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1. **PURPOSE:** To establish guidelines for the prevention, detection and response to sexual misconduct in the facility.
2. **AUTHORITY:** Agency Policy
3. **DEFINITIONS:** As used in this Policy, the following definitions shall apply:
 - (A) Direct staff supervision: Supervision by agency staff in the same room with, and within reasonable hearing distance, of the residents.
 - (B) Exigent circumstances: any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of the program.
 - (C) CTDOC: State of Connecticut Department of Corrections.
 - (D) TOH: The Open Hearth.
 - (E) The Agency: The Open Hearth.
 - (F) Gender non-conforming: the appearance or manner of a person that does not conform to traditional societal gender expectations.
 - (G) Intersex: a person’s sexual or reproductive anatomy or chromosomal patters that does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
 - (H) Medical practitioner: A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice act. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.
 - (I) Mental health practitioner: A licensed mental health professional who by virtue of education, credentials, and experiences, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified mental health practitioner” refers to a license mental health professional that has also successfully completed specialized training for treating sexual abuse victims.
 - (J) Pat-down search: a running of the hands over the clothed body of a resident by staff to determine whether the individual possesses contraband.
 - (K) PREA – Prison Rape Elimination Act: The US Department of Justice final rule of national standards to prevent, detect, and respond to sexual abuse and sexual harassment in correctional facilities.
 - (L) PREA Coordinator: Staff position responsible for developing, implementing and overseeing the Open Hearth’s efforts to comply with PREA standards.
 - (M) Associate Counselors (AC): Staff primarily responsible for the supervision of clients on the residential floors, recreational areas, dining areas, and other program areas of the facility.
 - (N) Sexual Abuse by a client: includes any of the following acts, if the victim does not consent, is coerced into such acts of overt or implied threats of violence, or is unable to consent or refuse:
 - (1) Contact between the penis and the penis, or the penis and the anus, including penetration, however slight;
 - (2) Contact between the mouth and the penis or anus;
 - (3) Penetration of the anal opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, inner thigh, or the buttocks of another person excluding contact incidental to a physical altercation.
 - (O) Sexual Abuse by a staff member, contractor, or volunteer:
 - (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - (2) Contract between the mouth and the penis, vulva, or anus;



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- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument.
- (5) Any other intentional contact, either directly or through the clothing of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks.
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) Any display by a staff member, contractor or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a client; and
- (8) Voyeurism by a staff member, contractor, or volunteer.
- (P) Sexual Harassment:
 - (1) Repeated or unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one client directed toward another; and
 - (2) Repeated or unwelcome verbal comments or gestures of a sexual nature to a client by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- (Q) Sexual Misconduct: any act of sexual abuse and/or sexual harassment as defined herein.
- (R) Staff: An employee of The Open Hearth.
- (S) Transgender: a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.
- (T) Substantiated allegation (Sustained): an allegation where the preponderance of evidence of the incident indicates that the incident violated existing statutes, rule or other regulatory guidance.
- (U) Unfounded allegation: an allegation where the preponderance of evidence of the incident cannot be determined based on a lack of facts or evidence that the incident subject violated existing statutes, rules or other regulatory guidance.
- (V) Unsubstantiated allegation (Not Sustained): an allegation where the preponderance of evidence of the incident does not indicate that the incident subject violated existing statutes, rules or other regulatory guidance.
- (W) Volunteer: An individual who donates time and effort on a recurring basis to enhance the activities and programs of the facility.
- (X) Voyeurism by a staff member, contractor or volunteer: observing a client for a purpose that is unrelated to official duties or where the person has the intent to abuse, arouse, or gratify sexual desire, such as peering at a client who is using a toilet to perform bodily functions; requiring a client to expose their buttocks, genitals or breasts; or taking images of all or part of a client's naked body or of a client performing bodily functions.
- (Y) Client: Any person under the supervision or care of the agency.
- (Z) Resident: Any person under the supervision or care of the agency
- (AA) CONNSACS: Connecticut Sexual Assault Services
- (BB) Alert List: A list of those clients in the program who are considered to be vulnerable to sexual assault.



