

DATE: November 7, 2023

DEPARTMENT OF GENERAL SERVICES  
BUREAU OF CAPITAL PROJECT DESIGN MANAGEMENT  
1800 HERR STREET  
HARRISBURG, PENNSYLVANIA

**ADDENDUM NO. 5**

on

**PROJECT NO. DGS C-0373-0009 PHASE 001**

**PROJECT TITLE - SCI Mahanoy - Repairs/Renovations to Switchgear & Generators**

**PROFESSIONAL:**

HF Lenz Company  
1407 Scalp Ave  
Johnstown, PA, 15904

**If you submitted a bid prior to this Addendum being issued, your bid has been discarded and you must re-submit your bid(s) prior to the bid opening date and time.**

**GENERAL CHANGES – ALL CONTRACTS**

Item 1 - Addendum's 1, 2, 3 and 4 were related to the Phase 1.4 Electric portion of the work that was issued as a 'Best Value' bid. Contractors on all portions of the Work shall be familiar with those Addendums. Addendums 1, 2, 3 are administrative in nature dealing with BDISBO and an additional site visit for that portion of the Work. Addendum 4 answered technical questions.

Item 2 - The Pre-Bid Conference and site visit has been scheduled for Thursday, November 16th at 10:00 AM. Building 14 - Central Plant, SCI Mahanoy, 301 Grey Line Drive, Frackville, Pennsylvania 17931. This site visit will enable bidders to view the areas of work, including Buildings 5 and 8 located inside the secured perimeter. To enter the secure perimeter attendees are required to submit Centralized Clearance Check Information Request and Consent to Release Information for Prison Rape Elimination Act Compliance to Charles Fabian, [chafabian@pa.gov](mailto:chafabian@pa.gov) ASAP. These documents are found in Project Manual Section 016100\_DOC (pages 48-49 of 646.) in eBuilder download package and attached. Visitors are encouraged to review all of Section 016100\_DOC to understand restrictions for entering the secure areas. Any pictures are to be requested to SCI Mahanoy Staff at the visit or prior to the visit to Charles Fabian, [chafabian@pa.gov](mailto:chafabian@pa.gov). Visitors will be required to enter through security scanners. In the event clearance check information cannot be provided 7 days prior to the Pre-Bid Conference a 'gate check' may be approved by the SCI if the names of the attendees are provided to Charles Fabian, [chafabian@pa.gov](mailto:chafabian@pa.gov) no less than 24-hrs prior to the Pre-Bid Conference.

**SPECIFICATION CHANGES – ALL CONTRACTS**

Item 1 -

**DRAWING CHANGES – ALL CONTRACTS**

Item 1 -

## CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please type the following information. Enter N/A in any space that does not apply. All information will be maintained confidentially, but **must be provided in order to complete a clearance check.** Falsification or omission of pertinent information will be considered as justification for disapproval or possible criminal prosecution. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

### SECTION "A" (CANDIDATE)

Have you ever worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?  Yes  No  
 Have you ever been adjudicated, convicted, or otherwise disciplined for committing an act of sexual abuse or sexual harassment in the workplace or community?  Yes  No

- Type of Clearance:**  Initial Clearance Request  Renewal Request
- Category:**  Agency Temp Services  Contract Service Provider  Intern/Extern  Organization  
 Reentry Services  Vendor  Volunteer Program  
 Official Visitor (please select one):  
 Government  PA Prison Society  
 Public Visitor (please select one):  
 Ministry  Criminal Justice Agency  Entertainment, Sports, Activities, Guest Speaker  
 Other (please explain):

Purpose of Visit:				Primary Facility:			
Organization/Agency/Company/Program Name:				Abbreviation (if applicable):			
Subcontracted to:			Title or Position:				
Last Name:		First Name:			Middle Name:		
List <b>all</b> previous names:							
Date of Birth:				Social Security Number:			
Passport #:		Alien Registration #:			Visa #:		
Sex:	Race:	Height:	Weight:	Eye Color:	Hair Color:		
Current Address:			City:		State:	Zip Code:	
Prior Address:			City:		State:	Zip Code:	
Place of Birth:				Email Address:			
Home Phone:				Alternate Phone (cell):			
Current Driver's License Information:		State:	Operator: <input type="checkbox"/>	ID Only license: <input type="checkbox"/>	OLN Number:	Valid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Licenses (List all states & #'s that apply):		State:	Operator/Non-Operator #:				
Professional/Medical Licenses:			DEA Number:		NPI Number:		
Identify names, relationships, and locations of any relatives or close friends in any DOC facility:							

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department facility.

