



PRISON ORIENTATION CHECKLIST (INITIAL AND LOCAL ORIENTATION)

PRISON RAPE ELIMINATION ACT (PREA)/SEXUAL MISCONDUCT

Video, discussion, and brochures; DOC 490.800 Prevention and Reporting of Sexual Misconduct, DOC 490.850 Response to and Investigation of Sexual Misconduct, related Operational Memorandums, the Prison Rape Elimination Act of 2003, and other applicable state or federal laws including potential criminal penalties; Department zero tolerance stance, definitions and examples of prohibited and/or illegal behaviors that might constitute sexual misconduct, self-protection strategies, prevention and intervention, sexual harassment, examples of conduct, circumstances, and behaviors that may be precursors to sexual misconduct; various ways sexual misconduct may be reported, that all allegations of sexual misconduct are taken seriously and investigated thoroughly, confidentiality in cases of sexual misconduct, treatment and counseling, staff requirement to report allegations, protection against retaliation, and disciplinary actions for making false allegations.

Completion date: _____ Initials: _____

ADMISSION

Rights, responsibilities, and privileges; Limited English Proficiency (LEP), Americans with Disabilities Act (ADA), equal opportunity rights, non-discrimination, communication with employees/contract staff, employee/contract staff and incarcerated individual relations, and safety and emergency information.

OPERATIONAL PROCEDURES

Security, counts, searches, disciplinary process, no smoking, no participation in research, use of informants, Group Violence Reduction Strategy, and Intelligence and Investigations.

DAILY LIVING

Meals and dining, cell/room assignment, visiting, banking, commissary, property, hygiene, laundry, telephones, recreation, religion, mail, education, job opportunities/expectations, and escorts/furloughs.

CLASSIFICATION

Admission testing, classification information, intake at parent facility, review cycles, custody review score explanations, Facility Risk Management Team, Risk Management intensive transition, deportation proceeding notification, transfer inquiry, Earned Release Time/Good Conduct Time, Interstate Compact, risk assessment, appeal process (e.g., classification, risk assessment), loss of good time credit and Earned Release Time credit due to 557 & 810 violations, notice of detainers, Sentence Reform Act, continuous case management plan, sentence type overview, registration notifications, and 10 Day Release.

HEALTH SERVICES

Access to medical, dental and/or mental health care, medical emergencies, Health Status Report, medication and medication management, communicable diseases/infection prevention, Sex Offender Treatment and Assessment Program, and substance use disorder treatment.

RESOLVING CONCERNS

Beginning at the lowest level, resolution program, Ombuds, tort claims, and legal access.

ACCOMMODATION REQUIRED (e.g., braille, video-closed captioning, language interpreter, cognitive/comprehension concern): _____

Interpreter name: _____ Date: _____

RECEIPT OF THE ORIENTATION HANDBOOK

My signature acknowledges during orientation I received a copy of the Maximum Allowable Personal Property Matrix and agree the value of personal property I receive will not exceed the value limits per DOC 440.000 Personal Property for Offenders.

I hereby acknowledge that I have received the facility handbook and orientation regarding the above information. I understand and have been informed how to obtain additional information, if needed.

_____ Name	_____ Signature	_____ DOC number	_____ Completion date
_____ Employee/contract staff witness name	_____ Signature	_____ Facility	_____ 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.

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