

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> 8.68	<b>TOTAL PAGES:</b> 16 (Includes 3 attachments)
	<b>RELATED ACA STANDARDS:</b> 2-CO-1C-18, 2-CO-1G-05, 2-CO-1G-06, 4-4061, 4-4116, 4-4117, 4-ACRS-7B-05, 4-ACRS-7F-08, 4-ACRS-7F-10	
<b>CHAPTER: 8 ADMINISTRATION</b>	<b>SUBJECT: SECURITY CLEARANCE</b>	
<b>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE:</b>		
 <span style="float: right;">10/19/2016</span>		
<b>APPROVED FOR PUBLIC RELEASE</b>		

**I. AUTHORITY:** 11 *Del. C.* § 6501, 6502, 6503, 6504; Department of Correction (DOC) Policy 8.28, Department of Correction Policy 8.60 and Department of Correction Policy 10.4

**II. PURPOSE:** To establish criteria for authorized entry into a correctional facility by vendors, professional visitors or for participation in offender visitation activities or volunteer program services. This policy replaces Bureau of Prisons (BOP) Policy 8.48.

**III. APPLICABILITY:** All BOP employees, volunteers, elected officials, visiting dignitaries, news media, individuals participating in visiting room activities, or other persons conducting business with the BOP.

**IV. DEFINITIONS:**

**Professional Service Visitors:** Authorized State employees (non-DOC employees), tour groups and clergy from recognized religious denominations.

**Volunteer:** Uncompensated adult citizen providing a service to the DOC or its correctional facilities of their own free will. Types of volunteers include, but are not limited to, community members, nonprofit organization volunteers and clergy from recognized religious denominations.

**Intern:** Individual participating in formal experiential study in conjunction with a higher education program for the purposes of gaining professional experience.

**Attorney:** Person possessing a Juris Doctor degree and who is admitted to practice law in the State of Delaware, or an out of state attorney permitted to practice *pro hac vice* for discrete litigation matters pending in Delaware.

**Offender Visitor:** Any person participating in visiting room activities.

**Medical/Behavioral Health Contractors:** Individuals employed by the primary contractor retained by DOC to provide behavioral and medical health care to individuals in DOC custody.

**Vendor/Contractor:** Individuals or companies conducting business with the DOC to include, but not limited to, behavioral and medical health care providers (other than DOC's primary medical/behavioral health vendor), salesmen, servicemen, suppliers, delivery men and construction companies.

**Government Officials:** Appointed and elected government officials, visiting dignitaries, and Cabinet Secretaries.

**Warden:** Facility Warden or designee where referenced within this policy.

- V. **POLICY:** The DOC acknowledges the important role of offender visitation in preserving and improving familial bonds and community ties. Offenders' families and friends are encouraged to visit as often as circumstances permit, with visitation clearance procedures and regulations conforming to standards that preserve the safety of correctional institutions. The DOC also recognizes the important role of volunteer programming and professional services in advancing treatment goals or providing services to the DOC. The DOC strives to promote offender visitation, access of volunteer programming and professional services without jeopardizing the security, safety and welfare of the institution and the public.

## VI. PROCEDURES:

### A. General Procedures:

1. Prospective professional service providers, vendors, interns or volunteers who have a legitimate reason for entering one or more DOC facilities on a frequent basis, defined as three times per week or more or at least 165 days per year, AND for a period of 1 year or more, may apply for statewide security clearance by completing the Security Clearance Application (attached). Badges will be issued to approved applicants, except in some cases at the discretion of the Chief of the Bureau of Prisons (BOP) or Bureau of Community Corrections (BCC), when the level of service being provided does not warrant issuance of a badge. **Employees of DOC's medical and behavioral health provider may skip the step of completing the Security Clearance Application and should directly contact the DOC Human Resources Department. All employees of DOC's medical and behavioral health provider who successfully obtain security clearance will be issued a badge.** All other applicants requesting a badge must submit the attached application to the Office of the Chief of BOP or BCC as appropriate. BOP or BCC reviews the application, and if approved, forwards the application to Human Resources. Human Resources contacts the applicant and schedules an appointment to complete additional paperwork for security clearance. Any person covered by this policy will be subject to a criminal background check prior to being issued clearance to enter any correctional facility. Updated applications may be requested at the discretion of the Warden, the Bureau Chief or the Commissioner.
2. Prospective professional service visitors, volunteers, interns or vendors (except employees of DOC's medical and behavioral health provider) seeking access to one facility for occasional access for a period of one year or less (ranging from one-time, single-task access to repeated access of less than one year) shall submit applications