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4. **POLICY:** The Open Hearth has a zero tolerance for any acts of sexual abuse, assault, misconduct or harassment. Sexual activity between staff, volunteers or contracted personnel and clients, as well as between client and client is prohibited and subject to administrative and criminal disciplinary sanctions. The Open Hearth staff shall take prudent measures to ensure the safety of both clients and staff. All employees, contractors, volunteers and clients shall have a clear understanding that a sexual relationship with an individual under the CTDOC supervision is strictly prohibited and is a serious breach of employee conduct. All contracts with providers shall include the contracting entity's obligation to adopt and comply with the PREA standards outlined in FDJJ policy 1919. Contracted providers will be subject to PREA audits, including contract monitoring to ensure compliance.
5. **PROCEDURES:**
- (A) The Program Director or other person designated by the Executive Director is the PREA Coordinator and shall ensure that all mandated requirements of this policy, state and federal, are met. This shall include:
- (1) Responsible for oversight of the facility implementation and compliance efforts as they relate to PREA standards, as well as applicable state and federal law;
 - (2) Coordinate and communicate on a regular basis with the Executive Director and the CTDOC PREA Coordinator as to the facility's compliance with PREA Standards;
 - (3) Responsible for hands-on involvement with the auditors conducting reviews at the facility and for developing corrective action plans as necessary as a result of the audit report;
 - (4) Responsible for ensuring all PREA training is conducted as required at the facility, and that all of the staff have been properly trained on PREA prior to their interaction with clients at the facility;
 - (5) Responsible for ensuring that clients have access to information regarding PREA, the CTDOC Department's zero-tolerance policy on sexual misconduct, and that information is readily available to clients if they need to report any incident; and
 - (6) Responsible for ensuring confidentiality of reported information and monitoring any retaliation that may happen as a result of a reported incident.
- (B) Screening for Sexual Abuse and/or Sexual Victimization at Admission
- (1) All clients admitted to the facility shall be screened for vulnerability to victimization and sexually aggressive behavior, prior to a room assignment using The Open Hearth PREA Intake Risk Assessment form. The form can be found on the U drive. While there are no repercussions for clients who refuse to answer any questions asked from the form, an attempt should be made to obtain the client's initials at each question they refuse to answer.
 - (2) Clients identified as being potentially sexually aggressive are not admitted to the program. Clients identified as vulnerable to victimization shall be placed in housing appropriate to their vulnerability and placed on the alert list.
 - (3) All entries into the Alert List in reference to the status of a victimized client shall not contain any specifics, nor shall any specifics be identified to staff or other clients unless there is a documented need-to-know basis. If a client's status changes, appropriate changes will be made to the Alert List.
 - (4) Room assignments by staff shall ensure a client's potential for victimization has been reviewed through screening tools, as well as the Alert List to ensure placement with any roommate(s) does not pose a risk.
 - (5) New information gathered regarding prior aggressive sexual behaviors or having been a victim shall be documented in the client's file and the information shall be forwarded to the client's Parole Officer (PO) and the client's case manager for further investigation, regardless if having been previously reported or already identified in the client's file. All information regarding sensitive information shall be on a need-to-know basis and shall not be exploited to the client's detriment by staff or other clients.



