



**PRE-BID MEETING MINUTES-ADDENDUM NO. 1
WASHER & DRYER REPLACEMENT AT
SUSSEX CORRECTIONAL INSTITUTION
DEPARTMENT OF CORRECTION
OMB/DFM PROJECT NO. MC3804000111**

A Mandatory Pre-Bid Meeting was held in the Tom Collins Building outdoor conference area on Tuesday, March 24, 2020, at 1:30 p.m. Those in attendance were:

| | |
|--------------------|---|
| Dean Seely | OMB/Division of Facilities Management |
| Ashlie Stanley | OMB/Division of Facilities Management |
| Eric Smeltzer | Department of Correction |
| Joseph Leo | PAC Industries, Inc. |
| Brian Taylor | PAC Industries, Inc. |
| Stacey Bush | Amakor, Inc. |
| John Dunbar | JT Richardson, Inc. |
| Andy Baker | Schlosser & Associates, Inc. |
| Edward Fayda, P.E. | Fayda Engineering & Energy Solutions, LLC |

A copy of the Pre-Bid Meeting sign-in sheet is attached. Total 2 pages.

Date of Report: March 25, 2020
FE&ES Comm. No.: 19-1340B

Items of Discussion:

- 1.0 These Pre-Bid Meeting Minutes, Addendum No. 1, shall be made part of the Project Manual and Drawings dated March 2020 for “The Washer - Dryer Replacement at The Sussex Correctional Institution for Delaware Department Of Correction”.
- 2.0 Sealed bids for OMB/DFM Contract No. MC3804000111 – Sussex Correctional Institution – Washer & Dryer Replacement will be received by the State of Delaware, Office of Management and Budget, Division of Facilities Management, in the reception area of the Facilities Management Office in the Thomas Collins Building, 540 S. DuPont Highway, Suite 1 (Third Floor), Dover, DE 19901 until **2:00 p.m. local time on Wednesday, April 15, 2020**, at which time they will be publicly opened and read aloud in the Conference Room. Bidder bears the risk of late delivery. Any bids received after the stated time will be returned unopened. Note: the day of the week is a revision to what is indicated in the Advertisement.
- 3.0 This is a mandatory pre-bid meeting and only Prime Bidders are limited to those in attendance.
- 4.0 For further bidding information relating to the Project Manual and Drawings, the contractors are directed to contact Edward Fayda, P.E., Project Manager at Fayda Engineering & Energy Solutions, LLC at telephone: 302-999-1060. Contractor Requests for Clarification or Interpretation shall be delivered electronically (by email) to efayda@faydaees.com. Ensure the project title, contractor’s



name and RFI # are in the subject line. (Example: WASHER & DRYER REPLACEMENT "Contractor Name"- RFI #1)

- 5.0 The wage rates for this Project are Delaware Department of Labor and Division of Industrial Affairs for **Sussex County, Building Construction Classification**. A certified copy of the prevailing wage rates for this specific project is included in the Project Manual. This approved scale of wages must be posted by the Contractor in a prominent and easily accessible place at the work site.
1. Clarification has been provided by the Dept. of Labor that the Laundry Equipment Contractor shall be classified as a "Millwright" in the wage rate schedule.
- 6.0 Contractors are reminded that if they are a recognized contractor that customarily performs the work of a given subcontractor classification; that they can list themselves on the line for that particular subcontractor category. DO NOT ADD ANY ADDITIONAL VERBIAGE OTHER THAN WHAT IS REQUESTED. FAILURE TO DO SO MAY DISQUALIFY YOUR BID. As an example, if you are an electrical contractor that will self-perform the electrical work, that you list your company on the Electrical Subcontractor line on the bid form. Ensure your address, business license, etc. is also included.
- 7.0 Effective 1/1/16, **the prime contractor and all listed subcontractors** must have a drug testing program in place. There is an Affidavit located with the Bid Form.
- 8.0 Project Summary
- A. **Project scope:** Total of (4) 225# washers, (4) 310# dryers and (1) 55# washer
- Base Bid:**
1. Replace three (3) 250# or 225# washer/extractors, three (3) 310# dryers and one (1) 55# washer as identified on the Contract Documents.
- Alternates:**
1. There are no Alternates
- Unit Prices:**
- Unit Price #1: Total cost of one (1) 225# Washer/Extractor including shipping, material, labor (of all required subcontractors) and factory startup. The Owner may elect to omit or add the installation of one (1) or more washers under this Unit price at their discretion.
- Unit Price #2: Total cost of one (1) 310# Dryer including shipping, material, labor (of all required subcontractors) and factory startup. The Owner may elect to omit or add the installation of one (1) or more dryers under this Unit price at their discretion.
- 9.0 Contractor must be a registered plan holder in order to submit a bid. Bid Form shall be submitted in triplicate. Only those registered plan holders will be sent future addenda.
- 10.0 A two (2) year warranty is required on work and materials beginning on the date of substantial completion.
- 11.0 The following sections of the specifications were reviewed:

