



Pierce County Detention and Corrections Center

910 Tacoma Avenue South
Tacoma, WA 98402

In order to gain clearance for entry into our secure facilities, a criminal history/background check must be conducted. Please complete and return entire packet to help expedite your request.

Authorization for Criminal History Reference Check (CHRC) Form

Page 1 – Fill in everything down to “OFFICE USE ONLY BELOW THIS LINE.”

Page 2 – CHRC Questions – Answer all the questions – choose yes or no. If you choose yes, please be sure to include a detailed explanation as stated on the form itself.

Page 3 – Waiver and Authorization to Release Information – Print your name, sign and date where indicated

PREA & Security Orientation for Visitors & Contractors

Sign and date where indicated

PCJ Entry Rules

Please initial each area acknowledging awareness of rules that must be followed during your visit/employment in our jail. Please ask custody staff for clarification if you do not understand rule.

RETURN TO:

This packet can be completed electronically. Once completed, please print and sign the forms and then scan completed packet along with a **clear** copy of your valid driver's license or state id and return to _____ via e-mail @ _____

Thank you.



Pierce County
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Contract With:
 ARAMARK CCS CFM

Authorization for Criminal History Reference Check

As part of the review process for all persons seeking access into the Pierce County Detention and Corrections Center (PCDCC) facilities, a criminal history reference check is required. Your signature authorizes PCDCC 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 Apt City State 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

Applicant Continue to Page Two →

OFFICE USE ONLY BELOW THIS LINE

Access Type: Adult Juvenile Window Visit Annual Warrant Check Tour Visit Vendor/Contracts

____ TAC/PIERCE ____ Interstate Identification Index (III) ____ WACIC/NCIC ____ AOC ____ DOL Abstract ____ WA Courts

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

Comments _____

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

PCSDCC Supervisor _____ Date ____/____/____ **RECONSIDERATION** _____ **DATE** ____/____/____

Applicant: Please answer the following questions completely and accurately. **Exclude** non-criminal traffic and parking violations.

Please note: An arrest or conviction will not necessarily result in denied access. Withholding information **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.

Have you ever:

1.	Been detained, cited, arrested, charged or convicted of any crime, or do you have any criminal charges currently pending against you? Include charge(s), case numbers, dates(s), and the investigating agencies for all past criminal history to include juvenile, adult, and military offenses, as well as any charges that may have been sealed, dismissed, stricken or expunged from your record.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Been found to have sexually assaulted or physically abused or exploited any child, vulnerable adult and/or developmentally disabled person by a:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a) court of law in a dependency action relating to a dependency of a child, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) court of law in a domestic relations proceeding related to the abuse of children, adult or dependent person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) professional disciplinary board and/or the Department of Licensing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	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 <input type="checkbox"/>	No <input type="checkbox"/>
4.	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 <input type="checkbox"/>	No <input type="checkbox"/>
5.	Have you ever had a No-Contact, Protection, or Anti-Harassment Order served against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Do you currently use or have you used in the last seven (7) years, any illegal drugs/narcotics, including cocaine, opiates, heroin or hallucinogenic drugs as defined by R.C.W. 69.50.204 or 69.50.206 and/ or have you ever bought, sold or otherwise distributed any illegal drugs and/or controlled substances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Have you used marijuana in the last three (3) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.)? Please list the relationship, institution and the person's full name.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Have you ever failed a previous background investigation or security clearance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Have you ever engaged in any sexual abuse in a prison, jail, lockup, community confinement facility,	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

- **I understand it is my responsibility to contact PCDDC 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 PCDDC 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:** _____



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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize you to furnish the Pierce County Detention and Corrections Center 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, and access to the Pierce County Jail 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 PCSDCC 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 PCDCC 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 _____



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Detention and Corrections Center**

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**PRISON RAPE ELIMINATION ACT (PREA) &
SECURITY ORIENTATION FOR VISITORS & CONTRACTORS**

PCC MISSION STATEMENT

Pierce County Detention and Corrections Center (PCDCC), aka Pierce County Jail, contributes to the public safety of the citizens of Pierce 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.

PCDCC PREA policy 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 PCDCC'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

PCDCC will conduct an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment may be referred for investigation to our operations bureau 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.

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 PCDCC property for personal matters, or present yourself as a representative of PCDCC. 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 PCDCC. Persons who appear under the influence of drugs or alcohol, or have a detectable odor of alcohol shall be denied facility access.

SEARCHES

You are subject to search by Corrections Staff at any time while inside the Jail Facilities. This would include metal detector and “frisk search” (pat down) if there is reasonable suspicion that you are introducing or taking something from the facility.

INMATE CONTACT PROHIBITED

Do not give any item to any inmate or to any inmate’s family member or friend. 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 in the event that you have any indirect contact. 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.**

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

Signature _____

Date _____



Pierce County Jail Access
Guidelines for Professional Visitors & Contract Employees

- **Identification:** You will be required to have valid picture I.D. on your person each and every time you are granted access to Pierce County Jail. You may also be required to show proof of your employment or the agency you represent.
Example: PI license, MH agency, etc.

- **Gate/Door Operations:** Central Control monitors doors, gates and some elevators by audio and visual displays. If you push a gate/door button, Central Control will let you in once they have identified you. Push the button one time and wait, sometimes it takes a while so please be patient. Please tell Control where you are going so they can get you through the gates/doors faster.
Example: As the gate is opening on the 4th floor entry corridor, say “I am going to 3 South.”

- **Codes:** If you hear “Code Red, Code Blue, Code All Escorts or Medical Emergency or Priority Movement Only” announced over the intercom system, move to the side of the hallway away from gates and elevators. Do not push **any** buttons or get on any elevators until you hear “Code is Clear – or Resume Normal Movement” announced via intercom.

- **Contraband:** Items not authorized inside the jail include; Guns, Knives, Cameras, Cellular phones. All exceptions require 24 hr. prior approval from a Sergeant or higher authority. Do not give anything to an inmate or accept anything from an inmate unless approved by Jail Staff. Anything not issued or allowed by Jail Staff is considered Contraband. This includes pens, pencils or other seemingly harmless items. Introduction of Contraband is a punishable offense under the following – RCW 9A.76.140, 150 & 160. Maximum punishment is 10 years, plus a \$20,000 fine. Officers may request to check your purses, briefcases, etc. for contraband.

- **Conclusion of Visit:** If using an interview room in our Main Jail, upon conclusion of the visit, please open the door (or depress notification button if in room without ability to open door) and notify officer of completion of interview. Do not push button between gates – unit deputy will notify Central Control once they have cleared room.

- **Accidents:** In the event of an accident in or around our facility, you are required to notify a jail supervisor prior to leaving our facility.

I have read and understand the above rules and guidelines for visiting inmates in the Pierce County Jail. By signing this form I am agreeing to abide by these rules.

SIGNATURE _____ **DATE** _____