

State of Connecticut Department of Correction



Parole and Community Services

Residential Provider Manual

**Angel Quiros
Commissioner**

**Rhianna Gingras
Director of Parole and Community Services**

Revised December 2023

Table of Contents

	<u>Page</u>
Community Contract Administrators	4
Department Mission	5
Overview of Contracted Community Services	6
Authority/Reference/Terminology	7-8
Care, Custody and Supervision Defined	9
<u>Residential Program Policies</u>	
1. Referral, Admission and Discharge	10-11
2. Reports to CTDOC	12-13
3. Records and Documentation	14-15
4. Publicity and Research	16
5. Prison Rape Elimination Act	17-18
6. Notification Procedures	19-20
7. On-Call Procedures	21-22
8. Emergency Protocols	23
9. Death of a Supervised Person	24
10. Physical Altercations	25
11. Medical Situations	26-27
12. Medication	28-29
13. Narcan/Naloxone	30
14. Medication Assisted Treatment	31
15. Drug Testing	32
16. Physical Premises/Cleanliness	33
17. Property Matrix	34
18. Unclaimed Property	35-36
19. Identification	37
20. Monies	38-39
21. Smoking	40-41
22. Possession of Cellular Phones	42-43
23. Possession of Electronic Devices	44-45
24. Contraband	46-47
25. Safety and Security Searches	48
26. Gang Activity	49
27. Request for K-9 Presence	50
28. Victim Notification	51
29. Community Passes	52-53
30. Inmate Correspondence	54
31. Visiting	55
32. Family Reunification Program	56-57
33. Employment Accountability Checks	58
34. 1099 Employment	59
35. Program Transportation	60
36. Gender Non-Conforming	61

37. Employment as a Driver	62
38. On-site Vehicles	63-64
39. Progressive Discipline and Incremental Sanctions Policy.	65
40. Grievances/Administrative Remedies	66

Residential Program Forms

1. Halfway House Agreement Form	67
2. Medical Situation Documentation Form	68
3. Voluntary Admission Form	69
4. Unclaimed Property Form	70-71
5. Electronic Device Disclosure Form	72-73
6. Inmate Correspondence Form	74
7. Visiting Application	75-76
8. 1099 Employment Waiver Form	77
9. Driving for Employment Request Form	78
10. Request for Vehicles On-Site Form	79-80
11. Intranasal Naloxone Usage Report	81
12. PROTOCOLS FOR OBTAINING DMV IDENTIFICATION	82-83
13. Instructions for requesting birth certificates	84-85

Directory of Contracted Programs

CTDOC Community Contract Administrators

Rhianna Gingras

Director of Parole & Community Services
24 Wolcott Hill Road
Wethersfield, CT 06109
Telephone: 860-692-6901
Rhianna.Gingras@ct.gov

Kendra Herrick

Deputy Director of Parole & Community Services
24 Wolcott Hill Road
Wethersfield, CT 06109
Telephone: 860-297-4403
Kendra.Herrick@ct.gov

Netasia Jones

Deputy Director of Parole & Community Services
300 Sheldon Street
Hartford, CT 06105
Telephone: 860-297-4406
Netasia.Jones@ct.gov

Matthew Wilkey

Parole Supervisor
Division of Parole & Community Services
Residential Services Unit
300 Sheldon Street
Hartford, CT 06105
Telephone: 860-297-4432
Matthew.Wilkey@ct.gov

Suzanne Mazzotta

Grants and Contracts Specialist
Department of Correction
24 Wolcott Hill Road
Wethersfield, CT 06109
Telephone: 860-692-7886
Suzanne.mazzotta@ct.gov



Connecticut Department of Correction Mission Statement

The Department of Correction shall strive to be a leader in progressive correctional practices and partnered re-entry initiatives to support responsive evidence-based practices geared toward supporting reintegration and reducing recidivism under the Department's supervision. Safety and security shall be a priority component of this responsibility, coinciding with an unwavering respect for the human dignity of staff, victims, citizens and offenders.

Parole and Community Services Mission Statement

The Division of Parole and Community Services shall provide offenders with reentry opportunities, consistent with public safety, informed by evidenced-based assessment, supervision, and intervention strategies.

Overview of Contracted Community Services

In the early 1970's, the Connecticut Department of Correction (CTDOC) was one of the first in the nation to establish contracts with private nonprofit agencies to provide residential and nonresidential supervision and treatment/services for supervised persons. Since that time, CTDOC has significantly expanded residential capacity and increased the number of nonresidential programs.

In state fiscal year 2006, CTDOC began the process of reviewing its community service network as a whole to evaluate supervised person access to appropriate programs in needed numbers, types and locations. These factors were then evaluated to determine future needs. In state fiscal year 2009, this evaluation culminated in a competitive procurement process which rebid all contracted community services and implemented a comprehensive statewide community network of services for CTDOC supervised persons returning to the community.

The current CTDOC Community Service Network defines specific types of residential and nonresidential programming in the community. Residential programs are available to male and female individuals released to the community under CTDOC supervision. These programs provide supervised persons with opportunities to begin reintegration in a structured residential setting. Most often, supervised persons are assisted with obtaining employment and have the opportunity to develop a savings plan prior to living independently. CTDOC's residential programming includes Work Release, Substance Abuse, Mental Health, Women and Children, Problem Sexual Behavior Treatment, Scattered-Site Supportive Housing and Temporary Supportive Housing programs.

This manual delineates specific CTDOC policies for the operation of community residential programs under contract with nonprofit providers throughout Connecticut. Adherence to these policies is a contractual requirement for all residential providers. Questions regarding the policies delineated herein should be referred to the house Parole Officer, but may also be referred to the Residential Parole Supervisor or the Contracts Administration Office.

Authority and Reference **Terminology Defined**

I. Applicable Statutory Authority

- Connecticut General Statute 18-81
- Connecticut General Statute 18-100
- Connecticut General Statute 18-100c
- Connecticut General Statute 18-101
- Connecticut General Statute 18-101b
- Connecticut General Statute 18-105-107
- Connecticut General Statute 54-124a-54-133

Each of these Statutes can be found on the following website: <http://www.cga.ct.gov>

II. Applicable CTDOC Administrative Directives

- Administrative Directive 1.9 (Audits)
- Administrative Directive 1.10 (Investigations)
- Administrative Directive 9.2 (Inmate Classification)
- Administrative Directive 9.5 (Code of Penal Discipline)
- Administrative Directive 11 (Parole and Community Services)

Each of these Directives can be found on the following website: <http://www.ct.gov/doc>

III. Release Status Defined:

- Community Release: An inmate is eligible for Community Release to a residential community program when he/she is within 18 months of estimated discharge date or Voted to Parole date and has met CTDOC criteria for community program placement.
- Parole: An inmate is eligible to be considered for Parole when he/she has been sentenced to a period of confinement of more than 2 years plus 1 day. The Board of Pardons and Paroles has independent decision-making authority to grant or deny Parole, establish conditions of Parole and/or rescind Parole.
- Re-Entry Furlough: An inmate is eligible for a Re-Entry Furlough when he/she: is serving a Parole-eligible sentence (2 years/1 day or more); has completed not less than 85% of his/her sentence (if applicable); does not have a Voted to Parole date; has been denied, waived, rescinded or revoked Parole with no new scheduled hearing date; and is within 45 days of the end of his/her criminal sentence.
- Special Parole: An individual may be sentenced to Special Parole when he/she has been sentenced to a period of confinement of more than 2 years plus 1 day. The sentence is authorized by the court as opposed to the Board of Pardons and Paroles, with conditions of release established by the Board of Pardons and Paroles and supervised by the CTDOC.
- Transitional Placement: A supervised person is eligible for Transitional Placement when he/she: has completed a residential community program; is serving a Parole-eligible sentence (2 years/1 day or more); and does not have Special Parole to follow and has

completed not less than 85% of his/her sentence (if applicable). Supervised persons may be released to Transitional Placement prior to their Voted to Parole and/or EOS date.

- Transitional Supervision: A supervised person is eligible for Transitional Supervision when he/she: has completed a residential community program; has less than two (2) years remaining on his/her sentence; and is not serving a Parole-eligible sentence.
- Program Staff: For the purposes of this manual, program staff is defined as any staff working for the community-contracted residential program. This shall not limit the provider agency from designating specific staff for completion of the requirements delineated herein.
- Contractor Data Collection System (CDCS): A web based data system developed to collect supervised person level data about services delivered by CTDOC's network of contracted providers. Typical data elements include information about referral, approval, placement, types and duration of services provided, service and program completion, outcome information such as employment, and discharge.



Connecticut Department of Correction

Parole & Community Services Division

Care, Custody and Supervision Defined

Supervised persons residing in CTDOC-contracted residential community programs are residing in the community prior to completion of their criminal sentences. They are under the care, supervision and/or custody of the Commissioner of Correction, supervised through The Division of Parole and Community Services.

As agents of the Department, through authorized contractual relationships, provider staff accept the responsibility of overseeing a supervised person population in accordance with the policies and directives promulgated by the Department. It is understood that under no circumstances does the authority of the provider agency or program supersede that of the Connecticut Department of Correction in all matters related to the health, welfare, safety, supervision, care, custody and/or case management of any supervised person. The provider agency will direct its staff that all lawful direction from CTDOC staff will be adhered to in such matters.

Referral, Admission and Discharge Policy

Policy: Each residential program shall establish standard policies and procedures to be followed for the referral, admission and discharge of all supervised persons to/from the program. Such policies shall adhere to the following parameters:

Referral to the Program:

1. Programs shall receive standardized referrals from the CTDOC Parole and Community Services, Residential Unit.
2. CTDOC will advise program staff of supervised persons with a conservator and provide the Certificate of Conservatorship at the time of referral, or as soon as practicable. The provider shall comply with all requirements indicated in the Certificate of Conservatorship.
3. CTDOC will advise program staff of supervised persons classified as Gender Non-Conforming (GNC) and provide the Gender Non-Conforming Management Plan (GNCMP) at the time of referral, or as soon as practicable.
4. Referrals shall be reviewed by program staff and responded to within three (3) days. Any referral not responded to within the specified timeframe shall be considered by CTDOC to be approved for placement and a release will be sent accordingly. Programs may determine that response to any acceptance will not be necessary. In such cases, such decision will be conveyed to the supervising Parole Officer/Correctional Counselor.
5. In review of referrals received by program staff, contractually-defined Eligibility and Exclusionary Criteria will be adhered to.
6. Inability of program staff to perform a telephone or in-person interview shall not constitute grounds for a delay in a referral decision.

Admission to the Program:

1. The CTDOC Parole and Community Services, Residential Unit shall provide notification to the program of a supervised person's pending transfer date. When at all possible, such notification shall be provided not less than 48 hours prior to transfer.
2. Each program shall follow a standardized admission process for the admission of each supervised person.
3. Such process shall include orientation to the program, facilitation of assessments, appropriate referrals to outpatient community programs, completion of signature forms and provision of supplies (as needed).

Discharge from the Program:

1. Discharge planning shall begin upon admission.
2. Each supervised person shall discharge from the program with an established Discharge Plan.
3. *Supervised persons at the end of their sentence (EOS) with no Special Parole to follow shall be released on the date indicated on the Certificate of Discharge (COD) and upon direction from CTDOC Parole & Community Services. Supervised persons who are EOS with Special Parole to follow shall remain in the program unless

otherwise noted on a release authorization. Supervised persons remaining on community supervision and transferring out of the program to a community residence shall be released in accordance with the reporting instructions on the release authorization. Transfer to another residential program is authorized upon direction from CTDOC. This direction does not preclude discharges of a non-routine nature (i.e. remand, emergency medical, etc.)

4. *Any Release Authorization received must be signed by the supervised person and faxed to the CTDOC Parole and Community Services, Residential Unit by the date of discharge.
5. *Program staff shall assist supervised persons with completion and submission of CTDOC forms required for release transition (i.e. Transitional Placement, etc.) and shall coordinate submission of such to the CTDOC Parole and Community Services, Residential Unit as directed. Such forms shall be delineated by the CTDOC Parole and Community Services, Residential Unit and provided to the program by the program's assigned Correctional Counselor. When completing such packages, it should be understood that the CTDOC timeframe for processing such is approximately four (4) weeks.
6. *Any package submitted for a supervised person's release transition must include a current progress report delineating the supervised person's status in the program.

***CDCS data entry expectations are as follows:**

1. Providers shall place a supervised person in CDCS the same day they arrive at the program. In the absence of a referral (i.e. after hours emergency placements), supervised persons shall be placed the same day the referral has been received by the provider.
2. For discharging supervised persons, providers shall discharge the supervised persons in CDCS on the date indicated in the proposed discharge received from CTDOC.
3. In cases where same day entry was not possible, data entry must be completed within one (1) business day from the event.
4. Please ensure that all placement and discharge dates are entered accurately.

**Not applicable to scattered-site supportive housing programs.*

Reports to CTDOC Policy

Policy: Each contracted residential community program shall provide standard reports to CTDOC, as requested and required. Each contracted residential community program shall establish standard policies for the documentation of supervised person incidents. Such policies and procedures must, at a minimum, adhere to the following standards:

Reports to Parole and Community Services: All residential community programs will submit the following reports to the supervising Parole Officer. Such reports will be submitted to the supervising Parole Officer within the timeframes delineated below.

1. **Monthly Progress Reports:** Each program shall utilize the appropriate CTDOC form for reporting the following:
 - significant occurrences;
 - progress/regression of supervised person;
 - adherence to stipulated programming;
 - toxicology results and compliance; and
 - employment status of each supervised person.

Such reports shall be prepared for each supervised person on a monthly basis and shall be transmitted to the supervising Parole Officer, not more than five (5) business days after the end of the month.

2. **Discharge Reports:** Each program shall utilize the appropriate CTDOC form for reporting the terms of each supervised person's discharge. Such report shall detail the accomplishments of the supervised person during his/her residence and be inclusive of all discharge plans for the supervised person. Discharge reports shall be transmitted to the supervising Parole Officer, within 2 business days of discharge.
3. **Incident Reports:** Each program shall be required to submit an incident report, on agency letterhead or prescribed agency Incident Report for reporting of incidents. Such submission shall be required for any incident delineated in the Notification Policy contained in this manual, or upon request from CTDOC. Incident reports are required for all non-criminal violations of release conditions. Such reports shall be submitted to the supervising Parole Officer, prior to the end of the reporting staff member's shift, unless otherwise delineated by the supervising Parole Officer.

