



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 02/06/15

Administrative Directive Number: **9.2** Title: **Offender Classification**

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

Current language:

- Policy. Each inmate under the custody of the Commissioner of Correction shall be classified to the most appropriate assignment for security and treatment needs to promote effective population management and preparation for release from confinement and supervision. The Department's classification of inmates shall normally utilize a classification instrument based on objective factors. The classification system shall not foster discrimination in status, including housing, programming, job assignment, or on the basis of race, religion, creed, color, or national origin.

Change to:

- Policy. Each inmate under the custody of the Commissioner of Correction shall be classified to the most appropriate assignment for security and treatment needs to promote effective population management and preparation for release from confinement and supervision. The Department's classification of inmates shall normally utilize a classification instrument based on objective factors. The classification system shall not foster discrimination in status, including housing, programming, job assignment, or on the basis of race, religion, creed, color, **sexual orientation** or national origin

See attached documents

ORIGINATOR

Name: **NICOLE ANKER** Title: **Acting Legal Director** Date: **7/8/15**

Signature: *Nicole Anker* Facility/Unit: **Legal Affairs**

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied	Signature	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: <i>[Signature]</i>	Date: 7/10/15
<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>[Signature]</i>	Date: 7/13/15

COMMISSIONER'S DECISION

This request is: **APPROVED** **DENIED** Effective date of request: As practicable

The language/provisions of this inclusion/revision shall be effective as of: _____ and subsequently added to the Administrative Directive at the next update.

This inclusion/revision shall be added to the Administrative Directive prior to: _____

This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner's signature: *[Signature]* Date: **7/17/15**