



# 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: \_\_\_\_\_

**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.

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