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## Addendum

Delaware Department of Correction  
Sussex Correctional Institution  
Minimum Security Building Roof Replacement  
Georgetown, Delaware  
OMB/DFM Contract No.: MJ3804000092

Tt Project No. 200-26912-16010

Addendum No. 2  
to  
Drawings and Project Manual

January 24, 2018

To: ALL BIDDERS

This ADDENDUM forms a part of the BIDDING AND CONTRACT DOCUMENTS and modifies the following documents:  
Original DRAWINGS dated January 4, 2018,  
PROJECT MANUAL dated January 4, 2018

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

This ADDENDUM consists of Two (2) page and the following:

### CLARIFICATIONS FROM PRE-BID MEETING

- ITEM 1-C-1: The attached Pre-bid Information – Agenda was reviewed and the following information was discussed in the January 18, 2018 MANDATORY PRE-BID MEETING.
- ITEM 1-C-2: See the attached Pre-Bid Meeting Sign in Sheet for attendees and the attached Register of Bid Documents for a list of Contractors whom have purchased sets.
- ITEM 1-C-3: Pre-bid Information – Agenda Item number 24: The Bid Form – Subcontractor List shall be reviewed, which list five (5) Sub-Contractor as follows: Roofing, Masonry, Carpentry, Mechanical, and Electrical. Contractor must list themselves as the Subcontractor for all work which they propose to accomplish. All subcontractors doing work on this project will need to be listed on the bid form. Meeting Note: The Bid Form – Subcontractor List was reviewed and agreed to by all attendees.
- ITEM 1-C-4: Pre-bid Information – Agenda Item number 29: Dean Seely (DFM) noted that security is the top priority at the DOC's facility. See attached State of Delaware Department of Corrections – Security Clearance Forms. Contractor shall submit ALL sheets, even those left blank for DOC review when sending in for approval.
- ITEM 1-C-5: Pre-bid Information – Agenda Item number 30: Dean Seely (DFM) noted that all Contractor personnel, including their crews, Sub-contractors, and Manufacturer Representatives entering into the facility shall be

required to take the Prison Rape Elimination Act (PREA) Training, which is approximately 45 minutes long and all individuals must sign a form at completion stating they understand the training. The facility will want to coordinate this PREA training for all individuals at the beginning of the Project. This item shall be reviewed at the Pre-construction Meeting.

ITEM 1-C-6: Pre-bid Information – Agenda Item number 31: Professional Roof Services, Inc. (PRS) shall be the Owner’s on-site full-time inspection services. This item shall be reviewed at the Pre-construction Meeting.

ITEM 1-C-7: Pre-bid Information – Agenda Item number 32: Project start schedule was reviewed, with the State DFM/DOC looking for a spring of 2018 start.

**CHANGES TO PROJECT MANUAL**

NONE.

**CHANGES TO DRAWINGS**

NONE

**END OF ADDENDUM**

**ATTACHMENTS**

PRE-BID BID INFORMATION AGENDA, dated 01/18/18.

PRE-BID SIGN IN SHEET, dated 01/18/18.

REGISTER OF BID DOCUMENTS

STATE OF DELAWARE DEPARTMENT OF CORRECTIONS – 2017 SECURITY CLEARANCE APPLICATION

J:\IER\26912\200-26912-16010\Construction\BidSupport\Addenda\Addendum #2\Addenda #2.DOC



## Pre-Bid Bid Information

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Meeting Date: Thursday, January 18, 2018 @ 9:00 a.m.

Prepared By: Mark Reynolds

Tt Project No.: 200-26912-16010 Sussex Correctional Institution Minimum Security Building - Roof Replacement / MJ3804000092

