



## R G Architects, LLC

200 West Main Street  
Middletown, DE 19709  
302.376.8100  
302.376.9851 fax  
[www.rgarchitects.net](http://www.rgarchitects.net)

RGA No. 19048

April 23, 2020

### ADDENDUM NO. 1

STATE OF DELAWARE OMB/DFM  
MC3806000016  
Plummer Community Corrections Center  
38 Todds Lane, Wilmington, DE 19802  
**Phase 2 Security Fence Renovation**

R G Architects, LLC.  
200 West Main Street  
Middletown, DE 19709  
Phone: 302-376-8100 (phone)  
Fax: 302-376-9851 (fax)  
Email: [chris@rgarchitects.net](mailto:chris@rgarchitects.net)

#### BIDS DUE:

**Thursday, May 14, 2020 at 2:00 p.m.**

Bids will be opened and read aloud at 2:30 p.m. local time on Thursday, May 14, 2020. The bid opening will be held Through electronic means to comply with the Governor's State of Emergency.

**To attend the bid opening, the public may attend by joining the meeting at Webex.com, meeting number 713 918 073 and password 2BMtGB2M2mJ. There will be no in-person meeting.**

#### LOCATION:

Submissions via electronic mail to: [DFM-BID@delaware.gov](mailto:DFM-BID@delaware.gov)

**\*DO NOT REQUEST DELIVERY RECEIPT**

**\*DO NOT REQUEST READ RECEIPT**

*DFM will respond via email with receipt of your bid as quickly as possible.*

Hard copy bid submission addressed to:  
**THOMAS COLLINS BUILDING**  
**Division of Facilities Management Office**  
**540 S. DuPont Highway, Suite 1 (Third Floor)**  
**Dover, Delaware 19901**

### NOTICE TO ALL BIDDERS

#### 1.0 GENERAL NOTES:

- 1.1 Bidders are hereby notified that this Addendum shall be and hereby becomes part of their Contract Documents, and shall be attached to the Project Manual for this project.
- 1.2 The following items are intended to revise and clarify the Drawings and Project Manual, and shall be included by the Bidder in their proposal.
- 1.3 Bidders shall verify that their Sub-bidders are in full receipt of the information contained herein.

- 1.4 A copy of the current bid set register is available upon request indicating individuals that have purchased project documents from R G Architects, LLC..
- 1.5 The pre-bid sign-in sheet, along with Addendum #1, is being sent as a courtesy to all pre-bid meeting attendees; however, all future addenda will only be issued to registered plan holders.
- 1.6 All addenda will be sent out to the registered plan holders only, via email or fax. Contractors are encouraged to keep an eye on their email accounts during the bidding period for such updates.

**2.0 PREBID MEETING:**

- 2.1 A Pre bid Meeting was held on Thursday, April 23, 2020 at 9:00 a.m. by electronics means in compliance with the Governor's State of Emergency protocol. The following items were reviewed:
  - A. Project Description: A brief overview of the Project was discussed. RGA utilized screen sharing technologies to review the project scope, viewing site plans, existing site photographs and details.
  - B. Project Schedule: The project start date will be issued in a separate notice to proceed. At this time, there is not reason the project will be delayed.
  - C. Bid schedule is as follows:
    - 1. The bids are due by **2:00 p.m. on Thursday, May 14, 2020.**
    - 2. Bids will be opened and read allowed at **2:30 p.m. on Thursday, May 14, 2020.**  
**Instructions for viewing the Bid Opening, which will be streaming live for online viewing, are noted in the invitation to bid.**
    - 3. Substitution requests will be received until **4:00 p.m. on Monday, May 4, 2020.**  
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.
    - 4. Questions regarding the bid documents will be received until **4:00 p.m. on Wednesday, May 6, 2020.**  
All questions **must** be submitted **in writing** (via fax or email, addressed to Chris Bowen ([chris@rgarchitects.net](mailto:chris@rgarchitects.net))) Neither R G Architects nor the Owner will answer questions verbally.
    - 5. The last day for addenda to be issued, if required, shall be, **Friday, May 8, 2020.**
  - D. Substitutions: If a specification lists one product manufacturer as well as listing "or equal", the contractor is not obligated to submit for substitution prior to bid for that item. However, the contractor will still be responsible to meet the requirements of that product during the review process as per the specifications. If the product substituted as an equal does not meet ALL of the requirements of the specifications, as determined by the Architect, the Contractor is obligated to provide the specified product at no additional cost to the project.

