



## **R G Architects, LLC**

200 West Main Street  
Middletown, DE 19709  
302.376.8100  
302.376.9851 fax  
[www.rgarchitects.net](http://www.rgarchitects.net)

RGA No.15049  
13 February 2017

### **ADDENDUM NO. 1**

STATE OF DELAWARE OMB/DFM  
DOC – HRYCI Old Kitchen / Medical Area Renovations  
1301 East 12<sup>th</sup>. Street  
Wilmington, DE 19801

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

BIDS DUE:

**Tuesday, March 7, 2017 at 2:30 p.m.**

LOCATION:

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

### **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. Contractors are encouraged to keep an eye on their email accounts during the bidding period for such updates.

**ADDENDUM # 1****2.0 PREBID MEETING:**

2.1 A Prebid Meeting was held on Monday, February 13, 2017 at 9:00 a.m. at the office of Division of Facilities Management, Thomas Collins Building, Dover, DE. The following items were reviewed:

- A. Project Description: A brief overview of the Project was discussed with Architectural & MEP review. Work includes the renovations of the existing old kitchen / classroom area & existing infirmary spaces. Work includes, but not limited to, interior demolition, new partition work, new electrical, HVAC, finishes, doors & hardware, cabinetry, new exterior stair etc. The project scope is arranged in phases to accommodate & provide minimal disruption to the HRYCI daily operations.
- B. Project Schedule: On site construction commencement is anticipated to begin upon future notice to proceed. Work day consist of start at 7:00am & end at 3:30pm. Contractors are to be at the sally port for entry at 7:00am & at sally port for exit at 3:30pm.
- C. Bid schedule is as follows:
  - 1. The bids are due by **2:30 p.m. on Tuesday, March 7, 2017.**
  - 2. Substitution requests will be received until **4:00 p.m. on Saturday, February 25, 2017.**  
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 Thursday, March 2, 2017.**  
All questions **must** be submitted **in writing** (via fax or e-mail, addressed to Jim Ament, jim@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, **Friday, March 3, 2017.**
- 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.

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. Bidders were reminded to fill out the Bid Form completely & to not leave any areas to be filled out blank. The sub-contractor list is to be also completed including a current Delaware Business License number. Bidders are to also list the Addenda issued. If five (5) Addenda was issued the Bid Form must note "1.2.3.4 & 5". Bid forms noting "1-5" will not be accepted.
- I. Drug Testing Policy: RGA and Division of Facilities Management 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.
- J. All contractors & personnel are to go through a background check review. The required paper work is attached to this Addendum. Paper work is to be submitted to **Doug Rodgers** at [doug.rodgers@state.de.us](mailto:doug.rodgers@state.de.us). *No paper work is to come to Division of Facilities Management or RG Architects.*
- K. Project Site walk-through

Bidders whom wish to tour the HRYCI may attend an unguided, security escorted, walk through on the following date and time:

**Tuesday, February 28, 2017 at 9:00 AM.**

***Note: Bidders whom wish to attend the site walk-through must submit completed security background check paperwork to HRYCI Maintenance Superintendent – Doug Rodgers (doug.rodgers@state.de.us). No background checks are to be sent to RG Architects. Background check paperwork is to be submitted by Tuesday, February 21, 2017.***

### **3.0 Revisions to the SPECIFICATIONS**

- 3.1 None at this time.

### **4.0 Revisions to the DRAWINGS**

- 4.1 None at this time.

### **5.0 Questions**

- 5.1 How will site access be handled? A – Site access for all contractors will be through the sally port area. Personnel & equipment must be checked at each entry & exit.
- 5.2 What is anticipated start date? A – Anticipated construction start date, mobilization, is June – July 2017.
- 5.3 How thorough are security checks? A – Security checks are per Department of Correction standards. Any access given or denied are per Department of Correction discretion.

**ADDENDUM # 1**

Division of Facilities Management or RG Architects do not have authority for security checks.

**6.0 ATTACHMENT LIST:**

- A. Pre Bid Sign-In Sheet
- B. Bid Register
- C. 01 35 54 – Security Clearance Application DOC 2016

