ATTACHMENT #1C Community Correctional Center-Lincoln

Nebraska Department of Correctional Services Community Corrections Center – Lincoln

INMATE ORIENTATION CHECKLIST

(Please PRINT Your Name and Number)

INMATE NAME / NUMBER:

be signed verify that	by th	nformation will be reviewed with all inmates transferred to CCCL. Where indicated, separate receipts will be inmate and witnessed by a staff member. Each inmate will initial/check-off each subject in order to she was present at the orientation session and did receive the information presented orally and/or of the material.				
		on of the orientation session, this <i>Checklist</i> will be signed and dated by the inmate and witnessed and aff member conducting the session.				
Inmate Initials	SU	NOTE: An asterisk (*) indicates that a separate receipt is signed by the Inmate. A plus sign (+) indicates that the Inmate received a copy of the form.				
	1	* Warden's Memo (See Addendum C): Violation of Passes and Furloughs, ESCAPE Information and EXTRADITION Waiver				
	2	* Receipt for CCCL In-house Rules and General Information book & DCS Rules and Regulations Specifically in the CCCL In-house Rules and General Information book, Addenda Section (The yellow pages.): Community Incentive Program (CIP) Guidelines (See Addendum E) Health Information (See Addendum H) Inmate Emergency Procedures (See Addendum M)				
	3	*+ Detail Crew Agreement				
	4	* State Issue / Personal Property and Linen Information Receipt (See Addenda A and B)				
	5	*+ Personal Property Agreement				
	6	* Victim Awareness Programming – Report Form				
	7	* Power of Attorney				
	8	* Intake Information Form (includes Central Monitoring)				
		Sexual Assault / Abuse Awareness (See Addendum K) • Prevention/intervention				

SIGNATURE of Inmate/Number.	Date:
SIGNATURE of Staff Witness/Title:	Date:

DISTRIBUTION:

This completed form, along with the other individual original signature receipts noted, will be forwarded to the Records Office for filling in the inmate's permanent record file; photocopies of the signed receipts/forms may be made for staff reference.

Ref: AR 113.02, OM 201.02.01, AR 203.11, AR 204.02 Rev: 01/95; 05/98; 10/98; 11/00; 04/04; 07/04; 03/05; 07/06; 01/08; 01/10.

Self-protection

CCCL Inmate I.D. Card

Reporting sexual abuse/assault Treatment and counseling



<u>Memorandum</u>

Date:

January 13, 2014

To:

All CCCL Inmates

From:

Rich Cruickshank, Warden

RE:

Violation of Passes & Furloughs, ESCAPE INFORMATION and EXTRADITION WAIVER

Inmates in a community custody facility are eligible to earn the privilege to participate in community-based activities. Be advised that when you leave the community custody facility for any reason, you are held to a high level of accountability.

- You MUST comply with the conditions established by work/educational release or detail crew assignments, and all types of passes and furloughs. Passes and furloughs allow you to visit only the locations(s) listed on the itinerary, and are subject to your ability to complete the authorized activity or appointment listed. Going anyplace other than the location(s) listed on the approved pass or furlough without authorization will be considered beyond the limits of your confinement, and you will be subject to disciplinary action.
- If you have a pass to an activity at a given location, you are to be AT that activity not in the parking lot, in a lounge in a different area of the building, or sitting on the steps outside of the building. You must strictly adhere to the designated time of arrival at an activity, appointment and/or assignment and your designated time of return to the institution/furlough address. If you complete the activities on your approved itinerary ahead of the scheduled time frame or if any condition of your pass cannot be completed as authorized (e.g. the bank-or-store is closed, the appointment or activity is cancelled, etc.), you MUST return to the institution immediately. If you complete the activities on your approved itinerary ahead of the scheduled time frame or if any condition of your furlough cannot be completed as authorized, you MUST return to your furlough address immediately.
- If you cannot arrive at an assigned location or return to the institution on time, you MUST call the institution as soon as possible to receive instructions. In certain situations, you will be directed to return to the facility with written documentation to verify the unforeseen circumstance(s) causing your delay in returning (e.g. receipt for flat tire repair).
- If you depart from any work assignment or the extended limits of a facility with the intention to remain away, or fail to return from a pass or furlough with the intent to remain away, you may be charged with escape, and local prosecutors will be notified. Nebraska statute provides in Section 83-184 (4), "The willful failure of a person to remain within the extended limits of his confinement or to return within the time prescribed to a facility designated by the Director Correctional services may be deemed as escape from custody punishable as provided in 28-912."
- If you are late in returning to the facility or fail to remain with the extended limits of confinement, or are absent from an approved location, you may be charged with violation of passes or furloughs. In either case, you could lose up to 90 days good time and are subject to 60 days disciplinary segregation. In addition, you may be recommended for reclassification, which could result in your being transferred to a secure facility.