- E. Subcontractors List: The subcontractors list was reviewed, updated and the updated subcontractors list agreed upon. The updated subcontractors are as follows:
1. Electrical Contractor
- F. The owner has offered the contractors a site visit of the facility, without the escort of the design team, on **Monday, May 4, 2020.**
- In an effort to comply with the Governor's State of Emergency guidelines, if required, multiple tours of no more than 10 people will be scheduled. Contractors who wish to attend are asked to email the names of who will be attending along with their company names to Dean Seely; [joseph.seely@delaware.gov](mailto:joseph.seely@delaware.gov). Emails must be received by **Thursday, April 30, 2020 by 12:00 p.m. noon.** Dean Seely will respond to each contractor with a scheduled time for your visit. Tours are anticipated to begin at 9:00am on May 4, 2020.
- In addition, those contractors wishing to attend the walk-thru must also complete their Security Clearance Forms (attached as part of this addendum) and return to the Maintenance Superintendent Judson Hornbeck via email; [Judson.hornbeck@delaware.gov](mailto:Judson.hornbeck@delaware.gov) **DO NOT SEND TO DEAN SEELY.**
- Only those contractors planning to attend the site walk thru must send Security clearance forms for review and approval by **Monday, April 27, 2020 by 12:00 p.m. noon.**
- Contractors will not be allowed to bring cameras or cell phones on site.
- G. Security Procedures: All contractors are to reference specification section 01 35 53 SECURITY PROCEDURES for specific instructions that must be followed at this facility.
- H. Working hours at this facility are 7:00 a.m. – 3:00 p.m.. Contractors must account for 1/2 hour – 1 hour to get in the facility as well as 1/2 hour – 1 hour to exit the facility. This time is for various security measures including but not limited to tool inventory.

### **3.0 Revisions to the SPECIFICATIONS**

- 3.1 00 11 16 – INVITATION TO BID – Clarified method in which to obtain bidding documents to read as follows;
- “Electronic Versions (PDF) of the Contract documents may be obtained by contacting the offices of R G Architects, LLC, phone (302) 376-8100, or emailing: [Chris@rgarchitects.net](mailto:Chris@rgarchitects.net) (preferred). Calling in your request will delay the response at this time. Upon receipt of \$50.00 per set, non-refundable, the documents will be sent to you via electronic delivery. Checks are to be made payable to “R G Architects, LLC”.”
- 3.2 00 41 13 – BID FORM – Updated the subcontractors list agreed on at pre-bid meeting and attached the missing Affidavit of Employee Drug Testing Program. See attached updated Bid Form as part of this addendum.

**4.0 Revisions to the DRAWINGS**

- 4.1 None at this time.

**5.0 Questions**

- 5.1 Is there any specs on the existing gate operator that can be provided for reference?
- 5.1.1 DOC will check with their Maintenance Superintendent and provide if they can find anything.
- 5.2 Can you clarify the fence manufacturer surrounding the “gun sally port” is not the same manufacturer that was used to install Phase 1 security fence project?
- 5.2.1 That is correct. Phase 1 security fence project used Beta Fence USA and shall be used for this project as specified. In addition, contractors shall note that the color green is a custom color. Contractors are to provide the same custom color finish for this project.

**6.0 ATTACHMENT LIST:**

- 6.1 Pre Bid Sign-In Sheet
- 6.2 Bid Register
- 6.3 00 41 13 – BID FORM
- 6.4 01 35 54A – SECURITY CLEARANCE APPLICATION

End of Addendum No.1

**R G Architects, LLC**  
200 West Main Street  
Middletown, DE 19709  
302.376.8100  
302.376.9851 fax  
www.rgarchitects.net

