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| **NON-DOC PERSONNEL, BUSINESS & PROFESSIONAL VISITORS** | | | | | | | | |
| **PURPOSE** | | | | | | | | |
| This application is intended for all individuals seeking entry privileges to DOC correctional facilities for professional purposes (does NOT include DOC employees or personal visitors to those in custody). Facility access is administered through DAI policies 300.00.92 – Background Checks, 306.00.36 – Entrance Procedures, 300.00.79 – Media, 300.00.83 – Facility Tours, 309.06.01 – Personal Visitors, 309.06.02 – Visitors with Special Needs, 309.06.03 – Non-DOC Personnel, Business & Professional Visitors; DJC policies 100.10.01 – Volunteers and 300.01.06 – Visits; and various facility-specific procedures. Please ask your facility contact for clarification of any questions. | | | | | | | | |
| FOR OFFICE USE ONLY: Individual Email Delivery or Paper Delivery (section completed by DOC staff); Group Delivery Via Link (section not applicable). | | | | | | | | |
| DOC Application Initiator/Sender | |  | | | | | | |
| DOC Point of Contact for Questions (if different) | |  | | | | | | |
| **NOTES:**   * Applicants are subject to a background check and fingerprinting and may be rejected for admission to the facility by the Security Director/Safety Director/Designee. Information provided on this form will be used to conduct a criminal background check. * DOC is prohibited from further distribution of information obtained from a criminal history record except in accordance with 28 CFR s.20.33. Motor vehicle information obtained is generally not subject to open records, and may only be used for the purpose listed in the subsections of 18 U.S.C. § 2721 et. seq. * All applicants must be eighteen (18) years of age or older. * All individuals are required to present photo identification and may need to clear a metal detector with each facility entrance. Personal belongings brought into the facility will be examined by security staff. * Please provide complete responses to all questions. You may share further details with your facility contact (via email and/or phone) if there isn’t sufficient space on this form. * Your signature is required in two places: 1) Acknowledging PREA requirements, and 2) authorizing DOC to conduct routine background checks, verifying your willingness to adhere to all policies and procedures, and intention to comply with DOC staff instructions. * Please notify your Staff Advisor of future changes to your demographics information, background check data, emergency contacts, offender/youth contacts or relationships, etc. They can advise you whether a new application should be submitted and/or record the changes in DOC records. * Please cooperate fully with your facility contact(s) on any requests for additional information. * Asterisk (\*) indicates required field. | | | | | | | | |
| \* FACILITY/LOCATION AT WHICH YOU ARE SEEKING PRIMARY ENTRANCE PRIVILEGES? | | | | |  | | | |
| \* ARE YOU REQUESTING ACCESS TO ANY ADDITIONAL DOC FACILITIES/LOCATIONS?  *If yes, list secondary site(s) if known* | | | | | | | NO  YES  UNCERTAIN | |
| \* HAVE YOU PREVIOUSLY SUBMITTED A FACILITY ACCESS APPLICATION AT ANY WISCONSIN  DEPARTMENT OF CORRECTIONS FACILITY OR THE WISCONSIN RESOURCE CENTER?  Do not include other Department of Health Services facilities, county jails, and federal facilities.  *If yes, list site(s)* | | | | | | | NO  YES  UNCERTAIN | |
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| **DEMOGRAPHICS** | | | | | | | | |
| \* FULL LEGAL NAME    (first) | (middle) | | (last) | | \* DATE OF BIRTH | | | \* SEX  Male  Female |
| \* OTHER NAMES YOU ARE USING OR HAVE BEEN KNOWN BY, INCLUDING MAIDEN NAMES (Write NONE if applicable) | | | | | | | | |
| \* ADDRESS | | | | \* CITY | \* STATE | | | \* ZIP CODE |