Being in a community facility gives you the opportunity to earn more privileges, but also requires that you exhibit responsible behavior when you earn them. You are responsible for knowing where you are allowed to go and when to return to the facility.

WAIVER OF EXTRADITION: I UNDERSTAND THAT I AM NOT ALLOWED TO LEAVE THE STATE OF NEBRASKA. FURTHERMORE, I HEREBY FREELY AND VOLUNTARILY WAIVE EXTRADITION PROCEEDINGS AND WILL RETURN TO THE APPROPRIATE CORRECTIONAL FACILITY WITHOUT THE GOVERNOR'S REQUISITION WHEN THE DIRECTOR OF THE DEPARTMENT OF CORRECTIONS OR HIS DESIGNEE ORDERS SUCH RETURN.

ESCAI	PE INFORMATION & EXTRADI	TION WAIVER – ACKNOWLEDGEMEN	NT RECEIPT
I,above information	(Printed Inmate Name / Number) explained to me.	, have read / have had read	d to me and have had the
Witness Signature	Date	Inmate Signature / Number	Date

Effective: 03/27/95. Revised/Reviewed: 01/13/14

NEBRASKA Department of Correctional Services Community Corrections Center-Lincoln

CCCL in-House Rules and General information



		•	
I,			_, acknowledge that I have been told and I
_		Inmate Name and Number)	
understan	nd that there is a cr	rrent copy (January 2012) of	the Community Corrections Center-Lincoln's
Inmate In-	house Rules and Ge	neral Information book availab	le for me to read in my assigned room.
13	have been told and	I understand that my roommat	tes and I are to share the copy of this book, it is
not my p	ersonal property, ar	d is to be stored on the hook	that is attached to the door of my room. I also
have been	n told and understa	nd that a copy of the inmate i	n-house Rules and General Information book is
available	for me to borrow fi	om my Housing Unit Staff and	d that I can check out a copy by exchanging m
inmate I.I	D. Card for the bool	S.	
. T r	addition to the m	es and general information I	acknowledge the following specific additiona
		-	e section known as the "Yellow Pages":
(automu	mionnanon is a	so contained in the bontain in	c section known as the Tellow Lages.
	Addendum "B" Addendum "C" Addendum "D" Addendum "E" Addendum "G" Addendum "H" Addendum "I" Addendum "J" Addendum "K" Addendum "K" Addendum "K" Addendum "K" Addendum "M"	Miscellaneous Information (Admin Law [Legal] Library, Mon Duty/Segregation Proced Community Incentive Program (CI Laundry Room Procedures StarTran Information Health Education Mailing Addresses (CCCL, NDCS, Post Office Regulations Institutional Checks and Inmate Pr Sexual Assault Awareness Informate Inmate Emergency Procedures	erty List s & ESCAPE Information and Extradition Waiver sistrative regulations/Operational Memoranda, istrative regulations/Operational Memoranda, ithly Performance, Room Restriction/Extra dures, Volunteer/Sponsor Orientation) iP) , Facilities, Adult Parole, Parole Offices, Parole Board) repaid Debit Card ation
I	further understand	that <u>I am responsible for reac</u>	ding the information provided in the book an
that I ma	y receive a miscon	luct report for failure to follow	w the In-house Rules, General Information, th
Addendu	m Information, and	or any Posted Rules, Instruction	ons or Schedules.
In	mate Signature/Number		Date ,
C	CCL Staff Witness/Job Titl	9	Date