April 23, 2020

**PREBID MEETING SIGN-IN**  
**OMB/DFM - PLUMMER COMMUNITY CORRECTIONS**  
**CENTER - PHASE 2 SECURITY FENCE**  
**RENOVATIONS**

|    | <b>Name</b>    | <b>Company</b>           | <b>Telephone</b> | <b>Email</b>   |
|----|----------------|--------------------------|------------------|--|
| 1  | Dean Seely     | OMB/DFM                  | 302-739-5644     | <a href="mailto:joseph.seely@delaware.gov">joseph.seely@delaware.gov</a>     |
| 2  | Ashlie Stanley | OMB/DFM                  | 302-739-5644     | <a href="mailto:ashlie.stanley@delaware.gov">ashlie.stanley@delaware.gov</a> |
| 3  | Eric Smeltzer  | Department of Correction | 302-857-5261     | <a href="mailto:eric.smeltzer@delaware.gov">eric.smeltzer@delaware.gov</a>   |
| 4  | Jerry Rozanski | R G Architects, LLC      | 302-376-8100     | <a href="mailto:jerry@rgarchitects.net">jerry@rgarchitects.net</a>           |
| 5  | Chris Bowen    | R G Architects, LLC      | 302-376-8100     | <a href="mailto:chris@rgarchitects.net">chris@rgarchitects.net</a>           |
| 6  | Jim Ament      | R G Architects, LLC      | 302-376-8100     | <a href="mailto:jim@rgarchitects.net">jim@rgarchitects.net</a>               |
| 7  | Oscar Enderica | R G Architects, LLC      | 302-376-8100     | <a href="mailto:oscar@rgarchitects.net">oscar@rgarchitects.net</a>           |
| 8  | Neeka Grove    | R G Architects, LLC      | 302-376-8100     | <a href="mailto:neeka@rgarchitects.net">neeka@rgarchitects.net</a>           |
| 9  | Rebecca Nepon  | R G Architects, LLC      | 302-376-8100     | <a href="mailto:becca@rgarchitects.net">becca@rgarchitects.net</a>           |
| 10 | Justin Royce   | Abel Fence, LLC          | 717-252-2946     | <a href="mailto:justin@abelfence.com">justin@abelfence.com</a>               |
| 11 | Matt Scheidt   | Pro Max Fence Systems    | 610-685-4300     | <a href="mailto:matthews@promaxfence.com">matthews@promaxfence.com</a>       |
| 12 |                |                          |                  |  |
| 13 |                |                          |                  |  |
| 14 |                |                          |                  |  |
| 15 |                |                          |                  |  |
| 16 |                |                          |                  |  |
| 17 |                |                          |                  |  |
| 18 |                |                          |                  |  |
| 19 |                |                          |                  |  |

## PLEASE PRINT CLEARLY

State of Delaware

PCCC - Phase 2 Security Fence Renovations

MC3806000016

Bids Due: Thursday, May 14, 2020 at 2:00 pm

Facilities Management Office, Thomas Collins Building

540 S. DuPont Highway, Suite 1 (Third Floor)

Dover, DE 19901



RGA # 19048

## BID DOCUMENTS REGISTER

## PLEASE PRINT CLEARLY

\$ 75.00 per set

|     |   |
|-----|---|
| #01 | Name of Company: <u>Pro Max Fence Systems</u><br>Physical Address: <u>2621 Centre Avenue</u><br>City, State: <u>Reading, PA</u><br>Contact: <u>Liceyda Monsanto</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>EMAIL: <u><a href="mailto:estimating@promaxfence.com">estimating@promaxfence.com</a></u><br>Fax <u>610-685-4430</u><br>Phone: <u>610-685-4300</u> Date: <u>4/15/2020</u> |
| #02 | Name of Company: <u>Abel Fence, LLC</u><br>Physical Address: <u>791 Cool Creek Road</u><br>City, State: <u>Wrightsville, PA 17368</u><br>Contact: <u>Justin Royce</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>EMAIL: <u><a href="mailto:justin@abelfence.com">justin@abelfence.com</a></u><br>Fax <u>717-252-3938</u><br>Phone: <u>717-252-2946</u> Date: <u>4/22/2020</u>           |
| #03 | Name of Company: _____<br>Physical Address: _____<br>City, State: _____<br>Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/><br>EMAIL: _____<br>Fax _____<br>Phone: _____ Date: _____   |
| #04 | Name of Company: _____<br>Physical Address: _____<br>City, State: _____<br>Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/><br>EMAIL: _____<br>Fax _____<br>Phone: _____ Date: _____   |

