



# Request for Exception to an Administrative Directive

## Connecticut Department of Correction

CN 1302  
REV 10/28/08

Administrative Directive Number: 1.7

Title: **Interview with Inmates on Self Care Needs**

I request approval of the following exception to the above referenced directive (provide detailed explanation):

I am requesting the ability to bring audio recorders into the correctional facilities for the purpose of interviewing the inmates regarding medication and treatment adherence. The audio recordings will be a way to capture the exact information the inmate is providing to the researcher without having to write down the interview. Given the amount of different questions the interviewer will be asking the inmate, writing down answers would be time consuming, adding time to the inmate being taken away from their usual routine.

The researchers will label the recordings with a unique identifier for each inmate, no personal information will be recorded in notes or on the audio recording. The audio recording will be transcribed within 24-48 hours after the interview and the recording will be destroyed after this. The transcript will only contain the unique identifier for the inmate and will again contain no personal information from the inmate.

The researchers will make sure that all equipment is accounted for upon entrance into and upon exit from the correctional facility and will not leave the equipment unattended at any point during the interview.

The inmate will sign an informed consent prior to the taping of the interview and will be reminded that, should they discuss anything not pertaining to the study, the investigator will be required to provide this information to the Corrections Department.

The researchers have a certificate of confidentiality for this research study and will provide a copy to the Department of Corrections.

See attached documents

### ORIGINATOR

Name: [REDACTED]	Title: [REDACTED]	Date: <b>11/6/2015</b>
Signature: [REDACTED]	Facility/Unit: [REDACTED]	

### UNIT/DIVISION RECOMMENDATIONS

Approved	Denied	Signature of Unit Administrator:	Date:
<input type="checkbox"/>	<input type="checkbox"/>	<i>Patrick Hyatt</i>	<b>1-8-15</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Conrad Lepelak</i>	<b>1/11/16</b>

### COMMISSIONER'S DECISION

This request is:  **Approved**  **Denied** Effective date of exception: 2/9/16

This exception is valid through: 12/31/2016, by which the exception must be re-requested.

This exception is valid until such time as the Administrative Directive is updated.

This exception shall be added immediately to the Administrative Directive.

Commissioner's signature: <i>Alfred A. Arnold, Commissioner</i>	Date: <b>1/26/16</b>
---	----------------------