Photocopy: File in PHO Book

Original Copy: File in Inmate's Institutional Record Jacket

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES COMMUNITY CORRECTION CENTER

DETAIL CREW AGREEMENT

	C	enter
Ι,	, on Community Custody A	status and a
	etail crew, agree to abide by all rules, regulations, and directives dections Administration, it's Community Corrections Centers, and the I	
I fully understa	nd that I am subject, but not limited, to the following conditions	s:
	1) I will perform my assigned job duties as directed by Department personnel.	
	2) I am subject to disciplinary action if found in violation of any of the rules, regulations, or directives.	
	3) I may be reclassified and transferred off of Community Custody A status for below-average work performance, violation of rules and regulations, and/or for the general safety of myself, other inmates, the Community Corrections Administration or society.	
	4) I may earn certain community release privileges while on detail assignment and these privileges, in part or in total, may be terminated due to poor work performance, poor attitude, disciplinary action, and/or for the general safety of myself, other inmates, the Community Corrections Administration or society.	
	5) I will participate in all programming as may be stipulated for, for placement on community custody status and/or as developed through a personalized plan and/or determined by the Center Classification Committee.	
	6) I also agree to the following special conditions:	
SIGNATURE of	INMATE: DATE:	
SIGNATURE &	TITLE of WITNESS: DATE:	

DISTRIBUTION: White - Office File

NEBRASIKA Department of Correctional Services Community Corrections Center-Lincoln

STATE ISSUE / PERSONAL PROPERTY AND LINEN INFORMATION RECEIPT

1,			understand the following information
that c	(Printed Inmote Name) oncerns inmate personal	(Institutional Number) clothing and property:	
1.	in the following document General Information book	nts, which are in the yellow section	roperty within the institutional limits outlined on of the <u>CCCL Inmate In-house Rules and</u> room; I may also borrow a copy of the CCCL by inmate I.D. Card.
		l Clothing Allowance (as appropriate f enal Property List (Addendum B)	or Male or Female Inmates; Addendum A)
2,		ible for my state issued property and do altered clothing, bedding and l	d will reimburse the state of Nebraska for any aundry soap container.
3.	responsibility to arrange	y be served a <i>Notice of Excess F</i> for the pick-up of my excess prope othing will be disposed of within thi	-
4.	status, I will be required socks, coats, gloves, stock	to turn in all state issue clothing, king hats and sweatshirts. If disch	transfer from Community A to Community B including shirts, pants, T-shirts, underwear, arged, paroled or transferred, I understand I udes blankets, pillowcases and sheets, towels,
~.	Requisition form. If ar items as noted in #2 abo I am discharging or pare	ny state issued items are not turned in ove. I will be required to sign an Immat oling, the money will be withheld from	against my original Inter-Institutional Clothing n, or are altered in any way, I must pay for those the Check in the amount of the cost of the item(s); if n my final pay. If I refuse to sign this check, then propriate deduction is made and the reissue of the
	Property Management l used for comparison w	og book, which will be kept in the ho	Institutional Clothing requisition in the Personal using unit's property room. This log book will be ned returns of clothing and bedding. Staff will when I turn in my state issue property.
l und	erstand that if I am found	d to be in violation of the clothi	ng/property limits the clothing/property will
be co	onfiscated and I may be s	ubject to disciplinary action.	
	Inmate Signature	· Number	Date
	Stafi/Witness Signature	Job Title	Date

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES COMMUNITY CORRECTIONS CENTER