| <u>Section</u> | <u>Article</u> | <u>Title</u> |
|----------------|----------------|----------------------------------|
| | ----- | Advertisement for Bids |
| 00 41 13 | ----- | Bid Form & Subcontractor Listing |
| 01 35 53.16 | 1.01B | DOC Security Measures |

12.0 The drawings were generally reviewed to present the intent of the contract documents.

13.0 The following items were discussed in detail:

- A. Work Restrictions from Project Summary:
1. On-Site Work Hours: Limit work in the existing building to normal business working hours of 7:00 a.m. to 3:00 p.m.
 2. The contractor will be granted full access to the Laundry Building where there will be NO OFFENDERS for two (2) full workdays and one (1) flex day per week (consecutive); Monday-Wednesday. In this time, it is anticipated that the contractor will replace one (1) washer and one (1) dryer per week. At the conclusion of this work week, all systems and security measures will be fully restored in order for the Laundry facility to resume operations for the remainder of the week.
 3. This schedule shall be repeated in consecutive work weeks until all washers and dryers are replaced and the project is completed.
 4. All shutdowns shall be conducted at the convenience of the Owner.
- B. Contractors are to contact the Department of Labor if they have any questions with regard to the State Prevailing Wage Law or clarifications on payroll reporting. Telephone number is 302-451-3423.
- C. Requests for substitutions must be submitted to the Engineers office by **2:00 p.m. on Wednesday, April 5, 2020**. Such requests shall include a complete description of the proposed substitutes, along with sufficient documentation and information necessary for a complete evaluation.
- D. All questions should be directed in writing to the Engineer. Contractors are encouraged to submit questions as soon as possible. All answers to questions not in addendum format will not be binding. In the case of a conflict between the specifications and drawings or within each not answered by addendum, the greater quantity or better quality shall be provided. The deadline for questions shall be **2:00 p.m. on Wednesday April 8, 2020**. Final Addenda deadline is **3:00 p.m. on Friday, April 10, 2020**, except for an extension of the bid due date, which will be **Sunday, April 12, 2020 at 2:00 p.m.**
- E. Billing for stored material will not be paid unless the material is on the jobsite and in a secure location under the contractor's control. Owner will assist with providing area for materials storage; however, it will not be a secured area.
- F. DOC will provide an area outside of the secure perimeter to stage the new washers & dryers until they can be brought inside the facility.

