

**Delaware Department of Corrections
James T. Vaughn Correctional Center
W-1 Building
Asbestos Flooring Abatement**

Smyrna, DE
H-15835

**ADDENDUM 1.0
PRE-BID MEETING MINUTES
Contract # MC3804000080**

September 26, 2016

This document is associated with the James T. Vaughn Correctional Center (JTVCC), W-1 Building Asbestos Flooring Abatement Project (Harvard Reference Number H-15835), and is considered incorporated into the Contract Documents.

- 1.1 A Pre Bid Meeting for the Project was conducted on September 20th, 2016, 10:00 AM at the Thomas Collins Building, 3rd Floor, Suite 1, 540 S. Dupont Highway, Dover DE 19901.
- 1.2 Provided on Attachment 1.1 is a listing of individuals who attended the mandatory bid meeting.
- 1.3 Addendums will be provided to the contractor electronically via email. All addendums will be pdf format. Contractors must validate their receipt with signatures and fax of Attachment 1.2 in a timely manner.
- 1.4 ***Bid opening date and time is scheduled for October 20th, 2016, 2:00 PM. All bids must be submitted in triplicate in sealed envelopes. Bids can be mailed or hand delivered to Mr. Kerry Wareham, State of Delaware Division of Facilities Management, 540 S. Dupont Highway, Thomas Collins Building, Suite 1, Dover, DE 19901, referencing "DOC, JTVCC W-1 Building, Asbestos Flooring Abatement, MC3804000080". No faxes or e-mails accepted.***
- 1.5 ***One-time site walkthrough will be scheduled for October 6th, 2016, 10:00 AM at the James T. Vaughn Correctional Center. Contractor shall email a completed security clearance form to ernest.kulhanek@state.de.us for the pre-approved representative from their company in a timely manner. The hand out form from the meeting shall be completed and signed in its entirety. All six (6) pages shall be included in the email attachment sent to Mr. Kulhanek, including the instructional pages that don't require initials or signatures. Attached to this addendum is the required security clearance forms.***
- 1.6 Bidding contractors shall email Kerry.Wareham@state.de.us with the names of 10/6/16 walkthrough representative for each company.
- 1.7 10% Bid bond is required for this project. Only the form in the bid package shall be accepted. Any other bid bond form will reject the bid.



- 1.8 Performance and payment bonds are required for awarded contract value \geq \$100,000. Those forms are included in the package and shall only be used.
- 1.9 Bids shall include a duration of an estimated 2 years or 730 days to encompass the 6 phases and the lag time in between each phase.
- 1.10 The contractor invoices shall be submitted on AIA G702 and 703 to Harvard for processing. **Do not send directly to State of Delaware in Dover. Those will not be processed.** 5% retainage shall be held until all closing documents are submitted to Harvard. *PO and State Project # MC3804000080 shall be included on all invoices or those will not be accepted by Harvard and processed.* The closing required documents include the G706, and G706A as well the final waste manifest from Cherry Island/ subcontracted waste hauler. *State project # shall be included on all AIA closing documents.*
- 1.11 Start date for the first phase is tentative, but is estimated to be during the winter, 2016/2017. 1st shifts (7:00 AM to 3:00 PM) will only be scheduled Monday through Friday for all phases of the project. Weekends are not permitted at this time. The daily stop time is revised on page 5 of Section 01013 from 3:30 to 3:00 PM.
- 1.12 *Specific scope of work materials have been revised to include the non-asbestos flooring in the first floor common area. An estimated 273 square feet of material are to be removed using a containment to mitigate any odors caused by the mastic solvent.*
- 1.13 *Drug Testing Form Affidavit form is required with the bid. The affidavit form is included with this addendum.*
- 1.14 Abatement contractor is responsible for providing any temporary lighting as needed to support the work. Existing electric source can be used for temporary lighting with GFCI protection.
- 1.15 Abatement contractor may place asbestos waste dumpster near the facility. Staging location to be determined at the pre-construction meeting.
- 1.16 Abatement contractor will receive instructions on all tool inventory, requirements for entering/ exiting the Sally port, onsite lunch facilities, etc. at the pre-construction meeting. Contractor to expect delays each day to abide by all site security requirements and laws.
- 1.17 There are no smoking or tobacco products permitted on the Facilities' grounds.
- 1.18 This project was determined to be building construction, asbestos workers in **New Castle County**. The current certified prevailing wage rates for 2016-2017 are included within the spec.

END OF BID MEETING MINUTES – ADDENDUM 1.0



Attachment 1.1
Delaware Department of Corrections
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ADDENDUM 1.0
PRE-BID MEETING MINUTES
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Name	Company	Phone #	Fax	E-Mail
Michael Sanders	Harvard Env.	302-326-2333	302-326-2335	msanders@harvardenv.com
Kerry Wareham	State of DE –DFM	302-739-5644		Kerry.Wareham@state.de.us
Ted Drew	State of DE –DFM	302-739-5644		Ted.Drew@state.de.us
Shane Cassel	Astec Inc.	302-378-2717	302-376-3999	astec@mac.com
Jim Kelly	Plymouth Environmental Inc.	610-239-9920	610-239-9921	jkelly@plyenv.com
Virgel Cassel	County Environmental Inc.	302-322-8946	302-324-8482	vcassel@countygrp.com
Joe White	Eco Services LLC	610-636-2415	484-872-8898	jwhite@eco-pa.com

CC: Ernest Kulhanek, DOC



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**ADDENDUM 1.0
PRE-BID MEETING MINUTES
Contract # MC3804000080
9/26/2016
VALIDATION OF RECEIPT
PRE BID MEETING MINUTES
Attachment 1.2**

Provided below is a check list of the electronic distribution of information associated with the project indicated above.

Description	Received	Printed
Meeting Minutes – 2 Pages		
Attachment 1.1 - Meeting Attendance – 1 Page		
Attachment 1.2 – Validation Of Receipt – 1 Page		
Attachment 1.3 – Addendum Drawing 1 of 1 - 1 Page		
Attachment 1.4 – Drug Testing Affidavit Form - 1 Page		
Attachment 1.5 – Security Clearance Forms for JTVCC - 6 Pages		

Name: _____ Company: _____

Signature: _____ Date: _____

COMPLETED FORMS MUST BE FAXED TO
HARVARD ENVIRONMENTAL, INC.
1-302-326-2335 OR
EMAILED TO MSANDERS@HARVARDENV.COM



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**ADDENDUM 1.0
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9/26/16
Addendum Drawing 1 of 1
Attachment 1.3**

DRAWING REDACTED



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**ADDENDUM 1.0
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**Employee Drug Testing Affidavit
Attachment 1.4**



**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 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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9/26/16

Security Clearance Forms – 6 Pages
Attachment 1.5

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.

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: _____

