**PARTIAL CONFINEMENT ORIENTATION CHECKLIST**

[ ]  Reentry Center [ ]  Community Parenting Alternative [ ]  Graduated Reentry

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| --- |
| **GENERAL** |

[ ]  General rules

[ ]  Disciplinary procedures, including good time credits

[ ]  Mail correspondence, telephone usage, and visiting regulations

[ ]  Daily schedule/itinerary and curfew

[ ]  Resolution program

[ ]  Classification procedures

[ ]  Earned release time certification

[ ]  Budget and saving plans, including financial transactions and Legal Financial Obligations

[ ]  Substance use disorder testing

[ ]  Access to mental health, medical, and dental care

[ ]  Job search rules/expectations

[ ]  Community resources

[ ]  Resident property responsibility/disposal

[ ]  Searches and contraband

[ ]  No participation in research

[ ]  Case management plan

[ ]  Facility/program employees/contract staff roles

[ ]  Access to attorneys, libraries, and courts

[ ]  Non-discrimination

[ ]  Religious practices

[ ]  Equity, diversity, inclusion, respect, and anti-racism

[ ]  Working as an informant per DOC 470.150 Confidential Information

[ ]  **Prison Rape Elimination Act (PREA)/sexual misconduct:** Video, discussion, and brochures

 I understand that the Department has zero tolerance for all forms of sexual misconduct, including sexual harassment, sexual assault/abuse, and staff sexual misconduct. I understand that all allegations of sexual misconduct will be investigated and may also be referred to law enforcement agencies for criminal investigation. I am aware that sexual contact between an incarcerated individual and staff, including Department employees, contract staff, and volunteers, and vendors, is strictly prohibited. I also understand that neither the Department nor Washington State law recognizes consensual sexual contact between staff and incarcerated individuals as a defense against allegations of sexual misconduct. I understand the reporting process for sexual misconduct.

 **If you have any questions, you may contact the following as appropriate:**

* Reentry Center Administrator at (509) 934-0413
* Parenting Program Administrator at (360) 790-2792
* Graduated Reentry Administrator at (253) 377-1239

[ ]  Other:

**Accommodation required** (e.g., braille, video-closed captioning, language interpreter¸ cognitive/comprehension concern):

Interpreter name:       Date:

|  |
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| **REENTRY CENTERS ONLY** |

[ ]  Fire evacuation and safety

[ ]  Point-to-point passes, social outings, and furloughs

[ ]  Head count and sign-in/out sheets

[ ]  Maintenance duty assignments

[ ]  Toxic and caustic materials

[ ]  No smoking

[ ]  Room and board

[ ]  Personal hygiene

[ ]  Laundry facilities

[ ]  Room assignment

[ ]  Communicable diseases and safeguards

[ ]  Recreation

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| **ACKNOWLEDGEMENT** |

**I hereby acknowledge that I have received the facility/program orientation regarding all items checked above.**

Name Signature DOC number Completion date

      

Employee/contract staff witness Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: ORIGINAL - Imaging file COPY - Incarcerated individual, Case manager