



# Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301  
REV 06/29/18

Administrative Directive Number: 9.6	Title: Inmate Administrative Remedies
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I recommend the following inclusion or revision to the above referenced Administrative Directive **(provide detailed explanation regarding reason for change):**

**Se sugiere la siguiente revisión para aclarar al demandado en una apelación bajo la ADA.**

1. Decisión de la Ley de Estadounidenses con Discapacidades (ADA).
  1. ~~Tras reunirse con el Coordinador de la ADA de la Unidad~~ Tras recibir la decisión final del Administrador de la Unidad respecto a la solicitud de adaptación razonable, la decisión de la ADA queda sujeta a apelación.
    1. El Coordinador ~~Departamental de Derechos de las Personas con Discapacidad ADA~~, en consulta con el Administrador del Distrito correspondiente, deberá responder por escrito en un plazo de 15 días laborables desde la recepción de la apelación.
      1. La decisión del Coordinador de ~~Derechos de las Personas con Discapacidad~~ del Departamento según la ADA no será objeto de apelación adicional.

**Este cambio también se realizará en el anexo A, Tabla de Enrutamiento de Recursos Administrativos.**

See attached documents

**ORIGINATOR**

Name:	Title:	Date:
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Signature:	Facility/Unit:
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**OFFICE OF STANDARDS AND POLICY REVIEW:**

<b>Reviewed by:</b>	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:	
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: <small>(only needed if originating from facility)</small>	
<input type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature:	

**COMMISSIONER'S DECISION:**

This request is:	<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>	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:
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Administrative Directive Number: 9.6

Title: Inmate Administrative Remedies

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

The following revision is suggested to clarify the respondent for an ADA appeal.

1. Americans with Disabilities Act (ADA) Decision.

a. ~~After meeting with the Unit ADA Coordinator~~ Upon receipt of the Unit Administrator final decision regarding request for reasonable accommodation, the ADA decision is subject to appeal.

i. The Department ~~ADA Coordinator~~ Disability Rights Coordinator, in consultation with the appropriate District Administrator, shall respond in writing within 15 business days of receipt of the appeal.

1. The decision of the Department ~~ADA~~ Disability Rights Coordinator shall not be subject to further appeal.

This change will also be made on attachment A, Administrative Remedies Routing Chart.

See attached documents

### ORIGINATOR

Name: JAMES DELPOESCHIO Title: CAPTAIN Date: 3/26/20

Signature: [Handwritten Signature] Facility/Unit: OSP

### OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:  Office of Standards and Policy Staff signature: [Handwritten Signature] Date: 3/20/20  
cc Street

### 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 type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature:	Date:

### COMMISSIONER'S DECISION:

This request is:  **APPROVED**  **DENIED** Effective date of request: 4/16/20

- 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: [Handwritten Signature] Date: 3/30/20