

Initial Orientation Verification

NAME _____ ODOC # _____

Facility _____

Reception date _____ Initial orientation date _____

Facility in-depth orientation scheduled date _____

Included in the orientation were:

_____ Written rules and regulations of this facility

_____ Programs available at this facility

_____ Procedure for disposing of excess property and property control at this facility

_____ Written canteen and trust fund procedures at this facility

_____ Review OP-060125 entitled "Inmate/Offender Disciplinary Procedures"

_____ Counseling opportunities at this facility

_____ Volunteer services available at this facility

_____ Education/vocational training programs available at this facility

_____ Over-familiarization with staff and inmates

_____ ODOC reception per OP-060201 (this procedure)

_____ Visitation (5-ACI-7D-15)

_____ Viewed PREA video/received written information

_____ Access to health care (co-pay/grievances)

Inmate Signature: _____ Date _____

Witness: _____ Date _____