- F. Contractor shall include a portable toilet in their bid. It will be permitted to be located inside the facility for the duration of the project.
 - G. Access to the site is restricted. Contractor must include at least 30 minutes to enter and depart the facility during a given workday.
 - H. Vehicles & other equipment shall not be left unattended and shall be secured at all times.
 - I. The Sussex Correctional Institution is a tobacco free campus. No form of tobacco is permitted on site; including e-cigarettes.
 - J. Contractors are reminded that it will be unlikely that the bid due date will change.
 - K. Instructions for requesting substitutions are very specific and are contained in the project manual. If the contractor does not follow the processes it is automatic grounds for rejection.
 - L. The subcontractor list was reviewed. The following will be the list of subcontractors to be formally listed on the bid form: HVAC, Plumbing, Electrical, Laundry Equipment. See attached revise Bid Form.
- 14.0 The successful contractor shall designate one job foreman who will remain as the main point of contact throughout the duration of the project. This foreman must be on-site whenever any subcontractors are on-site
- 15.0 Contractors to limit tools and equipment to be brought into the facility. All vehicles and tool boxes will be required to be inventoried before and at the end of each workday.
- 16.0 Reminder: For your bid to be deemed responsive, you need to include:
- 1. Bid Form- Fully executed, no blanks use the latest version published by Addenda.
 - 2. Bid Bond or Certified check in the amount of 10% of your bid.
 - 3. Bidders Business License
 - 4. Drug Testing Affidavit for prime and all subcontractors.
- 17.0 A site review of the project site is tentatively scheduled for **10:00 a.m. on Monday, April 6, 2020** for all registered attendees. Contact Matt Galinskie at the Engineer's office at 302-999-1060 to register for the walk-thru. If no one registers, the walk through will be cancelled. All contractors who wish to visit the site must have a DOC background check completed, submitted and approved. A copy of the form is attached to these minutes. Forms shall be sent directly to Mitch Heil at the Department of Correction. His email address is Mitchell.Heil@delaware.gov In the subject line of the email, indicate "SCI washer/dryer replacement background check". Results of each background check will be provided to the contractor. Note it takes approximately 5-7 days to obtain the required clearance.

18.0 Changes to Specifications

- 18.1 Advertisement for Bids: **Change** bid due date from Thursday, April 15, 2020 to Wednesday, April 15, 2020.
- 18.2 Bid Form: **Replace** Bid Form in project manual with one attached to these minutes. Unless a subsequent bid form is issued by addenda, this one will be the one to be used with the contractor's bid.

19.0 Changes to Drawings

- 19.1 There are no changes to the drawings.

20.0 Questions/Clarifications

- 20.1 There are no questions or clarifications.

ORIGINAL ON FILE

Edward Fayda, P.E.

EF/ef
19-1370B Pre-Bid Meeting Meeting Minutes

Attachments: 1. Pre-Bid Meeting Sign-In Sheet
2. Revised Bid Form
3. Background Check Form

cc: All in Attendance
P-File



Pre-Bid Sign-In Log

PLEASE FILL OUT COMPLETELY AND LEGIBLY

Tuesday, March 24, 2020
 PROJECT NAME: Sussex Correctional Institution
Washer & Dryer Replacement
23203 DuPont Blvd, Georgetown, DE 19947

FE&ES Comm. No.: 19-1370B
 OMB/DFM Project No.: MC3804000111

PRE-BID MEETING: Tuesday, March 24, 2020 @ 1:30 p.m.

BIDS DUE: Thursday, April 16, 2020 @ 2:00 p.m.
Thomas Collins Building, Facilities Management Office
540 S. DuPont Highway, Suite 1, Dover, DE 19901

| Company Name | Representative | Address | Phone & Fax | Email |
|---|--------------------|--|--|----------------------------|
| Fayda Engineering & Energy Solutions, LLC | Edward Fayda, P.E. | 801 W. Newport Pike Wilmington, DE 19804 | (302)999-1060 – P (302)999-1053 – F | efayda@faydaees.com |
| PAC Industries | Brian Taylor | | 443-235-7467 | btaylor@pacindustries.com |
| PAC Ind | Joe Lew | 5341 Jaycee Ave Harrersburg Pa | 1-717 443-1083 | Joe@pacindustries.com |
| SCHLOSSER | Anna BAKEN | 2407 Sunnyside Lane 110. Norman, PA 17744 | 1-302-778-7373 | ABAKEN@SCHLOSSER.COM |
| JTR INDUSTRIES | Tom Dubner | PO 269 HARRINGTON DE | 302-398-8101 358-9504 | John@JTRUSSETS.NET |
| Amaker Inc | Stacy Bush | 172 Clinton St Harrington City 19704 | 302-434-8164 8164 | Amaker@aol.com |
| POC | Eric Smeltzer | | | eric.smeltzer@DELANEER.COM |

BID FORM

For Bids Due: Wednesday, April 15, 2020 at 2:00 p.m.

