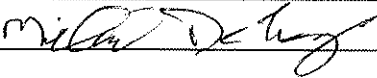


<p align="center"><b>POLICY FOR</b></p> <p align="center"><b>DEPARTMENT OF CORRECTION</b></p> <p align="center"><b>BUREAU OF PRISONS</b></p>	<p align="center"><b>POLICY NUMBER</b></p> <p align="center">8.48</p>	<p align="center"><b>PAGE NUMBER</b></p> <p align="center">1 of 3</p>
	<p align="center"><b>RELATED ACA STANDARDS:</b></p>	
<p><b>CHAPTER: 8</b></p>	<p><b>SUBJECT: Security Clearance</b></p>	
<p><b>APPROVED BY THE BUREAU CHIEF:</b> </p>		
<p><b>EFFECTIVE DATE:</b> 5/1/11</p>		
<p><b>APPROVED FOR PUBLIC RELEASE</b></p>		

- I. **AUTHORITY:** DOC Policy 10.4, 8.58, and 8.4
- 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.
- 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:**
  - A. **Volunteer:** Any uncompensated adult citizens providing a service to the BOP or its correctional facilities of their own free will.
  - B. **Regular Volunteer:** Any volunteer who meets the approval criteria and engages in specific, continuous and regularly scheduled activities.
  - C. **Occasional Volunteer:** Any approved volunteer who provides a one-time or single task service.
  - D. **Outside Clergy:** Any approved clergy member representing a recognized religious denomination.
  - E. **Offender Visitor:** Any person participating in Visiting Room activities.
  - F. **Professional Visitors:** Attorneys, Elected Officials, visiting dignitaries, or tour groups.
  - G. **Warden:** Where referenced within this policy, shall mean either the facility Warden or his designee.
- V. **POLICY:** The Bureau of Prisons will conduct visitation and volunteer program services that support genuine treatment goals or provide services to the DOC, without jeopardizing the security, safety, and welfare of the public.
- VI. **PROCEDURES:**
  - 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.

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<b>SUBJECT:</b> Security Clearance		

- B. Any person covered by this policy may be subjected to a criminal background check prior to entering any correctional facility.
  
- C. As indicated below, some persons covered by this policy will be required to complete a Security Clearance Application Form (attachment #1). Updated applications may be requested at the Warden's discretion.
  
- D. Excluding motor vehicle violations, no person will be granted entrance to a correctional facility if any of the following conditions exist:
  - Any active or pending warrants and/or capiases;
  - Any felony convictions within the past five years or incarceration for a felony within the past five years;
  - Any misdemeanor conviction within the past two years or any incarceration for a misdemeanor within the past two years;
  - Conviction for Driving Under The Influence (DUI);
  - Any conviction for Trafficking in Controlled Substance(s), Delivery of Controlled Substance(s), or Possession With Intent To deliver a Controlled Substance within the past ten years;
  - Dishonest or incomplete data on the Security Clearance Application Form.
  
- E. Volunteers:
  - Volunteers on active probation status must have the written approval of both their Supervising Officer and the facility Warden prior to entry.
  - Volunteers related to any incarcerated offender must disclose this relationship. The facility Warden will determine if entry is approved.
  - Volunteers will be required to complete a Security Clearance Application Form (attachment #1).
  
- F. Offender Visitors:
  - 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 requesting participation in Visiting Room activities under the age of 18 must be accompanied by an adult or legal guardian age 21 or older.
  - Visitors that are related to any incarcerated offender must disclose this relationship. The facility Warden will determine if entry is approved.

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G. Vendors:

- 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. Vendors will complete a Security Clearance Application Form (attachment #1).

H. Professional Visitors:

- 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 visitors must have prior authorization to enter a correctional facility.
- The facility Warden will determine which professional visitors require completion of Security Clearance Application Form (attachment#1).

I. Elevated security risk may result in a Warden's revocation of granted clearance at any time. Persons granted clearance, who exhibit 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.

J. The Warden's decision to revoke clearance may be appealed to the Bureau Chief. This written appeal must be submitted within 10 working days of the facility notification.

K. 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**  
**BUREAU OF PRISONS**  
**PLEASE PRINT CLEARLY**

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: (\_\_\_\_) \_\_\_\_\_

**DO YOU HAVE A CRIMINAL CONVICTION AND/OR ARREST ANYWHERE, TO INCLUDE TRAFFIC TICKETS? NO/YES (IF YES, COMPLETE BELOW). HAVE YOU EVER BEEN ARRESTED ANYWHERE WHETHER CONVICTED/DISMISSED/NOLLE PROSSED OR PARDONED: NO /YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE UTILIZE THE BACK OF THIS FORM.**

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: \_\_\_\_\_

REASON FOR CLEARANCE: \_\_\_\_\_ DATE OF ACTIVITY: \_\_\_\_\_ COMPANY/  
ORGANIZATION \_\_\_\_\_

**COMPANY/ORGANIZATION EMAIL ADDRESS:** \_\_\_\_\_

**PLEASE READ AND SIGN:**

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

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

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

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

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

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

APPROVED \_\_\_\_\_ APPROVAL EXPIRES ON: \_\_\_\_\_ IF DENIED, PLEASE INDICATE REASON BELOW:

**DENIED** \_\_\_\_\_ (1) Dishonest/incomplete application; (2) Active pending warrants/capiases; (3) Felony convictions or incarceration for a felony in past five years; (4) Misdemeanor convictions or incarceration for misdemeanor in past two years; (5) DUI conviction past two years; (6) Trafficking/delivery and/or possession of controlled substance conviction past ten years; (7) Other (See Investigation for info).

Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_