Reports to Contracts Administration Unit:

1. **Utilization Reports:** Each program shall be required to submit a monthly utilization report, on a form promulgated by CTDOC, to account for all admissions and discharges to/from the program in the prior month. Such report shall be submitted to the Contracts Administration Unit, via e-mail (doc.caureports@ct.gov), not more than seven (7) business days after the end of the month.
2. **Performance Outcome Measure Reports:** Each program shall be required to submit a performance outcome measure report on a form promulgated by CTDOC, to

delineate the program's ability to meet established contractual performance goals. Such report shall be submitted to the Contracts Administration Unit, via e-mail (doc.caureports@ct.gov), not more than seven (7) business days after the end of the reporting periods. Reporting periods are established for the period of July 1-December 31 and for the period of July 1- June 30.

3. *Floor Plan Submissions: Each program shall be required to submit the floor plans for their physical structure to the Contracts Administration Unit upon initial implementation of the program. Updated floor plans must be provided when modifications to the physical structure occur. Floor plans must be submitted to the Contracts Administration Unit, via e-mail (doc.caureports@ct.gov).
4. Staffing Matrix: Each program shall be required to submit a staffing matrix on a form promulgated by CTDOC, to delineate daily staffing plans for each shift. Such report shall be submitted to the Contracts Administration Unit, via e-mail (doc.caureports@ct.gov), on an annual basis, not more than seven (7) business days after the beginning of each state fiscal year.

**Not applicable to scattered-site supportive housing programs.*

Records and Documentation Policy

Policy: Each contracted residential community program shall establish standard policies and procedures for record keeping and documentation of all supervised person activities, incidents and general program operation activities and shall maintain such documentation in accordance with state retention policies. Such policies and procedures must, at a minimum, adhere to the following standards:

Supervised Person Case Files: Each program shall establish a standardized supervised person case file. Such file shall document all pertinent information about the supervised person from time of admission to time of discharge. Such files may be held electronically or hardcopy, but must be maintained accurately until the supervised person's discharge and stored in accordance with state record retention policies for a period of not less than three (3) years from date of discharge.

Standard Records: Each program shall record, at a minimum, the following and shall provide such records to CTDOC staff immediately upon request. Programs shall not be prohibited from utilizing electronic records for such, provided that CTDOC is given access to the full log immediately upon request:

1. ***Urinalysis Log:** All drug tests shall be documented in a program logbook, segregated by supervised person and shall include date and time of draw, supervised person name and number and supervising staff name.
2. ***Medication:** All prescribed medication shall be documented in a program logbook, segregated by supervised person and shall include supervised person name and number, name and prescribed dosage of medication, date and time of distribution, supervising staff initials and supervised person initials.
3. **Supervised Person Monies:** Upon establishment of a supervised person's savings account, the program shall log all transactions against the account for the remainder of the supervised person's stay in the program. Such log shall include dates of deposits and withdraws and shall be inclusive of the supervised person's initials and the supervising staff's initials.
4. ***Pass Records:** All supervised person requests for community passes and family reunification passes shall be documented in a program logbook and shall include supervised person name and number, date of request, date/time/location of requested access, date of approval/denial and approving staff initials.
5. ***Accountability Checks:** All employment or community accountability checks shall be documented in a program logbook, segregated by supervised person and shall include supervised person name and number, supervised person authorized location, date and time of check, staff performing check, and result of check.

6. *Visitor Logs: Each program shall maintain a logbook to document nonresident and non-staff presence in the program. All visitors shall be required to sign the logbook to include name, person visiting, date, time of arrival and time of departure.
7. *Safety Inspection/Facility Searches: All safety inspections and facility searches shall be documented in a program logbook and shall delineate date and time of performance, staff performing the inspection and rooms/areas searched. Facility safety inspections shall include inspection of fire extinguishers and exit signs, in accordance with local regulations for such.
8. *House Tours: All house tours shall be documented in a program logbook and shall include name of the staff member performing the tour, the date and the time of the tour.
9. *House Roster: The program shall keep an easily accessible current house roster at all times. Such roster shall include supervised person name, release status, supervised person number, admission date and room assignment.
10. *Victim Notification List: The program shall keep an easily accessible current list of any supervised person who is identified by CTDOC as having a victim notification. Such list shall be available to all staff at all times but shall not be disclosed to the supervised person.
11. *Legal Mail: The program shall establish a modality for documenting the receipt of supervised person legal mail and the dissemination of such to the supervised person.
12. *Staff Log Books: Each program shall establish a modality for staff to document significant incidents that are beneficial to be shared with other program staff. Such documentation shall be confidential, but available to all staff. Such documentation shall be available to CTDOC upon request, but shall be reserved for use solely by program staff.

** Not applicable to scattered-site supportive housing programs.*

Publicity and Research

Policy: No supervised person shall grant interviews written, verbal or televised to any news media outlet. Any request for interview of an supervised person shall be sent to the CTDOC Director of External Affairs for review and approval/denial. In all cases, the Parole Officer will be copied on such request.

The program shall follow its own policies and procedures for granting of interviews related to its own operations. The program shall notify the CTDOC Director of External Affairs and the Parole and Community Services Residential Parole Supervisor prior to granting any request specific to the operation of a CTDOC-funded program.

The program shall refrain from reference to any specific CTDOC policy, procedure or reference to any CTDOC supervised person in its dealings with the media, unless prior approval from the CTDOC Director of External Affairs has been obtained.

The program shall not grant any requests for research projects involving CTDOC supervised persons without prior written approval from the CTDOC Deputy Commissioner of Administration, in accordance with CTDOC Administrative Directive 1.7.

Prison Rape Elimination Act Policy

Policy: Each contracted residential community program shall maintain policies and procedures that adhere to federal Prison Rape Elimination Act (PREA) standards. Such policies and procedures must, at a minimum, adhere to the following:

Agency Policy: The provider agency will maintain a policy that requires adherence of all residential programs housing supervised persons to the PREA Act. Such policy will require standardized staff training, supervised person screening, supervised person education, and establishment of anonymous reporting modalities, access to victim/crisis services and reporting procedures for the reporting of alleged sexual assaults. The agency's PREA adherence policy and any subsequent revisions will be submitted to the CTDOC Contracts Administration Unit.

Agency PREA Coordinator: Each agency will assign a staff member to act as the agency PREA Coordinator. Additionally, the agency will assign an on-site program staff member to act as the program's PREA Liaison. Such designations will be provided to the CTDOC Contracts Administration Unit annually, and upon reassignment of new staff.

Staff Training: The provider agency will establish and maintain training curriculums for all staff. Such training will be provided to all new hires prior to their interaction with supervised persons and to all staff on an annual basis. The agency training materials will be provided to CTDOC upon request.

Program Audit: The provider agency will contract with a USDOJ-certified PREA auditor to perform an audit of each program housing supervised persons once every three (3) years, in accordance with PREA policies. Such contract will be provided to the CTDOC Contracts Administration Unit upon execution. Notification of release of the auditor's report and/or any corrective actions taken by the program to correct identified deficiencies will be provided to the CTDOC Contracts Administration Unit once released.

Handling of Alleged Incidents:

1. If a sexual assault occurs at the program, all efforts will be made to preserve the scene for investigation and emergency medical procedures and notification shall be instituted immediately, in accordance with the Notification Policies of this manual.
2. If the alleged assailant is present in the program, the supervised persons shall be immediately separated. If the alleged assailant is a program staff member, the staff member shall be immediately placed on no supervised person contact until cleared for return to duty by CTDOC.
3. The supervising Parole Officer will be immediately notified of the alleged incident, in accordance with the Notification Procedure contained in this manual.
4. Program staff will formally document the incident and will cooperate fully with CTDOC direction for handling the incident, to include involvement of CTDOC PREA Unit staff, CTDOC investigatory staff and/or Connecticut State Police involvement if required by CTDOC.

5. Any supervised person reporting an alleged sexual assault will be offered victim services/crisis counseling.

Notification Procedures

Policy: Residential programs shall notify the appropriate CTDOC or designated official, utilizing established notification procedures for any occurrence of the situations delineated below. Notifications shall be made to CTDOC in accordance with the On Call Procedure policy.

Notifications Required:

1. **Escape/Abscond:** A supervised person shall be considered an escapee or absconder immediately upon realization that the supervised person is out of place. Supervised persons in the community on authorized community passes shall be considered escapees/absconders if they have not returned to the program within two (2) hours of their return time, provided that they have not contacted the program for approval to return after such time. Upon determination of an escape or an absconding, the program shall immediately contact the supervising Parole Officer in accordance with CTDOC's On-Call Procedure.

If a supervised person returns to the program after an escape/abscond has been reported, the program shall not turn the supervised person away. The supervised person will be allowed back into the program and the Parole Officer will be contacted immediately. If allowing the supervised person access into the program presents an immediate safety and/or security issue, program staff shall contact 911 for an immediate response and then contact the Parole Officer.

2. **Immediate Remand Request:** If such a request is being issued, the program shall contact the supervising Parole Officer, in accordance with CTDOC's On-Call Procedure.
3. **Police and other Outside Agency Presence at the Program:** If police or other outside agency arrive at the program in a non-emergency situation, program staff are to identify the individual(s) by name, position, agency, and reason for visit, and immediately notify the supervising parole officer, in accordance with CTDOC's On-Call Procedure, prior to allowing entry into the facility. Entry may be permitted upon approval of CTDOC. If a medical, criminal, or facility emergency situation exists, quickly identify the individual(s) as above, allow emergency personnel into the facility, and notify the supervising parole officer as soon as practicable, in accordance with CTDOC's On-Call Procedure.
4. **Threats or Threatening Behavior:** Are defined as any verbal statement by any supervised person at any program that overtly states intended physical injury or any other act that would be harmful to the supervised person, other supervised persons or program staff. In such cases, program staff shall immediately call the supervising Parole Officer in accordance with CTDOC's On-Call Procedures. If the supervising Parole Officer directs program staff to call 911 or the police, such directive will be followed immediately. In all cases, 911 shall be called immediately in any situation that causes imminent fear for personal safety.

5. Assault: Is defined as any physical contact by a supervised person to another supervised person or staff member with intent to injure. In such cases, program staff shall immediately call 911, followed by the supervising Parole Officer in accordance with CTDOC's On-Call Procedure.
6. Illegal Acts: Are defined as any conduct in violation of Connecticut statutes, to include drug possession. This shall not be inclusive of acts in violation of the supervised person's stipulated release agreement if such acts do not violate Connecticut statute. In such cases, program staff shall immediately call the supervising Parole Officer in accordance with CTDOC's On-Call Procedures. If the supervising Parole Officer directs program staff to call 911 or the police, such directive will be followed immediately.
7. Arrest: If a supervised person is arrested, either on-site or while in the community, the program shall immediately contact the supervising Parole Officer in accordance with CTDOC's On Call Procedure.
8. News Media Requests/Presence On-Site: See CTDOC's Publicity and Research Policy.
9. Death of a Supervised Person: If off-site, program staff shall call the supervising Parole Officer immediately upon notification of the death, in accordance with CTDOC's On-Call Procedure. If on-site, program staff shall immediately call 911, followed by the supervising Parole Officer, in accordance with CTDOC's On-Call Procedure and the relevant protocol contained in this manual.
10. Life-Threatening Medical/Mental Health Emergencies: See CTDOC's Medical Situations Policy.
11. Non-Life Threatening Medical/Mental Health Issues: See CTDOC's Medical Situations Policy.
12. Alleged PREA Incident: The program shall immediately notify the supervising Parole Officer in accordance with CTDOC's On Call Procedure and the PREA protocols contained in this manual.
13. Facility Emergency: Is defined as any facility emergency (fire, flood, loss of power, etc.) that requires the full or partial evacuation of supervised persons, or a situation that renders the program absent of normal operating utilities or functionality. The program shall immediately notify the supervising Parole Officer in accordance with CTDOC's On-Call Procedure.

Contact and notification for any other routine and/or non-emergency issue should be made to the supervising Parole Officer during regular business hours.

On-Call Procedures

Policy: Residential programs shall utilize a standardized modality for the notification of the assigned Parole Officers of any nonstandard or emergency situation or any situation that requires immediate response of or notification to the Parole Officer. Procedures for such notifications are delineated below.

Nonstandard Situation Defined: The situations delineated below shall require immediate notification to the supervising Parole Officer:

1. Escape/Absconding, to include the return of an escapee/absconder.
2. Police and other Outside Agency Presence at the Program .
3. Criminal Behavior (threatening, assaultive, etc.).
4. Criminal Contraband (drugs, weapons, etc.).
5. Alleged PREA Incident.
6. Immediate/Emergency Removal Requests (safety/security risk).
7. Facility Emergencies (flood, fire, etc.).
8. Incident(s) likely to generate media attention.
9. Life Threatening Emergencies
10. Death of a supervised person

Hours Defined:

1. Normal Business Hours: Monday-Friday 8:00AM-5:00PM. Excludes weekends and state holidays.
2. Off-Shift Hours: Monday-Friday 5:00PM-8:00AM
3. Weekends: Saturday and Sunday
4. State Holidays: Any state holiday as defined by the Connecticut Department of Administrative Services.

On-Call Delineations:

1. Normal Business Hours: Utilize the Parole Officer's state cell phone number. If the officer has not returned the call within 15 minutes, attempt to call again. If the officer has not returned the second call within 15 minutes, utilize the Residential Parole Supervisor's state cell phone number.
2. Off-Shift Hours: Utilize the Department's Answering Service, as delineated below.
3. Weekends: Utilize the Department's Answering Service, as delineated below.
4. State Holidays: Utilize the Department's Answering Service, as delineated below.

Answering Service Procedures:

1. The Phone Number for the Department's Answering Service is **1-855-553-2800**.
2. Providers utilizing the Answering Service should identify themselves, their program, their assigned Parole Officer and the nature of the issue:
"This is XXXX (Name of staff and HWH), a DOC contracted residential program, with an emergency call for PO XXXX. We need to have the officer paged for "an escape," "a police matter," "criminal behavior," etc.
3. If no response is received within 25 minutes, the provider will call the answering service again and ensure that progressive notifications have occurred (i.e. notification to the On-Call Parole Supervisor).

4. The answering service will make attempts to page the Parole Officer. If there is no response, their protocol is to contact the Residential Services Unit Parole Supervisor (Monday 8:00AM-Friday 5:00PM) or the On-Call Parole Supervisor (Friday 5:00PM-Monday 8:00AM).

Emergency Protocols

Policy: Each residential program shall establish and maintain protocols for handling emergency situations. Such protocols will include notification to local authorities (police, fire, ambulance), notification to CTDOC and evacuation protocols.

