



R G Architects, LLC

200 West Main Street
Middletown, DE 19709
302.376.8100
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www.rgarchitects.net

RG A No. 16031
16 November 2016

ADDENDUM NO. 1

STATE OF DELAWARE OMB/DFM
Baylor Women's Correctional Institution
Housing Unit 4 Bathroom Renovations
660 Baylor Boulevard
New Castle, DE 19720

R G Architects
200 West Main Street
Middletown, DE 19709
Phone: 302-376-8100 (phone)
Fax: 302-376-9851 (fax)
Email: chris@rgarchitects.net

BIDS DUE:

Thursday, December 08, 2016 at 2:00 p.m.

LOCATION:

**THOMAS COLLINS BUILDING
Division of Facilities Management Office
540 S. DuPont Highway, Suite 1 (Third Floor)
Dover, Delaware 19901
Attn: Kerry Wareham**

NOTICE TO ALL BIDDERS

1.0 GENERAL NOTES:

- 1.1 Bidders are hereby notified that this Addendum shall be and hereby becomes part of their Contract Documents, and shall be attached to the Project Manual for this project.
- 1.2 The following items are intended to revise and clarify the Drawings and Project Manual, and shall be included by the Bidder in their proposal.
- 1.3 Bidders shall verify that their Sub-bidders are in full receipt of the information contained herein.
- 1.4 A copy of the current bid set register is available upon request indicating individuals that have purchased project documents from R G architects.
- 1.5 The pre-bid sign-in sheet, along with Addendum #1, is being sent as a courtesy to all pre-bid meeting attendees; however, all future addenda will only be issued to registered plan holders.
- 1.6 All addenda will be sent out to the registered plan holders via email (or fax). Contractors are encouraged to keep an eye on their email accounts during the bidding period for such updates.

2.0 PREBID MEETING:

- 2.1 A Prebid Meeting was held on Wednesday, November 16, 2016 at 10:00 a.m. at the Facilities Management Conference Room at the Thomas Collins Building. The following items were reviewed:
- A. Project Description: A brief overview of the Project was discussed.
 - B. Project Schedule: On site construction commencement is anticipated to begin March, 2017.
 - C. Bid schedule is as follows:
 - 1. The bids are due by **2:00 p.m. on Thursday, December 08, 2016.**
 - 2. Substitution requests will be received until **4:00 p.m. on Monday, November 28, 2016.**
Instructions for requesting substitutions are very specific and are contained in the project manual. If the contractor does not follow the processes it is automatic grounds for rejection.
 - 3. Questions regarding the bid documents will be received until **4:00 p.m. on Saturday, December 03, 2016.**
All questions **must** be submitted **in writing** (via fax or mail, addressed to Chris Bowen, chris@rgarchitects.net) to R G Architects. Neither R G Architects or the Owner will answer questions verbally.
 - 4. The last day for addenda to be issued, if required, shall be, **Monday, December 05, 2016.**
 - D. The project will be constructed using the State of Delaware Prevailing wage rates. The current rates are listed in the specification booklet.
 - E. Liquidated damages: Liquidated damages are not in this contract. However, a written contract is and all conditions of that contract will be enforced as spelled out in the contract documents.
 - F. Substitutions: If a specification lists one product manufacturer as well as listing “or equal”, the contractor is not obligated to submit for substitution prior to bid for that item. However, the contractor will still be responsible to meet the requirements of that product during the review process as per the specifications. If the product substituted as an equal does not meet ALL of the requirements of the specifications, as determined by the Architect, the Contractor is obligated to provide the specified product at no additional cost to the project.
 - G. Subcontractors List:
 - 1. The subcontractors list noted on the bid form in the project manual was reviewed and agreed upon. In addition to the subcontractors listed, Resinous Flooring was added to the subcontractors list, per the request of the contractors present at the pre-bid meeting. See attached updated bid form.

ADDENDUM # 1

2. The General Contractor may NOT list more than one subcontractor for a discipline on the subcontractor's list.
 3. On the Subcontractors List, the General Contractor must list the subcontractor that is providing the labor for 100% of the work in that category and as is required by the laws of Title 29.
- H. Drug Testing Policy: RGA reviewed the new Drug Testing Policy in place by State of Delaware. Contractors are to reference the Project Manual for additional policy procedures and Drug Testing Report Forms.
- I. Project Site walk-through
Bidders whom wish to tour the Baylor Women's Correctional Institution Housing Unit may attend a guided walk through at the following date and time:
Tuesday, November 29, 2016, at 1:30 PM.

Bidders who wish to tour the facility must obtain Security Clearance prior to entering the facility. Bidders are to return the attached completed Security Clearance Application to Steven Brown and Eric Smeltzer via email (steven.brown@state.de.us , eric.smeltzer@state.de.us by November 18, 2016.

3.0 Revisions to the SPECIFICATIONS

- 3.1 00 41 13 – BID FORM; Revised Subcontractors list to add Resinous Flooring.