**PREBID MEETING SIGN-IN**

State of Delaware

DOC - HRYCI Old Kitchen / Medical Area Renovations

February 13, 2017

Name	Company	Telephone	Email
1 <u>MATT GAIBKIE</u>	<u>FAYDAENG NEEBING</u>	<u>300-999-1060</u>	<u>MGAIBKIE@FAYDAENG.COM</u>
2 <u>Steve Serbu</u>	<u>Amakor, Inc.</u>	<u>302-834-8664</u>	<u>Amakor@aol.com</u>
3 <u>Amanda Cieciak</u>	<u>Winning-Turner</u>	<u>302-292-0711</u>	<u>amanda.cieciak@winning-turner.com</u>
4 <u>Scott Hubbard</u>	<u>Bathugh's Electric</u>	<u>302-325-6100</u>	<u>Shubburd@Bathugh.com</u>
5 <u>Nelson Merced</u>	<u>P2 Contractors</u>	<u>610-644-8300</u>	<u>NMEREDITH@P2ABC.COM</u>
6 <u>Bob Salloway</u>	<u>Kent</u>	<u>302-653-6469</u>	<u>estimator2@kentconstruction.com</u>
7 <u>Bob Coppins</u>	<u>Bittenbender Construction</u>	<u>610-220-1471</u>	<u>rcoppins@bittenbenderconstruction.com</u>
8 <u>Robert Hill</u>	<u>Allegiant Fire Protection</u>	<u>302-293-6822</u>	<u>R.Hill@Allegiant Fire Protection.com</u>
9 <u>Steve Casey</u>	<u>Bathugh's Elect</u>	<u>302-325-6100</u>	<u>Scasey@bathugh.com</u>
10 <u>Tony Ventresca</u>	<u>Ventresca Bros., Inc.</u>	<u>302-658-6436</u>	<u>tony@ventrescaBros.com</u>
11 <u>Eric Hattenauer</u>	<u>Diana's Smart Feng</u>	<u>302-697-7694</u>	<u>eric@diannadstateengineering.com</u>
12 <u>Larry Bathon</u>	<u>Bathon Builders</u>	<u>443-583-0931</u>	<u>abathon@aol.com</u>
13 <u>DAVID PRATT</u>	<u>CDF Services, Inc.</u>	<u>410-810-0220</u>	<u>DAVID@CdcDiamondFlaring.com</u>
14 <u>Dea Seely</u>	<u>OMB/DFM</u>		<u>joseph.seely@state.de.us</u>
15 <u>JERRY KOZANSKI</u>	<u>RG ARCHITECTS</u>	<u>302-376-8100</u>	<u>GRZANSKI@RGARCHITECTS.NET</u>
16 <u>JIM AMERF</u>	<u>RG ARCHITECTS</u>	<u>302-376-8100</u>	<u>JIM@RGARCHITECTS.NET</u>
17			

PLEASE PRINT CLEARLY

State of Delaware

HRICI Old Kitchen / Medical Area Renovations

MJ3804000085

Bids Due: Tuesday, March 7, 2017 at 2:30 pm

Facilities Management Office, Thomas Collins Building

540 S. DuPont Highway, Suite 1 (Third Floor)

Dover, DE 19901



RGA # 15049

BID DOCUMENTS REGISTER

PLEASE PRINT CLEARLY

\$50.00 per set (Thumb Drive) \$175.00 (Hard Copy)

#01	Name of Company: <u>AMAKOR, INC.</u> Physical Address: <u>72 CLINTON ST.</u> City, State: <u>DELAWARE CITY, DE 19706</u> Contact: <u>STEVE SERBU</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>AMAKOR@AOL.COM</u> Fax: <u>302.834.8681</u> Phone: <u>302.834.8664</u> Date: <u>2/13/17</u>
#02	Name of Company: <u>Ventresca Bros., Inc.</u> Physical Address: <u>2300 N. DuPont Hwy.</u> City, State: <u>New Castle, DE 19720</u> Contact: <u>Tony Ventresca</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>tony@ventrescabros.com</u> Fax: <u>302-658-2360</u> Phone: <u>302-658-6436</u> Date: <u>2/13/17</u>
#03	Name of Company: <u>The Whiting-Turner Contracting Co.</u> Physical Address: <u>131 Continental Drive - Suite 404</u> City, State: <u>Newark, DE 19713</u> Contact: <u>Amanda Cieplak</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>amanda.cieplak@whiting-turner.com</u> Fax: <u>(302) 292-0683</u> Phone: <u>(302) 292-0676</u> Date: <u>2/13/17</u>
#04	Name of Company: <u>Bittenbender Construction</u> Physical Address: <u>5 N Columbus Blvd PIER 5</u> City, State: <u>PHILADELPHIA, PA</u> Contact: <u>Bob Coppins</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>rcoppins@bittenbenderconstruction.com</u> Fax: _____ Phone: <u>610 220 1447</u> Date: <u>2/13/17</u>

## PLEASE PRINT CLEARLY

State of Delaware

HRYCI Old Kitchen / Medical Area Renovations

MJ3804000085

Bids Due: Tuesday, March 7, 2017 at 2:30 pm

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

Dover, DE 19901



RGA # 15049

## BID DOCUMENTS REGISTER

## PLEASE PRINT CLEARLY

#05	Name of Company: <u>Battaglia Electric</u> Physical Address: <u>11 Industrial drive</u> City, State: <u>New Castle DE 19702</u> Contact: <u>Steve Cusey</u> GC: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EMAIL: <u>scusey@battaglia.com</u> Fax: _____ Phone: <u>325-6100</u> Date: <u>2/13/17</u>
#06	Name of Company: <u>CDF SERVICES- INC.</u> Physical Address: <u>116 C S. Lynchburg ST</u> City, State: <u>CHESTER TOWN MD 21620</u> Contact: <u>DAVID PRATT</u> GC: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EMAIL: <u>David@coleDiamondFlooring.com</u> Fax: _____ Phone: <u>410-810-0220</u> Date: <u>02/13/17</u>
#07	Name of Company: _____ Physical Address: _____ City, State: _____ Contact: _____ GC: <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: _____ Fax: _____ Phone: _____ Date: _____
#08	Name of Company: _____ Physical Address: _____ City, State: _____ Contact: _____ GC: <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: _____ Fax: _____ Phone: _____ Date: _____

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](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:** \_\_\_\_\_

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