Requirements:

1. Local Authority Notification: See CTDOC's Notification Procedures Policy.
2. CTDOC Notification: See CTDOC's Notification Procedures Policy.
3. Evacuation: Procedures for any facility emergency (fire, flood, loss of power, etc.) that requires the full or partial evacuation of supervised persons shall include the following:
 - Pre-Identified Rally Points: Such locations should be established with safety and security in mind. If at all possible such locations should be secure.
 - Segregation of Populations: If the program is dual-populated, program staff shall attempt to segregate populations once evacuations have been completed.
 - Master Roster: During evacuation, staff shall take a copy of the master program roster when leaving the building as well as any documentation of supervised persons who are off-site at time of evacuation.
4. *Each program shall perform emergency drills not less than twice per year. Such drills shall include the supervised person population.
5. Each program shall forward their established emergency protocols to the Contracts Administration Unit (doc.caureports@ct.gov) upon establishment and anytime such is modified thereafter.

** Not applicable to scattered-site supportive housing programs.*

Death of a Supervised Person

Policy: Each contracted residential community program shall establish and maintain procedures for management of supervised person deaths. Such procedures shall adhere to CTDOC Administrative Directive 8.2, and shall address the following:

Death in the Program: If a supervised person death occurs within the program, program staff shall secure the scene, implement life-saving measures if appropriate, and implement emergency notifications procedures in accordance with the Notification Policy contained in this manual. Emergency personnel shall be notified, immediately followed by notification to the supervising Parole Officer.

Death while in the Community: If program staff are notified of a supervised person's death while on a community pass, the program shall immediately notify the supervising Parole Officer in accordance with the Notification Policy contained in this manual.

Next of Kin Notification: Under no circumstances shall program staff notify the supervised person's next of kin of a supervised person's death. All notification of the supervised person's death shall be handled by CTDOC staff, in accordance with Administrative Directive 8.2.

Handling of Property: In the event of the death of a supervised person, all supervised person monies, identification and property will be handled in accordance with the Unclaimed Properties and Supervised Person Monies policies contained in this Manual.

Physical Altercations

Policy: Each contracted residential community program shall establish and maintain policies and procedures for handling physical altercations. Such policies and procedures shall address the following:

Inmate on Inmate Altercation: If a physical altercation occurs between supervised persons, program staff shall immediately call 911. Program staff shall then secure the remaining supervised person population and give verbal direction to the supervised persons involved in the altercation to cease and desist. If the supervised persons cease fighting prior to emergency response arriving on scene, program staff shall segregate and secure all parties and follow program policies for instituting life-saving measures and/or basic First Aid. The supervising Parole Officer shall be notified immediately, as soon as the scene is safe.

Inmate on Staff Altercation: If a physical altercation occurs between a supervised person and a staff member, the remaining staff member shall immediately call 911, secure the remaining supervised person population and give verbal direction to the supervised person involved in the altercation to cease and desist. If the supervised person ceases fighting or the involved staff subdues the supervised person prior to emergency response arriving on scene, program staff shall segregate and secure the supervised person and follow program policies for instituting life-saving measures and/or basic First Aid. The supervising Parole Officer shall be notified immediately, as soon as the scene is safe.

Physical Intervention: Physical intervention by program staff in any physical altercation is at the discretion of the provider, in accordance with an established, written policy establishing the parameters of such. If provider policy allows for physical intervention of program staff, such policy must be forwarded to and approved by the CTDOC Contracts Administration Unit prior to implementation. In all cases, such policy will require annual, on-going training and certification of staff.

Medical Situation Policy

Policy: Each contracted residential program shall maintain policies and procedures for the handling of routine and emergency medical situations, and shall ensure that all program staff are properly trained on such. Such policies and procedures shall include the following:

Staff Training:

All providers shall provide standard CPR/First Aid training for all program staff, utilizing a recognized curriculum, and certified trainer for such. At a minimum, programs shall ensure that one (1) staff member with valid certification is on-site within the program for each shift.

Programs contracted to provide services to anyone under the age of 18 shall ensure that staff working within the program also receive Child CPR/First Aid training.

Life-Threatening Emergency Situation:

1. In the event of a life-threatening emergency, program staff shall immediately call 911.
2. After 911 has been notified, the non-affected supervised person population shall be secured.
3. After scene safety has been established, or if the secondary program staff member has assumed responsibility for securing the non-affected population, aid shall be rendered to the affected supervised person until emergency responders arrive.
4. Program staff shall notify the supervising Parole Officer immediately following 911 activation
5. If the supervised person has been transported to the hospital, program staff shall verify the person's presence and status of admission/discharge within two hours, then once per shift thereafter

Non-Life Threatening/Non-Emergency Medical Situation:

If the supervised person indicates he or she is unable to wait until the next business day to be seen by a medical professional, program staff will allow the supervised person to report to the emergency care center/hospital. If the supervised person has been transported to the hospital, program staff shall verify the person's presence and status of admission/discharge within two hours, then once per shift thereafter. If the supervised person is found to have left the center/hospital and fails to return to the program, the supervising Parole Officer shall be contacted immediately.

Once the supervised person has returned to the program, program staff shall take a copy of the emergency care center/hospital discharge documentation and place into the supervised persons file. Program staff will notify the supervising Parole Officer of the medical situation immediately via email or phone during business hours, and no later than 9:00 am on the following business day if occurring after hours.

Documentation:

Discharge Summary: Upon return from the emergency care center/hospital, program staff shall take a copy of the discharge summary. If the supervised person does not return to the program with such, it shall be the responsibility of program staff to assist the supervised person with immediate procurement. Such shall be kept on file in the supervised person's master file.

Medical Situation Documentation: Program staff shall document their notifications to and determinations made by emergency care center/hospital on an Incident Report and forward to the supervising Parole Officer.

Supervised persons shall not be prohibited from seeking emergency medical treatment if they indicate that their ailment is significant enough to warrant immediate treatment.

Medication

Policy: Each contracted residential community program shall maintain policies and procedures for the maintenance, storage and dissemination of supervised person medication. Such policies and procedures must, at a minimum, adhere to the following standards:

Over the Counter Medication: Supervised persons shall be allowed to utilize over the counter (non-prescribed) medications. Such medications may be kept on hand by the supervised person, or maintained and held by the program in accordance with program medication storage policies. This decision is at the discretion of the program. If kept on hand by the supervised person, the program may institute parameters and structure for such storage as it determines necessary.

Prescribed Medication: Supervised persons shall be allowed to utilize any prescribed medication, provided that such medication is prescribed by an authorized medical professional. Program policies and procedures may include a requirement that the supervised person provide a release of information authorizing program staff and/or CTDOC staff to communicate with the prescribing medical professional.

Medical marijuana prescribed to a supervised person by an authorized medical professional shall be obtained at an approved dispensary, in pill form only, and shall be stored and disseminated by the program consistent with all other prescribed medications.

*Any prescribed medication must be secured and documented by the program in accordance with the requirements below. Supervised persons will be allowed to carry certain prescribed emergency medications on their person, such as inhalers, epi-pens, nitroglycerin, etc. In such cases, the program will remain responsible for documentation of this medication.

Narcotics: Supervised persons shall be allowed to utilize narcotic medication, provided that such medication is prescribed by an authorized medical professional. Program policies and procedures shall include a requirement that the supervised person provide a release of information authorizing program staff and/or CTDOC staff to communicate with the prescribing medical professional. In such cases, the supervising Parole Officer shall be notified. Narcotic prescriptions shall be taken into account when administering drug tests. In instances when a nonnarcotic alternative is available, program staff and the Parole Officer will work with the supervised person and the prescriber to identify such.

***Storage:** Prescribed medications shall be stored by the program in a locked location. Such location shall not be accessible to supervised persons, and should be minimally accessible to program staff. Medication shall be grouped together by supervised person, and shall be clearly labeled in such a way as to minimize errors and ensure efficiency in dissemination.

***Dissemination:** Dissemination of medications stored by the program shall be conducted by program staff. Each program shall establish procedures for such dissemination that include established med call timeframes, verification of the medication to be disseminated, verification of the supervised person the medication will be disseminated to, verification of the dosage and verification of self-administration of the medication by the supervised person.

***Medication Logs:** Each program shall utilize a medication log to account for each supervised person's prescribed medication. Such log should include dosage, dates/times of supervised person self-administration and amount of medication remaining. Such log does not need to account for any over the counter medications. Program policies and procedures should also include a process for counting medications. At a minimum, such counts should be conducted for any controlled substances and/or narcotics.

If such counts show missing medication, such shall be documented on an Incident Report and forwarded to the supervising Parole Officer no later than the following business day.

***Noncompliance with Prescribed Medication:** Any noncompliance with prescribed medication shall be reported to the Parole Officer on the first business day following a supervised person's first refusal to self-administer his/her medication.

Non-reported Prescribed Medication: If a supervised person is found to be in possession of a prescribed medication that was not reported to program staff, such medication may be confiscated by program staff until such time as the prescription can be verified through the prescriber. In such cases, the Parole Officer will be notified as soon as possible on the following business day. Every effort should be made to verify the medication in a timely manner so as not to interfere with the continued treatment of the supervised person.

Unclaimed/Unused Medication: All reasonable attempts will be made to ensure that each supervised person discharges from the program with his/her medication. In such cases where the medication is not disseminated prior to discharge, the program will maintain a policy for destruction of such medication after thirty (30) days. Such policy will be in accordance with state and federal guidelines.

** Not applicable to scattered-site supportive housing programs.*

Narcan/Naloxone

Policy: Each programs shall maintain policies and procedures for Narcan/Naloxone storage, administration and staff training.

Storage: Additional Narcan/Naloxone kits shall be stored in an area readily available to staff in the event of a suspected overdose and in accordance with storage requirements (with particular attention to light exposure and temperature guidelines). Staff will monitor the condition of the Narcan/Naloxone Intranasal kit. If damaged or approaching expiration date, program staff will notify the supervising Parole Officer.

Administration:

1. In the event of a suspected overdose, staff shall immediately call 911 and adhere to the procedures outlined in the Medical Situation Policy.
2. After 911 has been notified, staff will, if appropriate, administer the nasal Narcan/Naloxone, and adhere to the procedures outlined in the Medical Situation Policy promulgated in this manual.
3. Once the scene is safe and all proper notifications have been made, staff will complete the Narcan/Naloxone Intranasal Usage Report (in addition to an incident report).
4. During all tours and head counts staff members shall have a Narcan kit on their person. During shift change, the kit will be inspected and turned over to the relieving staff member(s).

Training: Each provider agency shall develop and maintain standardized training procedures and ensure that program staff receive such training on an annual basis.

***Medication Assisted Treatment**

Policy: Each contracted residential community program shall accept supervised persons authorized by the Department for medication assisted treatment. Each program shall also maintain policies and procedures for monitoring such supervised persons and coordinating such services with the supervised person's authorized treatment provider. Such policies and procedures must, at a minimum, adhere to the following standards:

Eligibility:

1. Supervised persons who were participating in this treatment modality while incarcerated shall be identified as such at the time of referral to the program. In such cases, the program will be responsible for contacting the supervised person's local authorized community treatment provider to establish a community treatment schedule.
2. Supervised persons who were not participating in this treatment modality while incarcerated, but have been identified as being in need of such treatment in the community, will be eligible for such treatment. Program staff will inform the supervising Parole Officer, provided that such supervised person is eligible for Medicaid or possesses private insurance.

Requirements:

1. Program staff shall be responsible for establishing communications with the local community provider of such treatment to coordinate service provision to authorized supervised persons.
2. Program staff shall be responsible for standard accountability checks to ensure that the supervised person is attending all scheduled treatment sessions.
3. No graduated sanction or discipline shall interfere with the supervised person's established treatment schedule.
4. Programs may be required to store authorized medications for dispensing during weekends and holidays. In such cases, medication shall be stored in accordance with the program's established medication storage policy and shall be dispensed in accordance with the Medication policy in this manual.

Any supervised person found by program staff to have stopped treatment shall be reported to the supervising Parole Officer during normal business hours.

** Not applicable to scattered-site supportive housing programs.*

Drug Testing

Policy: Each contracted residential community program shall maintain policies and procedures for the mandatory drug testing of supervised persons. Such policies and procedures must, at a minimum, adhere to the following standards:

1. Drug tests shall include a minimum of a [5] Panel lab test.
2. Supervised persons shall be tested randomly not less than once per month.
3. Supervised persons shall be tested upon suspicion of drug use.
4. Alternative testing methods (i.e. oral swabs) may be utilized provided that if positive, such test is confirmed by a certified lab.
5. Drug testing shall be conducted by same gender staff. Policies must include procedures for non-routine testing by opposite gender staff, but standard testing should be performed by same-gender staff. For drug testing of Gender Non-Conforming persons, please review the Gender Non-Conforming Persons section of this manual.
6. Drug testing policies must include visual samples (by same gender staff only).
7. Policies shall allow for a supervised person's self-admission of drug use. If a supervised person admits to such, staff shall proceed with the drug test to include sending the sample for lab testing, but the supervised person's self-admission shall be documented on the CTDOC Voluntary Admission Form (CN6802), which shall be maintained in the supervised person's case file and sent to the Parole Officer on the following business day.
8. Synthetic drugs should be tested for as often as is feasible and if use is suspected.
9. All positive tests should be reported to the Parole Officer on the following business day.
10. If a supervised person tests positive for any illicit substance and is not remanded or removed from the program, the supervised person shall be placed on mandatory once per week testing until nanogram levels bottom out. If testing shows a spike in nanogram levels, such shall be treated as a new drug use and reported accordingly.

Policies shall include mandatory annual staff training for all staff on the provider's established drug testing procedures.

Physical Premises/Cleanliness

Policy: Each program shall be kept in good repair and shall meet basic cleanliness standards, as defined below.

Requirements:

1. The Department definition of cleanliness and maintenance for residential living space is as follows:

Interior Maintenance - The interior of the facility should be maintained in good repair and in a safe, clean, orderly and sanitary condition, free from all accumulation of dirt, infectious agents, and other impurities.

Structural Maintenance - The foundations, floors, walls, doors, windows, ceilings, roofs, staircases, porches, chimneys, and other structural elements of the facility should be maintained so that the facility excludes wind, rain, and snow, and is rodent-proof, watertight and free from chronic dampness, weather tight, in good repair, and in every way fit for the use intended. Further, every interior structural element should be maintained free from holes, cracks, loose plaster, or other defect which renders the area difficult to keep clean, or which constitutes an accident hazard or provides insect or rodent harborage.

2. *All programs shall establish daily schedules that include the completion of daily chores by each supervised person. Programs may choose to assign chores to supervised persons on a rotating basis or for the duration of the supervised person's stay, at the discretion of the program. Such assignments should not limit supervised person job search, employment, education, or treatment schedules.
3. Supervised persons may be utilized to perform basic maintenance activities (i.e. painting, grounds maintenance, small repairs, etc.), but such duties should not limit job search, employment, education, or treatment schedules.
4. Programs shall ensure that bedroom areas are kept free of clutter. Supervised person property, with the exception of shoes, furniture or storage containers, shall not be stored on the floor or under beds and shall be kept to a reasonable minimum on top of dressers.
5. Programs shall prohibit all perishable food items in non-common areas.