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- (6) If the client discloses prior sexual victimization or perpetrated sexual abuse based on the intake screening information, health/mental health screening information or health history information gathered, whether it occurred in a facility setting or in the community, then staff shall ensure that the client is referred for medical and mental health services within fourteen (14) days of the screening.
 - (a) If client reports having been a victim of sexual abuse and this information has already been reported to appropriate enforcement agencies, no further reporting is required.
 - (b) If the client reports they have sexually abused another, regardless of having been previously reported, this must be called into appropriate enforcement agencies (State Police, CTDOC, Parole).
- (7) If the client discloses a client-on-client abuse or victimization, the program shall make an immediate referral to mental health for a crisis assessment and mental health practitioner will attempt to conduct a mental health evaluation within sixty (60) days of referral of such abuse history and offer treatment when deemed appropriate.
- (8) Staff shall ensure that any report of sexual abuse obtained during screening be immediately reported to the proper authorities if the abuse has not been previously reported.
- (C) Information gathered from screenings related to sexual victimization or abusiveness shall be strictly limited to medical and mental health practitioners and other staff, as required by CTDOC policy and Federal, state, or local law, to guide treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.
 - (1) Supervision and Monitoring
 - (a) The PREA Coordinator shall periodically review the staffing plan to ensure adequate levels of staffing, are in place to protect clients against sexual misconduct.
 - (b) Staffing ratios shall be in compliance with contractual requirements.
 - (c) Once per year, the PREA Coordinator shall review the staffing plan with CTDOC staff in order to assess, determine and document whether adjustments are needed to the staffing plan and prevailing staffing patterns and the resources the facility has available to commit to ensure adherence to the staffing plan.
 - (d) The program shall document any deviation of the require staffing ratios in either the logbook or on the shift report.
 - (e) Supervisors shall conduct unannounced and random rounds in order to identify and deter staff sexual misconduct. These rounds should include all areas of the facility, including areas where clients are prohibited from entering. These rounds shall be documented.
 - (f) Staff are prohibited from alerting other staff of the supervisory rounds, unless it is related to the legitimate operational functions of the facility. Staff alerting other staff shall receive disciplinary sanctions.
 - (2) Cross-gender Viewing and Searches
 - (a) Cross gender searches shall not be conducted.
 - (b) Staff shall not search or physically examine a transgender or intersex client for the sole purpose of determining the client's genital status. If the genital status is unknown, it may be determined during conversation with the client or review of the medical records.
 - (c) The facility will ensure that clients have access to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia.



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- (d) Transgender and intersex clients shall be given the opportunity to shower separately from other clients.
- (e) Staff of the opposite sex shall announce their presence when entering a client housing facility or an area where clients are likely to be showering, performing bodily functions, or changing clothing.
- (3) Ongoing Medical and Mental health Care for Sexual Abuse Victims and Abusers
 - (a) Victims: The facility shall refer victims to CTDOC for medical and mental health evaluations, and as appropriate, treatment of all clients who have been victimized by sexual misconduct. Victims shall also be provided with medical and mental health services consistent with the community level of care.
- (4) Client Access to Outside Support Services and Legal Representation
 - (a) Clients shall have access to outside victim advocates for emotional support services related to sexual misconduct. The agency shall post, provide, or otherwise make accessible mailing addresses and telephone number, including hotline numbers of local, state, or national victim advocacy or rape crisis organizations. Such communications shall be available in as confidential a manner as possible.
 - (b) Clients shall have reasonable and confidential access to their attorney or other legal representation for reporting of sexual allegations. Clients shall have unimpeded access and means, including written, to submit or report sexual allegations.
 - (c) The Open Hearth shall facilitate any victim obtaining the services of The New Britain YWCA's rape crisis Center through CONNSACS.
- (5) Access to Emergency Medical and Mental Health Services
 - (a) The facility shall follow CTDOC policies in obtaining medical and mental health services for a victim of sexual abuse.
- (D) Reporting an allegation of sexual misconduct during the client's stay at the facility.
 - (1) All allegations of sexual misconduct or client-on-client sexual activity shall be reported to the PREA Coordinator within 2 hours.
 - (2) There is no time limit within which a client may submit a report regarding an allegation of sexual misconduct.
 - (3) Clients shall be permitted to privately report sexual misconduct, retaliation by other clients or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents through the grievance system or conversation with a staff person, case manager, supervisor, or the PREA Coordinator.
 - (4) The PREA Coordinator shall ensure that clients with disabilities, including clients who are deaf/hard of hearing, blind/low vision, or those who have intellectual, developmental, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual misconduct. The facility will also ensure meaningful access to its efforts to prevent, detect, and respond to sexual misconduct to clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility may not use client's or staff as interpreters, readers or other assistants to perform such functions except in limited circumstances where an extended delay in obtaining an effective interpreter/reader/assistant could compromise the client's safety, the performance of the first responder duties, or the investigation of the client's allegations.
 - (5) Any staff that receives a report of sexual misconduct or possible sexual misconduct must ensure that it is immediately reported to their immediate supervisor. The supervisor shall ensure that it is reported to the CT State Police if criminal in nature, the CTDOC and to the



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PREA Coordinator. Reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly. Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff is prohibited from revealing any information related to a sexual misconduct report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. While victims and complainants may report anonymously, staff that follow up to report the allegations shall not be afforded anonymous status.