to the specific facility for which they seek approval. Applicants must complete the Security Clearance Application. The application should be submitted directly to the facility where the activity is to occur. Any person covered by this policy will be subject to a criminal background check prior to being issued clearance to enter any correctional facility. Badges will not be issued to these individuals.

3. Prospective professional service visitors, volunteers, interns or vendors requesting security clearance for one-time or repeated access to multiple facilities for a period of one year or less shall complete and submit the Security Clearance Application to the Office of the Chief of BOP or BCC. Any person covered by this policy will be subject to a criminal background check prior to being issued clearance to enter any correctional facility. Updated applications may be requested at the Warden's or the relevant Bureau Chief's discretion. Badges will not be issued to these individuals.
4. Individuals requesting to visit an inmate shall seek approval by phone from the specific facility. Upon contacting the facility by phone, identifying information will be collected for security screening. Prospective visitors may be required to complete the Security Clearance Application, if requested, by the respective facility. Upon satisfactory security clearance, a visit will be scheduled. All visitors are subject to a security clearance screening.
5. Wardens may revoke granted clearance at any time. Persons granted clearance exhibiting inappropriate behavior may be barred for a period of time at the Warden's discretion. Individuals barred from a facility will be notified in writing. In cases involving revocation of facility-specific clearance for an individual who has multi-facility access or who has a DOC badge, the Warden will notify the respective Bureau Chief.
6. The Warden's decision to revoke clearance may be appealed in writing to the respective Bureau Chief (BOP or BCC).

**B. Professional Service Providers, Volunteers and Interns**

1. Professional service providers, volunteers and interns will be required to complete a Security Clearance Application. The types of clearance available for various types of access are described in Section A. Unless otherwise specified, security clearance will only be valid for a period of one year.
2. Professional service providers and volunteers are required to supply a letter from their sponsoring organization with the Security Clearance Application. The letter must be printed on agency letterhead, signed by the organization's director and include the name of the individual seeking security clearance, the applicant's title and description of his/her role and the name of the program being administered. If the employee, volunteer or intern is terminated from their position during the tenure of their active security clearance period, a courtesy follow up letter from the agency is requested, notifying DOC of the individual's departure so that clearance records may be updated.

3. No person will be granted entrance to a correctional facility if any of the following conditions exist:
  - Intentionally dishonest or incomplete data on any Security Clearance Application;
  - Any active or pending charges, warrants, and/or capiases;
  - Any criminal convictions within the past two years; and
  - Any incarceration in a Delaware Level IV or Level V correctional facility within the past three years.
  - Any active Protection From Abuse Orders or No Contact Orders.

4. Additional Considerations

- An applicant will be denied if there are any arrests for escape, any convictions for smuggling prison contraband, any affiliation with a confirmed security threat group or any previous institutional misconduct relating to the security, life, safety and health of the facility while incarcerated. In cases where the applicant has pending litigation involving the Department of Correction, review and approval by the Warden and the respective Bureau Chief and/or Commissioner are required.
- Motor vehicle violations will not preclude consideration for security clearance.
- If on active probation status, the applicant must be in compliance with conditions of supervision and have the written approval of both their Supervising Probation Officer and the facility Warden prior to entry
- Applicants who are related to any incarcerated offender must disclose this relationship during the security clearance process. The facility Warden will determine if entry is approved.
- If events or situations warrant special consideration, a review by the Warden and/or the Warden's designee may be requested by the applicant or the applicant's sponsoring agency/employer.