** Not applicable to scattered-site supportive housing programs.*

Property Matrix

Policy: Each contracted residential community program shall establish and maintain a supervised person property matrix. Such matrix shall adhere to the following parameters:

Clothing: Supervised persons shall be afforded the option of rotating their wardrobe on a seasonal basis, but for the duration of their residence, program staff shall limit supervised person clothing to the following:

- Pants: No more than five (5) pairs, to be inclusive of jeans/shorts/skirts
- Shirts: No more than five (5)
- Shoes: No more than three (3) pairs, to be inclusive of sneakers
- Sweaters/Sweatshirts: No more than two (2)
- Outerwear: No more than two (2) jackets/coats
- Hats: No more than three (3), to be inclusive of baseball caps
- Undergarments: No more than ten (10) of each

Personal Effects: Supervised persons shall not maintain any other effects beyond what can be reasonably stored in four (4) standard sized banker boxes. This shall include all property, personal hygiene products, correspondence and electronic devices.

Requirements:

1. All supervised person property shall be stored in program-approved storage mechanisms. No property shall be stored in garbage bags, boxes, on top of dressers or lockers, on floors or under beds.
2. If specific work attire is required, such may be approved in addition to the clothing matrix above, at the discretion of program staff.
3. Supervised persons shall be afforded the opportunity to send excess clothing/property home.
4. The program shall notice all residents that CTDOC is not responsible for lost, stolen or damaged property.

If the program has designated storage space, supervised persons may be offered the option of storing excess clothing/property in such space.

Unclaimed Property

Policy: Each program shall establish a policy for the dissemination of supervised person property. Such policy shall include notification to the supervised person upon admission of the program's unclaimed property guidelines, and shall include signed acknowledgement by the supervised person that he/she received such notification to be kept in the supervised person's master file.

Such policy shall, at a minimum address the following:

Retention Timeframe: All supervised person property left on-site after a supervised person's discharge must be retained by the program for a period of not less than thirty (30) days prior to redistribution, dissemination or destruction. All attempts to contact the supervised person and/or the supervised person's emergency contact shall be documented on the Unclaimed Property Form.

Inventory/Storage: Within 24 hours of supervised person discharge, any property remaining in the program must be secured and inventoried. Such inventory shall be taken utilizing the Residential Program Unclaimed Property Form, which must be retained permanently in the supervised person's file.

Successful Discharges: Reasonable attempts to contact the supervised person must be made, to include attempts to contact the supervised person's emergency contact. Property may only be released to the supervised person or his/her emergency contact. Unclaimed property after the retention timeframe may be redistributed, relinquished or destroyed at the discretion of the program.

Transfer to Other Program: In the event that a supervised person's property is not transferred with him/her when transferring to another community program, the program will first attempt to contact the program to which the supervised person transferred to make arrangements for the property. In such cases, the supervised person will have the option of allowing a family member on the supervised person's authorized visiting list to pick the property up. If the program to which the supervised person was transferred cannot be reached, the supervising Parole Officer will be notified prior to the completion of the thirty (30) day retention timeframe. Unclaimed property after the retention timeframe may be redistributed, relinquished or destroyed at the discretion of the program.

Remand Discharges: In the event of a supervised person's remand, property may be released to the supervised person's emergency contact. Reasonable attempts to contact this individual should be made during the retention timeframe. Unclaimed property after the retention timeframe may be redistributed, relinquished or destroyed at the discretion of the program.

Escape/Abscond Discharges: At no time shall a supervised person's property be released if he/she is in Escape/Absconder status. Any individual attempting to obtain the supervised person's property should be reminded that the supervised person is an active fugitive with an active warrant for his/her arrest. Should a supervised person surrender him/herself or become re-incarcerated within the retention timeframe, the property may be surrendered

to the supervised person's emergency contact. Unclaimed property after the retention timeframe may be redistributed, relinquished or destroyed at the discretion of the program.

Death: In the event of a supervised person's death, all reasonable attempts will be made to contact the supervised person's emergency contact, once authorized by CTDOC. Unclaimed property after the retention timeframe may be redistributed, relinquished or destroyed at the discretion of the program, unless alternative timeframes are specifically requested by CTDOC or an investigating law enforcement agency.

Monies: See Return of Inmate Funds Policy. Under no circumstances will the monies of a supervised person who has escaped, absconded and/or been remanded, be released to anyone other than CTDOC.

Identification

Policy: Each contracted residential community program shall establish and maintain policies responsible for the handling and the return of supervised person personal identification.

Supervised Person Identification: Personal identification includes but not is limited to: birth certificate, social security card; driver's license; state identification; learner's permit, social services identification card; military identification card; DD214 (Certificate of Release and Discharge from Active Duty) marriage certificate or divorce decree; passport, Certificates of Naturalization Form; and I-551-Permanent Resident Card (Green Card). Birth certificates and Social Security cards shall be securely stored by the program.

Unclaimed Identification: Supervised person identification left on-site after the discharge of a supervised person will be handled in accordance with the requirements below; ***under no circumstances is identification to be released to a supervised person's emergency contact or family/friend.*** If the identification cannot be turned over to a governing authority (i.e. another halfway house, Parole staff, CTDOC staff, the supervised person him/herself), the identification is to be returned to the issuing authority. It is CTDOC's expectation that specific program policies will include modalities to document the chain of custody related to identification.

Remanded Supervised Persons: All attempts will be made to ensure that all identification is transported with the supervised person being remanded, back to the appropriate CTDOC intake facility. If identification is not returned with the remanded supervised person, the program shall be responsible for returning all identification to CTDOC not more than seven business days after the supervised person's remand. ALL identification will be returned to: **CTDOC Re-Entry Unit / 24 Wolcott Hill Road / Wethersfield, CT 06109.** The program will include a summary of what identification is included in the mailing, the supervised person's identifiers (name/inmate number), what facility the supervised person was returned to (if known), and reason for return (i.e. remand, escape, etc.).

Escaped/Absconded Supervised Persons: Within seven business days of such, ALL identification will be returned to: **CTDOC Re-Entry Unit / 24 Wolcott Hill Road / Wethersfield, CT 06109.** The program will include a summary of what identification is included in the mailing, the supervised person's identifiers (name/inmate number), what facility the supervised person was returned to (if known), and reason for return (i.e. remand, escape, etc.).

Supervised Person Death: In such cases, the program will be responsible for returning the identification to the issuing/governing authority (i.e. Social Security Cards returned to the Social Security Administration Office, etc.)

Monies

Policy: It shall be the responsibility of each residential program to ensure that supervised person monies are handled in a fiscally responsible manner, that all mandatory supervised person obligations are met and that any supervised person receiving income establishes and maintains a savings account for the duration of his/her residence.

Subsistence:

1. CTDOC supervised persons shall not be charged rent until the supervised person has obtained a regular source of income.
2. Supervised persons shall not be charged back rent for any length of stay prior to receiving income.
3. If the supervised person stops receiving income, the program shall refrain from charging rent until a new source of income is established.
4. Rent shall not exceed 30% of the supervised person's net income, up to a maximum of \$100 per week.

Savings Accounts:

1. Each employed supervised person shall be required to establish a savings account upon employment.
2. Savings accounts shall be established utilizing one of the following methods:
 - In-House Account: The program shall account for all supervised person monies in-house. This function shall include depositing all monies into a program-held bank account, tracking all monies and disbursing monies in accordance with CTDOC and provider policies.
 - Joint Bank Account: The program shall establish a joint bank account in the name of the supervised person and the name of the provider. The account shall be administered by the program, and shall be turned over to the supervised person upon successful discharge from the program.
 - Individual Bank Account: The program shall ensure that each supervised person establishes a savings account at a local bank. The program shall be responsible for monitoring the financial activity of each account.
 - Bluebird Account: The program shall ensure that each supervised person establishes a Bluebird account. The program shall be responsible for maintaining and monitoring the financial activity of each account.

3. After all mandatory obligations have been met (taxes, rent, court mandated payments, victim services fund, etc.), the supervised person will transfer his/her remaining monies to the savings account.
4. Personal spending money will not exceed \$50 per week. If the supervised person can demonstrate a need requiring more than the \$50 allotment, additional money may be allocated, at the discretion of program staff.

Return of Supervised Person Monies:

1. All monies belonging to successfully discharging or transferring supervised persons shall be provided to the supervised persons at time of discharge. Under no circumstances shall monies be held by the program after a supervised person's scheduled discharge/transfer. If an unplanned discharge/transfer occurs, programs shall have not more than three (3) business days to provide the supervised person's account balance to him/her.
2. Under no circumstances shall supervised person monies be returned to anyone other than the supervised person or the CTDOC Inmate Trust Fund, unless otherwise mandated through authorized court order.
3. If the supervised person is discharged from the program for any reason other than successful discharge or transfer among programs (i.e. escape, abscond, remand, death, etc.), supervised person monies shall be returned to the CTDOC Inmate Trust Fund.
4. Such return shall be in the form of a check or money order, if the supervised person's account is held in-house by the program or if the supervised person's account is held jointly with the program.
5. Such return shall be in the form of the supervised person's passbook if the supervised person's account is not jointly held with the program.
6. All monies shall be returned to the CTDOC Inmate Trust Fund with accompanying documentation as to the name and inmate number of the supervised person, the program from which the supervised person discharged and the reason for such discharge, no more than ten (10) business days after such discharge: Department of Correction, Inmate Trust Fund, P.O. Box 290800, Wethersfield, CT 06129.

Smoking

Policy: The smoking of tobacco shall be prohibited unless in a program-designated, outdoor space. Smoking shall be limited to pre-packaged cigarettes, which shall be purchased by the supervised person or given to the supervised person by his/her family. All programs are encouraged to institute Smoking Cessation Programs for supervised person participation.

Requirements:

All program **facilities** shall be smoke-free, but shall establish a standard, **outdoor** smoking area, and shall adhere to a reasonable smoking schedule, taking into account the normal time periods between cigarettes experienced by smokers.

Supervised persons shall be afforded the right to utilize alternative methods of smoking (i.e. electronic cigarettes), although they should not be allowed to be utilized unless outside in the designated smoking area. Vaping devices are not allowed in the facility.

Programs may individually determine the modality for storage of cigarettes, whether by the inmate or through collection and storage by program staff. Program policies should not limit the consumption of cigarettes on a daily or weekly basis. Loss of smoking privileges may not be utilized as a graduated sanction, although inmates found to be smoking inside the program may have their smoking privileges temporarily revoked, at the discretion of program staff.

Cigarettes shall not routinely be considered to be contraband, nor shall supervised persons be drug tested for the presence of nicotine. However, smoking indoors shall be **strictly prohibited** and any supervised person found to be smoking inside may be subject to progressive discipline in accordance with program policy.

The smoking of marijuana is strictly prohibited on facility grounds.

Tobacco Free Environment

All contracted residential programs shall have smoke free facilities. However, some of our community partners have expressed a desire to create a Tobacco Free Environment, prohibiting the use of cigarettes or tobacco products anywhere on the grounds (inside or outside). If a decision is made by a contracting agency to adopt this option, please see below:

Policy: The use of tobacco products, by any person, shall be prohibited on the facility property. Residents and staff should also be prohibited from smoking in view of the program.

Requirements:

Tobacco Cessation support and/or education groups shall be conducted regularly and with an open enrollment, within the program for all residents with a history of tobacco addiction.

Each resident will be informed at intake of the facility's Tobacco Free Environment and the rules associated with it will be explained and provided to them in writing. Group participation shall be marketed in a supportive and encouraging way and shall not require complete cessation; stages of change will be supported by the program and the group.

Programs may individually determine the modality for storage of cigarettes, whether by the inmate or through collection and storage by program staff. Program policies should not limit the possession or use of tobacco products offsite.

The provider agency shall inform the Residential Services Parole Supervisor(s) that the program is adopting a Tobacco Free Environment.

Cigarettes shall not routinely be considered to be contraband, nor shall supervised persons be drug tested for the presence of nicotine. However, smoking indoors shall be **strictly prohibited** and any supervised person found to be smoking inside may be subject to progressive discipline in accordance with program policy.

***Possession of Cellular Phones**

Policy: Supervised persons shall be allowed to possess cellular phones, to include phones with camera and internet capability, unless specifically prohibited in the terms, conditions or stipulations of the supervised person's release.

Requirements:

1. Cell phones may be registered and paid for directly by the supervised person, or held in the name of a friend or family member on the supervised person's approved visiting list.
2. Cell phones must be registered with program staff and current passwords to access the phone and any protected applications must be kept on file with program staff. If the supervised person changes or adds a password, it must be provided to staff upon request.
3. Any supervised person choosing to maintain a phone must complete and sign the Residential Program Electronic Device Disclosure Form, a copy of which must be kept by program staff in the supervised person's file.
4. Cell phones that will be registered and paid for directly by the supervised person, may be restricted until the supervised person has obtained employment, and cell phone plans may be limited based on the supervised person's earnings, at the discretion of program staff.
5. Program staff shall not be authorized to search supervised person cell phones without prior, written approval from the Program Director in consultation with the assigned Parole Officer.

Programs may individually establish parameters for usage of cellular phones. Each program policy should address timeframes when the phone should be silenced (i.e. normal sleeping times), timeframes when the phone should be powered off (i.e. group counseling, etc.) and timeframes when the phone will be collected by program staff (if any).

Programs may utilize cell phones as a graduated sanction, but should not permanently restrict a supervised person from possessing a cell phone without specific, justified reason. When utilizing loss of cell phone privileges as a sanction, the Parole Officer must first be consulted.

Cell phones that are not registered with program staff may be considered contraband and confiscated by program staff, in accordance with program policy, either for the remainder of the supervised person's stay in the program or temporarily (in accordance with program policy). If confiscated for the remainder of the supervised person's stay, the phone must be returned to the supervised person at discharge.

Supervised persons refusing to release passwords to the phone and/or protected applications may have their phone confiscated either permanently or temporarily, at the

discretion of program staff. If confiscated permanently, such decision must be made in conjunction with and with approval of the supervising Parole Officer.

** Not applicable to scattered-site supportive housing programs.*

***Possession of Electronic Devices**

Policy: Supervised persons shall be allowed to possess electronic devices, to include gaming systems and tablets, to include devices with internet capability, unless specifically prohibited in the terms, conditions or stipulations of the supervised person's release.

Requirements:

1. Electronic devices may be registered and purchased directly by the supervised person, or by a friend or family member on the supervised person's approved visiting list.
2. All electronic devices must be registered with program staff and any passwords associated with the device must be kept on file with program staff, utilizing the Residential Program Electronic Device Disclosure Form. If the supervised person changes or adds a password, it must be provided to staff upon request. This information should be reflected in program policy and information regarding such should be provided to the supervised person at time of admission.
3. Purchase of such devices by the supervised person may be restricted until the supervised person has obtained employment, and established a sufficient balance in his/her savings account to afford such, at the discretion of program staff.
4. Program staff shall not be authorized to search such devices without prior, written approval from the Program Director in consultation with the assigned Parole Officer.
5. Possession of such devices must remain within established Property Matrix parameters.