| \* PRIMARY E-MAIL ADDRESS (that facility can use to contact you) | | | | \* PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER | | | |
| \* DRIVER’S LICENSE NUMBER (Write NONE if applicable) | | | | | \* STATE ISSUING DRIVERS LICENSE | | | |
| \* HAVE YOU EVER BEEN EMPLOYED BY, PROVIDED SERVICES/PROGRAMMING FOR, OR  VOLUNTEERED IN THE WISCONSIN DOC OR ANY OTHER CORRECTIONAL OR LAW ENFORCEMENT  AGENCY (including contract service)?  *If yes, provide location, dates & function* | | | | | | NO  YES | | |
| \* HAVE YOU EVER BEEN DENIED ENTRY PRIVILEGES INTO ANY CORRECTIONAL/JAIL  FACILITY (i.e. any jurisdiction, including federal, state, county)?  ***NOTE: If yes, email or call your facility contact to provide details regarding the***  ***incident, including location, date & reason.*** | | | | | | NO  YES | | |
| \* WHEN YOU VISIT, IS THERE A REASON YOU CANNOT PASS THE REGULAR METAL  DECTECTOR (e.g. metal implant, cane, brace) AND/OR DO YOU NEED AN ACCOMMODATION?  ***NOTE: If yes, you will receive form DOC-2424 – Visitor Requesting Accommodation***  ***which must be completed by your physician, returned and approved prior to visiting.*** | | | | | | NO  YES | | |

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| **INTENDED ROLE/PURPOSE OF VISIT** | | | | | | | |
| \* REASON FOR SEEKING FACILITY ENTRY PRIVILEGES (check all that apply): | | | | | | | |
| VOLUNTEER | | | | | | | |
| PASTORAL VISITOR (i.e. 1-1 spiritual care) | | | RESTORATIVE JUSTICE | | | | |
| RECREATION | | | SELF-HELP GROUP (e.g. AA, NA, SMART) | | | | |
| REENTRY/JOB FAIR | | | OTHER (Describe in Comments Section) | | | | |
| RELIGIOUS (i.e. congregate programming) | | |  | | | | |
| PROGRAM CONTRACTOR | | | | | | | |
| EDUCATION/TEACHER | | | | | | | |
| TREATMENT PROVIDER (e.g. CGIP, DV, SUD) | | | | | | | |
| FACILITY VENDOR (e.g. construction, deliveries, equipment maintenance/repair, laboratory, sanitation) | | | | | | | |
| OTHER GOVERNMENT AGENCY | | | | | | | |
| DEPT OF HEALTH SERVICES (DHS) | | | REGULATORY AGENCY/INSPECTOR/AUDITOR | | | | |
| DEPT OF WORKFORCE DEVELOPMENT (DWD) | | | OTHER GOVERNMENT OFFICIAL (e.g. elected official,  judicial staff, legislative staff) | | | | |
| DEPT OF VETERANS AFFAIRS (DVA) | | |
| EMPLOYEE TRAINER | | | | | | | |
| GUEST SPEAKER/PERFORMANCE/PROGRAM GUEST | | | | | | | |
| LEGAL SERVICES (SPECIFY)  CONTRACTED PROGRAM (e.g. Reentry Legal Services, Remington Center)  PERSONAL ATTORNEY  PUBLIC DEFENDER  AGENCY ATTORNEY (e.g. Disability Rights Wisconsin) | | | | | | | |
| OFFENDER TRANSPORT SERVICE | | | | | | | |
| STUDENT / INTERN | | | | | | | |
| SPECIAL EVENT/TOUR GROUP | | | | | | | |
| OTHER (Explain in comments section) | | | | | | | |
| COMMENTS (Provide details of events, programs or specific inmate/youth names, if applicable) | | | | | | | |
| \* PERTINENT CREDENTIALS, EDUCATION OR TRAINING (Write none, if applicable) | | | | | | | |
| \* AGENCY / ORGANIZATION / COLLEGE YOU REPRESENT & ADDRESS (Write none, if applicable) | | | | | \* PHONE | | |
| \* HOW OFTEN DO YOU EXPECT TO ENTER any/all WISCONSIN DOC facilities?  Note: Orientation requirements may correspond to frequency. | | | | | 1-4 Times Per Year  5-or-More Times Per Year | | |
| **DISCLOSURE OF OFFENDER CONTACTS / RELATIONSHIPS** | | | | | | | |
| *Many DOC staff members and non-DOC personnel, business & professional visitors have family members, friends or associates in DOC custody or supervision. This is common and does not automatically preclude citizens from entering correctional facilities in professional roles. DOC requires disclosure of these relationships in order to identify the safest and most appropriate plan of action for non-DOC personnel, business & professional visitors.* | | | | | | | |