C. Medical / Behavioral Health Contractors:

1. Vendors/Contractors employed by the medical/behavioral health contractor retained by DOC should not complete the attached Security Clearance Application. These individuals may contact Human Resources directly.
2. No person will be granted entrance to a correctional facility if any of the following conditions exist:
  - Intentionally dishonest or incomplete data on any Security Clearance Application;

- Any active or pending charges, warrants, and/or capiases;
- Any criminal convictions within the past two years; and
- Any incarceration in a Delaware Level IV or Level V correctional facility within the past three years.
- Any active Protection From Abuse Orders or No Contact Orders.

3. Additional Considerations

- An applicant will be denied if there are any arrests for escape, any convictions for smuggling prison contraband, any affiliation with a confirmed security threat group or any previous institutional misconduct relating to the security, life, safety and health of the facility while incarcerated. In cases where the applicant has pending litigation involving the Department of Correction, review and approval by the Warden and the respective Bureau Chief and/or Commissioner are required.
- Motor vehicle violations will not preclude consideration for security clearance.
- If on active probation status, the applicant must be in compliance with conditions of supervision and have the written approval of both their Supervising Probation Officer and the facility Warden prior to entry
- If events or situations warrant special consideration, a review by the Warden and/or the Warden's designee can be requested by the applicant or the applicant's sponsoring agency/employer.
- Vendors/contractors related to any incarcerated offender must disclose this relationship. The facility Warden will determine if entry is approved, upon review of the background check.
- Vendors requesting facility entry must be 18 years of age and possess a valid Division of Motor Vehicle photo identification card and vendor identification.

**D. Vendor/Contractor:**

1. Vendors/Contractors (with the exception of those employed by DOC's medical/behavioral health contractor) will be required to complete a Security Clearance Application (see attached). The types of clearance available for various types of access are described in Section A. Unless otherwise specified, or only completing a one-time clearance form, security clearance will only be valid for a period of 2 years.
2. No person will be granted entrance to a correctional facility if any of the following conditions exist:

- Intentionally dishonest or incomplete data provided during the security clearance process;
- Any active or pending charges, warrants, and/or capiases;
- Any criminal convictions within the past two years; and
- Any incarceration in a Delaware Level IV or Level V correctional facility within the past three years.
- Any active Protection From Abuse Order or No Contact Orders.

### 3. Additional Considerations

- An applicant will be denied if there are any arrests for escape, any convictions for smuggling prison contraband, any affiliation with a confirmed security threat group, or any previous institutional misconduct relating to the security, life, safety and health of the facility while incarcerated. In cases where the applicant has pending litigation involving the Department of Correction, review and approval by the Warden and the respective Bureau Chief and/or Commissioner are required.
- Motor vehicle violations will not preclude consideration for security clearance.
- If on active probation status, the applicant must be in compliance with conditions of supervision and have the written approval of both their Supervising Probation Officer and the facility Warden prior to entry
- If events or situations warrant special consideration, a review by the Warden and/or the Warden's designee can be requested by the applicant or the applicant's sponsoring agency/employer.
- Vendors related to any incarcerated offender must disclose this relationship. The facility Warden will determine if entry is approved, upon review of the background check.
  - Vendors requesting facility entry must be 18 years of age and possess a valid Division of Motor Vehicle photo identification card and vendor identification.

#### E. Attorneys:

Attorneys wishing to conduct a professional visit with an incarcerated client do not need to undergo the security clearance process; however, attorneys must present a Bar Card and are encouraged to schedule their visit at least 24 hours in advance, when practicable, by contacting the respective correctional facility. Emergency visits or visits ordered by the court will be managed on a case by case basis.

