

PLEASE PRINT CLEARLYWHO 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: \_\_\_\_\_

**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 \_\_\_\_\_ DELWARE 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.

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

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## **DEPARTMENT OF CORRECTION DAILY CONTRACTOR TOOL & EQUIPMENT INVENTORY**

The contractor tool/equipment form shall be completed and signed by all contractor personnel prior to entering a DOC facility. The following requirements apply:

1. An original signed and dated tool/equipment form shall be prepared each day.
2. This form shall serve as an inventory of all work and personal equipment carried into a Department of Correction facility and will serve to ensure that the inventoried equipment is removed from the facility at the end of the work day.
3. Each piece of work and personal equipment noted on this form shall be described in sufficient detail so that it can easily be identified and matched to the inventory by a Department of Correction staff.
4. Department of Correction strongly recommends that when work/personal equipment is to be carried into a Department of Correction facility on a repetitive basis, the equipment be marked with a unique identifier (e.g. personnel initials + number) so that it can be matched to the same unique identifier noted on the tool/equipment form.
5. Prior to entering and exiting secured areas of a Department of Correction facility, the daily tool/equipment inventory shall be reviewed and signed by the escorting officer.
6. If, prior to exiting a secured area, the preparer of this form determines that he or she cannot account for each piece of equipment, then he or she shall immediately notify the escorting officer.
7. If, prior to exiting a secure area, a Department of Correction staff cannot identify each tool or piece of equipment and reconcile it to the items inventoried on this form, then the Department of Correction staff will hold the group of contractor employees in the secure area until the discrepancy is resolved.
8. The following list of tools and equipment is representative of the items inventoried on the form. **All** tools and equipment being brought into the institution will be inventoried. Every job box will have an exact inventory of all tool boxes and equipment stored in that box. The box must be lockable and remained locked when not in use. **There are no exceptions to this rule.** List all tools for example hand tools (ex. hammers, pliers, wrenches, and screwdrivers), electrical tools (ex. measuring equipment, splicing equipment), power tools (ex. drills, saws demolition equipment) and supplies (saw blades, drill bits, fasteners). List all other equipment (ex. two –way radios, writing pads, pens, pencils, etc). However, the list may be expanded to cover equipment specific to a scope of work or project.
9. Items not permitted include, but are not limited to: firearms, medicines, pocket knives, leather man tools, tobacco, matches, lighters, gum, beer, alcohol of any kind, glass bottles or containers, aluminum cans, metal knives spoons or forks, music radios, i-Pods, newspapers, fliers, or magazines.
10. Laptop computers, cameras, cell phones, and pagers are restricted items and their use can only be approved in writing, in advance by the Warden or his designee. Failure to declare an item at the sally port will result in that item being confiscated.

**Contractor Name:** \_\_\_\_\_ **Signature & Date:** \_\_\_\_\_

## Tool and Equipment Inventory

IN		OUT	
Date		Date	
Contractor Name and Signature		Contractor Name and Signature	
Staff Signature		Staff Signature	
Time IN		Time OUT	

[illegible]



[illegible]