

Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301 REV 06/29/18

| Administr | ative Direct | ctive Number: 6.1 | Title: Tours an | Title: Tours and Inspections | | |
|---|--|--|-----------------------|--|---|--|
| I X I | I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation regarding reason for change): | | | | | |
| 15. | orrao acc | anca expranation regu | araning reason for | change). | | |
| It is red | commen | ded to add the langu to-bed | age below to th | e definition of tour to er conducted. | nsure cells/ bed- | |
| designed | to enhance | systematic series of in e the overall levels of s staff and inmates and to | safety, security, ord | cell / bed-to-bed, in a corr der and sanitation; along with d regulations. | ectional facility/unit th the opportunity to | |
| See att | ached docu | uments | ORIGINATOR | | | |
| Name: Viç | ger, Bryan | | Т | Title: Warden | Date: 6/18/20 | |
| Signature: Facility/Unit: New Haven Co | | | | | orrectional Center | |
| | | OFFICE OF S | STANDARDS AND | POLICY REVIEW: | 13 | |
| Office of Standards and Anthony hand | | nd Policy Staff sign | nature: | Date: 6/22/20 | | |
| | | NAME OF TAXABLE PARTY OF TAXABLE PARTY. | ICT/DIVISION RECO | OMMENDATIONS: | | |
| Approved | Unit Administrator's signature: | | | Date: | | |
| | District Administrator's signature: (only needed if originating from facility) | | | Date: Office | | |
| K | □ Division Administrator's signature: Multi- Muyl | | Date: | | | |
| | | CO | MMISSIONER'S DE | CISION: | | |
| This requ | est is: | X APPROVED □ | DENIED Effe | ective 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: | | | | | |
| This | This inclusion/revision shall be added to the Administrative Directive prior to: | | | | | |
| This inclusion/revision shall be added immediately to the Administrative Directive. | | | | | | |
| Commissi | Commissioner's signature: Ungel Justs Date: 425/2 | | | | | |