4.0 Revisions to the DRAWINGS

- 4.1 None at this time.

5.0 Questions

- 5.1 None at this time.

6.0 ATTACHMENT LIST:

- A. Pre Bid Sign-In Sheet
- B. Bid Register
- C. 00 41 13 – BID FORM
- D. Security Clearance Application

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November 16, 2016

PREBID MEETING SIGN-IN
State of Delaware
BWCI Housing Unit 4 - Shower & Bathroom Renovations

	Name	Company	Telephone	Email
1	Mary Clark	Schlosser+Associates	302.738-7333	abakersa@hotmail.com.
2	Tom Wasilkowski	Ventresca Bros.	302-653-6846	Tim@VentrescaBros.com.
3	Ryan Jackson	Amaker Inc	302-834-8664	Amaker@ADC.com
4	Kerry Warcham	OMBIDFM		Kerry.Warcham@State.de.us
5	Brian Smith	BSS	610 364-1316	Bsmith@bsscontractor.com
6	Kew Woods	Sheet Metal Workers LU19	302-463-7454	kwoods@LU19.com
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November 16, 2016

PREBID MEETING SIGN-IN
State of Delaware
BWC Housing Unit 4 - Shower & Bathroom Renovations

	<u>Name</u>	<u>Company</u>	<u>Telephone</u>	<u>Email</u>
18	Rob Solloway	Kent	653-6469	estimator2@kentconstructionco.com
19	Bill Michelini	BCI	302-325-2700	bmichelini@bci-online.com
20	Ken Vandegrift	C+D	302-764-8013	KVandegrift.cd@verizon.net
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PLEASE PRINT CLEARLY

State of Delaware

BWCI - Housing Unit 4 - Shower and Bathroom Renovations
MC3804000081

Bids Due: Thursday, December 08, 2016 at 2:00 pm

Facilities Management Office, Thomas Collins Building
540 S. DuPont Highway, Suite 1 (Third Floor)

Dover, DE 19901



RGA # 16031

BID DOCUMENTS REGISTER

PLEASE PRINT CLEARLY

\$ 100.00 per set

#01	<p>Name of Company: <u>BCI</u></p> <p>Physical Address: <u>34 Industrial Blvd.</u> City, State: <u>New Castle, DE 19720</u></p> <p>Contact: <u>Bill Michelinie</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>EMAIL: <u>bmichelinie@bci-online.com</u></p> <p>Fax <u>302-325-2700</u></p> <p>Phone: <u>302-325-2700</u> Date: <u>11-16-16</u></p>
#02	<p>Name of Company: <u>GRD Contractors</u></p> <p>Physical Address: <u>14 E 40th Street</u> City, State: <u>Wilmington, DE 19802</u></p> <p>Contact: <u>Ken Vandegrift</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>EMAIL: <u>kvandegrift.cd@vcarriers.net</u></p> <p>Fax <u>302 764 7585</u></p> <p>Phone: <u>302 764 7585</u> Date: <u>11/16/16</u></p>
#03	<p>Name of Company: <u>AMAKOR INC</u></p> <p>Physical Address: <u>72 Clinton Street</u> City, State: <u>Delaware City DE 19206</u></p> <p>Contact: <u>Steve Serbu</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>EMAIL: <u>AMAKOR@AOL.COM</u></p> <p>Fax <u>(302) 834-8681</u></p> <p>Phone: <u>(302) 834-8664</u> Date: <u>11/16/16</u></p>
#04	<p>Name of Company: _____</p> <p>Physical Address: _____ City, State: _____</p> <p>Contact: _____ GC: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>EMAIL: _____</p> <p>Fax _____</p> <p>Phone: _____ Date: _____</p>

BID FORM

BWCI HOUSING UNIT 4 BATHROOM RENOVATIONS

CONTRACT #MC3804000081

BID FORM

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(s) of Employee Drug Testing Program
Bid Security
(Others as Required by Project Manuals)

BWCI HOUSING UNIT 4 BATHROOM RENOVATIONS
CONTRACT #MC3804000081

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. Mechanical	<hr/>	<hr/>	<hr/>
2. Electrical	<hr/>	<hr/>	<hr/>
3. Stainless Steel Installer	<hr/>	<hr/>	<hr/>
4. Resinous Flooring	<hr/>	<hr/>	<hr/>
5.	<hr/>	<hr/>	<hr/>
6.	<hr/>	<hr/>	<hr/>
7.	<hr/>	<hr/>	<hr/>
8.	<hr/>	<hr/>	<hr/>
9.	<hr/>	<hr/>	<hr/>

BWCI HOUSING UNIT 4 BATHROOM RENOVATIONS
CONTRACT #MC3804000081

BID FORM

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 (*Project or Contract Number*) 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.

BWCI HOUSING UNIT 4 BATHROOM RENOVATIONS
CONTRACT #MC3804000081

BID FORM

**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.

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: _____
