



**PRE-BID MEETING MINUTES-ADDENDUM NO. 1
HDP GENERATOR & ATS REPLACEMENT
DELAWARE DEPARTMENT OF CORRECTION
HAZEL D. PLANT WOMEN'S TREATMENT FACILITY
620 BAYLOR BLVD, NEW CASTLE, DE 19720
OMB/DFM PROJECT #: MC380600026**

A Mandatory Pre-Bid Meeting was held at the Haslet Armory Building, Main Conference Room on Tuesday, September 29, 2026 at 10:00 AM. Those in attendance were:

Brian Cotner	OMB/Division of Facilities Management
Josh Morris	B.W. Electric, Inc.
Ricky Messick	J&B Electrical
Thomas O'Flynn	Superior Electric
Avery White	Diamond Electric
Kim Lombardi	Amakor, Inc.
Lisa Nichols	Fidelity Power Systems
Chidozie Dike	DK Construction Services, LLC
Robert Bolen	Battaglia
Bryan Smith	Filec Services
Matt Bailey	Power Plus Electrical Contracting, Inc.
Fred Fisher	First State Electric Company
Matthew Galinskie, AEE	Fayda Engineering & Energy Solutions, LLC

Date of Report: September 30, 2026
FE&ES Comm. No.: 25-1643A

Items of Discussion:

- 1.0 These Pre-Bid Meeting Minutes, Addendum No. 1, shall be made part of the Project Manual and Drawings dated September 2026 for "HDP Generator & ATS Replacement" at Hazel D. Plant Women's Treatment Facility, 620 Baylor Blvd., New Castle DE 19720.
- 2.0 Sealed bids for **OMB/DFM Contract No. MC3806000026 – HDP Generator & ATS Replacement**, will be received by the State of Delaware, Office of Management and Budget, Division of Facilities Management by way of the Bonfire Portal at <https://DFM.bonfirehub.com> until **1:00PM** local time on **October 29, 2026**. Bids may also be delivered in person to 122 Martin Luther King Jr BLVD S Dover DE 19901 no later than the date and time indicated above. Bidder bears the risk of late submission.

Bids will be opened and read aloud at **2:00PM** local time on **October 29, 2026** at the Haslet Armory, 122 Martin Luther King Jr. Blvd. S., Dover, DE 19901.
- 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 Matthew Galinskie, AEE at Fayda Engineering & Energy Solutions, LLC at telephone: 302-999-1060. Contractor Requests for Substitution, Clarification or Interpretation shall be delivered electronically (by email) to mgalinskie@faydaees.com, with CC to efayda@faydaees.com. Ensure the project title, contractor's name and RFI # are in the subject line. (Example: HDP Generator & ATS Replacement "Contractor Name"- RFI #1)
- 5.0 The wage rates for this Project are Delaware Department of Labor and Division of Industrial Affairs for **New Castle County, Heavy Construction Classification, effective 3/15/26**. A certified copy of the prevailing wage rates and Debarred list of contractors 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.
- 6.0 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.
- 7.0 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 LEAVE ANY BLANKS ON THE BID FORM. 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 on the bid form.
- 8.0 **The prime contractor and all listed subcontractors** must have a drug testing program in place. There is an Affidavit located with the Bid Form.
- 9.0 Project Summary
- A. **Project scope:** The Hazel D. Plant currently maintains a 150kW diesel driven Emergency Generator and (2) Automatic Transfer Switches. The generator will be replaced with a Natural Gas unit and integrated into the existing building electrical distribution system. Both ATS' will be replaced in kind.

Base Bid: All work shown on the Contract Documents

Alternates: There are no Alternates

Unit Prices: There are no Unit Prices

Allowances:

ALLOWANCE #1: \$25,000.00 for "Unforeseen system modifications".

ALLOWANCE #2: \$15,000.00 for "Utility Company Costs".