- (6) All staff is required to immediately report any knowledge, suspicion, or information received regarding any incident that has occurred in the facility, retaliation against client's or staff who report sexual misconduct and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation to the PREA Coordinator or Executive Director.
 - (7) If staff learns that a client is subject to a substantial risk of imminent sexual misconduct, they shall take immediate action to protect the client from further harm or threat. Also, if staff learns a client poses a substantial risk of sexually abusing other client's in the facility, they shall take immediate action to protect other client's from further harm or threat.
 - (8) Case Managers are required to report sexual misconduct to designated supervisors and the State Police if criminal in nature. Said staff members must inform residents at the initiation of services of their duty to report and the limitation of confidentiality.
 - (9) Apart from reporting to designated supervisors or officials, all staff should only reveal information to those individuals who have a need-to-know basis to make treatment, investigate or other security and management decisions.
 - (10) Staff will fully cooperate with any law enforcement investigation of sexual abuse.
 - (11) Clients who are the victim of a sexual abuse shall be provided prompt and appropriate medical and mental health treatment by medical and mental health practitioners after the first responder involvement by medical and law enforcement personnel.
 - (12) A report of sexual misconduct made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegations.
 - (13) Client's and staff who have reported sexual misconduct shall be provided protection against retaliation. Accommodations will include housing changes and removal of alleged staff or clients from contact with victims. Emotional support services for clients or staff that fears retaliation for reporting or cooperating with investigations will be available.
 - (14) At each thirty (30) day period, the PREA Coordinator shall ensure that the conduct or treatment of any client or staff who reported sexual misconduct and the victims to determine if retaliation is occurring through the formal Treatment Team process. Items to be monitored include client disciplinary reports, status checks, housing or program changes, negative performance review or reassignment of staff. The obligation to monitor terminates if the allegation is determined to be unfounded.
- (E) Responding to Abuse Reports
- (1) Upon the discovery of an incident defined as sexual abuse, staff shall take immediate action to ensure the safety of the victim, and notify the State Police, if criminal in nature and medical personnel. These actions include, but are not limited to: identifying victim(s), suspect(s), and making every attempt to preserve evidence.
 - (2) Immediate reporting must be made to the CTDOC, providing as much information and detail as possible about the incident(s) and victim(s), suspect(s) or witnesses. Other than making appropriate notification through Department channels, staff should take no further actions other than those directed by law enforcement or first responders.



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- (3) It is essential that the garments/clothing worn by those involved and the scenes where alleged act(s) occurred be protected to ensure that evidence is not further contaminated. Staff shall secure any evidence until the arrival of law enforcement - keeping control over the evidence or scene and documenting any access to or deviation regarding access to that evidence.
- (4) Staff shall not discuss any facts of the incidents with anyone except those directly involved in response or investigation of the incident. All of this information is reportable to law enforcement and subsequent investigators.
- (5) Upon receipt of notice that any sexual abuse has occurred within the last 72 hours, staff shall take the following actions:
 - (a) Ensure the victim is safe.
 - (b) Do not question the client, other than to obtain basic information such as where the incident occurred and who may be involved. This includes questioning the victim or alleged perpetrator to obtain further information.
 - (c) Immediately preserve the area where the incident allegedly occurred, including ensuring that bedding, clothing or related material are not disposed of or cleaned up by staff and keep those material secure or free from contamination by anyone else until instructed to do differently by law enforcement.
 - (d) Immediately notify the State Police, if criminal in nature and a Supervisor.
 - (e) Do not discuss the facts of the incident with anyone except those directly involved in response or investigation of the incident.
 - (f) If the subject is in the care and custody of the facility, do not notify them of the victim's report, but take adequate steps to ensure the safety of the client, and report suspect or subject information to law enforcement upon their arrival.
 - (g) Cooperate fully with the State Police.
- (6) Upon receipt of notice that any sexual abuse has occurred longer than 72 hours ago, staff shall take the following actions:
 - (a) Ensure the victim is safe, has no further contact with the alleged subject (client or staff), and refer the client to CTDOC medical staff.
 - (b) Do not question the client, other than to obtain basic information such as where the incident occurred and who may be involved.
 - (c) Immediately preserve the area where the incident allegedly occurred, including ensuring that bedding, clothing or related material are not disposed of or cleaned up by staff and keep those material secure or free from contamination by anyone else until instructed to do differently by law enforcement.
 - (d) Immediately notify the State Police, if criminal in nature, and a Supervisor.
 - (e) Do not discuss the facts of the incident with anyone except those directly involved in response or investigation of the incident.
 - (f) If the subject is in the care and custody of the facility, do not notify them of the victim's report, but take adequate steps to ensure the safety of the client, and report suspect or subject information to law enforcement upon their arrival.
 - (g) Cooperate fully with law enforcement.
- (F) Investigations:
 - (1) The CT State Police handle the investigation involving men in the custody of CTDOC in Connecticut. Staff are expected to cooperate with the investigation.
 - (2) Sexual Misconduct Review and Review Team: The facility shall conduct a sexual misconduct incident review at the conclusion of every sexual misconduct investigation, including those where the allegation has not been substantiated, unless the allegation has