| \* ARE YOU CURRENTLY ON THE VISITING LIST FOR ANY WISCONSIN INMATE(S)/YOUTH INCLUDING DHS  SITES?  If yes, list relevant name(s) & current facility | | | | | NO  YES  UNCERTAIN | | |
| \* ARE YOU RELATED (including by marriage) TO ANY INMATE(S)/YOUTH IN ANY WISCONSIN CORRECTIONAL  FACILITY (i.e. state or county jurisdiction) INCLUDING DHS?  If yes, list relevant name(s) & current facility | | | | | NO  YES  UNCERTAIN | | |
| \* ARE YOU RELATED (including by marriage) TO AN OFFENDER/YOUTH WHO IS UNDER WISCONSIN DOC OR  DHS COMMUNITY SUPERVISION (e.g. probation, parole, extended supervision, NGI, etc.)?  If yes, list relevant offender name(s) & county of supervision | | | | | NO  YES  UNCERTAIN | | |
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| **PREA COMPLIANCE** | | | | | | | |
| *The Prison Rape Elimination Act of 2003 (PREA) was enacted to address the problem of sexual assault of persons in the custody of U.S. correctional agencies. DOC complies with PREA by requiring all employees and non-DOC personnel, business & professional visitors to answer the following questions.*  ***NOTE: If you answer yes to any question in this section, it is very important you provide details regarding the incident directly to your facility contact.*** | | | | | | | |
| \* HAVE YOU EVER BEEN ENGAGED IN SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY  CONFIEMENT FACILITY, JUVENILE FACILITY, OR OTHER INSTITUTION OR PLACE OF DETENTION? | | | | | NO  YES | | |
| \* HAVE YOU EVER BEEN CONVICTED OF ENGAGING OR ATTEMPT TO ENGAGE IN SEXUAL ACTIVITY IN THE  COMMUNITY FACILITATED BY FORCE, OVERT OR IMPLIED, THREATS OF FORCE, OR COERCION, OR IF  THE VICTIM DID NOT CONSENT OR WAS UNABLE TO CONSENT OR REFUSE? | | | | | NO  YES | | |
| \* HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN THE  ACTIVITY DESCRIBED ABOVE? | | | | | NO  YES | | |
| \* DOC policy further requires all prospective non-DOC personnel, business & professional visitors to read the Wisconsin DOC document,  *PREA: A Guide for Non-DOC Personnel, Business & Professional Visitors* [POC-0054]. Check the following to indicate:  I have read this brochure.  I have had opportunity to ask questions about DOC’s PREA policies (including by phone or email). | | | | | | | |
| After reading the attached PREA pamphlet, I understand:   * The definitions of “sexual abuse,” sexual harassment,” and “consent.”; * That it is **always** against the law for anyone to engage in sexual activity with an inmate/offender/youth in custody; * There are traits that put an offender at higher risk of sexual victimization; * There are “red flags” that may indicate compromised boundaries or abuse of an inmate/offender/youth; * I have a duty to immediately report any knowledge, suspicion or information of sexual abuse or harassment of an inmate/offender/youth using one or more methods   + Notifying an onsite facility supervisor   + Submitting via the DOC website [https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx]   + Emailing the PREA Office [docsecosopreainvestigations@wisconsin.gov]   + Calling the PREA Office [608-240-5071] * That I should request an alleged victim avoid any actions that might destroy evidence; * That I must maintain healthy “professional boundaries” with inmates/offenders/youth at all times.   *My signature below acknowledges my understanding of DOC’s zero tolerance policy regarding sexual abuse and sexual harassment, as well as my responsibilities for adherence to PREA as non-DOC personnel, business & professional visitors.* | | | | | | | |
| **\* SIGNATURE ACKNOWLEDGING UNDERSTANDING OF PREA REQUIREMENTS** | | | | | | | **\* DATE SIGNED1** |
| **BACKGROUND CHECK & ACKNOWLEDGEMENTS** | | | | | | | |
