



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

This revision is suggested to align with proposed changes to Administrative Directive 10.7, Inmate Communications as it pertains to differentiating between written and electronic correspondence. It also recommends removing all verbiage pertaining to Confinement to quarters. CTQ can longer be implemented due to CGS 18-96b

1. Proposed change on form CN 9502, Informal Disciplinary Report. "Loss of ~~general-written~~ correspondence"
2. Recommend removing "Confinement to quarters" on CN 9502 and replace with "Tablet Restriction". By replacing CTQ with Tablet Restriction, it will allow for the short-term removal of a privilege for minor rule infractions while keeping penalties consistent with the provision set in this directive.
3. Recommend removing all verbiages pertaining to Confinement to quarters throughout AD 9.5.

See attached documents

ORIGINATOR

Name: James DeIPeschio Title: Captain Date: 3/11/2026

Signature: *James DeIPeschio* Facility/Unit: OSP

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:

Office of Standards and Policy Staff signature:

Date:

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved Denied

Unit Administrator's signature:

Date:

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

Date:

Division Administrator's signature: *Mullin Mullin*

Date: 3-17-26

COMMISSIONER'S DECISION:

This request is:

APPROVED

DENIED

Effective date of request:

3/23/26

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:

Paul G. Lewis

Date: 3/19/26



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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>Se sugiere que esta revisión se alinea con los cambios propuestos a la Directiva Administrativa 10.7, Comunicaciones con los Internos, en lo que respecta a la diferenciación entre correspondencia escrita y electrónica. También recomienda eliminar toda la redacción relacionada con el confinamiento a los cuartos. CTQ ya no puede implementarse debido a CGS 18-96b</p>			
<ol style="list-style-type: none"> 1. Cambio propuesto en el formulario CN 9502, Informe Disciplinario Informal. "Pérdida de correspondencia escrita general" 2. Recomiendo eliminar "Confinamiento a cuartos" en CN 9502 y reemplazarlo por "Restricción de tabletas". Al sustituir CTQ por la Restricción de Tabletillas, permitirá la eliminación temporal de un privilegio por infracciones menores de la norma, manteniendo las sanciones coherentes con la disposición establecida en esta directiva. 3. Recomiendo eliminar todas las cláusulas relacionadas con el confinamiento a los cuartos durante el año 9.5 d.C. 			
<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: <small>(only needed if originating from facility)</small>	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:
<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:			Date: