



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

CN 1301  
REV 07/25/16

Administrative Directive Number: 4.2a

Title: Risk Reduction Earned Credit

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

## Administrative Directive 4.2a, Risk Reduction Earned Credit

### 12. Lump Sum Credit:

Effective February 1, 2018, an inmate who is currently incarcerated within a correctional facility may be eligible to apply for a lump sum credit of Risk Reduction Earned Credit (RREC). This credit is an incentive for incarcerated inmates to continue to participate in programming, engage in rehabilitative services and adhere to correctional policy and procedure in order to assist with their release to the community. The Commissioner or the Commissioner's designee may, in his or her discretion, grant any portion of RREC for behavior that coincides with the guidelines set forth in Connecticut General Statute 18-98e, Earned Risk Reduction Credit and Administrative Directive 4.2a, Risk Reduction Earned Credit. Application of credit, in accordance with statutory guidelines, shall not exceed five (5) days per month. As such, lump sum credit is calculated based on the potential to earn up to five (5) days per month less the credit he/she already earned during that time period towards the reduction of his/her sentence.

#### A. Criteria

An inmate who meets all of the following criteria and is in compliance, in accordance with Administrative Directive 4.2a, Risk Reduction Earned Credit, shall be able to request a review for lump sum credit:

- Served a minimum of 24 months from their sentence date
- No Class A, B or C disciplinary reports within 24 months
- Active program participation or completion to include: job, education and/or vocational programming
- No return from discretionary release within 24 months
- No negative performance evaluations within 24 months
- No restrictive status placement within the last 48 months (Administrative Segregation, Chronic Discipline, Security Risk Group member, Special Needs)
- No lump sum credit granted within the last 24 months
- Not currently supervised under discretionary release.

#### B. Review

An inmate who meets the above criteria may request a review for lump sum credit. He/she must submit a written request to his/her counselor to determine eligibility. If ineligible, the inmate will be notified in writing within 15 business days. If eligible, facility staff shall review the inmate's program/classification history to verify that he/she meets the above noted criteria and document eligibility via CN42a-02 form, *Application for Risk Reduction Earned Credit Lump Sum*. An inmate may request a review for lump sum credit every 24 months during the same period of incarceration.

#### C. Decision

The Unit Administrator shall provide a decision regarding the approval or denial of lump sum credit. The decision shall be documented on the CN42a-02 form:

**1. Approved:** If the inmate is approved for lump sum credit, the CN42a-02 form will be forwarded to the Sentence Calculation and Interstate Management Unit (SCIM). The SCIM Unit will calculate and post the appropriate amount of credit to each active docket. Notification of the change to the inmate's time sheet will be via CN42a-02 form, which will be forwarded from the SCIM Unit. An inmate who is within six (6) months of discharge will have their lump sum credit applied in accordance with discharge planning. As such, an inmate may receive partial credit in order to assist with reentry services.

**2. Denied:** If an inmate is denied lump sum credit, the inmate may file an appeal with the Commissioner's office. Instructions regarding the appeal are noted on the CN42a-02 form.

#### D. File

A copy of the CN42a-02 form shall be filed in Section 3 of the inmate master file. If there is a change to the inmate's time sheet, the SCIM Unit will notify the records unit at the respective facility to update the master file with an updated timesheet.



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<input checked="" type="checkbox"/> See attached documents			
<b>ORIGINATOR</b>			
Name: Palliardi, Heidi		Title: CS	Date: 1/9/2018
Signature:		Facility/Unit: Sentence Calculation and Interstate Management Unit	
<b>UNIT/DISTRICT/DIVISION RECOMMENDATIONS</b>			
Approved	Denied		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature:	Date: 01/09/18
<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: 1/17/18
Reviewed by:			
<input checked="" type="checkbox"/>		Office of Standards and Policy Staff signature:	Date: 1/18/18
<b>COMMISSIONER'S DECISION</b>			
This request is:		Effective date of request:	
<input checked="" type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b>		2/1/18	
<input checked="" type="checkbox"/>	The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:		Date:
<input type="checkbox"/>	This inclusion/revision shall be added to the Administrative Directive prior to:		Date:
<input type="checkbox"/>	This inclusion/revision shall be added immediately to the Administrative Directive.		
Commissioner's signature:			Date: 1/17/18