PERSONAL PROPERTY AGREEMENT

I,	,hereby acknowledge that m	y personal
	hereby acknowledge that my house items listed in the facility In-House rules and Operations Memoranda. Alcluding musical instruments, televisions and walkman type units must fit within a spanning musical instruments.	
	erstand that I am responsible for securing my personal property in my personally	
	area. I understand that I may be directed to reduce the amount of my personal p	roperty as
deemed necessary	•	
	nd that the Community Corrections Center will not maintain an inventory of my mmunity Corrections Center will only be responsible for that personal property for	•
	of and will only be liable for up to \$50 per item in the event that staff negligence res	
loss or damage of	the item. The Community Corrections Center is not responsible for any personal pro-	
is stolen.	add to Community Community Community Community	
i Understai	nd that Community Corrections Center staff will secure and inventory my personal p	roperty II:
1.	I am placed on immediate segregation status.	
2.	I am placed on an extended medical furlough.	
3. 	I am reclassified to a Minimum, Medium or Maximum custody level. I walk away from the community corrections center.	
,,	T want away hom the community contentions content.	
	ry Corrections Center staff will make reasonable efforts to contact the person I have a	
	my personal property. The person listed below must accept my personal property of the Language Control	
	ections Center. I understand that I may ship of mail my personal property at my own Community Corrections Center staff will dispose or donate any or all of my persona	
	within 30 days of my walk away or reclassification. This may be accomplished by	
	ty or by destroying them, as deemed appropriate by the warden.	
I HEREBY PERSONAL PROP	Y AUTHORIZE COMMUNITY CORRECTIONS TO RELINQUISH POSSESSION PERTY TO:	V OF MY
I ENSONAL I NOI		
	NAME:	
	ADDRESS:	
	CITY: STATE: ZIP CODE:	
	TELEPHONE: (Home) (Cell/Office)	
	RELATIONSHIP:	
SIGNATURE of Inma	ate Date SIGNATURE of Witness	Date
OVOLVIT OTOP OF THIS		Duit

Distribution: White - Records Canary - Center File Pink - Inmate's Copy

Housing	Unit	
TTOMBILL	O 11 20	_

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES Community Correctional Center Lincoln

POWER OF ATTORNEY

	1,		,#	(Principal),	an inmate committed
	Nebraska Departm lish a Power of Atto		onal Services (I	Department), des	iring and intending to
					ıl Agent and attorney ir
fact a	s follows:				
1.	This is a Present I	Durable Power	of Attorney.		•
2.	take any other act	ion necessary to	o deposit any c	heck or other fin	cept and endorse, or ancial instrument Inmate Trust Fund.
3.			2.		ed instruments of like
1.	_	torney remains	in effect until 1	evoked or Princ	ipal is discharged from
	the Department, v Attorney prior to	vhichever is ear my discharge fi	rlier. I understa rom the Depart	and that revocati ment shall be ca	on of this Power of use for reclassification
	from community	custody and rer	noval from my	community cus	tody program.
	EXECU Nebraska, on_			Lancaster	County,
			In	mate's Signature	(Principal)
	STATE OF NEI	-)	ss,	
	COUNTY OF _	Lancaster)		
	The foregoing ins		knowledged b	efore me on	, 2014, by the
	·			Notary Pul	blic

Rev. 07/2005

NEBRASKA Department of Correctional Services Community Corrections Center-Lincoln

INTAKE INFORMATION FORM

INMATE NAME:		NUMBER:
Transferring Facility/Program: CCCO DEC L	CC NCCW NSP NSP/RTC OCC	TSCI Olher
Community Custody Status at Transfer: A B	Other	
	se of Emergency No	
Name:		distrip to Inmate:
Address:		iale:
Telephone Numbers: Home ()		•
SECTION I. COMMITMENT INFORMATION		
- Dale Sentenced:	Sentencing County(les):	
Offense(s):		
• Sentence(s):		<u> </u>
* Parole Eligibility Date (PED):	Yentalive Releas	sa Dale (TRD);
·		•
SECTION II. GENERAL INFORMATION		
Home Address:		•
County:	Telephone Number; ()	
Dale of Birth: Place of	Birth (Cily/State):	
•		f: \$\$#:
Current Driver's License: Yes No.	If yes, state:	Driver's License No.:
SECTION III. SOCIAL HISTORY		and the second s
	in the state of th	Marine 1 Off
• •	•	dower Other
Currently Married to:	· •	Number of Dependents:
Spouse's Current Address:		
Telephone Numbers: Hame ()	Work ()	Cell ()
SECTION IV: RELIGIOUS INFORMATION	. ,	•
the state of the s		
•	е(етепсе:	
Imam / Minister / Priest / Rabbi / Spirifual Leader	: <u> </u>	Telephone: ()
Address:		
City/State/Zip:		