**BID FORM**  
**PHASE 2 SECURITY FENCE RENOVATIONS**  
**PLUMMER COMMUNITY CORRECTIONAL CENTER**  
**MC3806000016**

**For Bids Due:** May 14, 2020 at 2:00 pm\_**To:**State of DelawareOMB/DFMThomas Collins Building540 S DuPont Highway, Suite 1Dover, DE 19901**Name of Bidder:** \_\_\_\_\_**Delaware Business License No.:** \_\_\_\_\_ **Taxpayer ID No.:** \_\_\_\_\_**(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:

\$ \_\_\_\_\_  
(\$ \_\_\_\_\_ )

**ALLOWANCES**

The base bid above includes all allowances specified in the contract documents;

Allowance No.1: "General Owner's Allowance" \$10,000.00

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**BID FORM**

PHASE 2 SECURITY FENCE RENOVATIONS  
PLUMMER COMMUNITY CORRECTIONAL CENTER  
MC3806000016

I/We acknowledge Addendums numbered \_\_\_\_\_ and the price(s) submitted include any cost/schedule impact they may have.

This bid shall remain valid and cannot be withdrawn for sixty (60) days from the date of opening of bids, 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: \_\_\_\_\_  
(Authorized Signature)

(SEAL)

\_\_\_\_\_  
(Title)

Date: \_\_\_\_\_

**ATTACHMENTS**

Sub-Contractor List  
Non-Collusion Statement  
Bid Security  
(Others as Required by Project Manuals)

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PHASE 2 SECURITY FENCE RENOVATIONS  
PLUMMER COMMUNITY CORRECTIONAL CENTER  
MC3806000016

**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 &amp; State)</u> | <u>Subcontractors tax-payer ID #<br/>or Delaware Business license #</u> |
|-------------------------------|----------------------|-----------------------------------|---|
| 1. Electrical Contractor      |                      |                                   |   |
| A.                            |                      |                                   |   |
| B.                            |                      |                                   |   |
| C.                            |                      |                                   |   |
| 2.                            |                      |                                   |   |
| A.                            |                      |                                   |   |
| B.                            |                      |                                   |   |
| C.                            |                      |                                   |   |

PHASE 2 SECURITY FENCE RENOVATIONS  
PLUMMER COMMUNITY CORRECTIONAL CENTER  
MC3806000016

**BID FORM (Continued)**

|    |       |       |       |
|----|-------|-------|-------|
| 3. | <hr/> | <hr/> | <hr/> |
| A. | <hr/> | <hr/> | <hr/> |
| B. | <hr/> | <hr/> | <hr/> |
| C. | <hr/> | <hr/> | <hr/> |
| 4. | <hr/> | <hr/> | <hr/> |
| A. | <hr/> | <hr/> | <hr/> |
| B. | <hr/> | <hr/> | <hr/> |
| C. | <hr/> | <hr/> | <hr/> |
| 5. | <hr/> | <hr/> | <hr/> |
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| B. | <hr/> | <hr/> | <hr/> |
| C. | <hr/> | <hr/> | <hr/> |

PHASE 2 SECURITY FENCE RENOVATIONS  
PLUMMER COMMUNITY CORRECTIONAL CENTER  
MC3806000016

**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 and Budget, Division of Facilities Management*).

All the terms and conditions of (*Project or Contract Number*) have been thoroughly examined and are understood.

**NAME OF BIDDER:**

\_\_\_\_\_

**AUTHORIZED REPRESENTATIVE  
(TYPED):**

\_\_\_\_\_

**AUTHORIZED REPRESENTATIVE  
(SIGNATURE):**

\_\_\_\_\_

**TITLE:**

\_\_\_\_\_

**ADDRESS OF BIDDER:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-MAIL:**

\_\_\_\_\_

**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.**

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PHASE 2 SECURITY FENCE RENOVATIONS  
PLUMMER COMMUNITY CORRECTIONAL CENTER  
MC3806000016

**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:**

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**Contractor Address:**

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**Authorized Representative (typed or printed):**

---

**Authorized Representative (signature):**

---

**Title:**

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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.**

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PHASE 2 SECURITY FENCE RENOVATIONS  
PLUMMER COMMUNITY CORRECTIONAL CENTER  
MC3806000016

**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.**

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SECURITY CLEARANCE APPLICATION  
DELAWARE DEPARTMENT OF CORRECTION

Page 1 of 3

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: 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):

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**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.

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

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