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been determined to be unfounded. This review shall ordinarily be conducted within thirty (30) days of the conclusion of the investigation by a Review Team.

- (a) The facility shall create a Review Team that consists of:
 - (a) PREA Coordinator.
 - (b) Relevant Associate Counselor staff.
 - (c) Executive Director.
 - (d) Director of Client Services.
 - (e) House Manager.
- (b) The Review Team shall:
 - (a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual misconduct.
 - (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
 - (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
 - (d) Assess the adequacy of staffing levels in that area during different shifts.
 - (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
 - (f) Prepare a report of the Team findings, including but not necessarily limited to items 1-5 above, and any recommendations for improvement and submit such report to the CTDOC PREA Coordinator,. The report shall include recommendations for improvement. All recommendations shall be implemented, or justification provided for not implementing said recommendations.
- (3) At the conclusion of any law enforcement investigation where a sexual abuse incident has been reported the client should be notified that the investigation is concluded, either by the investigating law enforcement agency or through a victim services agency officer or representative.
- (G) Hiring and Promotion Decisions – The Open Hearth shall adhere to CTDOC Directive 6.12 regarding hiring and promotion decisions. CTDOC Directive 6.12 conforms to FDJJ policy.
- (H) Staff Training- The Open Hearth shall adhere to CTDOC Directive 6.12 regarding staff training and retraining. CTDOC Directive 6.12 conforms to FDJJ policy.
- (I) Client Training
 - (1) During intake, all clients will be provided with information on the zero-tolerance policy regarding sexual misconduct, including how to report incidents and suspicion of sexual misconduct. Special accommodations shall be made to ensure all written information about sexual misconduct policies, including how to report sexual misconduct, is conveyed verbally to clients with limited reading skills or who are visually impaired, deaf or otherwise disabled.
 - (2) The Open Hearth shall provide additional comprehensive training to all clients within 10 days of intake regarding: their rights to be free from sexual misconduct; their rights to be free from retaliation for reporting such misconduct; and the agency’s sexual misconduct response policies and procedures. The Open Hearth shall retain documentation of client participation.
 - (3) The facility shall ensure that information regarding The Open Hearth policy on zero-tolerance of sexual misconduct will be posted and visible to all clients at the facility, including posters and brochures.



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- (J) Bureau of Justice Survey – If selected to participate in the annual survey of the prevalence of sexual violence in correctional facilities, the PREA Coordinator shall ensure that requested information is provided in a timely manner.
- (K) Audits
 - (1) Audits are mandated by CTDOC and the Prison Rape Elimination Act at a minimum of once per every three years.
 - (2) Auditors shall have access to enter and tour the facility to review documents, interview staff and interview clients in order to conduct a comprehensive audit.
 - (3) The PREA Coordinator shall ensure that staff comply with the audit and provide information requested in a timely manner.
- (L) Data Collection
 - (1) The facility shall ensure that records are maintained as per CTDOC Directive 6.12.
 - (2) The Facility Administrator shall ensure that requests for additional information from the CTDOC PREA Coordinator are responded to in a timely manner.

6. APPLICABILITY: All staff and clients.

7. TRAINING: All staff.

8. EFFECTIVE DATE: Date of policy.

9. REFERENCES: *Prison Rape Elimination Act of 2003 C.F.R. Section 115; F.A.C. 63F-11; F.A.C. 63H; CTDOC Directive 6.12*

Approved: _____
Executive Director

Date: _____