- 10.0 Contractor must be a registered plan holder in order to submit a bid. One complete Bid Form shall be submitted. Only Addendum #1 will be sent out to all attendees of the Pre-bid meeting. All other addenda will be sent out to the registered plan holders via email. Contractors are encouraged to monitor their email accounts during the Bidding period for such updates.
- 11.0 Bidders shall verify that their Sub-bidders are in full receipt of the information contained herein.
- 12.0 A two (2) year warranty is required on work and materials beginning on the date of substantial completion.
- 13.0 One of the purposes of the pre bid is to establish a list of subcontractors. A revised list is included with the attached Bid Form. They are:
1. Electrical
 2. Mechanical
 3. Concrete

Any subcontractors used but not specifically named must also be listed as a 3rd tier subcontractor under the listed subcontractor category. The omission of a required 3rd tier subcontractor may render your bid non-responsive. When in doubt, list it.

- 14.0 In completing the Bid Form, contractors shall identify the # of calendar days to complete the project beginning on the date that their PO is received and completed on the Date of Substantial Completion.
- 15.0 The following sections of the specifications were reviewed:

<u>Section</u>	<u>Article</u>	<u>Title</u>
	-----	Advertisement for Bids
00 21 15	3.3	Instructions to Bidders
00 26 00	-----	Procurement Substitution Procedures & Forms
00 10 00	1.03	Project Summary
00 81 16.1	-----	DOC Security Form #1
00 81 16.2	-----	Security Clearance Application
26 32 13	1.5	Engine Generators

- 16.0 The drawings were generally reviewed to present the intent of the contract documents.
1. The project must be internally phased due to restrictions that may affect ongoing operations.
 2. A proposed phasing plan has been provided; however, since this is a Means & Methods issue, the successful contractor shall provide their own phasing plan. It **should not** be submitted with your bid.
 3. Temporary/Roll Up generators will be required. Duration and quantity are a Means & Methods issue; however, the shorter the rental, the lower the cost.

17.0 The following items were discussed in detail:

A. Work Restrictions

1. This is a Correctional Facility. Restricted access is required 24/7/365. Work shall only be performed with a DOC escort.
2. Only staff that have submitted and received approval of a background check will be permitted on site. This includes the contractor's walkthrough and construction.
3. Access to the Facility:
 - a. Contractors shall check in daily with the DOC provided escort at the exterior of Facility. In general, access through the main building entrance will not be required.
 - b. Contractor will be permitted to park company vehicles near the existing generator yard, however, vehicles shall be kept to a minimum due to space restrictions. Contractor vehicles will not be subjected to daily tool inventory or security checks.
 - c. Proper ID is required at all times by all on site personnel.
 - d. Cell phones and cameras will be permitted for exterior work only. Use of cell phone or camera within the Facility must be pre-approved during construction.
 - e. A tool inventory log will not be required at the beginning and end of each work day. Do not leave tools unattended.
4. An exterior lockable job box may be staged at the existing generator location during construction.
5. Equipment may remain on site after working hours provided all equipment is properly locked and secured.
6. Vehicles & other equipment shall not be left unattended and shall be secured at all times. All construction materials & tools must be secured or removed from the site when contractors are not actively working in a designated area (lunch, end of day, etc.)
7. On-Site Work Hours: Working hours will be 7:00 a.m. to 3:00 p.m.; Monday thru Friday. Any shutdowns to existing equipment must be performed after normal working hours, or on weekends, and shall be coordinated and approved by DOC in advance.

- B. There is a short window to get your background checks in and approved before the walkthrough. Contractors shall expedite submission of all security clearance forms directly to Jay Hornbeck at Judson.Hornbeck@delaware.gov

- C. Substitution Requests: A standard of design is identified in the specifications along with pre-approved equals. Any manufacturer other than the Standard of Design will be required to submit a complete submission for review for acceptance and posting via Addendum. The deadline for substitution requests is 10 days prior to bid opening, or **1:00 PM on Monday, October 19, 2026.**

Instructions for requesting substitutions are very specific and are contained in the project manual. If the contractor does not follow the process, it is automatic grounds for rejection.