Signature:	Date:
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### SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member:	Employee #:	Date of Request:
Describe Specific Event or Access:		Specific Period of Access Required:



## POLICY STATEMENT

The Prison Rape Elimination Act (PREA) Standards were enacted into law in 2003 to study and address prison sexual violence. Sexual abuse is against the law. The concept of “zero tolerance” is the foundation of the PREA Standards. Every provision of the standards is rooted in the notion that even one incident of sexual abuse or sexual harassment in prison settings is too many. Zero tolerance means that no sexual abuse or sexual harassment is tolerated, including abuse by inmates and by staff. **(28 C.F.R. §115.32[b])**

- Anyone who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary action and may be subject to criminal prosecution.
- An inmate, employee, contract service provider, volunteer, and/or any individual who has business with or uses the resources of the Department is subject to disciplinary action and/or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found to have engaged in sexual harassment or sexual contact with an inmate.
- A claim of consent will not be accepted as an affirmative defense for engaging in sexual abuse or sexual harassment of an inmate.

## DEFINITIONS

**Sexual Abuse of an inmate by a staff member, contractor, or volunteer includes any of the following acts, with or without the consent of the inmate:**

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however, slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4) Penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraph (1) through (5) of this definition;
- 7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
- 8) Voyeurism by a staff member, contractor, or volunteer. Voyeurism means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate’s naked body or of an inmate performing bodily functions.

## Sexual Harassment:

- 1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.
- 2) Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

## PROHIBITIONS

Contractors or Volunteers who provide services to the Pennsylvania Department of Corrections, can be criminally charged for violating Pennsylvania State Law 18 PA. CONS. STAT. §3124.2 defines Institutional Sexual Assault as a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse, or indecent contact with an inmate, detainee, patient, or resident.

## REPORTING REQUIREMENTS

Staff members, contract service providers, volunteers, and any other individual authorized to enter a facility, whether under escort or not, who will have sight or sound contact with inmates, (to include contract service providers, public visitors, or Non-Department Employees) are required to verbally report incidents or suspicions of sexual abuse or sexual harassment to the facility Shift Commander. All inmate reports of sexual abuse and sexual harassment shall be subsequently documented on a **DC-121 Part 3, Employee Report of Incident** prior to departing the facility. Private reports can also be submitted to the Sexual Abuse Reporting Address established by the **Office of State Inspector General**; the address is **ATTN: PREA Coordinator, Office of State Inspector General, 555 Walnut Street, 8<sup>th</sup> Floor, Harrisburg, PA 17101. (28 C.F.R. §115.32[b])**

## FIRST RESPONDER DUTIES

When an inmate discloses that he/she has been sexually abused, via penetration of the mouth, anus, or genital opening within the past 96 hours, request that the alleged victim not take any actions that could destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and then immediately notify security staff to protect the individual and any applicable crime scene. **(28 C.F.R. §115.64[b])**

ACKNOWLEDGMENT OF UNDERSTANDING AND DUTY TO REPORT

Under **DC-ADM 008, Section 11**, all staff, contractors, volunteers, and any other individuals authorized to enter a facility, whether under escort or not, who will have sight or sound contact with inmates, (to include contract service providers, public visitors, or Non-Department Employees) are required to acknowledge their understanding and comprehension of prohibited sexually abusive and sexually harassing activity and PREA reporting requirements commensurate with the level of contact they have with inmates.

Name: \_\_\_\_\_ (print)

Facility: \_\_\_\_\_ (print)

I acknowledge on this date \_\_\_\_\_ I received and understand the above training information on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse, sexual harassment, and retaliation. I have an obligation to report ALL forms of sexual abuse, sexual harassment, and retaliation immediately to the facility's Shift Commander.

Participant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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