To: Mr. Dean Seely, Construction Projects Manager
OMB/Division of Facilities Management
Thomas Collins Building, Suite 1- 3rd Floor
540 S. DuPont Highway
Dover, DE 19901

Name of Bidder: _____

Delaware Business License No.: _____ **Taxpayer ID No.:** _____

(A copy of Bidder's Delaware Business License must be attached to this form.)

***(Other License Nos.):** _____

Phone No.: () _____ - _____ **Fax No.:** () _____

The undersigned, representing that he has read and understands the Bidding Documents and that this bid is made in accordance therewith, that he has visited the site and has familiarized himself with the local conditions under which the Work is to be performed, and that his bid is based upon the materials, systems and equipment described in the Bidding Documents without exception, hereby proposes and agrees to provide all labor, materials, plant, equipment, supplies, transport and other facilities required to execute the work described by the aforesaid documents for the lump sum itemized below:

BASE BID: Replace three (3) 250# or 225# washer/extractors, three (3) 310# dryers and one (1) 55# washer as identified on the Contract Documents.

Amount: _____ (\$ _____)

ALTERNATES

There are no Alternates

ALLOWANCES:

There are No Allowances

UNIT PRICES:

Unit Price #1: Total cost of one (1) 225# Washer/Extractor including shipping, material, labor (of all required subcontractors) and factory startup. The Owner may elect to omit or add the installation of one (1) or more washers under this Unit price at their discretion.

Amount: _____ (\$ _____)

Unit Price #2: Total cost of one (1) 310# Dryer including shipping, material, labor (of all required subcontractors) and factory startup. The Owner may elect to omit or add the installation of one (1) or more dryers under this Unit price at their discretion.

Amount: _____ (\$ _____)

BID FORM

I/We acknowledge Addenda numbered _____ and the price(s) submitted includes any cost/schedule impact they may have.

This bid shall remain valid and cannot be withdrawn for thirty (30) days from the date of opening of bids (60 days for School Districts and Department of Education), and the undersigned shall abide by the Bid Security forfeiture provisions. Bid Security is attached to this Bid.

The Owner shall have the right to reject any or all bids, and to waive any informality or irregularity in any bid received.

This bid is based upon work being accomplished by the Sub-Contractors named on the list attached to this bid.

Should I/We be awarded this contract, I/We pledge to achieve substantial completion of all the work within _____ calendar days of the Notice to Proceed.

The undersigned represents and warrants that he has complied and shall comply with all requirements of local, state, and national laws; that no legal requirement has been or shall be violated in making or accepting this bid, in awarding the contract to him or in the prosecution of the work required; that the bid is legal and firm; that he has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken action in restraint of free competitive bidding.

Upon receipt of written notice of the acceptance of this Bid, the Bidder shall, within twenty (20) calendar days, execute the agreement in the required form and deliver the Contract Bonds, and Insurance Certificates, required by the Contract Documents.

I am / We are an Individual / a Partnership / a Corporation

By _____ Trading as _____
(Individual's / General Partner's / Corporate Name)

(State of Corporation)

Business Address: _____

Witness: _____ By: _____
(SEAL) (Authorized Signature)

(Title)

Date: _____

ATTACHMENTS

- Sub-Contractor List
- Non-Collusion Statement
- Affidavit(s) of Employee Drug Testing Program
- Bid Security
- Bidders Qualifications (Others as Required by Project Manuals)

