



King County

Department of Adult and Juvenile Detention
KCCF 500 5th Ave Seattle, WA 98104
CCD 500 5th Ave Seattle, WA 98104
RJC 620 West James St. Kent, WA 98032
Youth Services 1211 E. Alder St. Seattle, WA 98122

FOR OFFICE USE ONLY

KCCF CCD RJC JUV

CIU ROUTE TO _____
Staff Name

Authorization for Criminal History Reference Check

As part of the review process for all persons seeking access into the Department of Adult and Juvenile Detention (DAJD) facilities, a criminal history reference check is required. Your signature authorizes DAJD to conduct a criminal history reference check and annual reviews, if applicable. This information is kept strictly confidential within our agency.

IMPORTANT: You are required to submit a CLEAR PHOTOCOPY or SCANNED COPY of your photo ID with this application (current and valid state ID, state issued driver's license, visa, passport or U.S. Government issued ID).

Name: _____ AKA/Maiden/Prior: _____
Last First Full Middle Name

Address: _____
Street City State Apt Zip Code

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Email Address: _____

Driver's License: _____ Social Security Number: _____

Date of Birth: ____/____/____ Place of Birth: _____
City State Country

Gender: M F Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Company/Agency/Organization: _____ Applicant Job Title: _____
If Applicable If Applicable

Supervisor Name: _____ Supervisor Phone: () _____
If Applicable If Applicable

Access Purpose: _____

Requested Access Dates: One-Time-Only on ____/____/____ (or)
Date if Known
 Ongoing, starting on ____/____/____ and ending on ____/____/____
Date if Known Date if Known

Applicant Emergency Contact: _____ () _____
Name Relationship Area Code + Phone Number

OFFICE USE ONLY BELOW THIS LINE

Access Type: Adult Juvenile Window Visit Annual Warrant Check Tour Visit Vendor/Trades
____ SEA/KING ____ Interstate Identification Index (III) ____ WACIC/NCIC ____ AOC ____ DOL Abstract ____ WA Courts

If **DENIED** provide SID/FBI# _____ and/or CASE/CAUSE#(s) _____
CASE/CAUSE#(s) _____

CIU Comments _____

CLEARED **DENIED** CHRC Completed by _____ Date ____/____/____

DAJD Supervisor _____ Date ____/____/____ RECONSIDERATION _____ DATE ____/____/____

Applicant: Please answer the following questions completely and accurately. **Exclude** non-criminal traffic and parking violations. Please indicate if you require assistance in having this document translated into another language.
 Requested language _____

Please note: An arrest or conviction will not necessarily result in denied access. Association with an inmate will also not necessarily result in denied access. Withholding information **will** result in denied access. The background process may uncover items that have been sealed, dismissed, stricken or expunged. Listing these items will also not necessarily result in denied access though failure to disclose those items **will** result in denied access.

If you are completing this application for an annual warrant check, please disclose all past criminal history, even if it was previously disclosed on a prior application. If you answer "yes" to any of the following questions, please include a detailed explanation on a separate sheet of paper.

1. Have you **ever** been detained, cited, arrested, charged or convicted of any crime, including any crime related to the sale or use of illegal drugs/narcotics, such as cocaine, opiates, heroin, hallucinogenic drugs or marijuana? Yes No
2. Do you have criminal charges *currently* pending against you?
 Include charges(s), case numbers, dates(s) and investigating agencies for all past criminal history:
 Juvenile _____ Yes No
 Adult _____
 Military Offenses _____
 Any other charge _____
3. Have you **ever** been found to have sexually assaulted or physically abused or exploited any child, vulnerable adult and/or developmentally disabled person by a: Yes No
 - a) court of law in a dependency action relating to a dependency of a child, etc.? Yes No
 - b) court of law in a domestic relations proceeding related to the abuse of children, adult or dependent person? Yes No
 - c) professional disciplinary board and/or the Department of Licensing? Yes No
4. Have you **ever** been denied a license to care for children or adults, and/or had a license to care for children and/or vulnerable adults suspended or revoked, and/or had your name placed on a child, vulnerable adult or sex abuse registry in this county or any other country? Yes No
5. Are you now or have you **ever** been supervised by any court, Department of Corrections, or probation/parole office? Please include all federal, state, county, and/or city supervision. Yes No
6. Have you **ever** had a No-Contact, Protection, or Anti-Harassment Order served against you? Yes No
7. Have you **ever** been investigated, disciplined, terminated for or found to have brought illegal contraband into a correctional facility? Yes No
8. Do you now or have you **ever** had any personal relationship with a person, including relatives, who has been an inmate in any correctional institution or community corrections programs (probation, work release, CCAP, day reporting center, etc.)? List the relationship, institution and the person's full name. Yes No
9. Have you **ever** failed a previous background investigation or security clearance? Yes No
10. Have you **ever** engaged in any sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, school, community-based organization, youth summer camp, or any other institution? Yes No