Programs may individually establish parameters for usage of such devices. Each program policy should address timeframes for use and where systems may be utilized (i.e. common areas, bedrooms only, etc.).

Programs may utilize electronic devices as a graduated sanction, but should not permanently restrict a supervised person from possessing such without specific, justified reason. When utilizing loss of electronic device privileges as a sanction, the Parole Officer must first be consulted.

Electronic devices that are not registered with program staff may be considered contraband and confiscated by program staff, in accordance with program policy, either for the remainder of the supervised person's stay in the program or temporarily (in accordance with program policy). If confiscated for the remainder of the supervised person's stay, the device must be returned to an individual designated by the supervised person or maintained by the program and returned to the supervised person at discharge.

Supervised persons refusing to release passwords to the device and/or protected applications may have their device confiscated either permanently or temporarily, at the

discretion of program staff. If confiscated permanently, such decision must be made in conjunction with and with approval of the supervising Parole Officer. If the password is unknown, staff should not make any attempts to unlock or access the electronic device. The supervising Parole Officer should be contacted.

** Not applicable to scattered-site supportive housing programs.*

Contraband Policy

Policy: Each contracted residential community program shall establish an identified list of items considered to be contraband, as well as methods for collecting, storing and destroying such items and standard punishments/sanctions for possession of such. Alternatively, lists may be developed to delineate authorized items, with all other items to be considered contraband at the program's discretion. Such list, policies and procedures must, at a minimum, adhere to the following:

Contraband: Contraband is defined as an item that is not authorized to be in the program, any item that is authorized but used in an unauthorized manner and any item for which ownership cannot be established.

Any illegal substance or item and any weapon shall be considered contraband. If found, such shall be reported to the supervising Parole Officer immediately. All other items considered to be contraband shall be identified by the provider agency and listed as such in the provider's contraband policy. Such policy shall be submitted to the Contracts Administration Unit and updated as new items are identified by the provider. Items not delineated on the provider's contraband list shall not be considered contraband.

Note: When developing a standardized list of items to be considered contraband, provider agencies shall use the least restrictive approach possible for such development. Provider agencies should ensure that consideration is given to the fact that while safety, security and order must be paramount, residential community programs are not correctional facilities, and should generally be less restrictive than such (i.e. gum and candy should not be considered contraband).

Dissemination of Contraband List: All supervised persons shall be notified of items to be considered contraband upon admission to the program. When at all possible, contraband lists shall be included in the Program Handbook.

Disposal of Contraband: Each program will maintain standardized procedures for the disposal of contraband, to incorporate the following:

1. Illegal contraband and/or weapons will be disposed of at the direction of the supervising Parole Officer.
2. Any contraband that is legal, non-weapon and is of value must be logged by the program and the supervised person must be provided a property receipt. The supervised person must be given ten (10) days to have the item returned home to family, or choose to have it held at the program until discharge, otherwise the program shall handle the item in accordance with the requirements of the Unclaimed Property policy contained in this manual. This shall include unauthorized electronics and cellular devices. This shall not preclude program staff from utilizing progressive discipline for the possession of contraband items.
3. Money in excess of the supervised person's weekly allotment will be documented by the program as collected from the supervised person and returned to the supervised person's account.
4. Nuisance contraband may be disposed of as the program sees fit.

Any tools utilized by the supervised person for employment that could reasonably be considered weapons must be stored by the program upon the supervised person's return from work.

Safety and Security Searches Policy

Policy: Each contracted residential community program shall maintain policies and procedures that require routine and random searches of the facility and supervised persons to ensure safety and security of the program and to minimize the presence of contraband. Such policies and procedures must, at a minimum, adhere to the following:

Supervised Person Searches: Each program will maintain standardized procedures for the pat searching of all supervised persons. *At a minimum, such searches will be performed on all supervised persons upon return from community access and return from smoking breaks, if unsupervised.

Pat searches shall include an inspection of the supervised person's clothing and any item in the supervised person's possession. Reasonable accommodations shall be made to provide for same gender pat searches. When such accommodation cannot be made and a pat search is deemed essential without delay, then a cross gender pat search may be conducted. All cross gender pat searches of female person shall be documented on a program Incident Report. Pat searches of Gender Non-Conforming persons should be conducted in accordance with the Gender Non-Conforming Persons section of this manual.

Note: Provider programs are strictly prohibited from performing strip searches of any supervised person, for any reason. For these purposes, a strip search is defined as visual inspection of an unclothed person's body and body cavities.

Facility Searches: Facility searches shall occur at least twice per month or at any time when program staff believe there are grounds for such. Searches shall be performed by staff and shall include all facility locations (bedrooms, common areas, bathrooms, dining areas, outside grounds, vehicles, etc.) It is recommended that prior to the commencement of a facility search, the on-site supervised person population be congregated in one (1) common area, where they should remain, supervised by program staff, for the duration of the search.

Staff Training: Each provider agency shall develop and maintain standardize training procedures for each of the above referenced activities and shall ensure that program staff receive such training on an annual basis.

** Not applicable to scattered-site supportive housing programs.*

Gang Activity

Policy: Each residential program shall establish and maintain protocols for identification of gang activity and reporting of such to CTDOC. Such protocols will include the following:

Requirements:

1. House tours and normal program policing activities shall include inspection for gang colors, gang signs, gang-affiliated photographs, etc.
2. Staff training shall be inclusive of annual training overviews on emergent statewide/gang activity. Such training should include an overview of prevalent gangs in Connecticut, as well as modalities for identification of gang activity in the residential program.
3. Program staff shall not confront supervised persons about suspected gang activity, nor shall suspected items related to gang activity be confiscated, unless such items would normally be considered to be contraband.
4. Suspected gang affiliation or presence of gang symbols must be initially reported to the assigned Parole Officer during normal business hours.
5. Program staff should not contact any other CTDOC or law enforcement staff unless directed to do so by the assigned Parole Officer.
6. Requests for staff training on gang affiliation and activity shall be directed to the assigned Parole Officer who will facilitate such with the CTDOC Security Risk Group Coordinator.

Request for K-9 Presence

Policy: Residential programs may request utilization of Department K-9 Unit staff when pervasive drug use throughout the program is suspected.

Requirements:

1. No requests for utilization of K-9 Unit staff shall be made to the Department's K-9 Unit.
2. Any request for utilization of K-9 Unit staff shall be made through the supervising Parole Officer.
3. Approval of such request shall be at the discretion of the supervising Parole Officer. If approved, such use shall be coordinated by the supervising Parole Officer.
4. Use of Department K-9 Unit staff shall not negate the responsibility of the program to conduct independent policing of the program.

Victim Notification

Policy: Each residential program shall establish procedures that comply with the requirement for victim notification of a change in the status of any supervised person designated as having a victim by CTDOC. Such procedures will address the requirements delineated below.

Requirements:

1. Program staff shall be notified by CTDOC of such designation at time of referral.
2. Program staff shall ensure that such information is confidentially documented and kept on file.
3. Program staff shall contact the supervising Parole Officer (through established methods) immediately if the supervised person has escaped, absconded, become unaccountable in the community or at any point at which the whereabouts of the supervised person become unknown.

Note: If the supervised person has an approved community pass, the terms 'escape' and 'abscond' in this instance shall be consistent with normal parameters for such (i.e. supervised person is considered an escapee or absconder if more than two hours late in returning to program).

Note: If an accountability check is performed and the supervised person is found to be out of place in the community and is unable to be located, the two hour timeframe delineated above shall not apply.

4. The supervising Parole Officer is responsible for notification to the appropriate CTDOC authorities. Under no circumstances shall program staff contact the victim.

***Community Passes**

Policy: Each contracted residential community program shall maintain policies and procedures for the issuance of community passes for eligible supervised persons. Such policies and procedures must, at a minimum, adhere to the following standards:

Community passes may be issued for the following activities:

- **Employment:** Graduated sanctions may not include cancellation of passes for employment, and the length of the pass must not interfere with scheduled hours of employment.
- **Job Search:** Graduated sanctions may include restriction on passes for job search, on a limited basis. Such passes shall not exceed three (3) hours in length, unless prior approval from the supervising Parole Officer has been obtained.
- **Treatment Groups:** Graduated sanctions may not include restriction on passes for attendance at scheduled treatment groups, and the length of the pass must be sufficient so as not to interfere with such treatment.
- **Education:** Graduated sanctions may not include restriction on passes for enrolled education courses, and the length of the pass must be sufficient so as not to interfere with such courses.
- **Religious Services:** Attendance must be to an established, local religious institution. Graduated sanctions may include denial of passes for religious services, but in such cases, the program must make accommodations to allow a legitimate religious provider to come on-site to conduct services. Length of pass for religious service attendance must be reasonable based on the religious affiliation of the supervised person.
- **Pro-Social Activities:** Standard pro-social activities should be defined at the program level in conjunction with the Parole Officer, but may include: shopping, community activities, etc. Graduated sanctions may include denial of passes for pro-social activities. Length of pass should be appropriate for the activity being performed. Anything over four (4) hours should not be approved without prior consultation with the supervising Parole Officer.

Requirements:

1. Victim Notifications, co-defendants, “No Contact Orders” and prior criminal history shall be taken into account when considering applications for community passes.
2. Community pass length should be based on a reasonable determination of the length of time it will take to complete the requested task, incorporating reasonable timeframes for travel to/from the program.

3. Program staff are responsible for ensuring the existence of requested establishments (i.e. request to shop at a specific store, or request to job search at a specific location should be verified).
4. Issuance of multiple passes per day is at the discretion of the program, but should not be concurrent (i.e. supervised persons are required to return to the program prior to the expiration of each pass before leaving again on a new pass).
5. Programs shall not be required to issue a paper pass for supervised person retention while in the community, but programs shall be required to maintain documentation with supervised person signature of their understanding of pass parameters (i.e. authorized locations, time of required return, etc.).

Supervised persons shall be considered to be escaped if they are more than two (2) hours late in their return to the program, with no communication to program staff. If an accountability check is conducted and the supervised person is found to be out of place, such should be communicated to the Parole Officer, in accordance with established procedure.

If a supervised person returns to the program after an escape/abscond has been reported, the program shall not turn the supervised person away. The supervised person will be allowed back into the program and the Parole Officer will be contacted immediately. If allowing the supervised person access into the program presents an immediate safety and/or security issue, program staff shall contact 911 for an immediate response and then contact the Parole Officer.

** Not applicable to scattered-site supportive housing programs.*

***Inmate Correspondence Policy**

Policy: Each contracted residential community program shall establish and maintain procedures that allow inmate communication by mail, telephone and in person. Such procedures shall not allow for correspondence between inmates, except as provided below:

Privileged Communication: Privileged communication is defined as any telephone call or written correspondence addressed to or received from federal, state and local elected and appointed officials, including but not limited to the following:

1. Any judge or court, including the clerk of the court.
2. The Governor.
3. The members of the Legislature.
4. The Attorney General.
5. The Commissioner of Correction or any Department official appointed by the Commissioner.
6. The Board of Pardons and Paroles.
7. The Sentence Review Board.
8. The Commission on Human Rights and Opportunities.
9. The State Claims Commissioner.
10. Elected government officials.

"Privileged communication" shall also mean any telephone call or any written correspondence addressed to or received from attorneys. The word "attorneys" shall include organizations providing legal services to inmates.

All such communication shall be logged by the program when received and when disseminated to the supervised person.

Correspondents: An supervised person may correspond with anyone except:

1. An identified victim of the supervised person.
2. Any person under the age of 18 when the person's parent or guardian objects in writing to such correspondence.
3. Another supervised person regardless of facility, unless the supervised person in question is an immediate family member and such correspondence is authorized by the supervising Parole Officer and the Unit Administrator of the incarcerated family member. In such cases, an approved Inmate to Inmate Correspondence Form must be on file prior to the correspondence ensuing.
4. A parolee or supervised person on community supervision without the express permission of the assigned Parole Officers.
5. Any person to whom the supervised person is restrained from writing by court order.

** Not applicable to scattered-site supportive housing programs.*

***Visiting**

Policy: Each contracted residential community program shall maintain policies and procedures that provide opportunities for supervised persons to visit with their families. Such policies and procedures must, at a minimum, adhere to the following standards:

Authorized Visiting List: Supervised persons shall only be authorized to receive visits from individuals on their CTDOC-approved visiting list.

Visiting Applications: Applications for individuals not on the current CTDOC visiting list shall be submitted to the assigned Parole Officer or Correctional Counselor for review and approval. Such applications must be submitted on the authorized CTDOC Visiting Application (CN 100601), a copy of which is available on the CTDOC website.

Frequency/Length: Visiting hours may be established at a frequency determined by the program, but must occur not less than once per week and must be available for not less than one (1) hour. Size of the program should be considered in establishment of visiting frequency and length. In all cases, a valid identification must be presented by any adult visitor at time of program visit.

Structure: Visits should be structured in a manner conducive to social re-unification. Where at all possible, visits should occur informally in an area that affords the supervised person opportunities to connect with his/her family. This includes the ability for physical contact with the supervised person's children.

Visits shall be supervised by program staff.

Note: In such cases where the program also houses sex offenders with a no minor contact stipulation, requests for youth visitation with non sex offender residents shall be submitted to the supervising Parole Officer and the Special Management Unit Parole Officer for determination on a case by case basis.

** Not applicable to scattered-site supportive housing programs.*

***Family Reunification Pass Policy**

Policy: Each residential program shall establish standard procedures that allow supervised persons to apply for the Family Reunification Pass. Such procedures will be in accordance the following:

Family Reunification Eligibility: Any supervised person residing in a contracted community residential program shall be eligible for consideration for participation in the Family Reunification Program. Approval for participation is at the discretion of the CTDOC Parole and Community Services, Residential Unit. To be eligible for consideration, a supervised person must:

1. Have positive program participation for thirty (30) days.
2. Be employed for at least thirty (30) days; be enrolled full or part time in school (Verification of enrollment and transcripts must be provided.); or be enrolled in a certified and registered vocational training program, LLC- Limited Liability Company.
3. Not be serving the mandatory portion of a sentence for Driving While Intoxicated or driving under suspension offense that originally was related to Driving While Intoxicated.