BID FORM
SUBCONTRACTOR LIST

In accordance with Title 29, Chapter 69, Section 6962(d)(10)b of the Delaware Code, the following subcontractor listing must accompany any bid submittal. The bidder must list in each category the full name and address (City & State) of the sub-contractor that the bidder will be using to perform the work and provide material for that subcontractor category. Should the bidder's listed subcontractor intend to provide any of their subcontractor category of work through a third-tier contractor, the bidder shall list that third-tier contractor's full name and address (City & State). If the bidder intends to perform any category of work itself, it must list its full name and address. For clarification, if the bidder intends to perform the work themselves, the bidder may not insert "not applicable", "N/A", "self" or anything other than its own full name and address (City & State). To do so shall cause the bid to be rejected. In addition, the failure to produce a completed subcontractor list with the bid submittal shall cause the bid to be rejected. If you have more than three (3) third-tier contractors to report in any subcontractor category, print out additional page(s) containing the appropriate category, complete the rest of your list of third-tier contractors for that category, notate the addition in parentheses as (CONTINUATION) next to the subcontractor category and an asterisk (*) next to any additional third-tier contractors, and submit it with your bid.

| <u>Subcontractor Category</u> | <u>Subcontractor</u> | <u>Address (City & State)</u> | <u>Subcontractors tax payer ID # or Delaware Business license #</u> |
|-------------------------------|----------------------|-----------------------------------|---|
| 1. <u>HVAC</u> | _____ | _____ | _____ |
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| 2. <u>PLUMBING</u> | _____ | _____ | _____ |
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| 3. <u>ELECTRICAL</u> | _____ | _____ | _____ |
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| 4. <u>LAUNDRY EQUIP.</u> | _____ | _____ | _____ |
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |

**AFFIDAVIT
OF
CONTRACTOR QUALIFICATIONS**

We hereby certify that we will abide by the contractor's qualifications outlined in the construction bid specifications for the duration of the contract term.

In accordance with Title 29, Chapter 69, Section 6962(d)(10)b.3 of the Delaware Code, after a contract has been awarded the successful bidder shall not substitute another subcontractor whose name was submitted on the Subcontractor Form except for the reasons in the statute and not without written consent from the awarding agency. Failure to utilize the subcontractors on the list will subject the successful bidder to penalties as outlined in the General Requirements Section 5.2 of the contract.

Contractor Name: _____

Contractor Address: _____

Authorized Representative (typed or printed): _____

Authorized Representative (signature): _____

Title: _____

Sworn to and Subscribed before me this _____ day of _____ 20____.

My Commission expires _____. NOTARY PUBLIC _____.

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.

BID FORM
NON-COLLUSION STATEMENT

This is to certify that the undersigned bidder has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the *Office of Management & Budget/Division of Facilities Management*.

All the terms and conditions of **OMB/DFM PROJECT: MC3804000111** have been thoroughly examined and are understood.

NAME OF BIDDER: _____

AUTHORIZED REPRESENTATIVE (TYPED): _____

AUTHORIZED REPRESENTATIVE (SIGNATURE): _____

TITLE: _____

ADDRESS OF BIDDER: _____

EMAIL: _____

PHONE NUMBER: _____

Sworn to and Subscribed before me this _____ day of _____ 20____.

My Commission expires _____. NOTARY PUBLIC _____.

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.

BID FORM

**AFFIDAVIT
OF
EMPLOYEE DRUG TESTING PROGRAM**

4104 Regulations for the Drug Testing of Contractor and Subcontractor Employees Working on Large Public Works Projects requires that Contractors and Subcontractors implement a program of mandatory drug testing for Employees who work on Large Public Works Contracts funded all or in part with public funds.

We hereby certify that we have in place or will implement during the entire term of the contract a Mandatory Drug Testing Program for our employees on the jobsite, including subcontractors, that complies with this regulation:

Contractor/Subcontractor Name: _____

Contractor/Subcontractor Address: _____

Authorized Representative (typed or printed): _____

Authorized Representative (signature): _____

Title: _____

Sworn to and Subscribed before me this _____ day of _____ 20_____.

My Commission expires _____. NOTARY PUBLIC _____.

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.

END OF BID FORM

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: _____

**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)

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

Page 2 of 3

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: _____

