Request for Exception to an Administrative Directive

Connecticut Department of Correction

CN 1302
REV 02/06/15

Administrative Directive Number:	9.2	Title:	**Offender Classification (form CN9201)**

I request approval of the following exception to the above referenced directive (provide detailed explanation):

Willard Cybulski is requesting an exception to the screening and approval process for Outside Clearance as outlined in Administrative Directive 9.2, Form CN9201. This exception would only apply to the inmates in the E Dorm Reintegration Unit at Willard Cybulski. All existing criteria will remain the same except the following two eligibility criteria:

Existing: "No level four convictions, past or current offense"
Proposed change: Inmates in the ENOUGH Reintegration Unit at Willard Cybulski with Level Four convictions (current or past) may be considered for DOC staff supervised Tier Two outside clearance at the discretion of the Unit Administrator. Inmates on Tier Two are always supervised by a DOC staff person and can fill jobs such as A&P, Osborn Lawn, Osborn Gatehouse, W/C Grounds, Walker Drive, Turkey Hill, Cybulski Trash Detail, Cybulski Garden, Front Lobby Janitor, A&P Janitor, Warehouse Janitor, Administrative Janitor, Officer's Mess Janitor, Visiting Room Janitor and Recycle Paper.

Existing: "No history of classification as an overall risk level 5
Proposed change: "The Unit Administrator may consider inmates who have a history of an overall risk level five (5) if 5 years have passed since the inmate was a Level 5"

☒ See attached documents

ORIGINATOR

Name: Linda P. Kendrick	Title: Deputy Warden	Date: 4-6-15
Signature: Linda P. Kendrick	Facility/Unit: Willard Cybulski CI	

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied			
☒	☐	Unit Administrator's signature:	[signature]	Date: 4/5/15
☒	☐	District Administrator's signature: (only needed if originating from a facility)	[signature]	Date: 4/6/15
☒	☐	Division Administrator's signature:	[signature]	Date: 4/6/15

COMMISSIONER'S DECISION

This request is: ☑ **APPROVED** ☐ **DENIED** Effective date of request: As Practicable

☑ This exception is valid through: _____, by which the exception must be re-requested.

☐ This exception is valid until such time as the Administrative Directive is updated.

☐ This exception shall be added immediately to the Administrative Directive.

Commissioner's signature: [signature]	Date: 4/6/15