Regarding: General Pre-Bid Information - Agenda

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<b>Item Number</b>	<b>Item</b>
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1. Project consists of removal of existing shingle roofing system in its entirety, including plywood decking. The roof area is approximately 13,752 square feet. New work consists of installing a new shingle roofing system on new plywood decking, and repointing the existing masonry chimney. This roofing system, along with all necessary accessories, will take into account the particular requirements of the correctional facility. The roofing warranty will be 30 years from the date of Substantial Completion, with the first five years being non-prorated. The work shall also include installation of new roof gutters, leaders, and metal flashing/trims. Provide new curbs and flashing as required for existing mechanical units indicated to remain.
2. This is a mandatory Pre-Bid Meeting and Bidders are limited to those in attendance that are prequalified.
3. Project documents can be obtained from Tetra Tech's office for a non-refundable handling fee of \$100 per set.
4. Sealed bids for this project will be received by the State of Delaware, Office of Management and Budget, Division of Facilities Management, at the Thomas Collins Building, 540 S. DuPont Highway, Suite 1 (Third Floor), Dover, DE 19901 until 2:00 p.m. local time on Thursday, February 8, 2018, at which time they will be publicly opened and read aloud. Bidder bears the risk of late delivery. Any bids received after the stated time will be returned unopened.
5. The Wage Rates for this project shall be as determined by the Delaware Department of Labor and Division of Industrial Affairs for Sussex County. A certified copy has been included in the Project Manual. However, Contractors are responsible to contact the Delaware Department of Labor to receive verification of the most current Wage Rate Scale. Change order requests will be based upon these rates and the actual number of hours required to complete the work.
6. Only plan holders who obtained bid documents from Tetra Tech will receive the ADDENDAS.
7. A site visit is scheduled for Thursday, February 1, 2018 at 9:00 am. Security forms will need to be submitted by e-mail no later than Close of Business (COB) on January 25, 2018 to Rick Ward, [richardw.ward@state.de.us](mailto:richardw.ward@state.de.us). Contractors will email OMB/DFM project manager Joseph Dean Seely, [joseph.seely@state.de.us](mailto:joseph.seely@state.de.us) with list of proposed site visit attendees.

8. All discrepancies, questions or requests for clarifications or interpretations must be submitted to the Architects office at least seven (7) days prior to bid due date, Friday, February 2, 2018. Submit e-mails to Mark Reynolds' attention at [mark.reynolds@tetrattech.com](mailto:mark.reynolds@tetrattech.com)
9. Insurance requirements are listed in Section 00 81 13 General Contracting Requirements
10. A Bid Security, in the amount of ten percent (10%) of the total amount of the Base Bid plus all additive alternates is required.
11. No Addenda will be issued later than four (4) days prior to the date for receipt of Bids, except an Addendum withdrawing the request for Bids or one which extends the time or changes the location for the opening of bids, which shall be issued two (2) days prior to the date for receipt of Bids. Last addenda other than a time or location issue, if required will be issued Monday, February 5, 2018.
12. Each Bidder shall ascertain prior to submitting their Bid that they have received all Addenda issued, and shall acknowledge their receipt in the Bid in the appropriate space. List each Addendum individually on the Bid Form, (i.e. Addenda 1, 2, 3, etc.)
13. The Contractor must submit certified weekly payroll receipts directly to the Delaware Department of Labor as required.
14. The Front End Specifications requires a two (2) year installers Warranty and Guarantee Period after acceptance by the Owner.
15. The Front End Specifications, the Performance and Labor & Material Payment Bonds shall be maintained in full force (warranty bond) for a period of two (2) years after the date of the Certificate for Final Payment.
16. Facility restrooms are not available. Lockable Port-O-Sans shall be required.
17. Normal working hours are between 7:00 a.m. to 3:00 p.m., Monday thru Friday. No work on Saturdays and Sundays or Holidays.
18. Contractors are required to sign in at the Main Entrance each morning before entering through the sally port. All Contractors shall enter and leave as a group with an escort (Maintenance Personnel or Correctional Officer). Allow up to 1 hour to enter or leave the Facility.
19. Contractors are required to sign in each morning. Trucks should be kept clean, trash within the vehicle could increase the amount of time it takes the Correctional Officers to inspect the vehicles.
20. All vehicles and tool boxes shall be locked at all times. A list of tools must be supplied with each truck and/or gang box. Inventory shall be taken by the Contractors at the end of each work day. Correctional Officers reserve the right to inspect and inventory all trucks and gang boxes. Report all missing tools immediately. Leave all unnecessary tools at the shop.
21. All utility shutdowns must be coordinated with DOC Maintenance.
22. No dumping will be allowed on the project site. Trash, debris and waste must be removed from the compound daily and from the site as required or directed. Dumpster location to be coordinated at the Pre-Construction Meeting.
23. A contingency allowance of \$5,000.00 is to be included in your base bid.
24. The Bid Form – Subcontractor List shall be reviewed, which list five (5) Sub-Contractor as follows: Roofing, Masonry, Carpentry, Mechanical, and Electrical.