Sponsor Suitability: Prior to submission of an application for participation in the Family Reunification Program, program staff shall ensure that the requested sponsor information meets the requirements below:

1. Sponsor must be an immediate family member (legal spouse, parent, grandparent, child, grandchild, or sibling to include step/foster).
2. Sponsor shall not be a CTDOC employee except an immediate family member.
3. Sponsor shall not be a co-defendant or victim unless approved by the Director of Parole and Community Services or designee.
4. Sponsor shall not have an outstanding criminal sanction or criminal justice supervision except immediate family as defined above.
5. Sponsor shall be responsible and a positive influence.
6. Sponsor shall sign Form #41705, Family Reunification Program Sponsor Questionnaire/Agreement and agree to immediately notify the program of any violations.

Frequency and Duration: The following incremental increases and duration shall be standard on all Family Reunification Program passes:

1. One eight (8) hour pass per week for the first two (2) weeks
2. One twelve (12) hour pass per week thereafter

Program Responsibility:

1. Program staff must provide a log of anyone participating in the Family Reunification Program by 1:00 pm on Wednesday of the previous week leading up to the pass to the supervising Parole Officer. Such log shall be provided via e-mail.
2. The program must provide the written pass to the supervised person, who must carry it on his/her person at all times while participating in the Family Reunification Program and return it to program staff upon return.
3. Program staff must make random curfew checks on all supervised persons utilizing the procedures delineated in the Accountability Check Policy contained in this manual.
4. Program staff shall conduct a toxicology test on each supervised person upon return to the program and report any noncompliance immediately to the supervising Parole Officer in accordance with the On-Call Procedure delineated in this manual.
5. Program staff shall have the right to coordinate revocation or modification of a supervised person's approval for participation in the Family Reunification Program, based on program noncompliance and with the approval of the supervising Parole Officer.

** Not applicable to scattered-site supportive housing programs.*

***Employment Accountability Checks**

Policy: Each residential program shall establish procedures for the periodic verification of a supervised person's employment and attendance during reported working hours. Such procedures will be established to account for the following requirements:

Requirements:

1. Program staff shall establish a mechanism to verify, with the employer, the supervised person's employment and established working hours (if known).
2. Program staff shall require a weekly schedule of the supervised person's scheduled work hours.
3. Program staff shall compare such schedule to the supervised person's pay stub on a weekly or bi-weekly basis.
4. Accountability checks will be performed, at a minimum, once per week. Such checks may be accomplished either physically or telephonically.
5. Accountability checks must be as discreet as possible, and should be conducted in a professional manner.

** Not applicable to scattered-site supportive housing programs.*

***1099 Employment**

Policy: Supervised persons shall not be prohibited from securing employment that registers them as 1099 employees. In such cases, all programs shall follow the requirements below:

Requirements:

1. The program shall verify that the potential employer is a valid, recognized business. If the program has concerns about the viability of the potential employer, the supervising Parole Officer shall be consulted.
2. The program shall complete the 1099 Employment Waiver and shall require the supervised person to sign the waiver. Once signed, the waiver shall be kept in the supervised person's master file.
3. The program shall remain responsible for assisting the supervised person with financial planning to prepare for taxes owed at the end of the year.
4. The program shall remain responsible for all accountability checks, in accordance with the Accountability Check Policy contained in this manual.

** Not applicable to scattered-site supportive housing programs.*

Program Transportation

Policy: All programs will be responsible for transportation to/from medical appointments, court and other legal obligations. Inpatient programs will be responsible for transportation of the supervised person when transferring to another contracted residential program. Programs should also strive to provide transportation arrangements for pro-social activities when possible.

Requirements:

1. Provision of transportation may include provision of bus passes provided to the supervised person when program transportation is not feasible.
2. Bus passes may not be utilized for supervised persons transferring between residential programs.
3. Bus passes may not be utilized in cases where the immediate health of the supervised person is of concern, but does not warrant calling emergency services.
4. No transportation shall occur in privately owned staff vehicles; only program vehicles may be utilized.
5. Each program must follow its established agency policies when assigning staff drivers.
6. When at all possible, transportation should include two (2) program staff members.

Gender Non-Conforming Policy

Gender Non-Conforming (GNC): Gender identity and/or expression that does not conform to those typically associated with a person's biological sex.

Gender Non-Conforming Management Plan (GNCMP): Management plan approved by the Commissioner and/or designee based on recommendations of the Gender Non-Conforming Review Committee, addressing the unique management needs of an individual identifying as gender non-conforming, and/or having an intersex condition.

Intersex: A person whose sexual or reproductive anatomy or chromosomal pattern does not fit typical definitions of male or female.

Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different than the person's assigned sex at birth.

Transgender female: A person whose birth sex was male but who understands herself to be, and desires to live her life as, a female. **Transgender male:** A person whose birth sex was female but who understands himself to be, and desires to live his life as, a male.

CTDOC will advise program staff of all supervised persons classified as Gender Non-Conforming (GNC) and provide the Gender Non-Conforming Management Plan (GNCMP) at the time of referral.

The contracted provider shall review custodial management recommendations regarding personal care items, rooming, showering, pat searches, and collection of urines for toxicology testing as identified in the GNCMP. The contracted provider shall include a plan for implementing GNCMP custodial recommendations in the supervised person's ISP. GNCMP recommendations regarding pat searches and collection of urine samples for toxicology testing shall be generally applicable except in exigent circumstances.

Any supervised person with a GNCMP shall be addressed by program staff in a manner that is consistent with the individual's gender identity.

***Employment as a Driver**

Policy: Supervised persons shall not be prohibited from securing employment that requires them to drive as a condition of employment.

Requirements:

In such cases, prior to accepting an offer of employment that requires the supervised person to drive, the following steps shall be completed:

1. Supervised person shall complete and submit the Residential Program Driving for Employment Request Form to his/her assigned program case manager.
2. Program staff shall review the information provided on Residential Program Driving for Employment Request Form. If the information does not meet the minimum requirements of this policy, program staff will deny the request. If the information meets the minimum requirements of this policy, program staff shall verify the information on Residential Program Driving for Employment Request Form with the potential employer, and shall take a copy of the supervised person's driver's license.
3. Program staff will review the information on Residential Program Driving for Employment Request Form with the supervising Parole Officer. The Parole Officer will verify the validity of the supervised person's driver's license and make a final determination as to approval/denial of the request.
4. Upon confirmation of the validity of the Request by the Parole Officer, the program will document such approval and retain the Residential Program Driving for Employment Request Form in the supervised person's case file.
5. If at any point in time, information is received that the supervised person's approval to drive for employment purposes is no longer safe or compatible with the welfare of society; this information will be reviewed immediately with the supervising Parole Officer. Approval to drive for employment purposes may be immediately rescinded by the supervising Parole Officer if it is no longer deemed appropriate.

Minimum qualifications for employment that requires driving:

1. Driving occurs during work hours only.
2. Driving is limited to within the State of Connecticut, unless prior written approval has been obtained from the Parole Officer.
3. Driving does not violate any terms, conditions or stipulations of the supervised person's release.
4. Supervised person possesses a valid driver's license with appropriate endorsements for the type of driving being performed.
5. Potential employers carry liability and general insurance sufficient for the duties being performed.

** Not applicable to scattered-site supportive housing programs.*

On-Site Vehicles

Policy: Each residential program shall establish policies that allow supervised person residents to maintain a properly registered vehicle on-site for the duration of their residence. Such policies shall be established within parameters delineated below.

Exceptions:

Residential In-Patient, Mental Health and Sex Supervised person Treatment Programs are exempt from this policy.

Programs demonstrating a logistical reason for not allowing vehicles to be maintained on-site, may request exemption from this policy. Such exemption will be granted by the Residential Parole Supervisor. The only acceptable reason for such request is location of the program and parking restrictions.

Procedure for Requesting Approval:

Each program may establish the parameters and goals that each supervised person must meet and maintain prior to being eligible for maintaining a vehicle on-site. Such parameters and goals must be clearly defined to all supervised persons. The following steps shall be followed for the request to allow a vehicle to remain on-site:

1. Supervised person shall complete and submit the Residential Request for Vehicle On-Site Form to his/her assigned program case manager.
2. Program staff shall review the information provided on the Residential Request for Vehicle On-Site Form. If the information does not meet the minimum requirements of this policy, program staff will deny the request. If the information meets the minimum requirements of this policy, program staff shall verify the information on the Residential Request for Vehicle On-Site Form and take copies of the information required below.
3. Program staff will review the information on the Residential Request for Vehicle On-Site Form with the supervising Parole Officer. The Parole Officer will verify the validity of the supervised person's driver's license and make a final determination as to approval/denial of the request.
4. Upon approval by the Parole Officer, the program will retain and file the Residential Request for Vehicle On-Site Form.

Provider Policies:

1. Provider policies shall include modalities for specific supervised person request to utilize vehicles. Driving is limited to program-approved activities only (i.e. employment, treatment, medical appointments, pro-social activities, etc.).
2. Provider policies shall include modalities for verifying mileage to/from approved locations.

3. Provider policies shall include modalities for vehicle searches that provide for routine, random searches of the vehicle.
4. Program staff shall retain possession of vehicle keys when the vehicle is not in use.
5. Provider policies will include supervised person (signatory) acknowledgement of dissemination practices should the supervised person be remanded or escape/abscond. Such policies will include the opportunity for the supervised person to arrange for pickup of the vehicle, or, if registered to another individual, contact of such individual to arrange for pickup.
6. Provider policies may include towing and impounding if driving privileges have been rescinded, and/or supervised person has discharged and no one has picked up the vehicle, if such vehicle is not picked up after a period of [7] days.

Along with the Residential Request for Vehicle On-Site Form, the provider shall take copies of the following documents and maintain them with Residential Request for Vehicle On-Site Form in the supervised person's case file:

1. Driver's License: License must be checked to verify name and photo match that of the requesting inmate. License must be checked to verify nonexpiration.
2. Proof of Insurance: Document must be checked to verify nonexpiration.
3. Registration: Document must be checked against vehicle identification number, year, make and model.
4. If the vehicle is not owned and registered by the supervised person, the Residential Request for Vehicle On-Site Form shall include signature by the vehicle's owner.

Requirements:

1. Supervised person must have resided in the program for not less than seven days prior to being eligible to drive a personal vehicle.
2. Driving is limited to within the State of Connecticut, unless prior written approval has been obtained from the Parole Officer.
3. Driving does not violate any terms, conditions or stipulations of the supervised person's release.
4. Supervised person shall be prohibited from transporting any other individual (i.e. program staff, supervised person residents, general public, etc.).
5. Driving privileges may be utilized as a graduated sanction, but such use may not impact driving to/from employment without authorization of the Parole Officer.
6. It has been determined that public transportation is not available and/or practical (i.e. supervised person works a significant distance away, works off-shifts, etc.).

Progressive Discipline and Incremental Sanction Policy

Policy: Each provider agency shall establish standardized processes to address and document the behavior of supervised persons residing in contracted residential community programs. Such processes shall adhere to the following general principles:

Philosophy: When selecting an intervention, the least restrictive measure(s) shall be implemented in order to achieve the goals of supervision and successful reintegration. An intervention should be appropriate and purposeful, timely, enforceable, progressive and realistic in accordance with the severity of the supervised person's behavior.

Timeliness: The timeliness of an applied intervention is a critical factor in managing the supervised person's behavior. As such, any intervention or discipline shall be administered as soon as is practicable.

Documentation: Program staff shall document all progressive discipline instances as required by the Records and Documentation Policy contained in this manual.

Notification: Program staff shall notify the supervising Parole Officer of all instances of progressive discipline during normal business hours or in accordance with the Notification Policy contained in this manual.

Grievance and Administrative Remedy Policy

Policy: Each contracted residential community program shall establish standard policies for the submission, review, determination and CTDOC notification of supervised person grievances. Such policies must, at a minimum, adhere to the following:

In-House Requirements:

1. Each program shall designate a Grievance/Administrative Remedy Coordinator.
2. Each program shall provide locked boxes for the submission of supervised person grievances. Only the Program Director and the Grievance/Administrative Remedy Coordinator shall have access to such boxes. Such boxes shall be checked not less than once per day.
3. Each grievance shall be reviewed and remedied or responded to in a timely manner and in accordance with agency policy.
4. All grievances shall be reported to the supervising Parole Officer, via e-mail, in a timely manner.

Any supervised person choosing to file a CTDOC grievance shall follow the procedures for such, as delineated in CTDOC Administrative Directive 9.6 (Inmate Administrative Remedies). Such grievances shall be submitted to the designated CTDOC Parole and Community Services, Residential Unit Administrative Remedies Coordinator, no later than the following business day.

Halfway House Agreement

For the duration of my residence in a halfway house, I agree to the following:

- I will not leave the physical confines of the halfway house (HWH) unless authorized by program staff or Parole. I will only go to the locations indicated on an approved community pass unless changes have been authorized by staff.
- I will return to the HWH from community pass at my scheduled return time. If I am unable to do so, I will call program staff to explain why I am expected to be late and to receive a new return time.
- If I am missing forms of identification upon admission to the HWH, I will work with program staff to obtain such identification without unnecessary delay.
- Upon securing employment, I will provide a copy of every paystub. I will immediately notify program staff of any changes to my employment.
- Once I have obtained a source of income, I will save money and pay fees to the program as required. If I choose to open my own bank account, I will advise program staff. I understand that I do not need to provide my personal account information, but I must review the transaction history with program staff as requested to monitor my compliance. I will not have more than \$50 in my possession without prior permission. If I need to withdraw a larger sum of money, I will make this request in advance to program staff and/or Parole.
- I will not operate a motor vehicle, nor will I be a passenger in a vehicle without prior written approval from Parole.
- I will treat others with respect and not engage in verbal or physical altercations with other supervised persons, staff, or third parties.
- I may not use tobacco products within the HWH. I may only smoke in designated areas at designated times. I will not possess vape pens inside the HWH.
- I will not consume or possess alcohol or marijuana in the HWH. If I am prescribed medical marijuana, I will obtain this medication from an authorized dispensary in pill form only. Medical marijuana will be stored and disseminated by program staff consistent with all other prescribed medications.
- I will take all prescribed medications as directed.
- I understand that these expectations apply to me regardless of my release status.
- I have read, understand and agree to comply with the program rules during my period of residence in a CT Department of Correction Halfway House.

Supervised Persons Printed Name/Signature/DOC #

Date Signed

Witness Signature

Date Signed



**Voluntary Admission of Positive Test Result for
Prohibited Substance**
Connecticut Department of Correction

REV 1/23/15

Inmate name:	Inmate number:	
Halfway House Program Name:		
Substance:	Date:	
Name of staff conducting test:		
Staff signature:		
<p>Positive Field Test Result/Voluntary Admission of Use</p> <p>Any admission recorded below is given voluntarily and without duress or coercion. I admit to having used one (1) or more of the following prohibited substances in the last 30 days.</p>		
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Barbiturates
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Phencyclidine (PCP)	<input type="checkbox"/> Restricted medication	
<input type="checkbox"/> Other (specify):		
Inmate signature:	Date:	
Parole Officer/ Program Staff signature:	Date:	



Connecticut Department of Correction
PAROLE AND COMMUNITY SERVICES DIVISION RESIDENTIAL UNIT
Residential Program Electronic Device Disclosure Form

To be completed and kept on file with supervising Parole Officer and in supervised person case file at the Program of residence.

