



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 06/29/18

Administrative Directive Number: 9.5	Title: Code of Penal Discipline
<input checked="" type="checkbox"/> I recommend the following inclusion or revision to the above referenced Administrative Directive <u>(provide detailed explanation regarding reason for change):</u>	
<p>This revision intends to differentiate between traditional and electronic communication methods referenced in Administrative Directive 10.7, the following changes are recommended:</p> <p>Administrative Directive 9.5 – To distinguish between traditional forms of communication and electronic communication as outlined in Administrative Directive 10.7, the following language updates are proposed:</p> <ul style="list-style-type: none"> - Section 13(c)-2h. Loss of general written correspondence privileges (incoming and outgoing correspondence) up to 60 consecutive calendar days - Section 13(c)-2j. Restriction of tablet privileges up to 90 consecutive calendar days during which time the offender may not access communication applications (phone/e-messaging), recreational media and entertainment tablet privileges. 	
<input type="checkbox"/> See attached documents	

ORIGINATOR

Name: James DelPeschio	Title: Captain	Date: 3/11/2026
Signature: <i>James DelPeschio</i>	Facility/Unit: OSP	

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:	Office of Standards and Policy Staff signature:	Date:
<input type="checkbox"/>		

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved	Denied	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature:	Date:
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: <small>(only needed if originating from facility)</small>	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>Walter Mulligan</i>	Date: <i>3-17-26</i>

COMMISSIONER'S DECISION:

This request is:	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Effective date of request: <i>3/23/26</i>
<input 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:
<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: <i>Carol Yuss</i>			Date: <i>3/19/26</i>



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Administrative Directive Number: 9.5	Title: Code of Penal Discipline		
<input checked="" type="checkbox"/> I recommend the following inclusion or revision to the above referenced Administrative Directive <u>(provide detailed explanation regarding reason for change):</u>			
<p>Esta revisión pretende diferenciar entre los métodos de comunicación tradicionales y los electrónicos mencionados en la Directiva Administrativa 10.7, y se recomiendan los siguientes cambios:</p> <p>Directiva Administrativa 9.5 – Para distinguir entre las formas tradicionales de comunicación y la comunicación electrónica, según lo establecido en la Directiva Administrativa 10.7, se proponen las siguientes actualizaciones lingüísticas:</p> <p>1. Sección 13(c)-2h. Pérdida de privilegios generales de correspondencia escrita (correspondencia entrante y saliente) hasta 60 días naturales consecutivos - privilegios generales de correspondencia escrita (correspondencia entrante y saliente) hasta 90 días naturales consecutivos.</p> <p>- Sección 13(c)-2j. Restricción de los privilegios de tabletas hasta 90 días naturales consecutivos, durante los cuales el delincuente no podrá acceder a aplicaciones de comunicación (teléfono/mensajería electrónica), medios recreativos y los privilegios de tabletas de entretenimiento.</p>			
<input type="checkbox"/> See attached documents			
ORIGINATOR			
Name: James DelPeschio		Title: Captain	Date: 3/11/2026
Signature: <i>James DelPeschio</i>		Facility/Unit: OSP	
OFFICE OF STANDARDS AND POLICY REVIEW:			
Reviewed by:	Office of Standards and Policy Staff signature:		Date:
<input type="checkbox"/>			
UNIT/DISTRICT/DIVISION RECOMMENDATIONS:			
Approved	Denied	Unit Administrator's signature:	Date:
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from facility)	Date:
<input type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature:	Date:
COMMISSIONER'S DECISION:			
This request is:		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
		Effective date of request:	
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Commissioner's signature:			Date: