

ATTACHMENT #1C

Community Correctional Center-Lincoln

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
Community Corrections Center – Lincoln

INMATE ORIENTATION CHECKLIST

INMATE NAME / NUMBER: _____
 (Please PRINT Your Name and Number)

The following information will be reviewed with all inmates transferred to CCCL. Where indicated, separate receipts will be signed by the inmate and witnessed by a staff member. Each inmate will initial/check-off each subject in order to verify that he/she was present at the orientation session and did receive the information presented orally and/or received a copy of the material.

Upon completion of the orientation session, this *Checklist* will be signed and dated by the inmate and witnessed and dated by the staff member conducting the session.

Inmate Initials	SUBJECT
	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): <i>Violation of Passes and Furloughs, ESCAPE Information and EXTRADITION Waiver</i>
	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.): <ul style="list-style-type: none"> • 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)
	9 Sexual Assault / Abuse Awareness (See Addendum K) <ul style="list-style-type: none"> • Prevention/intervention • Self-protection • Reporting sexual abuse/assault • Treatment and counseling
	10 CCCL Inmate I.D. Card

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 filing in the inmate's permanent record file; photocopies of the signed receipts/forms may be made for staff reference.

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 understand that there is a current copy (January 2012) of the Community Corrections Center-Lincoln's Inmate In-house Rules and General Information book available for me to read in my assigned room.

(PRINTED Inmate Name and Number)

I have been told and I understand that my roommates and I are to share the copy of this book, it is not my personal property, and is to be stored on the hook that is attached to the door of my room. I also have been told and understand that a copy of the Inmate In-house Rules and General Information book is available for me to borrow from my Housing Unit Staff and that I can check out a copy by exchanging my inmate I.D. Card for the book.

In addition to the rules and general information, I acknowledge the following specific additional (addendum) information is also contained in the book in the section known as the "Yellow Pages":

- | | | |
|--------------------------|--------------|---|
| <input type="checkbox"/> | Addendum "A" | State Issue & Personal Clothing Allowance – Females and Males |
| <input type="checkbox"/> | Addendum "B" | Inmate Authorized Personal Property List |
| <input type="checkbox"/> | Addendum "C" | Violation of Passes and Furloughs & ESCAPE Information and Extradition Waiver |
| <input type="checkbox"/> | Addendum "D" | Miscellaneous Information (Administrative regulations/Operational Memoranda, Law [Legal] Library, Monthly Performance, Room Restriction/Extra Duty/Segregation Procedures, Volunteer/Sponsor Orientation) |
| <input type="checkbox"/> | Addendum "E" | Community Incentive Program (CIP) |
| <input type="checkbox"/> | Addendum "F" | Laundry Room Procedures |
| <input type="checkbox"/> | Addendum "G" | StarTran Information |
| <input type="checkbox"/> | Addendum "H" | Health Education |
| <input type="checkbox"/> | Addendum "I" | Mailing Addresses (CCCL, NDGS, Facilities, Adult Parole, Parole Offices, Parole Board) |
| <input type="checkbox"/> | Addendum "J" | Post Office Regulations |
| <input type="checkbox"/> | Addendum "K" | Institutional Checks and Inmate Prepaid Debit Card |
| <input type="checkbox"/> | Addendum "L" | Sexual Assault Awareness Information |
| <input type="checkbox"/> | Addendum "M" | Inmate Emergency Procedures |

I further understand that I am responsible for reading the information provided in the book and that I may receive a misconduct report for failure to follow the In-house Rules, General Information, the Addendum Information, and/or any Posted Rules, Instructions or Schedules.

Inmate Signature/Number

Date

CCCL Staff Witness/Job Title

Date

Original Copy: File in Inmate's Institutional Record Jacket

Photocopy: File in PHO Book

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
COMMUNITY CORRECTION CENTER
DETAIL CREW AGREEMENT

_____ Center

I, _____, on Community Custody A status and a
_____ *Name* _____ *Number*
member of a detail crew, agree to abide by all rules, regulations, and directives governing the
Community Corrections Administration, its Community Corrections Centers, and the Department of
Correctional Services.

I fully understand that I am subject, but not limited, to the following conditions:

- 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

Canary - Center File

Pink - Inmate

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
COMMUNITY CORRECTIONS CENTER
PERSONAL PROPERTY AGREEMENT

I, _____, _____ hereby acknowledge that my personal property is limited to those items listed in the facility In-House rules and Operations Memoranda. All personal property items excluding musical instruments, televisions and walkman type units must fit within a space of four cubic feet. I understand that I am responsible for securing my personal property in my personally assigned locker or storage area. I understand that I may be directed to reduce the amount of my personal property as deemed necessary by staff.

I understand that the Community Corrections Center will not maintain an inventory of my personal property. The Community Corrections Center will only be responsible for that personal property for which it takes possession of and will only be liable for up to \$50 per item in the event that staff negligence results in the loss or damage of the item. The Community Corrections Center is not responsible for any personal property that is stolen.

I Understand that Community Corrections Center staff will secure and inventory my personal property if:

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.
4. I walk away from the community corrections center.

Community Corrections Center staff will make reasonable efforts to contact the person I have authorized below to receive my personal property. The person listed below must accept my personal property at the Community Corrections Center. I understand that I may ship of mail my personal property at my own expense. I understand that Community Corrections Center staff will dispose or donate any or all of my personal property that is not claimed within 30 days of my walk away or reclassification. This may be accomplished by donating the items to charity or by destroying them, as deemed appropriate by the warden.

I HEREBY AUTHORIZE COMMUNITY CORRECTIONS TO RELINQUISH POSSESSION OF MY PERSONAL PROPERTY TO:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (Home) _____ (Cell/Office) _____

RELATIONSHIP: _____

SIGNATURE of Inmate

Date

SIGNATURE of Witness

Date

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

Housing Unit _____

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
Community Correctional Center Lincoln

POWER OF ATTORNEY

I, _____, # _____ (Principal), an inmate committed to the Nebraska Department of Correctional Services (Department), desiring and intending to establish a Power of Attorney operative under the Nebraska Short Form Act, designate the Department's Controller or his/her designee (Agent), my true and lawful Agent and attorney in fact as follows:

1. This is a Present Durable Power of Attorney.
2. By this Power of Attorney, Principal authorizes the Agent to accept and endorse, or take any other action necessary to deposit any check or other financial instrument issued to Principal while committed to the Department into the Inmate Trust Fund.
3. This Power of Attorney revokes and supersedes all prior executed instruments of like import.
4. This Power of Attorney remains in effect until revoked or Principal is discharged from the Department, whichever is earlier. I understand that revocation of this Power of Attorney prior to my discharge from the Department shall be cause for reclassification from community custody and removal from my community custody program.

EXECUTED AT Lincoln, Lancaster County,
Nebraska, on _____, 2014

Inmate's Signature (Principal)

STATE OF NEBRASKA)
) ss,
COUNTY OF Lancaster)

The foregoing instrument was acknowledged before me on _____, 2014, by the Principal, _____.

Notary Public

NEBRASKA Department of Correctional Services
Community Corrections Center-Lincoln

INTAKE INFORMATION FORM

INMATE NAME: _____ NUMBER: _____

Transferring Facility/Program: CCCO DEC LCC NCCW NSP NSP/RTC OCC TSCI Other _____

Community Custody Status at Transfer: A B Other _____

IN CASE OF EMERGENCY NOTIFY

Name: _____ Relationship to Inmate: _____
Address: _____ City/State: _____
Telephone Numbers: Home (_____) _____ Work (_____) _____ Cell (_____) _____

SECTION I. COMMITMENT INFORMATION

* Date Sentenced: _____ Sentencing County(ies): _____
* Offense(s): _____
* Sentence(s): _____
* Parole Eligibility Date (PED): _____ Tentative Release Date (TRD): _____

SECTION II. GENERAL INFORMATION

* Home Address: _____ City/State/Zip: _____
County: _____ Telephone Number: (_____) _____
* Date of Birth: _____ Place of Birth (City/State): _____
* Race: _____ Sex: M F Height: _____ Weight: _____ SS#: _____
* Current Driver's License: Yes No If yes, state: _____ Driver's License No.: _____

SECTION III. SOCIAL HISTORY

* Marital Status: Single/Never Married Married Divorced Separated Widow/Widower Other _____
* Currently Married to: _____ Number of Dependents: _____
Spouse's Current Address: _____ City/State/Zip: _____
Telephone Numbers: Home (_____) _____ Work (_____) _____ Cell (_____) _____

SECTION IV. RELIGIOUS INFORMATION

* Religious Involvement: Yes No Preference: _____
* Imam / Minister / Priest / Rabbi / Spiritual Leader: _____ Telephone: (_____) _____
Address: _____
City/State/Zip: _____

SECTION V: EDUCATIONAL / VOCATIONAL INFORMATION

- Speak English: Yes No Read English: Yes No Write English: Yes No
- Language(s) other than English (indicate speak, read, and/or write and your fluency level): _____

- High school graduate: Yes No Highest grade completed: _____ G.E.D.: Yes No
Last school attended (include city/state): _____
- Post High School College/University: Yes No Highest level completed: _____ Area of study: _____
School (include city/state): _____
- Vocational/Technical School: Yes No Highest level completed: _____ Area of study: _____
School (include city/state): _____

SECTION VI: IMMEDIATE CONCERNS

✓ **MEDICAL / DENTAL**
Do you have any medical / dental appointments or problems needing immediate attention? Yes No If so, please note and explain:

If you have a personal physician, please note; include city/state: _____

If you have a personal dentist, please note; include city/state: _____

Do you have any medical or health problems that would prevent you from performing any particular job type? Yes No If so, please describe:

✓ **LEGAL NEEDS**
Do you have any legal matters, warrants, detainers, child support and/or other court obligations needing immediate attention? Yes No If yes, please note: _____

If you have a personal attorney/lawyer, please note; include city/state: _____

✓ **PERSONAL NEEDS**
Do you have an immediate need for clothing, toiletry articles, laundry supplies and/or any other personal necessities? Yes No If yes, please list: _____

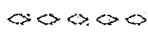
Do you have money in your inmate account to purchase these items? Yes No

SECTION VII: ADDITIONAL INFORMATION

Please note any additional information that your housing unit staff should know that is not covered above:

SECTION VIII: CONFIDENTIAL INFORMATION (CENTRAL MONITORING)

Are you concerned that you might have problems with any of the inmates living at CCCL? Yes No If yes, please identify: _____



Inmate Signature/Number: _____ Date: _____

CCCL Staff Signature/Title: _____ Date: _____

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

If the attack just happened.....

As soon as it is safe to do so, REPORT THE ATTACK IMMEDIATELY. 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 is 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.
- Threatening an inmate, parolee or offender in an attempt to induce the inmate, parolee or offender to engage in sexual behavior with the employee.
- 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		If yes,		Your signature	Today's Date
			Yes	No	Facility	When		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Staff Witness: _____

Date: _____