#### F. Offender Visitors

1. Individuals requesting to visit an inmate shall seek approval by phone from the specific facility which they wish to visit. Upon contacting the facility by phone, identifying information may be collected for security screening and a visit will be scheduled. All visitors are subject to a security clearance screening, whether conducted in advance of their visit or upon arrival at the facility.
2. Unless otherwise specified, security clearance will only be valid for a period of one year.
3. Former DOC employees wishing to visit an incarcerated individual may do so only after three years have passed since terminating employment with DOC. If a request is made prior to that date, these situations will be reviewed on a case by case basis, requiring approval by the respective facility Warden, the respective Bureau Chief and/or the Commissioner.
4. No person will be granted entrance to a correctional facility if any of the following conditions exist:
  - Intentionally dishonest or incomplete data provided during the security clearance process;
  - Any active or pending charges, warrants, and/or capiases;
  - Any criminal convictions within the past two years; and
  - Any incarceration in a Delaware Level IV or Level V correctional facility within the past three years.
  - Any active Protection from Abuse Orders or No Contact Orders.
5. Additional Considerations
  - An applicant will be denied if there are any arrests for escape, any convictions for smuggling prison contraband, any affiliation with a confirmed security threat group, or any previous institutional misconduct relating to the security, life, safety and health of the facility while incarcerated. In cases where the applicant has pending litigation involving the Department of Correction, review and approval by the Warden and the respective Bureau Chief and/or Commissioner are required.
  - Motor vehicle violations will not preclude consideration for security clearance.
  - If on active probation status, the applicant must be in compliance with conditions of supervision and have the written approval of both their Supervising Probation Officer and the facility Warden prior to entry.
  - If events or situations warrant special consideration, a review by the Warden and/or the Warden's designee can be requested in writing by the applicant or the applicant's sponsoring agency/employer.

- Visitors requesting participation in Visiting Room activities must be 18 years of age and possess a valid Division of Motor Vehicle photo identification card or United States Passport.
- Visitors under the age of 18 requesting participation in Visiting Room activities must be accompanied by an adult or legal guardian age 18 or older.
- Visitors who are related to any incarcerated offender must disclose this relationship during the security clearance process. The facility Warden will determine if entry is approved.

**G. Government Officials:**

- The Governor, Lieutenant Governor, current members of the Delaware General Assembly and current members of the Delaware Council on Correction are approved for entry at any time without advanced clearance.
- All other Government Officials wishing to visit a correctional facility must obtain prior authorization.
- The facility Warden will determine which government officials require completion of the Security Clearance Application.

**VII. GENERAL CONSIDERATIONS APPLICABLE TO ALL VISITORS:**

- A.** Visitation and volunteer activity will not be permitted if it provides any visitor, volunteer, or offender access to privileges or benefits, in the community or inside the correctional facility, unavailable to others in the same circumstance.
- B.** Security clearance granted for one purpose is not transferable for another purpose.
- C.** Applicants who are related to an incarcerated offender must disclose this relationship during the Security Clearance process. The facility Warden will determine if entry is approved.
- D.** All clearances for visitation shall be maintained in DACS in the visitation module.
- E.** Facility Wardens may waive certain criteria listed above for only their respective facility. Any exception granted is on a case-by-case basis and specific to a single correctional facility.

SECURITY CLEARANCE APPLICATION  
DELAWARE DEPARTMENT OF CORRECTION

PLEASE PRINT CLEARLY

**WHO SHOULD COMPLETE THIS FORM:**

- i. Applicants requesting one-time access or occasional access (whether for one facility or multiple facilities)
- ii. Applicants requesting a badge for access to one or more facilities (frequent access for period of 1 year or more)  
*Note: These applicants will be directed to Human Resources after this form is approved*
- iii. Individuals requesting to schedule an offender visit may be asked to complete this form.

**Volunteers, interns and professional service visitors must attach a letter from their sponsoring organization. Letter must be on agency letterhead, signed by the agency’s director and include the name and title/role of the applicant and the name of the program.**

**WHO SHOULD NOT COMPLETE THIS FORM:**

- (1) Attorneys
- (2) Employees of DOC’s contracted medical/behavioral health provider (please contact DOC’s Human Resources directly)

**SECTION 1: PERSONAL INFORMATION & CRIMINAL HISTORY**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**PLEASE LIST ALL OTHER NAMES YOU HAVE USED INCLUDING MAIDEN, NICKNAMES AND RELIGIOUS NAMES:**  
\_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

SEX: MALE / FEMALE RACE: \_\_\_\_\_ DRIVER’S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PLEASE LIST WHICH FACILITY(IES) YOU ARE REQUESTING ACCESS TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SELECT TYPE OF ACCESS REQUESTED**

