



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

CN 1301  
REV 11/15/10

Administrative Directive Number: **10.7**

Title: **Inmate Communications**

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

The following changes are recommended to AD 10.7 Inmate Communications as a means of updating the directive.

**Section 4(N)(1)(g). Procedures for Publication Review.**

Currently, the paragraph which reads 'Pictorial depiction of nudity is defined as the visual depiction or display of genitalia, pubic region, buttock, or female breast at a point below the top of the areola that is not completely and opaquely covered' has been modified to read:

"Pictorial depiction of nudity is defined as the visual depiction or display of genitalia, pubic region, anus or female breast where the areola is visible and not completely and opaquely covered".

**Section 4(N)(2) Individual Review of Publications.**

Due to redundancy, the second sentence reading: "The Unit Administrator or designee shall review the individual publication prior to the rejection of that publication" has been removed.

**CN 100702 Publication Rejection Notice.**

**Bullet #7:** The last sentence has been modified to read: "Pictorial depiction of nudity is defined as the visual depiction or display of genitalia, pubic region, anus or female breast where the areola is visible and not completely and opaquely covered".

A new section has been provided to allow for "Detailed explanation of reason for rejection":

The statement at the bottom of the form stating, " This notice must be sent to both the inmate and the vendor". "Vendor" is substituted with " Publisher or sender".

See attached documents

**ORIGINATOR**

Name: [Redacted]

Title: [Redacted]

Date: 1-10-2014

Signature: [Redacted]

[Redacted]

**UNIT/DISTRICT/DIVISION RECOMMENDATIONS**

Approved    Denied

    Unit Administrator's signature: *D. K. [Signature]*

Date: 1-13-2014

    District Administrator's signature:  
(only needed if originating from facility)

Date:

    Division Administrator's signature: *[Signature]*

Date: 1/14/14

**COMMISSIONER'S DECISION**

This request is:  **APPROVED**     **DENIED**    Effective date of request: *As practicable*

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: *James E. [Signature]*

Date: 1/15/14