



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 06/29/18

Administrative Directive Number: 9.4

Title: Restrictive Status

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

The following language is recommended to be added to this directive in response to Governor Lamont's Executive Order 21-1.

Section 9. Restrictive Housing Status. Subsection A. Placement Order:

1. When an inmate is identified as a member of a vulnerable population, as defined in Administrative Directive 9.7, Offender Management, and is placed in the Restrictive Housing Unit, a separate review shall be conducted the next business day by the Unit Administrator, or designee, in consultation with the Supervising Psychologist, or designee, and a Nursing Supervisor, or designee, to determine if continued placement in restrictive housing would be detrimental to the inmate.
2. When an inmate has a serious medical condition, custody staff shall notify the facilities Health Services Unit when that inmate is identified for placement in a restrictive housing unit for review. In the event that any contraindications have been identified by the Health Services Unit, custody staff shall be notified verbally and in writing utilizing CN 6602, Medical Incident Report.
 - a. If the review confirms that the inmates condition cannot be adequately treated while in a restrictive housing unit, the Unit Administrator or designee may place the inmate on a Restrictive Status within the medical unit, until the inmate is cleared for release from RHU.
3. The Unit Administrator, or designee, in consultation with the Supervising Psychologist, or designee, and a Nursing Supervisor, or designee shall release the inmate from RHU if they determine continued placement in RHU would be detrimental to the inmate, unless the inmate presents a serious threat to the population, staff, or the safety and security of the facility.

See attached documents

ORIGINATOR

Name: James DelPeschio

Title: Lieutenant

Date: 9.14.2021

Signature: *James DelPeschio*

Facility/Unit: OSP

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:

Office of Standards and Policy Staff signature:

Date:

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved Denied

Unit Administrator's signature:

Kevin Martin

Date: 9/22/2021

District Administrator's signature:
(only needed if originating from facility)

Date:

Division Administrator's signature:

Michelle Mulligan

Date: 9-23-21

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:

Date:

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

Date:

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

Commissioner's signature:

Carol Lewis

Date: 9/23/2021