JUVENILE REHABILITATION

**JR CONTRACTOR ONBOARDING CHECKLIST**

This onboarding checklist is provided to assist you with understanding the DCYF – Juvenile Rehabilitation’s expectations for working safely while you are conducting state business. DCYF is concerned for your safety and asks your assistance to ensure your valuable time spent with us is safe and beneficial. This guide will require a signature by the contractor and the Appointing Authority, or their designee and it will be stored according to policy.

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| --- | --- | --- | --- | --- |
| CONTRACTOR NAME | | LOCATION | | |
| **SAFETY ORIENTATION INFORMATION** | | | | |
|  | **BLOOD AND BODY FLUIDS PRECAUTIONS**  Because of the potential hazard of contracting Hepatitis B and/or the Human Immunodeficiency Virus (HIV), which are transmitted by blood or other body fluids, you are to refrain from assisting in any situation which may lead to contact with blood and/or body fluids. Please notify an employee in case of emergency. | | | |
|  | **CHEMICAL HAZARD COMMUNICATION (HAZCOM) INFORMATION**  You have a right to know if any chemical substances you come in contact with are hazardous to you. Notify an employee if you have questions regarding chemical substances you may be exposed to. They will explain if there are hazards associated with the use if those chemicals. | | | |
|  | **HOW TO REPORT WORKPLACE ACCIDENTS**  Contact the lead or notify an employee on shift and an Accident/Injury Report. | | | |
|  | **REPORTING UNSAFE WORKING CONDITIONS**  Contact the lead or other employee if you have identified a workplace hazard or condition that may affect your or another’s ability to work safely. Your supervisor may request you fill out an incident report. | | | |
| **ACKNOWLEDGEMENT** | | | | |
| CONTRACTOR SIGNATURE | | SIGNATURE DATE | | |
| APPOINTING AUTHORITY OR DESIGNEE | | SIGNATURE DATE | | |
| **MANDATORY ORIENTATION** | | | | |
|  | I attended the PREA orientation. I understand that violations may result in termination of all responsibilities and access to agency facilities, as well as referral for prosecution when applicable. | | | |
|  | I have completed mandatory training requirements and have read and understand my responsibilities and obligations as described by the Contract Manager. | | | |
|  | I have read all JR policies ([www.dcyf.wa.gov/practice/policy-laws-rules/jr](https://www.dcyf.wa.gov/practice/policy-laws-rules/jr)). I understand violation of policy may result in termination of all responsibilities and access to agency facilities, as well as referral for prosecution when applicable. | | | |
|  | I have signed the DCYF Agreement on Non-Disclosure of Confidential Information – Non-Employee. | | | |
| **SITE SPECIFIC ORIENTATION** | | | | |
|  | Check in and check out procedures | |  | Meeting areas |
|  | Location and check out of group items in lockers | |  | Other (list): |

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| **SAFETY AND SECURITY – GENERAL ORIENTATION** | | | |
|  | Chain of command |  | Equipment and supplies |
|  | Building logistics |  | PREA |
|  | Infectious disease control |  | Ethics and boundaries |
|  | Professionalism |  | Come prepared for your service or program |
|  | Other (list): |  | Other (list): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMERGENCY RESPONSE PROCEDURES** | | | | |
|  | Phone numbers | |  | Emergency response |
|  |  | |  |  |
| **ACKNOWLEDGEMENT** | | | | |
| CONTRACTOR SIGNATURE | | SIGNATURE DATE | | |
| APPOINTING AUTHORITY OR DESIGNEE | | SIGNATURE DATE | | |