- 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 or **1:00 PM on Friday, October 23, 2026.**
 - 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.
 - F. Contractor shall provide a lockable portable toilet for the duration of on-site construction.
 - G. The facility is tobacco free. No form of tobacco is permitted on site; including e-cigarettes, vape, etc.
 - H. Contractor will be responsible for all permits, licenses, required inspections and fees for this project.
 - I. Contractors are reminded that it will be unlikely that the bid due date will change.
- 18.0 A site review of the project site is scheduled for **9:00 AM, Thursday, October 8, 2026 for all registered attendees.** A maximum of 3 representatives will be permitted for each registered contractor. In order to attend this site review, a background check is required. A copy is included with the pre-bid meeting minutes.
- 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.**
- 19.0 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 sub-contractors are on-site
- 20.0 Reminder: For your bid to be deemed responsive, you need to include:
- 1. Bid Form- One (1) Original, no blanks use the latest version published by Addenda.
 - 2. Bid Bond or Certified check in the amount of 10% of your bid.
 - 3. Drug Testing Affidavit for Prime Contractor.
 - 4. Affidavit of Contractor Qualifications.

21.0 Changes to Specifications

21.1 Section 00 41 13 Bid Form: Replace current Bid Form with the one attached that includes subcontractor listing and Allowance #2.

21.2 Section 00 11 16 Invitation to Bid: Replace the first paragraph in its entirety with:
"Sealed bids for **OMB/DFM Contract No. MC3806000026 – HDP Generator & ATS Replacement**, will be received by the State of Delaware, Office of Management and Budget, Division of Facilities Management by way of the Bonfire Portal at <https://DFM.bonfirehub.com> until **1:00PM** local time on **October 29, 2026**. Bids may also be delivered in person to 122 Martin Luther King Jr BLVD S Dover DE 19901 no later than the date and time indicated above. Bidder bears the risk of late submission."

21.3 Section 01 21 00 Allowances: Add Article 3.03.B in its entirety:

B. Allowance No. 2 – Utility Company Allowance:

1. Under this allowance, include an amount equal to \$15,000.00 for Utility Company Costs. If costs are less than this amount, a credit to the contract will be taken.

22.0 Changes to Drawings

22.1 No changes to Drawings.

23.0 Questions/Clarifications

23.1 No Questions or Clarifications.

Original Signature on File

Matthew Galinskie, AEE

MG/mg

25-1643A Addendum #1- Pre-Bid Meeting Minutes #1

Attachments: Sign-in Sheet
00 41 13 Bid Form
00 81 16.2 Security Clearance Application

cc: All in Attendance
All Registered Plan Holders
P-File



Pre-Bid Sign-In Log

PLEASE FILL OUT COMPLETELY AND LEGIBLY

Tuesday, September 29, 2026

PROJECT NAME: HDP Generator & ATS Replacement
Hazel D. Plant Women's Treatment Facility
620 Baylor Blvd., New Castle, DE 19720

FE&ES COMM. NO.: 25-1643A
OMB/DFM PROJECT NO.: MC3806000026

PRE-BID MEETING: Tuesday, September 29, 2026 @ 10:00am

BIDS DUE: Thursday, October 29, 2026 @ 1:00pm (electronic via Bonfire)

MEETING START: 10:00AM MEETING END: 10:50AM

BID OPENING: Thursday, October 29, 2026 @ 2:00pm
Main Lobby; Haslet Armory
122 Martin Luther King Jr. Blvd. South, Dover DE 19901

Company Name	Representative	Address	Phone & Fax	Email	Arrival Time
Fayda Engineering & Energy Solutions, LLC	Matthew Galinskie, AEE	801 W. Newport Pike, Wilmington DE 19804	302-999-1060 302-999-1053	mgalinskie@faydaees.com	9:30am
B.W. Electric Inc.	Josh Morris	15342 S. Dupont Hwy Harrington, DE 19952	302 566 6248	office@bwelectricinc.com	10:00
JTB Electrical	Ricky Messick	250 C and R center Rd Felton DE 19943	302-554-3678	Bds@jbelectrics.net	10:00
Superior Electric	Thomas O'Flynn	36 Acermay Dr Wilmington, DE 19804	302-332-9344	thomas@superiorelectric.biz	10:00
DIAMOND ELECTRIC	AVERY WHITE	3566 PEACHTREE RUN DOVER, DE 19901	302-443-5948	AVERY@DIAMONDELECTRIC.ORG	10:00
Amakor, Inc	Kim Lombardi	72 Clinton Street Delaware City DE 19706	302-834-8669	Amakor@AOL.com	10:00

