



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

CN 1301
REV 11/15/10

Administrative Directive Number: **4.1** Title: **Inmate Records**

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

I recommend the following changes to A.D. 4.1 *Inmate Records*:

Current language:
6. Inmate Master File

An inmate master file shall be created and maintained alphabetically for each inmate admitted to the custody of the Commissioner of Correction. At a minimum, the inmate master file shall contain all custody documents pertaining to the inmate and all relevant information regarding the inmate's incarceration, classification, and behavior during confinement. This file shall be kept current, accurate and secure.

New Language:
6. Inmate Master File

An inmate master file shall be created and maintained alphabetically for each inmate admitted to the custody of the Commissioner of Correction. At a minimum, the inmate master file shall contain all custody documents pertaining to the inmate and all relevant information regarding the inmate's incarceration, classification, and behavior during confinement. All Correctional ^{Notice} (CN) forms and/or forms documented and stored within the inmate master file shall be completed with the use of blue or black ink, computer text or type. Each chronological log entry shall be legible, relevant and professionally drafted and shall include the name and title of the individual. Each entry made in a log shall be in non-erasable ink. The Unit Administrator, Deputy Warden ~~and/or Major~~ shall use green ink to record log entries, managers and supervisors shall use red ink, and line staff shall use black or blue ink. The master file shall be kept current, accurate and secure.

See attached documents

ORIGINATOR

Name: [REDACTED]	Title: [REDACTED]	Date: 1/15/15
Signature: [REDACTED]		Facility/Unit: [REDACTED]

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied	Signature	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: [Signature]	1/13/15
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: <small>(only needed if originating from facility)</small>	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: [Signature]	1/13/15

COMMISSIONER'S DECISION

This request is: **APPROVED** **DENIED** Effective date of request: 1/22/15

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: 1/16/15