaccinated, or I am not vaccinated. Partially vaccinated means the individual has received only one vaccination dose in a two-dose series or that two weeks following the last inoculation has not yet lapsed.
PLEASE NOTE: <ul style="list-style-type: none"> • Regardless of the reason, employees who are not vaccinated or are partially vaccinated will be required to submit to weekly COVID-19 testing at the direction of Agency management. • An employee's refusal to participate in the Agency's COVID-19 testing plan will be considered a safety violation and may result in formal disciplinary action. • If fully vaccinated, employees are required to submit vaccination documentation indicating the date the vaccination was administered. Vaccination documentation includes a copy of the vaccination card or documentation acquired from your medical practitioner or public health department. • Employees who move to a different state agency must resubmit their vaccination status and documentation to the new employing agency. Employee vaccination status documentation will not transfer across state agencies. • Employees who change their vaccination status from partially- or not-vaccinated must resubmit this form along with vaccination documentation upon becoming fully vaccinated.

My signature below indicates that the information provided herein is accurate and true.

Employee Signature

Date



Receipt of Operating Procedure 135.4, Alcohol and Drug Testing

Under the provisions of Operating Procedure 135.4, Alcohol and Drug Testing:

1. All applicants for “Safety-Sensitive” positions are subject to pre-employment drug testing for unlawful/illegal/prohibited drug use;
2. All employees working in “Safety-Sensitive” positions are subject to random drug testing.
3. All employees are subject to alcohol and drug testing when reasonable suspicion exists or following an accident or injury that meets the criteria for post-accident alcohol and drug testing.

Please read and acknowledge by signature that you understand the following conditions:

1. If you have used an unlawful/illegal/prohibited drug, you may voluntarily inform your supervisor, Organizational Unit Head or Human Resource Officer prior to being ordered to report for random drug testing. Upon making this information known, you will be referred to an Employee Assistance Program for evaluation and treatment. After successfully completing a treatment program (as defined and confirmed in writing by the treatment care provider), you may return to work, however, you will be subject to regular drug testing for the next two years. You may voluntarily identify yourself only once during your employment with the Department of Corrections.
2. Employees are subject to alcohol and drug testing if the Department has reasonable suspicion, based on evidence, that an employee may be using unlawful/illegal/prohibited drugs or alcohol or may otherwise be impaired.
3. Employees will be required to submit to alcohol and drug testing as a result of an on-the-job accident or injury if ANY of the following occurs: a fatality, lost time, personal injury requiring immediate medical treatment outside of the unit or a recommendation by the unit’s medical staff that outside treatment is necessary, non-vehicular property damage in excess of \$1,000.
4. Employees involved in an accident while driving a state vehicle or personal vehicle for state business will be required to submit to drug and alcohol testing if ANY of the following occurs as a result of the accident: a fatality; the driver is issued a citation for a moving traffic violation and there is bodily injury to a person that, as a result of that accident, requires immediate medical treatment away from the scene of the accident; the driver is issued a citation for a moving traffic violation and one or more vehicles incur disabling damage, requiring the vehicle(s) to be towed from the scene of the accident.
5. If you test positive for unlawful/illegal/prohibited drug use, your employment will terminated. If you test positive on an alcohol test, you will be subject to disciplinary action under Operating Procedure 135.1, *Standards of Conduct*.
6. All alcohol and drug test results will remain confidential and retained in a secure location separate from other personnel files. The results will be reported to the Department’s Employee Drug Testing Coordinator and the Organizational Unit Head, Human Resource Officer, or Chief of Security. Results will be disclosed within the DOC on a need-to-know basis. Results may be disclosed to other state and law enforcement agencies if deemed appropriate by the Director of Human Resources.

Address questions concerning this operating procedure to your supervisor or Human Resource Officer.

I have read and understand this memorandum.

Employee Signature

Print Name

Date

Distribution: Employee and Employee’s Personnel File



INSTRUCTIONS

Purpose: The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

**Read all instructions before completing the form:
(Incomplete forms will be returned) THE NOTARY REQUIREMENT HAS BEEN
REMOVED AND IS NO LONGER NEEDED.**

Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete the form or to print legibly will result in a failed submission. The Office of Background Investigations will not accept request forms that appear to have been altered in any manner. Forms that contain strike outs, correction tape or white-out will result in a failed submission. All failed submissions will be returned to the requester.

- The applicants **current** legal first, middle and last name should be entered on the form; all these fields are mandatory.
- If a middle name is an initial, indicate in writing “initial only” otherwise, enter a full middle name given at birth. If there is no middle name, enter NMN. Middle name is a mandatory field.
- Maiden name is required and for all is the last name at birth.
- For “other names used” list all other names used, (ie. previous married names, nick name or any legal name or gender change - provide explanation on a separate sheet of paper and attach to your search request submission). Circle the appropriate title description in this space on the form.
- If the applicant has been married, divorced and/or widowed more than once, all spouse information should be entered.
- Date of Birth (DOB) is a mandatory field for applicant, spouse, children.
- If the answer to any question is none, write “N/A”.
- Sign the Central Registry Release of Information Form. Only original signatures will be accepted on the request form. No copies of the form will be accepted.
- A \$10.00 fee is required for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, one payment may be made for the total. All money orders, company/business checks, or cashier checks should be made payable to: Virginia Department of Social Services. Personal checks and cash will not be accepted. A \$50 fee will be charged by OBI for all returned checks.)
- OBI no longer issues or accepts billed account codes for the purpose of billing. Payment is required with every search form unless your agency/facility or program meets an exception as defined in the Code of Va. No out of state submissions are exempt from payment.
- Page 2 contains additional space for spouse and/or children. Utilize this space if needed.
- Search results are not transferable and are not considered official beyond the requesting agency or individual.

MAIL THE COMPLETED, SIGNED SEARCH REQUEST FORM AND PAYMENT TO:

Virginia Department of Social Services
Office of Background Investigations, 2nd Floor
5600 Cox Road
Glen Allen, VA 23060

If you have questions about the Office of Background Investigations, Central Registry Search Unit please submit an email to crs_operations@dss.virginia.gov.

Search Fee \$10.00

REQUIRED: Purpose of Search	<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care
<input type="checkbox"/> CASA	<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name	Account Code/FIPS Code		
Address	Use only an E, U, B, or T CODE:		
City	State	Zip	
Contact Name	Tel.#	Ext	
REQUIRED: Contact E-Mail	Mandatory if agency code has been assigned		

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

*Legal Last Name:	*Legal First Name:	*Middle Name At Birth: (If middle name is an initial, indicate "Initial Only" below)		
*Maiden Name: (Last name at birth)	*Gender: If other, write in OTHER <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth (MM/DD/YYYY)	Race:	
Driver's License Number or ID #:	*Social Security Number:	Other name: previous married name/nickname/name change (refer to instruction page)		
*Current Address: (Include house # and street name, Apt # if applicable)	*City:	*State:	*Zip Code:	

***Applicant's Prior Addresses: All Addresses**

*(Include house # and street name, Apt # if applicable)	*City	*State	*Zip	*Start Date (MM/YY)	*End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

List current spouse or partner. If divorced or widowed, list all previous spouses. If never married, write 'N/A'.

*Legal Last Name:	*Legal First Name:	*Middle Name (given at birth)	*Maiden Name: (Last name at birth)	Race:	*Gender: If other, write in OTHER	*Date of Birth: (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

*Legal Last Name:	*Legal First Name:	*Middle Name: (given at birth)	*Relationship:	*Gender: If other, write in OTHER Sex	*Date of Birth: (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



