



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

CN 1301  
REV 07/25/16

Administrative Directive Number: 10.6

Title: Inmate Visits

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

Upon review, it is found that the development of standards associated with privileged and professional visits shall be created to enhance the ability to document any Professional/Privileged Visitors entering the Correctional Institution. With that being said, the proposed language is recommended:

**Section 5, Subsection C (i) Logging of Professional/Privileged Visitors:**

- i. Logging of Professional/Privileged Visitors: Inmates may be interviewed by Professional/ Privileged Visitors in accordance with this Directive. Each correctional facility shall maintain a log book of all Professional/Privileged visitors which contains the following information:
  - a. Date and Time of Interview;
  - b. Name and Title of the interviewer(s);
  - c. Agency/Organization of interviewer(s);
  - d. Inmate Name
  - e. Inmate Number
  - f. Purpose of the Visit
  - g. Staff Initials
- ii. If the professional visitor is a representative of an outside law enforcement agency, to include Immigration and Customs Enforcement (ICE), each interviewer(s) shall be required to produce valid, agency-issued identification which established name, position and organization prior to permitting a visit. Furthermore, a CN 11003, Inmate Voluntary Interview Authorization shall be completed prior to the interview of the inmate in accordance with Administrative Directive 1.10, Investigations. Completed authorization forms shall be maintained in Section 6 of the inmate's master file.

☐ See attached documents

**ORIGINATOR**

Name: [REDACTED] Title: [REDACTED] Date: [REDACTED]

Signature: [REDACTED] Facility/Unit: [REDACTED]

**UNIT/DISTRICT/DIVISION RECOMMENDATIONS**

Approved	Denied		
<input type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature:	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from facility)	Date: 5/1/18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature:	Date: 5/1/18
Reviewed by:		Office of Standards and Policy Staff signature:	Date: 5/9/18
<input checked="" type="checkbox"/>			

**COMMISSIONER'S DECISION**

This request is:	<input checked="" type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>	Effective date of request:
<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: 5/2/18
<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: 5/2/18