



**Request for Inclusion or Revision to an
Administrative Directive
Connecticut Department of Correction**

CN 1301
REV 02/06/15

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):

E. Penalties. The following penalties may be imposed:

1. Reprimand;
2. Loss of recreation privileges up to 30 consecutive calendar days;
3. Loss of telephone privileges up to 90 consecutive calendar days.
The sanction may be compounded by doubling the time frame for each successive conviction of Security Tampering relating to telephone privileges;
4. Loss of commissary privileges up to 90 consecutive calendar days during which time the offender may not place an order;
5. Loss or modification of social visiting privileges up to 60 consecutive calendar days; Add: Not Imposed on Juvenile inmates (Under the age of 18)
6. Extra duty up to 24 hours which shall be completed within one (1) week of disposition;
7. Confinement to quarters up to 15 consecutive calendar days;
8. Loss of social correspondence privileges (incoming and outgoing correspondence) up to 60 consecutive calendar days; and,
9. Restitution for property theft or damage.

No more than two (2) of the following penalties shall be imposed concurrently: loss or modification of social visiting, loss of telephone, or loss of social correspondence.

Add: For juvenile inmates penalties shall not exceed a total of 60 consecutive calendar days from the date of the most recent offense as a result of cumulative disciplinary action, unless authorized by the unit administrator or designee when extenuating circumstances exist.

☐ See attached documents

ORIGINATOR

Name: John Alves Title: Warden Date: 3/27/2015

Signature: *[Signature]* Facility/Unit: MY1

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved Denied



Unit Administrator's signature:

[Signature]

Date: 3/31/15



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

[Signature]

Date: 4/6/15



Division Administrator's signature:

[Signature]

Date: 4/6/15

COMMISSIONER'S DECISION

This request is: ☒ **APPROVED** ☐ **DENIED** Effective date of request: As Practicable



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: 4/6/15