PARTIAL CONFINEMENT ORIENTATION CHECKLIST

☐ Reentry Center  ☐ Community Parenting Alternative (CPA)  ☐ Graduated Reentry

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 Offender 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
• Reentry Senior Administrator at (360) 725-8828

☐ 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

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