**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

Shape

Description automatically generated with low confidence

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