| By signing and submitting this document I am authorizing Wisconsin DOC to complete a background check (including potential updated background checks at various future intervals to remain active as a non-DOC personnel, business & professional visitor). Falsifying or omitting any information may result in denial and/or termination of facility entry privileges at all DOC facilities. I understand that I am required to report to facility staff by the next business day regarding any change to this information or law enforcement contact which occurs after submitting this signed form.  This form contains Personally Identifiable Information (PII) regarding me and/or my emergency contacts (e.g. phone numbers). I understand DOC will maintain this form in a confidential manner consistent with applicable federal and state statutes and regulations, and will limit access to only those DOC employees who need this data to perform their job duties.  My signature below acknowledges my agreement to hold harmless, the facility, Department of Corrections, State of Wisconsin and all state employees, officials and agents connected with the facility in the event of damage to my property, personal injury or my death, arising from or in any way connected to the use of weapons, unlawful acts or forcible resistance by offenders/youth whether by assault, riot or other act.  I understand that as a non-DOC personnel, business & professional visitor I am expected to abide by all DOC policies (as outlined in the Non-DOC Personnel, *Business & Professional Visitor Orientation Manual*), including the Fraternization Policy and facility procedures. I also agree to abide by all DOC policies related to Wisconsin and Federal laws regarding confidentiality of inmate/offender/youth protected health information, as well as the prevention and required disclosure of inmate/offender/youth sexual abuse/violence. | | | | | | | |
| **\* APPLICANT SIGNATURE FOR BACKGROUND CHECK AND ACKNOWLEDGEMENTS** | | | | | | **\* DATE SIGNED2** | |
|  | | | | | | | |
| **EMERGENCY CONTACT INFORMATION (optional)** | | | | | | | |
| PRIMARY EMERGENCY CONTACT | | | | RELATIONSHIP | | | |
| PRIMARY CONTACT  PHONE NUMBERS | CELL | HOME | | WORK | | | |
| SECONDARY EMERGENCY CONTACT | | | | RELATIONSHIP | | | |
| SECONDARY CONTACT  PHONE NUMBERS | CELL | HOME | | WORK | | | |

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| **FOR OFFICE USE ONLY** | | | |
| **FACILITY STAFF COMMENTS (e.g. additional information provided by applicant; interview notes about form questions)** | | | |
| **BACKGROUND CHECK (Consistent with DAI Policy 300.00.92)** | **INITIALS** | **DATE COMPLETED** | **COMMENTS** |
| CCAP |  |  |  |
| Portal 100 |  |  |  |
| SORP |  |  |  |
| WICS Person Search |  |  |  |
| COMPAS |  |  |  |
| PIOC file (if applicable) |  |  |  |
| DAI Volunteer Records  SharePoint  Group Folders |  |  |  |
| Professional Credentials (if applicable)  Source: |  |  |  |
| **SUPERVISOR APPROVAL &**  **ORIENTATION/FINGERPRINT DECISIONS** | **INITIALS** | **DATE COMPLETED** | **COMMENTS** |
| Facility Entry Privileges  Approval  Denial  Application Not Processed (no fault) |  |  |  |
| Business/Professional Role/Tier (i.e. for training purposes per DAI policy 309.06.03, DJC Policy 100.10.01 & Category Matrix)  Tier 1 (PREA-training only, as incorporated into DOC-2674)  Tier 2 (brief orientation)  Tier 3 (full orientation)  Tier 4 (full orientation + specialized training) | | | **REMINDER: Record orientation and fingerprinting dates (if applicable) in SharePoint; completion not required prior to scanning/filing DOC-2674.** |
| Is fingerprinting required (i.e. consistent with ED #76; related to electronic and/or paper CHRI access)?  NO  YES | | |
| **RECORDS UPDATES** | **INITIALS** | **DATE COMPLETED** | **COMMENTS** |
| SharePoint Database Updated |  |  |  |
| Form Scanned to Electronic Folder |  |  |  |
| Paper Copy – Placed in Secure Storage |  |  |  |