· Speak English: Voc						
- Speak Linguisti. 163	No Re	ead English: Yes No	Write Englis	h: Yes No		
· Language(s) other than	n English (indicate speak	, read, and/or write and your fluer	ncy level):			
				·		
		ighest grade completed:		.E.D.; Yes No		
•						_
		. Highest level completed:				
-		-			, , , , , , , , , , , , , , , , , , , 	-
· Vocational/Technical Si	chook Yes No Hi	ighest level completed:	A	rea of study:		
		9,100,1010,1011,10100				
GOIDE (MORGE WE	yrough).	e e e e e e e e e e e e e e e e e e e				
SECTION VI: IMMEDI	ATE CONCERNS					
MEDICAL / DENTAL	ral I deplat appointment	s or problems needing immedia	Y Snoilnelle et	es No	If so, please no	ole and explain
Do you have any most	•	~		φυ <i>(</i> (0	., 00, ,	•
H you have a personal a		clude city/slate:	• • • • • • • • • • • • • • • • • • • •			
•		•	•			
• •		ide cily/state:				2005
Do you have any medica	al or health problems the	at would prevent you from perfor	ming any particula	r job type? Yes	No If so,	picase describe
· Legal Needs		ers. 'child support and/or other c				
LEGAL NEEDS Do you have any legal n please note:	nátters, warrants, delain	ers, child support and/or other c	ourt obligations no	etsibemmi gnības	attention? Ye	
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SELF PROTECTION

Inmates/offenders should take all reasonable measures to protect themselves. Inmates/offenders should take reasonable measures to avoid conflict, confrontations, and/or altercations by leaving the immediate area, soliciting staff assistance and taking a defensive posture during altercations.

Be aware of situations that make you feel uncomfortable. Trust your instincts. If it feels wrong, LEAVE.

Don't be afraid to say "NO" or "STOP IT NOW."

Walk and stand with confidence. Many rapists choose victims who look like they won't fight back or are emotionally weak.

Casual nudity and talking about sex may make another person/inmate believe that you have an interest in a sexual relationship.

Do not accept canteen items or other gifts from other inmates/persons. Avoid placing yourself in debt to another inmate; this can lead to the expectation of repaying the debt with sexual favors.

Avoid secluded areas. Position yourself in plain view of staff members. If you are being pressured for sex, report it immediately.

Attachment D, AR 203.11 Sexual Assault Revised 6-1-08

SEXUAL

ASSAULT

AWARENESS

Inmate, Offender & Parolee
Sexual Assault/Abuse
Awareness



IF YOU ARE SEXUALLY ASSAULTED

As soon as it is safe to do so, REFERRATION THE ATTACK INVINIEDIATELY. The longer you wait to report the attack the more difficult it is to obtain the evidence necessary for a criminal and/or administrative investigation. The assault can be reported to any staff member or trusted party.

Do not shower, brush your teeth, use the rest room, or change your clothes. You may destroy important evidence.

Do request immediate medical attention. You may have serious injuries that you are not aware of, and any sexual contact can expose you to sexually transmitted diseases.

Later on.....

Please seek support. The days ahead can be traumatic and it helps to have people who care about you supporting you.

Professional help is available. Any nonconsensual sexual activity in degrading. Mental Health Staff within the institution are available to help inmates and offenders recover from the emotional impact of sexual assault.

