Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 06/29/18

Administrative Directive Number: 8.4	Title: Dental Services

☒ I recommend the following inclusion or revision to the above referenced Administrative Directive ***(provide detailed explanation regarding reason for change):***

The following language change is recommended to coincide with current practices and standards.

B. Dental Examination. An initial dental examination shall be provided to each newly admitted inmate within three (3) months of admission. The dental examination shall include an assessment based upon a review of intake health screening information, health record documentation, dental health history, pertinent laboratory studies, including HIV status and an oral examination including teeth, gums, and soft and hard tissue with radiographic and other studies, as appropriate.

B. Dental Examination. An initial dental examination ~~shall~~ may be provided to each newly admitted inmate within three (3) months, but not to exceed twelve (12) months of admission. The dental examination shall include an assessment based upon a review of intake health screening information, health record documentation, dental health history, pertinent laboratory studies, including HIV status and an oral examination including teeth, gums, and soft and hard tissue with radiographic and other studies, as appropriate.

☐ See attached documents

ORIGINATOR

Name: MAHER KASABJI DDS	Title: Dental Director	Date: 9/25/2020
Signature:	Facility/Unit: Central Office	

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:	Office of Standards and Policy Staff signature: LT. DELPESCHIO	Date: 10/5/2020

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved	Denied		
☒	☐	Unit Administrator's signature:	Date: 10/1/20
☐	☐	District Administrator's signature: (only needed if originating from facility)	Date:
☒	☐	Division Administrator's signature:	Date: 10/6/2020

COMMISSIONER'S DECISION:

This request is: ☒ **APPROVED** ☐ **DENIED** Effective 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:	Date:
☐	This inclusion/revision shall be added to the Administrative Directive prior to:	Date:
☐	This inclusion/revision shall be added immediately to the Administrative Directive.	
Commissioner's signature:		Date: 10/4/2020