- Offender Visit
- One Time Access (i.e. single event) \*No badge issued
- Occasional Volunteer or Service Provision (Less than 3 days per week or less than 165 days per year for a period of one year or less) \* No badge issued
- Frequent/Long Term Volunteer or Service Provision (At least 3 days per week or 165 days per year for a period of one year or more) \* You will be directed to HR to fill out a badge application packet after this form has been approved by the respective DOC Bureau Chief

**DO YOU HAVE ANY ARRESTS FOR CHARGES OTHER THAN TRAFFIC TICKETS (WHETHER CONVICTED, DISMISSED, NOLLE PROSSED, OR PARDONED)? NO/YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.**

COUNTRY: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

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**HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC TICKET? NO /YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.**

COUNTRY: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

**ARE YOU PRESENTLY UNDER DEPT. of CORRECTION SUPERVISION: NO/YES (IF YES, WHAT):** \_\_\_\_\_

**ARE YOU RELATED TO OR KNOW ANYONE INCARCERATED AT A DOC FACILITY; NO/ YES**

**IF YES, NAME OF INMATE AND YOUR RELATIONSHIP TO THEM:** \_\_\_\_\_

**SECTION 2: JUSTIFICATION FOR SECURITY CLEARANCE REQUEST DO NOT COMPLETE THIS SECTION IF APPLYING FOR AN OFFENDER VISIT. IF REQUESTING ONE-TIME PRISON ACCESS FOR A SINGLE EVENT, ONLY ANSWER THE QUESTIONS MARKED WITH AN ASTERISK (\*).**

**\*REASON FOR CLEARANCE:** \_\_\_\_\_

**\*DATE(S) OF ACTIVITY:** \_\_\_\_\_ **\*ORGANIZATION:** \_\_\_\_\_

**\*PROGRAM NAME:** \_\_\_\_\_

**\*JOB TITLE:** \_\_\_\_\_ **\*HOW LONG EMPLOYED/VOLUNTEERING:** \_\_\_\_\_

**ORGANIZATION ADDRESS, PHONE NUMBER, AND EMAIL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT TYPE OF VOLUNTEER OR PROFESSIONAL SERVICES WILL YOU BE PROVIDING?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE YOUR QUALIFICATIONS FOR PROVIDING PROFESSIONAL OR VOLUNTEER SERVICES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY PAST OR PRESENT PROFESSIONAL OR VOLUNTEER ORGANIZATIONS YOU PARTICIPATED IN (INCLUDE NAME, LENGTH OF SERVICE, CONTACT PERSON, AND PHONE NUMBER OR EMAIL):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: PLEASE READ AND SIGN ALL APPLICANTS MUST COMPLETE THIS SECTION**

I understand that DOC authorities will verify my criminal record information. I also understand that my application may be rejected for any reason.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DOC USE ONLY:**

The following is the result of the DELJIS and NCIC records checks:

**DELAWARE WANTS/WARRANTS** \_\_\_\_\_ **DELAWARE CRIMINAL HISTORY** \_\_\_\_\_

**NCIC WANTS/WARRANTS** \_\_\_\_\_ **NCIC CRIMINAL HISTORY** \_\_\_\_\_

**DELJIS/NCIC INVESTIGATOR** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **APPROVAL EXPIRES ON:** \_\_\_\_\_

**DENIED** \_\_\_\_\_

**IF DENIED, PLEASE INDICATE REASON BELOW:**

- (1) Dishonest/incomplete application;
- (2) Active pending charges/warrants/capiases;
- (3) Any criminal conviction within the past two years;
- (4) Any incarceration in a Delaware correctional facility within the past three years;
- (5) Pending litigation against DOC involving applicant, arrest for escape, conviction for smuggling prison contraband, affiliation with confirmed security threat group, or previous institutional misconduct relating to the security, life, safety, and health of the facility while incarcerated;
- (6) Other (See Investigation for info).