THE DEPARTMENT'S POLICY ON SEXUAL ACTIVITY

The Nebraska Department of Correctional Services will not tolerate sexual abuse in any of its facilities or programs. Inmates, offenders, parolees, visitors, volunteers and employees have a right to living and working areas that are free from any form of sexual abuse. This policy covers sexual abuse by employees, visitors, volunteers, sponsors and inmates.

Staff-on-Inmate Sexual Behavior Employees, contractors, volunteers and sponsors (other than the inmate or parolee's spouse) are prohibited from:

- . Making verbal statements of a sexual nature to an inmate, parolee or offender.
- o Threatening an inmate, parolee or offender in an attempt to induce the inmate, parolee or offender to engage in sexual behavior with the employee.
- o Physically touching an inmate, parolee or offender in a sexual manner. This includes the intentional touching of the genitalia, anus, groin, breast, inner thigh or buttocks with the intent to abuse the inmate, offender or parolee or to arouse or gratify the employee's sexual desire.
- Attempting to have sex with an inmate, parolee or offender.
- Having sex with an inmate, parolee or offender.

Sexual acts involving staff, contractors, sponsors or volunteers are a felony.

State Statute 28-322.01 Sexual abuse of an inmate, offender or parolee. A person commits the offense of sexual abuse of an inmate, offender or parolee if such person subjects an inmate or parolee to sexual penetration or sexual contact as those terms are defined in section 28-318.

It is not a defense to a charge under this section that the inmate, offender or parolee consented to such sexual penetration or sexual contact.

State Statute 28-322.02 Sexual abuse of an inmate, offender or parolee in the first degree. Any person who subjects an inmate, offender or parolee to sexual penetration is guilty of sexual abuse of an inmate or parolee in the first degree. Sexual abuse of an inmate or parolee in the first degree is punishable from 1 to 20 years in prison.

State Statute 28-322.03 Sexual abuse of an inmate or parolee in the second degree. Any person who subjects an inmate, offender or parolee to sexual contact is guilty of sexual abuse of an inmate or parolee in the second degree. Sexual abuse of an inmate or parolee in the second degree is punishable from 0 to 5 years in prison.

If there is sufficient evidence that an employee, contractor, volunteer or sponsor has violated section 28-322.01, the matter WILL be referred to a County Attorney for prosecution.

If there is sufficient evidence that an employee, contractor, volunteer or sponsor has committed any of these activities, there WILL be administrative, disciplinary and/or criminal sanctions.

Inmate-on-Inmate or Inmate-on-Staff Sexual Behavior

The Department of Correctional Services will not tolerate abusive sexual contacts or acts within the correctional setting. The Code of Offenses prohibits inmates, offenders or parolees from engaging in sexual behavior with another inmate, offender or parolee or forcing an employee to engage in unwanted or nonconsensual sexual behavior with an inmate, offender or parolee. Inmates and offenders should expect a facility that is free from any form of abuse to include:

- Physical/sexual assault
- Physical/sexual pressuring
- Extortion (pressuring for personal property, charging rent, demanding sexual favors or money)
- Physical/sexual intimidation or manipulation
- Retaliation/retribution

Inmates and offenders who engage in the above cited prohibited acts are subject to disciplinary action and/or criminal prosecution. Inmates who are determined to be a threat to staff or inmates will be considered for Administrative Segregation placement through the inmate classification process. Offenders will be referred to the Court.

All cases of sexual assault or abuse will be referred to the DCS investigators/Nebraska State Patrol for criminal investigation and possible prosecution.

NEBRASKA Department of Correctional Services Community Corrections Center-Lincoln

Victim Awareness Programming – Report Form

Please complete the information requested below. The information requested is used to track participation only; no names or institutional numbers are used.

Have you taken a Victim Awareness or Victim Impact Class while incarcerated in the Nebraska Prison System? Thank you!

Name (Please Print)	Number	_Taken class Yes _No	lf ye Facility	es, When	Your signature	Today's Date
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Staff Witness:		Date:	
			

Forward to: Administrative Assistant Effective: 07/04. Rev. 08/09.