



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

CN 1301
REV 02/06/15

Administrative Directive Number: **9.7** Title: **Offender Management**

I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):
The LEAN RREC Team recommend the following inclusion to A.D. 9.7, Offender Management based upon the revision of A.D. 4.2A Attachment B, Risk Reduction Earned Credit Rules:

Add subpart (a) after Section 4, Subsection A, Part 3:

- a. Inmates with an Individualized Treatment Plan (ITP) will have ITP added to their Offender Accountability Plan (OAP). An inmate with an ITP will remain on the waitlist for an OAP program. The decision as to whether an inmate may attend the OAP program will be made in consultation with the program facilitator and mental health staff. If mental health staff determine that the inmate is appropriate to attend the program and the inmate refuses to attend the program a disciplinary report may be written. If mental health staff determine that the inmate is not appropriate to participate in the program, the inmate may be excused from attending the program but will remain on the waitlist.

See attached documents

ORIGINATOR

Name: [Redacted] Title: [Redacted] Date: 12/16/15

Signature: [Redacted] Facility/Unit: [Redacted]

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved Denied

- | | | | |
|-------------------------------------|--------------------------|--|----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Unit Administrator's signature: <i>Wanda Falcione</i> | Date: 12/16/15 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | District Administrator's signature:
(only needed if originating from facility) <i>[Signature]</i> | Date: 12/16/15 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Division Administrator's signature: <i>[Signature]</i> | Date: 12/17/15 |

COMMISSIONER'S DECISION

This request is: **APPROVED** **DENIED** Effective date of request: _____

The language/provisions of this inclusion/revision shall be effective as of: 02-01-2016
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: 2/28/16