



Addendum

240 Continental Drive, Suite 200
Newark, Delaware 19713
Tel. (302) 738-7551
Fax (302) 454-5989/5988

James T Vaughn Correctional Center W1 BUILDING SHOWER IMPROVEMENTS

OMB/DFM/DOC Contract No.: MC3804000093
Tt Project No. 26912-16005

Addendum No. 1

INCLUDES PRE-MEETING RECORD NOTES

JULY 29, 2016

To: ALL BIDDERS

This ADDENDUM forms a part of the BIDDING AND CONTRACT DOCUMENTS and modifies the following documents:
Original DRAWINGS and PROJECT MANUAL dated July 27, 2016

Acknowledge receipt of the ADDENDUM in the space provided on the FORM OF PROPOSAL

This ADDENDUM consists of three (10) pages, including the attachments:

The following information was discussed in the July 27, 2016 PRE-BID MEETING, and includes associated follow up information.

1.0 General:

- 1.1 See Attached sign in sheet for attendees.
- 1.2 Bid Documents can be purchased at Tetra Tech office in Newark, DE. Digital/CD version can be picked up at any time, Call one day in advance for hard copy versions.
- 1.3 All addenda shall be issued via e-mail only, by Tetra Tech.
- 1.4 Addendum 1 shall be issued to all attendees. Subsequent Addenda shall be issued to purchasers of Bid Documents only.
- 1.5 All Bid questions shall be e-mailed to Chuck Dobbs at chuck.dobbs@tetrattech.com.
- 1.6 Make sure that your Bib Submissions acknowledge each addendum.

2.0 Critical Bid Period Dates:

- 2.1 Bid due Date – As stated in the Advertisement to – 2:00 pm Thursday, August 25, 2016**
- 2.2 Contractor Walk Thru – 11:00am Thursday, August 11, 2016
- 2.3 Deadline for Questions – Close of Business Friday, August 19, 2016
- 2.4 Background check forms (for Walk Thru) – Friday, August 5, 2016

3.0 Contractor Walk Thru (see dates above):

- 3.1 All attendees must be cleared by JTVCC Security authority via a back ground check, which is initiated when the institution receives the Dept. of Correction Background review form (attached) filled out with known law infractions and violation history.
- 3.2 The filled out forms shall be e-mailed to Ernie Kullhanak - Ernest.Kulhanek@state.de.us Make sure that the e-mail message identifies the project (JTVCC W1 Shower Improvements) and the walk thru date. A list of the individuals

that are submitting background check forms shall be e-mailed to Chuck Dobbs and Kerry Wareham-
kerry.wareham@state.de.us.

4.0 Work Rules:

- 4.1 All individuals entering the institution shall have an approved back ground check. Same process as described above for the Walk Thru.
- 4.2 All field mechanics shall not leave the institution during their daily shift except for emergencies, including their lunches and breaks.
- 4.3 A tool list shall be provided by all contractors entering the institution.

5.0 Phasing and Hours of Operation

- 5.1 Work hours are 7:00 am to 3:00 pm. Bidders shall assume that daily entry and exiting of the intuition will each take up an hour of the designated work hours

5.2 . Phasing:

- 5.2.1 This building is an Offender cell facility and has 6 two story (12 tiers).
- 5.2.2 The Offender / residents will be temporarily moved out one wing at a time, so there will be 6 work phases.
- 5.2.3 12 weeks shall be allocated to each phase.
- 5.2.4 There are two additional projects (with separate contracts) that will be conducted in the tandem with this shower renovation project: 1. Asbestos flooring removal, and 2. Fire Alarm. Bidders shall be assume that Asbestos removal will be performed in the first two weeks of each Phase..

6.0 Document Scope Review:

- 6.1 C. Dobbs reviewed the scope of work laid out in the Bid Drawings.

7.0 Subcontractor List:

- 7.1 The Subcontractor list was reviewed and the following adjustments were agreed to by all meeting attendees.
 - 7.1.1 **DELETE** "Doors and Hardware", "Fire Protection" and "Fire Alarm."
 - 7.1.2 **ADD:** Stainless Steel Wall & Ceiling Panels
 - 7.1.3 The attached version of the Subcontractor's in Bid form replaces the original version (Sheet 3 of 5).

ATTACHMENT LIST

- 1. Attendee Sign in Sheet (one page)
- 2. Revised Bid Form P3 - Subcontractor's list. (one page)
- 3. Security Clearance Application (six pages)

Cc: All attendees, E. Kullhanek & D. Neeld

END OF ADDENDUM No. 1

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BID FORM

SUBCONTRACTOR LIST

In accordance with Title 29, Chapter 6962 (d)(10)b Delaware Code, the following sub-contractor listing must accompany the bid submittal. The name and address of the sub-contractor **must be listed for each category** where the bidder intends to use a sub-contractor to perform that category of work. In order to provide full disclosure and acceptance of the bid by the *Owner*, **it is required that bidders list themselves as being the sub-contractor for all categories where he/she is qualified and intends to perform such work.** This form must be filled out completely with no additions or deletions. **Note that all subcontractors listed below must have a signed Affidavit of Employee Drug Testing Program included with this bid.**

<u>Subcontractor Category</u>	<u>Subcontractor</u>	<u>Address (City & State)</u>	<u>Subcontractors tax payer ID # or Delaware Business license #</u>
1. Masonry	_____	_____	_____
2. HVAC	_____	_____	_____
3. Electric	_____	_____	_____
4. Plumbing	_____	_____	_____
5. S.S. Ceiling & Wall Panels	_____	_____	_____
6. DDC/ATC Automated Controls	_____	_____	_____



TETRA TECH

240 Continental Drive, Suite 200, Newark, Delaware 19713

PRE-BID MEETING SIGN-IN SHEET

JAMES T. VAUGHN CORRECTIONAL CENTER
BUILDING W-1 SHOWER IMPROVEMENTS

Tt PROJECT NO.: 26912-16005
DATE: July 27, 2016

Name	Company	Physical Address	Telephone	Fax	e-mail
1 Steve Serbu	Amakoe, Inc.	72 Clinton St. Del. City, DE	(302) 834-8664	(302) 834-8681	AMAKOE@aol.com
2 Robin Schurman	B2S Consulting Inc.	293 Jackson Ditch Rd Harrington DE 19932	302-286-2326	302-786-2077	robin@b2sconinc.com ESTIMATE@B2S.COM
3 Rob Solloway	Kerst Const.	2 Big Oak Rd Smyrna DE	302-653-6449	302-653-4044	Kerston@kerstconst.com
4 Larry Wall	Joseph T. Richardson	105 Center St. Harrington, DE	(302) 398-8101	302 398 9501	Larry@JTRmech. net
5 Brian Smith	BSS Contractors	281 E. Evergreen St. West Grove PA, 19380	(610) 345-1316	(610) 345-1318	bssmitch@bsscontractors.com
6 John Rozick	HARBOR STONE	100 ELIZABETH WAY OXFORD PA 19363	610-467-0872	610-467-0692	JRozick1@HARBORSTONE.COM
7 Rob Rettig	Meritmech	391 Ridge Drive Newbold DE	302-366-8601	302-384-616	T.Rettig@MeritMech.com
8 Andy Baken	Schlosser+Assoc	20475 Sunset Lane Rd Newark, DE 19711	302 738-7333	302-738-5632	ABAKERSA@Harrington.com
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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 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: _____