Supervised Person Information:

Table with 4 columns: Program Name, Admit Date, Inmate Name, Inmate #, Cell Phone #, Request Date

Cell Phone/Electronic Device Information:

Table with 4 columns: Make/Model/Color, Registered To, Carrier, Contact #, Monthly Cost, Paid By

Cell Phone/Electronic Device Passwords:

Table with 4 columns: Phone Password, Application, Electronic Device Password, Password

Terms of Use:

- 1. I agree to provide staff with my cell phone number.
2. I am aware that my signature below provides authorization for the search of the contents of my cell phone or electronic device by authorized program staff and/or CTDOC staff for the purpose of ensuring safety and security.
3. I will report any changes to my cell phone services including phone number changes to staff immediately.
4. I am responsible for properly securing my cell phone or electronic device when not in use. CTDOC is not responsible for lost, damaged or stolen property.
5. I will not use my cell phone during times restricted by the Program policy.
6. I am financially responsible for my cell phone or electronic device, unless otherwise delineated on this form. If that changes, I will immediately notify staff.
7. I will not use my cell phone or electronic device for any illegal activity.
8. I will not possess any sexually explicit or sexually stimulating material of any type.
9. I will not interfere with the creation, alteration or destruction of any record of my cell phone or electronic device use without approval.
10. I will not photograph or record any portion of the program, program staff or other residents at any time.
11. I will surrender my unlocked cell phone or electronic device to staff upon request.
12. I will only possess one cell phone which shall remain registered with the program.
13. I understand that violation of any of these terms or those contained in the Program Cell Phone Policy or Program Electronic Device Policy may result in confiscation of my cell phone or electronic device, either permanently or temporarily.
14. I understand that possession of a cell phone or electronic device is a privilege that may be suspended based on my conduct in the program.

By signing this document, you agree to abide by the above-referenced conditions and terms and understand that any violation of these terms or the Program Cell Phone Policy are a breach of this agreement and will result in progressive discipline.

APPROVALS:

Table with 3 columns: Inmate, Program Staff, Director/Supervisor, Date



STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION
 PAROLE AND COMMUNITY SERVICES DIVISION
 286 SHELDON STREET
 HARTFORD, CONNECTICUT 06105

Inmate to Inmate Correspondence

To: Warden _____

From: Parole Supervisor _____

 Signature of Requesting Parole Supervisor/Designee

 Date

An inmate at one of our contracted Department of Correction halfway houses has requested permission to correspond with an immediate family member (as defined in A.D. 10.7) who is an inmate at your facility. We have approved our inmate's request and we are forwarding it to your office for consideration along with verification of the relationship.

HWH inmate: _____ Inmate #: _____

Facility inmate: _____ Inmate #: _____

Relationship: _____

 Signature of Person Verifying Information

 Title

 Date

 TO BE COMPLETED BY THE RECEIVING FACILITY'S WARDEN/DESIGNEE

_____ Above request is granted

_____ Above request is denied for the following reason(s):

 Signature of Receiving Warden/Designee

 Receiving Facility

 Date

Important: Please note that if either inmate is transferred to another Correctional Facility, the inmates are required to resubmit their request for Inmate to Inmate Correspondence to their respective Warden.



Visiting Application

Connecticut Department of Correction

CN100601/1
REV 10/23/13

Inmate name:	Inmate number:
--------------	----------------

Facility/Unit:

The inmate named on this form has requested permission to place you on the inmate's approved list of visitors. To process this request, you must supply the information required on this form. If you fail to complete and sign this form, or supply false information, the visiting request will be denied. Denials may be appealed in writing by the proposed visitor to the Unit Administrator within 10 days of notification of denial.

Visitor full name:	Visitor date of birth:
--------------------	------------------------

Maiden name or previously known as (if applicable):

Visitor street address (a post office box is unacceptable), with city, state and zip code:

Visitor telephone number, including area code:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> female
--	---

Visitor relationship to the inmate:

Any visitor, under the age of 18, must be accompanied by an authorized adult member of the immediate or expanded family or an adult properly authorized by the Department of Children and Families, who also must complete a visiting application. If you are under the age of 18, you must supply the following additional information:

Full name(s) of parent(s) or guardian:

Street address (a post office box is unacceptable), with city, state and zip code:

Parent or Legal Guardian authorization for expanded family member to accompany a person under the age of 18.

By affixing my signature below, I certify that I am the Parent/Legal Guardian of the minor child listed above. I hereby grant my approval for the child listed above to visit the inmate listed on this application in a Correctional facility. I am not aware of any legal prohibition against such visitation between the child and the inmate.

Signature	Date
-----------	------

ANSWER THE FOLLOWING QUESTIONS:

1. Have you been convicted of a crime to include fines, probation or a suspended sentence? Yes No (if no, proceed to question no. 5)

2. If so, where?	When?	Sentence?
------------------	-------	-----------

3. Are you now on probation? Yes No (If yes, explain):

4. Are you now on parole? Yes No (If yes, explain):

5. Are you on any other visiting list? Yes No (if no, proceed to question no. 8)

6. If so, whom?

7. At what correctional facility?

8. Are you currently an approved Department of Correction (DOC) volunteer? Yes No

9. Are you a current or former DOC employee? Yes No (If yes, explain below):



Visiting Application

Connecticut Department of Correction

CN 100601/2
REV 10/23/13

10. Do you have a disability requiring a special accommodation? (If yes, explain below): Yes No

11. Are you presently or have you ever been a victim involving the above inmate?
(If yes, explain below): Failure to disclose this information may exempt you from visiting and/or sending in money to the inmate named on this form. Yes No

12. Are you presently using a pacemaker or defibrillator? Yes No

If you answered 'yes' you will be required to provide medical documentation signed by a licensed healthcare provider. If you answered 'yes' and do not provide the signed medical documentation, your eligibility to visit will be based upon the discretion of the Unit Administrator.

I hereby request that I or the child listed above be placed on this inmate's approved list of visitors. I acknowledge that I have read and understand the inmate visiting rules specified attached to this application. I also understand that supplying false information will lead to the denial of this request.

Signature:

Date:

RETURN THIS FORM WITHOUT DELAY TO:

Staff name and title:

Date:

Facility name and address:

DO NOT WRITE BELOW THIS LINE - FACILITY USE ONLY

The individual's request to be placed on the inmate's visiting list is hereby: **APPROVED** **DENIED**

Reason for approval/denial:

Staff name:

Title:

Staff signature:

Date:



Connecticut Department of Correction
PAROLE AND COMMUNITY SERVICES DIVISION RESIDENTIAL UNIT
Residential Program 1099 Employment Waiver

To be completed and kept on file in offender case file at the Program of residence.

Offender Information:

Program Name:		Admit Date:	
I/M Name:		Inmate #:	
Cell Phone #:		Request Date:	

Employer Information:

Employer Name:		Supervisor:	
Employer Address:		Work Cell #:	
Employer Phone:		Offender Hire Date:	

Offender Terms of Use:

1. I certify that the information I have provided to program staff is valid and accurate.
2. I certify that the employer delineated above is a viable business performing licensed, authorized duties.
3. I understand that due to my status as a 1099 employee, my employer is under no obligation to withhold state or federal taxes from my pay and that I am responsible for reporting and filing my earnings to the state Department of Revenue Services and the federal Internal Revenue Service on an annual basis.
4. I understand that my employer will provide information regarding my earning to the state and federal regulatory agencies on an annual basis.
5. I understand that it is my responsibility to follow a financial plan throughout the year to ensure that I maintain adequate resources to pay any taxes that I owe to the state and federal government.
6. I understand that it is my responsibility to notify program staff and my Parole Officer of any change in the status of my employment immediately.
7. I understand that neither the program or provider delineated above or the Connecticut Department of Correction are responsible for payment of any taxes owed by me as a result of my employment as a 1099 employee.

The offender delineated above understands that sole liability for financial planning, filing and payment of all taxes owed to the Connecticut Department of Revenue Services and/or the Internal Revenue Service lies with the offender. The State of Connecticut, the Connecticut Department of Correction and the parent agency and program delineated above assume no liability for any actions occurring as a result of this agreement.

By signing this document you, the offender, agree to abide by the above-referenced conditions and terms and understand that any violation of these terms are a breach of this agreement and will result in progressive discipline.

APPROVALS:

Inmate:		Date:	
Staff:		Date:	
Supervisor:		Date:	



Connecticut Department of Correction
PAROLE AND COMMUNITY SERVICES DIVISION RESIDENTIAL UNIT
Residential Program Driving for Employment Request Form

To be completed and kept on file in offender case file at the Program of residence.

Offender Information:

Program Name:		Admit Date:	
I/M Name:		Inmate #:	
Cell Phone #:		Request Date:	

Employer Information:

Employer Name:		Supervisor:	
Employer Address:		Work Cell #:	
Employer Phone:			

Offender Employment Information:

Offender Hire Date:	
Offender Driver's License #:	
Offender DL Expiration Date:	
Special Endorsements:	

Offender Terms of Use:

1. I certify that the Driver's License I have provided to program staff is valid and authorized.
2. I understand that authorization to drive is limited to driving at the direction of my employer and will only occur in the capacity of my official duties.
3. I certify that I will not utilize my employer's vehicle for any purpose other than that specified by my employer, and that I will make no unauthorized and/or personal stops while driving my employer's vehicles.
4. I understand that it is my responsibility to notify program staff and my Parole Officer of any change in the status of my employment and/or my driving privileges immediately.
5. I understand that it is my responsibility to notify program staff and my Parole Officer immediately if I am issued any ticket, citation or driving violation for any reason.
6. I understand that I am not allowed to drive outside of Connecticut for any reason without prior written approval of my Parole Officer.
7. I understand that I am prohibited from driving any personal vehicle in performance of my job duties, unless prior written approval of my Parole Office has been obtained.

By signing this document you agree to abide by the above-referenced conditions and terms and understand that any violation of these terms are a breach of this agreement and will result in progressive discipline.

APPROVALS:

Inmate:		Date:	
Staff:		Date:	
Supervisor:		Date:	



**Connecticut Department of Correction
PAROLE AND COMMUNITY SERVICES DIVISION RESIDENTIAL UNIT
Residential Program Request for Vehicle On-Site Form**

To be completed and kept on file in offender case file at the Program of residence.

Offender Information:

Program Name:		Admit Date:	
I/M Name:		Request Date:	
I/M Number:			

Driver's License Information:

D/L Number:		D/L Expiration Date:	
D/L Address:			

Vehicle Information:

Year:		Make:		Model:	
Color:		VIN #:		License Plate #:	

Registration Information:

Registration #:		State:		Expiration Date:	
Owner:		Address:		Phone #:	

Insurance Information:

Insurance Holder:		Insurance Company:	
Policy #:		Expiration Date:	

Offender Terms of Use:

1. I certify that the information I have provided to program staff is valid and accurate.
2. I understand that authorization to drive and to maintain a vehicle on-site is limited to the purposes specified by program staff.
3. I certify that I will not utilize my vehicle for any purpose other than that specified by program staff, and that I will make no unauthorized and/or personal stops while driving.
4. I understand that it is my responsibility to notify program staff and my Parole Officer of any change in the status of my driving privileges immediately.
5. I understand that it is my responsibility to notify program staff and my Parole Officer immediately if I am issued any ticket, citation or driving violation for any reason.
6. I understand that I am obligated to ensure that the vehicle I am authorized to drive is properly registered and insured at all times, and that I am required to notify program staff immediately if such changes.
7. I understand that I am not allowed to drive outside of Connecticut for any reason without prior written approval of my Parole Officer.
8. I understand that I am prohibited from driving any vehicle other than the one delineated above, unless prior written approval of my Parole Office has been obtained.
9. I understand that for the duration of my residence, my vehicle is subject to random search, at any time, by both program staff and Parole staff.
10. I understand that the privilege of driving and maintaining a vehicle on-site may be rescinded at any time.

Non-Offender Vehicle Owner Terms of Use:

1. I certify that the information I have provided is valid and accurate.
2. I certify that the offender listed above has my permission and authorization to utilize my vehicle, and that such vehicle may be maintained at the offender's program of residence.
3. I understand that I am obligated to maintain valid registration and insurance on the above-referenced vehicle at all times.
4. I certify that I shall immediately notify the offender and program staff if the registration and/or insurance information on file with the program changes in any way.
5. I understand that I retain the right to reclaim my vehicle at any time with notification to program staff.
6. I understand that if the offender is remanded, transferred or escapes, I will be given seven (7) days to reclaim my vehicle after which it shall be reported as abandoned and towed.

By signing this document you, the offender, agree to abide by the above-referenced conditions and terms and understand that any violation of these terms are a breach of this agreement and will result in progressive discipline.

By signing this document you, the vehicle owner, authorize use of the vehicle by the offender, consent to the terms and conditions delineated herein, and allow for the garaging of the vehicle at the program of residence.

The offender delineated above, and the vehicle owner if other than the offender, understands that sole liability for all actions occurring as a result of the driving or garaging of the vehicle rests with the offender and/or the vehicle owner. The State of Connecticut, the Connecticut Department of Correction and the parent agency and program delineated above assume no liability for any actions occurring as a result of this agreement.

The offender delineated above, and the vehicle owner if other than the offender, agrees to hold harmless the State of Connecticut, the Connecticut Department of Correction and the parent agency and program delineated above from all claims, actions and/or liability arising out of any activities involving the vehicle and/or the actions of the driver.

