

Directive 126.01 Personal Relationship With Offenders-Conflict Of Interest

**STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS**

Directive: 126.01

Subject: Personal Relationship With Offenders-Conflict Of Interest

Effective Date: October 15, 2002 **Review and Re-Issue Date:**

Supersedes: NEW **APA Rule Number:**

Recommended for approval by:		Authorized By:	
_____ Signature	_____ Date	_____ Signature	_____ Date

1. Authority:

1.1 Department of Corrections Work Rules, April 7, 1997; State of Vermont Personnel Policies and Procedures, 5.2 Conflicts of Interest, March 1, 1996.

2. Purpose:

2.1 It is a conflict of interest for a Department of corrections employee or volunteer to have a romantic and/or sexual relationship with an offender who is under the control or supervision of the Department. It is the purpose of this directive to define employee/volunteer conduct, which could constitute such a conflict. This directive further clarifies Department of Corrections Work Rule # 13 which prohibits romantic and/or sexual relationships between employees and offenders under any type of Department control or supervision, and defines the procedures under which employees must notify the appointing authority of a familial or romantic/sexual relationship with an offender.

3. Applicability/Accessibility

3.1 This directive applies to all employees/volunteers of the Department of Corrections.

4. Directive

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- 4.1** Any DOC employee/volunteer who has a relative or domestic partner under any type of Department control or supervision must notify the Appointing Authority of such relationship immediately upon becoming aware of the control or supervision. The Appointing Authority will take whatever steps are necessary to assure that a conflict of interest, or the appearance of a conflict of interest, does not arise. These steps shall include having the employee read and sign Appendix A - *Conflict of Interest Agreement*. In addition, the Appointing Authority may take other action to assure that a conflict of interest or the appearance of a conflict of interest does not take place to include but not necessarily limited to: performance counseling, case transfer to another field work-site, offender transfer to another correctional facility, or employee transfer to another work location.
- 4.2** Any DOC employee/volunteer who is involved in a romantic and/or sexual relationship with an offender, who they were unaware was on probation, [or] parole SCS or PAF must notify his/her Appointing Authority as soon as the offender's connection with the Department becomes known. The Appointing Authority will attempt to develop a plan with the employee to avoid a conflict of interest, or the appearance of a conflict of interest, to include, but not necessarily limited to: the employee reading and signing Appendix A *Conflict of Interest Agreement*, possible case transfer to "another work site, employee transfer to another work location, or in medium to high risk cases, a requirement that the employee discontinue the relationship.
- 4.3** Any DOC employee/volunteer who engages in a romantic and/or sexual relationship with and is aware that:
- 4.3.1** An offender is on probation or parole;
 - 4.3.2** Or an offender is on PAF or SCS; or
 - 4.3.3** An offender is incarcerated;
 - 4.3.4** Is in direct violation of Department Work Rule 13 unless he/she followed section A or B of this directive. Aggravating and mitigating circumstance will be considered during the personnel investigation and subsequent decision.

5. Training Method

5.1

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6. Quality Assurance Processes

6.1

7. Financial Impact:

7.1

8. References

9. Responsible Director and Draft Participants

CONFLICT OF INTEREST AGREEMENT

I have a: relative domestic partner romantic and/or sexual relationship

under supervision of the Department of Corrections named _____ He/she is:

- Incarcerated
- On parole
- On probation
- On PAF
- On FR
- On SCS

and housed/supervised _____ As a Department of
Address

Corrections employee, I agree to the following conditions:

I will take no involvement in this individual's caseplanning, nor will I solicit information concerning his/her case.

I will not review any written material concerning this individual's case to include casenotes and treatment information.

I will not reveal any information to this individual which compromises the Department's Security or the confidentiality of other offender information

I understand that all official contact with this individual must be in accordance with all Department of Corrections policies, directives, procedures and work rules.

I acknowledge that I have discussed these conditions with _____, understand them and realize that failure to follow them will result in discipline up to and including termination.

Signature

Date

Appointing Authority/Supervisor

Date