



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 07/25/15

Administrative Directive Number: 9.5 Title: Code of Penal Discipline

I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):

In Section 12. Class "A" Offenses, Section Z. Security Risk Group Affiliation, I am recommending that "language" be added to the definition of the offense. There is a growing number of disciplinary reports being authored for inmates using security risk group related language on the inmate telephone system. By including "language" to the definition, it will allow for a greater scope for the definition to adequately cover the specifics of inmates discussing security risk group activity on the phone system.

The recommendation is for the definition of the offense to read:

Security Risk Group Affiliation. Possessing, displaying or communicating anything that can be reasonably associated with a security risk group, including but not limited to: materials, symbols, colors or pictures, behaviors or language of any identified security risk group.

See attached documents

ORIGINATOR

| | | |
|-----------------------|-------------------------------|---------------|
| Name: [REDACTED] | Title: [REDACTED] | Date: 1/31/18 |
| Signature: [REDACTED] | Facility/Unit: Central Office | |

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

| | | |
|-------------------------------------|-------------------------------------|--|
| Approved | Denied | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unit Administrator's signature: _____ Date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | District Administrator's signature: _____ (only needed if originating from facility) Date: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Division Administrator's signature: _____ Date: 1/31/18 |
| Reviewed by: | <input checked="" type="checkbox"/> | Office of Standards and Policy Staff signature: _____ Date: 2/9/18 |

COMMISSIONER'S DECISION

This request is: APPROVED DENIED Effective date of request: _____

The language/provisions of this inclusion/revision shall be effective as of: _____ and subsequently added to the Administrative Directive at the next update.

This inclusion/revision shall be added to the Administrative Directive prior to: _____

This inclusion/revision shall be added immediately to the Administrative Directive.

| | |
|---------------------------------------|--------------|
| Commissioner's signature: [Signature] | Date: 2/9/18 |
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