APPROVALS:

Inmate:		Date:
Vehicle Owner:		Date:
Staff Member:		Date:
Supervisor:		Date:



Intranasal Naloxone Usage Report

Date:	Program Name:	Time of Incident:	Incident Report Number:
Location of Incident (Number, Street, Town):		Name of Staff Administering:	
Name of Victim:	Inmate Number:	D.O.B:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk.
Victim status prior to administering Intranasal Naloxone: (Check one in each section)			
Level of consciousness-Victim responds to: <input type="checkbox"/> Alert <input type="checkbox"/> Verbal Stimulus <input type="checkbox"/> Painful Stimulus <input type="checkbox"/> Unresponsive <input type="checkbox"/> Other:(specify)_____			
Breathing: <input type="checkbox"/> Rapidly (>24 BPM) <input type="checkbox"/> Slowly (<10 BPM) <input type="checkbox"/> Normally (12-20 BPM) <input type="checkbox"/> Not Breathing			
Pulse: <input type="checkbox"/> Rapid (>100) <input type="checkbox"/> Slow (<60) <input type="checkbox"/> Normal (60-100) <input type="checkbox"/> No Pulse <input type="checkbox"/> Did not check pulse			
Constricted Pupils (Pinpoint): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Indicators: _____			
Evidence of Opioid Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify below in comments		If drug packages found at scene, describe stamp or marking:	
Victim overdosed on what drugs? (Check all that apply)			
<input type="checkbox"/> Heroin <input type="checkbox"/> Morphine <input type="checkbox"/> Codeine <input type="checkbox"/> Methadone <input type="checkbox"/> Suboxone <input type="checkbox"/> Unknown Pills <input type="checkbox"/> Unknown Injection			
<input type="checkbox"/> Fentanyl <input type="checkbox"/> Prescription Medication <input type="checkbox"/> Unknown <input type="checkbox"/> Other: (specify)_____			
Time Intranasal Naloxone was administered:		Number of vials of Intranasal Naloxone used: <input type="checkbox"/> Half <input type="checkbox"/> One <input type="checkbox"/> Two	
Kit Number:	Lot Number:	Expiration Date:	Date Kit Utilized:
If Naloxone worked, how long did Intranasal Naloxone take to work?			
<input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1-3 minute(s) <input type="checkbox"/> 3-5 minutes <input type="checkbox"/> more than 5 minutes <input type="checkbox"/> Unknown <input type="checkbox"/> Did not work			
Victim's response to Intranasal Naloxone being administered:			
<input type="checkbox"/> No Response to Naloxone <input type="checkbox"/> Responsive but Sedated <input type="checkbox"/> Responsive and Alert <input type="checkbox"/> Responsive and Angry <input type="checkbox"/> Combative <input type="checkbox"/> Other:_____			
Post-Intranasal Naloxone responses: (Check all that apply)			
<input type="checkbox"/> None <input type="checkbox"/> Opiate Withdrawal (e.g. nauseated, muscle aches, runny nose and/or watery eyes, shivering, and sweating) <input type="checkbox"/> Respiratory Distress			
<input type="checkbox"/> Seizure <input type="checkbox"/> Vomiting <input type="checkbox"/> Other: (specify)_____			
What else was done by the staff member? (check all that apply)			
<input type="checkbox"/> Verbal Stimulus <input type="checkbox"/> Tactile Stimulus <input type="checkbox"/> Recovery Position <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Mouth to Mask <input type="checkbox"/> Mouth to Mouth			
<input type="checkbox"/> Defibrillator: (If checked, indicate status of shock) <input type="checkbox"/> Defibrillator - no shock <input type="checkbox"/> Defibrillator - shock administered			
<input type="checkbox"/> Chest Compressions <input type="checkbox"/> Oxygen <input type="checkbox"/> Other: (specify)_____			
Was Intranasal Naloxone administered by anyone else at the scene? <input type="checkbox"/> Yes (If yes, check all that apply) <input type="checkbox"/> No			
<input type="checkbox"/> EMS <input type="checkbox"/> Bystander <input type="checkbox"/> Other:(specify)_____			
Disposition: (check one)			
<input type="checkbox"/> Care transferred to EMS <input type="checkbox"/> Other (specify)_____			
Was a paramedic on scene prior to being transported? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did the person live? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Transported to which Hospital:		Responsible Police Department:	
Comments:			

The completed form shall be faxed or mailed to the Department of Correction Parole and Community Services Parole Officer.

An Affirmative Action/Equal Employment Opportunity Employer

Rev 08/13/15

PROTOCOLS FOR OBTAINING DMV IDENTIFICATION Revised August 2016

1. Determine the type of DMV application to submit.

Refer to charts to determine the type of DMV application, required forms, and applicable fees. DMV form B350 can be obtained at <http://www.ct.gov/dmv/lib/dmv/b-350.pdf>. DMV form B230 can be obtained at <http://www.ct.gov/dmv/LIB/dmv/20/29/B-230.pdf>. DMV form P147 can be obtained at <http://www.ct.gov/dmv/LIB/dmv/20/29/p-147.pdf>.

2. Obtain a completed Inmate Special Request Form (SRF).

Form should be made out and addressed to the DMV 60 State Street Wethersfield, CT 06109. Please refer to the charts below to determine the appropriate fee. Even if the inmate does not have sufficient funds to pay for a birth certificate, a Special Request Form **MUST** still be submitted with the package. Please write the facility number in red in the upper right hand corner of the SRF. A SRF does not need to be completed if there is no fee.

3. For mail-in applications, DMV form B-350 will be utilized. Include any other documents as listed in the charts below. Obtaining a birth certificate and Social Security card is not necessary before utilizing the mail-in process.

A. Enclose 2 stamped, addressed envelopes.

The first/outgoing envelope must be addressed to the DMV Central Issuance Unit 60 State Street Wethersfield, CT 06109. The second/return envelope must be addressed to the attention of the staff at the HWH address where the inmate currently resides. DMV has a list of HWHs. **Write the inmate's name and number in the lower right hand corner of the envelope.**

B. US mail, send the entire package including the completed Inmate Special Request Form to the CTDOC Inmate Accounts.

Inmate Accounts will process the Special Request, issue a check to the DMV, insert the check into the outgoing envelope and mail the envelope with the completed application and forms. If there is no fee, the documents can be sent directly to the DMV.

C. Receipt and documentation of DMV ID. The DMV ID will be returned to the requesting staff member in the self-addressed envelope. The DMV ID must be logged on the HWH Monthly Utilization ID report as a "P" for procured.

3. If the inmate has never been issued a CT DMV ID or if their previous DMV ID is more than two years past the expiration date, contact CS Sexton for assistance in preparing the documents for the DMV Walker Trip (outlined in the chart below). A birth certificate and Social Security card (or one primary and one secondary ID from the list below) are required and must be procured prior to submitting the inmate's information and application for the DMV Walker trip. Certified copies of the primary and secondary form of ID must accompany the application. DMV trip applications need to be approved by Security Division and DMV in accordance with the DOC-DMV MOU 2008CAU-99.

A. Primary Identification (Refer to Real ID Document Checklist)

- Certified Birth Certificate or Registration of Birth
- Valid Passport

B. Secondary Identification (Refer to DMV Real ID Document Check List)

- Military Identification or Discharge/Separation Papers (DD214)
- Social Security Card
- Marriage License (certified copy only)
- CT DSS Issued Photo Public Assistance Card
- Civil Union Certificate (certified copy only)
- Pilot's License
- Baptismal Certificate or similar document
- School Record/Transcript (certified copy only)

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION

C. Receipt and documentation of DMV ID. The DMV ID will be mailed to the requesting staff member or transported to the nearest district Parole Office. The DMV ID must be logged on the HWH Monthly Utilization ID report as a “P” for procured.

DMV CHARTS, FEE SCHEDULES, AND APPLICATION CONTENTS

1. CT Driver Licenses

ID Type	Notes	Cost	Inmate Personal Funds	Inmate Welfare Funds	SRF	B-350	B-230	P-147	Envelopes
CT Driver License Renewal	Application must be received within 4 months prior to expiration date.	\$72.00	X	No	X	X			X**
CT Driver License Renewal	If past expiration date but not more than two years past expiration.	\$97.00	X	No	X	X			X**
CT Driver License-Valid	Duplicate/Replacement	\$30.00	X	X*	X	X			X**
CT Driver License-Suspended but not expired	Can downgrade to non-driver ID card. Free exchange.	Free	N/A	N/A		X		X	X**
CT Driver License-Suspended but expired	Can downgrade to non-driver only if past expiration date but not more than two years past expiration.	\$22.50	X	X*	X	X		X	X**
<p>*-Inmate Welfare Funds only covers the cost of ID if the inmate does not have sufficient funds.</p>									
<p>**-One envelope is addressed to the DMV Central Issuance Unit. The return envelope must be addressed to the requesting staff member and must list the inmate name and number in the bottom right hand corner.</p>									

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION

2. CT Non-Driver Identification Cards.

ID Type	Notes	Cost	Inmate Personal Funds	Inmate Welfare Funds	SRF	B-350	B-230	P-147	Envelopes
CT Non-driver-Valid	Replacement/Duplicate	\$30.00	X	X*	X	X			X**
CT Non-driver-Renewal of Valid ID	Application must be received within 4 months prior to expiration date.	\$22.50	X	X*	X	X			X**
CT Non-driver-renewal of expired ID.	If past expiration date but not more than two years past expiration.	\$22.50	X	X*	X	X			X**
* - Inmate Welfare Funds only covers the cost of ID if the inmate does not have sufficient funds.									
** - One envelope is addressed to the DMV Central Issuance Unit. The return envelope must be addressed to the requesting staff member and must list the inmate name and number in the bottom right hand corner.									

3. New Issue or Previously Issued DMV ID that is more than two years past expiration date. (DMV Walker Trip)

ID Type	Notes	Cost	Inmate Personal Funds	Inmate Welfare Funds	SRF	B-350	B-230	P-147	CN101501, CN101502, CN101503	Hand Delivered to Central Office	Certified Copies of Birth Certificate and	B-58 and Sticker	Due Date
CT Non-driver-new issue	(1) New issuance (never had ID in state of CT) (2) For CT IDs that are more than two years past expiration date.	\$22.50	X	X*	X		X		X	X	SS card X	X	First Wednesday of every month
* - Inmate Welfare Funds only covers the cost of ID if the inmate does not have sufficient funds.													

4. Learner's Permit

ID Type	Notes	Cost	Inmate Personal Funds	Inmate Welfare Funds	SRF	B-350	B-230	P-147	Envelopes
Learner Permit	Duplicate/Replacement of valid Learner Permit	\$19.00	X	X*	X	X			X**
Learner Permit	Downgrade to non-driver ID before expiration date.	Free	N/A	N/A		X		X	X**
Learner Permit	Can downgrade to non-driver if past expiration date but not more than two years past expiration.	\$22.50	X	X*	X	X		X	X**
* - Inmate Welfare Funds only covers the cost of ID if the inmate does not have sufficient funds.									
** - One envelope is addressed to the DMV Central Issuance Unit. The return envelope must be addressed to the requesting staff member and must list the inmate name and number in the bottom right hand corner.									

1. Assist the inmate with completion of the appropriate birth certificate application.

Applications are available at http://www.ct.gov/dph/LIB/dph/hisr/vr/vs_39b.pdf and information for the Vital Statistics offices for each **town/city** is available on the Department of Public Health website at <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388128>. For out of state applications, please reference <http://www.cdc.gov/nchs/w2w/w2w.pdf> for specific instructions by state. Application documents and processes vary by state and are subject to change. Please verify that the correct application is being utilized prior to continuing this process.

2. Complete a cover letter for the application submission.

Cover Letters should be on HWH agency letterhead and should be in the following format:

TO: Vital Statistics, <insert town or city name>

FROM:

DATE:

RE: Birth Certificate Request for Inmate

Enclosed is a completed Birth Certificate Application for an inmate who is under the jurisdiction of the Connecticut Department of Correction and is on community supervision at <insert HWH name>. I am currently working with this inmate to obtain proper identification in order to facilitate his/her transition back into society. The inmate's information is as follows:

Inmate Number:

Name of Inmate:

Date of Birth:

Place of Birth:

Father's Name:

Mother's Maiden Name:

If you have any questions or concerns, please do not hesitate to contact me at <insert number>.
Thank you for your assistance.

Sincerely,

HWH Staff Name and Title

Enclosures: Birth Certificate Application, Department of Correction Photo

3. Request a DOC CAPI photo (full size) from the Correctional Counselor at the Residential Service Unit (RSU).

The CC will scan and email the CAPI photo to the requesting HWH staff.

4. Enclose 2 stamped, addressed envelopes.

The first/outgoing envelope must be addressed to the Vital Statistics Department in the town/state where the inmate was born. The second/return envelope must be addressed to the attention of the HWH staff requesting ID at the HWH address where the inmate is residing. Write the inmate's name and number in the lower right hand corner of the return envelope.

5. Obtain a completed Inmate Special Request Form (SRF).

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION

Form should be made out and addressed to the Vital Statistics Department of the town/state where the inmate was born. Fees vary by state (currently \$15 for the short form and \$20.00 for Connecticut long form). Fees are subject to change so please verify the current rate prior to submitting an application. Even if the inmate does not have sufficient funds to pay for a birth certificate, a Special Request Form **MUST** still be submitted with the package. Please write the facility number in red in the upper right hand corner of the SRF.

6. Enclose cover letter, completed application, CAPI photo and return envelope addressed in the outgoing envelope addressed to the Vital Statistics Office. DO NOT SEAL.

7. Mail the entire package including the completed Inmate Accounts, Attention: Angie Gresh, DOC Central Office, 24 Wolcott Hill Road Wethersfield, CT 06109. Inmate Accounts will process the Special Request, issue a check to the Vital Statistics Office, insert the check into the Vital Statistics envelope and mail the envelope with the completed application and forms.

8. The Birth Certificate will be returned to the requesting staff member in the self-addressed envelope. Any identification must be handled in accordance with the Parole and Community Services Community Provider Manual.

9. Documentation.

Once received at the HWH, the staff must document receipt of the birth certificate and make a notation on the monthly utilization reports submitted to Fiscal. Indicate receipt of a birth certificate procured through this process with a "P" on the utilization report. Please refer to the example below:

Arlene	356598	Perception	Next Step (WR)	6/6/2016	X	X	X
Darlene	388545	Perception	Next Step (WR)	6/13/2016			
Mary	338453	Perception	Next Step (WR)	6/14/2016	P		
Meisha	274345	Perception	Next Step (WR)	6/15/2016	P		
Tyshema	270510	Perception	Next Step (WR)	6/16/2016			
Shyrell	393474	Perception	Next Step (WR)	6/24/2016	X	X	X
Traci	405560	Perception	Next Step (WR)	6/27/2016	X	X	X
Misty	348624	Perception	Next Step (WR)	6/28/2016	X	X	X

Forms needed to obtain birth certificate:

ID Type	Notes	Cost	Inmate Personal Funds	Inmate Welfare Funds	SRF	Cover Letter	Application	Envelopes
CT Birth Certificate	Short Form	\$15.00	X	X*	X	X	X	X**
CT Birth Certificate	Long Form	\$20.00	X	No	X	X	X	X**
Out of State Birth Certificates	Check X drive. Some states have specific protocol.	Varies	X	X*	X	X	X	X**
Marriage Certificates		Varies	X	X*	X	X	X	X**

*-Inmate Welfare Funds only covers the cost of ID if the inmate does not have sufficient funds.

**-One envelope is addressed to the Vital Statistics agency. The return envelope must be addressed to the requesting staff member and must list the inmate name and number in the bottom right hand corner.