I hereby authorize DAJD to conduct a criminal history reference check.

- I understand it is my responsibility to contact DAJD Administration, prior to returning to the facility, if I am detained, cited, arrested, charged, or convicted of a crime, or involved with a No-Contact, Protection, or Anti-Harassment Order not previously disclosed.
- I understand that all information obtained as a result of any and all phases of the DAJD background investigation process will be held strictly confidential, that the background investigation file is closed to me, and that I will not be provided a specific reason why I am disqualified from further consideration.
- I understand that if involvement in criminal activity is suspected or discovered, information may be released to appropriate law enforcement agencies.
- I certify that all of the answers and statements made on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misstatements of material facts or omissions may subject me to disqualification or denial.

Print Applicant Name: _____

Signature of Applicant: _____ Date: _____



King County

Department of Adult and Juvenile Detention

KCCF 500 5th Ave Seattle, WA 98104

CCD 500 5th Ave Seattle, WA 98104

RJC 620 West James St. Kent, WA 98032

Youth Services 1211 E. Alder St. Seattle, WA 98122

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize you to furnish the King County Department of Adult and Juvenile Detention with any and all information that you may have concerning my work record, my reputation and my arrest history. Information of a confidential and privileged nature may be included. Your reply will be used to assist the department in determining my qualifications, suitability and fitness for interacting with inmates and detainees, including at-risk youth, and access to the King County Adult and Juvenile Detention secure facilities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and hereby waive those rights with the understanding that all information furnished will be used by the Department of Adult and Juvenile Detention for the purposes of ensuring client well-being and detention safety and security only, unless information provided reveals current criminal activity.

I hereby release you and your organization from any liability or damage that may result from furnishing the information requested.

This waiver and authorization is no longer valid immediately upon termination of my employment, position, or access to DAJD secure facilities, whichever comes first.

Note: A photocopy of this request shall be for all intents and purposes as valid as the original.

Signature

Print Full Name

Date



King County

Department of Adult and Juvenile Detention

**A REQUIRED PREA DOCUMENT IS ATTACHED.
DUE TO THE NATURE OF THE INFORMATION, PLEASE READ THE MESSAGE BELOW.**

WARNING - NOTICE OF EXPLICIT CONTENT

The enclosed information provides an explanation of the Prison Rape Elimination Act (PREA) and may contain explicit language and content. The Department of Adult & Juvenile Detention is committed to supporting the elimination, reduction and prevention of sexual abuse and sexual harassment within its facilities. This PREA orientation is provided to all volunteers, vendors, contractors and visitors entering the facilities with the intent to clearly outline prohibited acts that violate PREA. This information is not only important for your knowledge, awareness and safety, but also to protect our detained population.



King County

Department of Adult and Juvenile Detention

PRISON RAPE ELIMINATION ACT (PREA) & SECURITY ORIENTATION FOR CONTRACTED PROFESSIONALS, AGENCY SERVICE PROVIDERS AND VOLUNTEERS

DAJD MISSION STATEMENT - The Department of Adult and Juvenile Detention contributes to the public safety of the citizens of King County and Washington State by operating safe, secure, and humane detention facilities and community corrections programs, in an innovative and cost-effective manner.

PREA - The Prison Rape Elimination Act (PREA) was signed into law September 4, 2003. It supports the elimination, reduction and prevention of sexual assault and sexual harassment within the corrections systems. The law was designed and passed to: establish a zero-tolerance standard for the incidence of rape in prisons in the United States, make the prevention of prison rape a top priority in each prison system, develop and implement national standards for the detection, prevention, reduction, and punishment of prison rape, increase available data and information on the incidence of prison rape, increase the accountability of prison officials who fail to detect, prevent, reduce, and punish prison rape.