**REVIEWER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

SECURITY CLEARANCE APPLICATION  
DELAWARE DEPARTMENT OF CORRECTION

PLEASE PRINT CLEARLY

WHO SHOULD COMPLETE THIS FORM:

Employees of DOC's contracted medical/behavioral health provider due for renewal

**SECTION 1: PERSONAL INFORMATION & CRIMINAL HISTORY**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED INCLUDING MAIDEN, NICKNAMES AND RELIGIOUS NAMES:

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

SEX: MALE / FEMALE RACE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**DO YOU HAVE ANY ARRESTS FOR CHARGES OTHER THAN TRAFFIC TICKETS (WHETHER CONVICTED, DISMISSED, NOLLE PROSSED, OR PARDONED)? NO/YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.**

COUNTRY: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC TICKET? NO /YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.**

COUNTRY: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

**ARE YOU PRESENTLY UNDER DEPT. of CORRECTION SUPERVISION: NO/YES (IF YES, WHAT):** \_\_\_\_\_

**ARE YOU RELATED TO OR KNOW ANYONE INCARCERATED AT A DOC FACILITY; NO/ YES IF YES, NAME OF INMATE AND YOUR RELATIONSHIP TO THEM:** \_\_\_\_\_

**SECTION 2: PLEASE READ AND SIGN ALL APPLICANTS MUST COMPLETE THIS SECTION**

I understand that DOC authorities will verify my criminal record information. I also understand that my application may be rejected for any reason.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DOC USE ONLY:**

The following is the result of the DELJIS and NCIC records checks:

**DELAWARE WANTS/WARRANTS** \_\_\_\_\_  
**DELAWARE CRIMINAL HISTORY** \_\_\_\_\_

**NCIC WANTS/WARRANTS** \_\_\_\_\_  
**NCIC CRIMINAL HISTORY** \_\_\_\_\_

**DELJIS/NCIC INVESTIGATOR** \_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **APPROVAL EXPIRES ON:** \_\_\_\_\_

**DENIED** \_\_\_\_\_

**IF DENIED, PLEASE INDICATE REASON BELOW:**

- (1) Dishonest/incomplete application;
- (2) Active pending charges/warrants/capiases;
- (3) Any criminal conviction within the past two years;
- (4) Any incarceration in a Delaware correctional facility within the past three years;
- (5) Pending litigation against DOC involving applicant, arrest for escape, conviction for smuggling prison contraband, affiliation with confirmed security threat group, or previous institutional misconduct relating to the security, life, safety, and health of the facility while incarcerated;
- (6) Other (See investigation for info).

**REVIEWER'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **A GUIDE TO THE PREVENTION AND REPORTING OF SEXUAL ABUSE AND MISCONDUCT WITH OFFENDERS**

### **PREA Information for Contractors, Vendors, and Volunteers with Limited Contact with Offenders**

*Please Read, Sign, and Return this Acknowledgement Form with the Security Clearance Application*

#### **Staff Sexual Misconduct**

Delaware Department of Correction (DDOC) policy 8.60 specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between offenders and DOC staff. In this definition, “staff” includes: contractors, vendors and volunteers of the DOC. An “offender” means someone incarcerated in a correctional facility or under supervision in the community. DDOC policy 8.60 contains detailed descriptions of what constitutes sexual misconduct and staff misconduct of a sexual nature (Policy 8.60 is available on the DDOC website at: [http://www.doc.delaware.gov/downloads/policies/policy\\_8-60.pdf](http://www.doc.delaware.gov/downloads/policies/policy_8-60.pdf))

#### **Forms of sexual misconduct include, but are not limited to:**

1. Any behavior of a sexual nature directed toward an offender by a Department staff, contract staff, or volunteer.
2. Inappropriate touching between offenders and staff.
3. All completed, attempted, threatened, or requested sexual acts between Department staff and the offender.
4. Sexual comments and conversations with sexually suggestive innuendos or double meanings.
5. Display or transmittal of sexually suggestive posters, objects, or messages.

Depending on the investigation findings of an alleged incident, the outcome may result in the loss of your job/assignment and the possibility of criminal charges. In addition, persons accused of sexual harassment in civil or criminal proceedings may be held personally liable for damages to the person harassed.