Company Name	Representative	Address	Phone & Fax	Email	Arrival Time
Fidelity Power Systems	Lisa Nichols	25 Loveton Circle	410-300-5171	lnichols@fidelity-13.com	10am
DK Construction Services LLC	Chidozie Dike	1517 Edgmont Ave #1 Chester PA 19013	484 431 2004 cdike@dkconstructionservices.com		10AM
BATTAGLIA	Robert Bolen	11 Industrial Blvd	302-218-6935	rbolen@batlag.com	10:00
Filec Services	Bryan Smith	5577 Dupont Hwy Smyrna, DE 19977	302-328-7188	Estimating@ Filec Services.com	10:00
Power Plus Electrical Contracting, Inc	Matt Bailey	P.O. Box 199 Cheswold, DE 19936	302 363-5069	Mattb337@gmail.com	10:00
FIRST STATE ELECTRIC COMPANY	FRED FISHER	25 King Lt New Castle DE 19720	302 322 0140 302 322 1146 (F)	fredf@firststateelectric.com	1000

DELAWARE DEPARTMENT OF CORRECTION
HAZEL D. PLANT WTF

HDP GENERATOR & ATS REPLACEMENT
OMB/DFM PROJECT #: MC3806000026

BID FORM
HDP GENERATOR & ATS REPLACEMENT
HAZEL D. PLANT WTF
OMB/DFM PROJECT: MC3806000026

For Bids Due: 1:00 PM; Thursday, October 29, 2026

To: Mr. Brian Cotner, Construction Project Manager
OMB/Division of Facilities Management
Haslet Armory Building
122 Martin Luther King Jr. Blvd-South
Dover, 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:

BASE BID: PROVIDE ALL WORK SHOWN ON THE CONTRACT DOCUMENTS.

Amount: _____ (\$ _____)

ALTERNATES

There are No Alternates

ALLOWANCES:

ALLOWANCE #1: We have included an allowance amount equal to \$25,000.00 in the Base Bid for miscellaneous costs not identified on the bid documents. I/We have reviewed and familiarized ourselves with the requirements contained in Specification Section 01 21 00 Allowances.

Acknowledged by: _____

ALLOWANCE #2: We have included an allowance amount equal to \$15,000.00 in the Base Bid for Utility Company Costs. I/We have reviewed and familiarized ourselves with the requirements contained in Specification Section 01 21 00 Allowances.

Acknowledged by: _____

UNIT PRICES:

There are no Unit Prices.

BID FORM
HDP GENERATOR & ATS REPLACEMENT
HAZEL D. PLANT WTF
OMB/DFM PROJECT: MC3806000026

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 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 of Employee Drug Testing Program
Affidavit of Contractor Qualifications
Bid Security
(Others as Required by Project Manuals)

BID FORM
HDP GENERATOR & ATS REPLACEMENT
HAZEL D. PLANT WTF
OMB/DFM PROJECT: MC3806000026

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. Electrical			
A.			
B.			
C.			
2. Mechanical			
A.			
B.			
C.			

BID FORM
HDP GENERATOR & ATS REPLACEMENT
HAZEL D. PLANT WTF
OMB/DFM PROJECT: MC3806000026

3. Concrete			
A.			
B.			
C.			

DELAWARE DEPARTMENT OF CORRECTION
HAZEL D. PLANT WTF

HDP GENERATOR & ATS REPLACEMENT
OMB/DFM PROJECT #: MC3806000026

BID FORM
HDP GENERATOR & ATS REPLACEMENT
HAZEL D. PLANT WTF
OMB/DFM PROJECT: MC3806000026

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 *(OMB/DFM PROJECT: MC3806000026)* 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.

BID FORM
HDP GENERATOR & ATS REPLACEMENT
HAZEL D. PLANT WTF
OMB/DFM PROJECT: MC3806000026

**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.

BID FORM
HDP GENERATOR & ATS REPLACEMENT
HAZEL D. PLANT WTF
OMB/DFM PROJECT: MC3806000026

**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.

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.

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: _____