DAJD policy 6.04.001 Prison Rape Elimination Act mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The occurrence of sexual abuse and sexual harassment undermines the public support of law enforcement, creates a hostile environment and is not consistent with DAJD's mission of operating safe, secure and humane detention facilities.

SEXUAL ABUSE - Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident: Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; Contact between the mouth and the penis, vulva, or anus; Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above; Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident.

SEXUAL HARASSMENT - Sexual Harassment is repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

PROSECUTION - Custodial Sexual Misconduct - (Class C Felony) When an employee or contract personnel of a correctional agency has sexual intercourse with a resident of a state, county, or city adult or juvenile correctional facility, including but not limited to jails, prisons, detention centers, or work release facilities, or is under correctional supervision, RCW 9A.44.160.

Custodial Sexual Misconduct - (Gross Misdemeanor) When an employee or contract personnel of a correctional agency has sexual contact with a resident of a state, county, or city adult or juvenile correctional facility, including but not limited to jails, prisons, detention centers, or work release facilities, or is under correctional supervision, RCW 9A.44.170.

The DAJD will conduct an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred for investigation to the Seattle or Kent Police Departments to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.

KNOWLEDGE OF SEXUAL MISCONDUCT - If you become aware of an incident of sexual misconduct of any kind, you are to immediately notify Corrections Staff in order to prevent further misconduct. If an inmate is acting inappropriately, also immediately notify Corrections Staff to have the behavior stopped. Corrections Staff are responsible for the Jail's security and the safety of all inmates and personnel. Remember that there can never be consensual sex in a custodial relationship. Exceptions to this paragraph include confidentiality associated with Rules of Professional Conduct for attorneys.

FACILITY ACCESS - Access into the jail is a privilege. Do not use your access for any reason or purpose that is not directly associated with the service you are contracted to provide. Do not use any DAJD property for personal matters, or present yourself as a representative of King County DAJD. Visiting of any family member or friends that may be in custody must be on their visiting days and at the window visiting booths only. You are here to provide a specific service, which is specifically stated in your contract. You are only permitted to provide this service as authorized per DAJD. Persons who appear under the influence of drugs or alcohol, or have a detectable odor of alcohol shall be denied facility access.

SEARCHES - All persons are subject to search by Corrections Staff at any time while inside the Jail Facilities. This would include metal detector screening and/or consensual "frisk search" (pat down) for entry purposes. Searches may also be conducted if there is reasonable suspicion that you are trafficking contraband.

INMATE CONTACT PROHIBITED - Do not give any item to any inmate or to any inmate's family member or friend, except for legal documents exchanged between attorneys or their authorized staff and clients. Do not accept any gift, personal service or favor from an inmate, or from any persons that may be related to or associated with an inmate. Do not accept anything given to you, to be given to an inmate. If an inmate requests you to pass something to another inmate it should be reported to Corrections Staff immediately. Possession of contraband or introduction of contraband into the Jail is prohibited and shall result in loss of professional access, and may result in criminal charges. Any behavior that creates a conflict of interest between your responsibilities as a contractor or service provider will result in your facility access being denied.

You are expected to maintain a professional interaction at all times with the inmate population. Personal disclosure, interaction, and communication, including written correspondence and physical contact, are inappropriate. Don't assume you know the inmate's behavior. Touching, hugs, and physical contact with inmates can be misinterpreted, even though innocently done. Personal disclosures about yourself can be misunderstood or used to manipulate you. A jail culture is very different from mainstream society. Physical contact, personal contact and/or communication with inmates can result in termination of jail access.

DRESS & APPEARANCE - Dress shall be appropriate and professional for the service you are providing. Do not allow inmates access to any of your personal attire at any time (e.g. hats, gloves, coats, sweatshirts, etc.). **WEAPONS ARE PROHIBITED.**

EXCEPTIONS TO THE ABOVE - There may be exceptions to the above requirements, including: medical or mental health services, attorney-client privileges, or privileged religious communications. These confidential, legal and ethical standards will be considered and honored in addition to the PREA and Security standards (e.g., confidential communications, shaking of hands between attorney and client, etc.). The above requirements are not meant to preempt the Rules of Professional Conduct.

Your signature acknowledges that you have read and understand these guidelines.

Print name _____ *Date* _____

Signature _____