Contractor must list themselves as the Subcontractor for all work which they propose to accomplish. All subcontractors doing work on this project will need to be listed on the bid form. **Meeting Note: The Bid Form – Subcontractor List was reviewed and agreed to by all attendees.**

25. Contractors are required by the State of Delaware, as of the beginning of 2016 to have a Drug Testing Program that must comply with the State of Delaware's requirements and sign the Bid Form – Affidavit of Employee Drug Testing Program in acknowledgement. The Prime Contractor and each Sub-Contractor's shall be required to fill-out and sign the Bid Form – Affidavit of Employee Drug Testing Program in acknowledgement.
26. Contractors are advised that they are not to leave any blank spaces on the Bid Forms. All spaces are to be filled in.
27. Only Prime Contractors are required to submit a copy of their Delaware Business license with their bid.
28. This is a tobacco free facility inside and outside the fence line on State property. No tobacco products will be allowed, including e-cigarettes and vapes.
29. **Meeting Note: Dean Seely (DFM) noted that security is the top priority at the DOC's facility. See attached State of Delaware Department of Corrections – Security Clearance Forms. Contractor shall submit ALL sheets, even those left blank for DOC review when sending in for approval.**
30. **Meeting Note: Dean Seely (DFM) noted that all Contractor personnel, including their crews, Sub-contractors, and Manufacturer Representatives entering into the facility shall be required to take the Prison Rape Elimination Act (PREA) Training, which is approximately 45 minutes long and all individuals must sign a form at completion stating they understand the training. The facility will want to coordinate this PREA training for all individuals at the beginning of the Project. This item shall be reviewed at the Pre-construction Meeting.**
31. **Meeting Note: Professional Roof Services, Inc. (PRS) shall be the Owner's on-site full-time inspection services. This item shall be reviewed at the Pre-construction Meeting.**
32. **Meeting Note: Project start schedule was reviewed, with the State DFM/DOC looking for a spring of 2018 start.**



TETRA TECH

240 Continental Drive, Suite 200, Newark, Delaware 19713

PREBID MEETING SIGN-IN SHEET

OMB/DFM/DOC – Sussex Correctional Institution  
Minimum Security Bldg. – Roof Replacement

Tt PROJECT NO.: 200-26912-16010

DATE: January 18, 2018

C-18

Name	Company	Physical Address	Telephone	Fax	e-mail
1 CHARLES NOCS	JOTTAN	601 CATHY LANE FRENCH NJ 0858	609 447 6200	60206	SALESADMIN@JOTTAN.CO
2 Shawn HARRIS	DA Nolt	53 Cross Keys Road Berlin NJ 08004	856-753-9333	856 753 4963	Matt@danolt.com
3 KENNETH HASSLER	GOLDBET	PO Box 292 41 0804 MARKET ST. SALEM NJ	856-562-8178		P.HASSLER@GBST.US
4 Ma H Parpa	Pic roofing	35 South gate hnd New castle DE 19726	302-322-6707	302 322-8809	Matt@picroofinginc.com
5 KONSTANTINOS PARAPATIS	PANEKO CONSTR.	74 PROSPECTR HILLSDALE NJ	301 665-0509		gus@panekoinc.com
6 Jess Seely	OMB/DFM		302-739-5694		joseph.seely@state.de.us
7 Eric Smeitzer	DOC		302 857 5861		eric.smeitzer@state.de.us
8					
9					
10					
11					
12					
13					

Minimum Security Bldg. - Roof Replacement  
Sussex Correctional Institution

200-26912-16010

Bids Due: 2:00 p.m., Thursday, February 8, 2018 at  
Office of Management & Budget/ Division of Facilities Management  
Thomas Collins Building  
540 S. Dupont Hwy, Suite 1 (3rd Floor)  
Dover, DE 19901

REGISTER OF BID DOCUMENTS  
PLEASE PRINT CLEARLY

\$ 100.00 per set

<p><b>#01</b></p>	<p>Name of Company: <u>JOTTAN, INC</u></p> <p>Physical Address: <u>61 CATHY LANE</u> City, State: <u>FLORENCE, NJ. 08518</u></p> <p>Contact: <u>CHARLE NOLT</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Phone: <u>609-447-6200</u></p> <p>Fax: <u>609-447-6206</u> Date: <u>1-18-18</u></p> <p>E-Mail: <u>SALESADMIN@JOTTAN.COM</u></p>
<p><b>#02</b></p>	<p>Name of Company: <u>DA NOLT, INC</u></p> <p>Physical Address: _____ City, State: _____</p> <p>Contact: <u>MATT OTT</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Phone: _____</p> <p>Fax: _____ Date: <u>1-18-18</u></p> <p>E-Mail: <u>MATT@DANOLT.COM</u></p>
<p><b>#03</b></p>	<p>Name of Company: <u>P &amp; C ROOFING</u></p> <p>Physical Address: <u>35 SOUTHGATE BLVD</u> City, State: <u>NEW CASTLE, DE 19720</u></p> <p>Contact: <u>MATT PAPA</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Phone: <u>302-322-6767</u></p> <p>Fax: <u>302-322-8809</u> Date: <u>1-18-18</u></p> <p>E-Mail: <u>MATT@PCROOFINGINC.COM</u></p>

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: 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](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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