#### **An Abuse of Power**

Due to the imbalance of power between offenders and staff in correctional settings, sexual interactions between staff (who have power) and offenders (who lack power) are unprofessional, unethical and illegal. Some offenders who lack power may become sexually involved with staff in an effort to equalize the imbalance of power. Occasionally an offender may try to use sex to improve his/her standing or circumstances (e.g., better job, avoid disciplinary action, affect a release plan, gain privileges, etc.). As a DOC contractor, vendor or volunteer, your designated assignments place you in a position of authority over the offenders with whom you interact in a professional capacity. It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect release dates, return to prison, or other sanctions.

Because of the imbalance of power between offenders and staff, vendors, contractors and volunteers, there can never be a consensual relationship between staff and offenders. In fact, the law states “consent” is not a defense to prosecution. Here are some factors to consider.

### **History of Victimization**

Some staff don't think of offenders as 'victims' of staff sexual misconduct, especially when the offender appears to be a willing participant or even initiated the sexual or 'romantic' interactions with a staff member. The offender is always the victim because of the imbalance of power. The consent or willingness of an offender to participate may be a survival strategy or a learned response to previous or current victimization. Many offenders have a history of victimization (physical and/or sexual abuse), which may make them especially vulnerable to the sexual overtures of persons in positions of authority. Their perception of affection/love may be skewed by this background of abuse, making it impossible for them to refuse advances of a staff member.

In some instances, particularly for female offenders, their survival in the community has been directly related to using their sexuality to obtain the means to survive. Coupled with low self-esteem, this carries over into their conduct in prison and while under community supervision.

As the person in authority, it is your responsibility to discourage, refuse and report any overtures as well as maintain professional boundaries at all times. Boundaries in relationships can be difficult. If you question your professional boundaries with an offender or feel uncomfortable with his/her actions or advances toward you, talk to another person you respect and/or bring this matter to the attention of a DOC employee before it gets out of control.

### **Red Flags:**

The following are behaviors or 'red flags' that may signal you or someone you work with is in danger of engaging in sexual misconduct with an offender:

- Spending a lot of time with a particular offender
- Change in appearance of an offender or staff member
- Deviating from agency policy for the benefit of a particular offender
- Sharing personal information with an offender
- Horseplay
- Overlooking infractions of a particular offender
- Doing favors for an offender
- Consistently volunteering for a particular assignment or shift
- Coming to work early/staying at work late
- Flirting with an offender

**Some Other Things to Consider:**

Amorous or sexual relationships with an offender are seldom a secret. Such behavior will subject you to disrespect and manipulation from other offenders that may be aware of your situation. Once in a relationship, professional judgment becomes clouded and the normal defenses that exist to protect you will be compromised. When acting on emotions, you may take actions that would otherwise be considered inappropriate in a correctional environment (either in custody or in the community).

Amorous or sexual relationships are inappropriate and illegal when they occur between an offender and any staff member, contractor, vendor or volunteer. Offenders depend upon staff to provide for their board and care, ensure their safety, address their health care needs, supervise their work and conduct, and act as role models for socially acceptable conduct. Your conduct and the decisions you make reflect not only on your own reputation, but also on that of your peers and the agency you represent.

**How to Maintain Appropriate Boundaries:**

Most staff/offender sexual misconduct occurs only after seemingly innocent professional boundaries have been crossed. The following behaviors will assist you in maintaining appropriate boundaries:

- Maintain professional distance
- Focus behavior on duties and assignments
- Do not become overly close with offenders
- Do not share your own or other staff person's personal information with or around offenders
- When speaking to offenders about other staff, refer to the staff by their title or as Ms. or Mr.
- When speaking to offenders refer to them as Ms. or Mr. and their last name
- Do not accept gifts or favors from offenders
- Be knowledgeable of Departmental policy and procedure, rules of conduct and laws regarding sexual misconduct and sexual harassment.

**A Duty to Report**

Staff must report any inappropriate staff/offender behavior immediately. The presence of illegal and unethical behavior by staff compromises the security and safety of the agency. Staff that fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member.

**I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED IN THIS DOCUMENT.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**ORGANIZATION / COMPANY** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_