



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

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