



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 06/29/18

Administrative Directive Number: 9.4

Restrictive Status

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

The following revision to Administrative Directive 9.4, Restrictive Statuses is recommended for clarification.

Recommended change:

1. **Placement on High Security Status.** An investigation shall be conducted by the Unit Administrator or designee to determine if an inmate may be considered for High Security Monitoring **Hearing**, if such inmate meets one of the criteria listed in this section. The Unit Administrator, in consultation with the Director of Offender Classification and Population Management, may consider an inmate as a High Security Inmate if the inmate meets one or more of the criteria listed below. An inmate on High Security Monitoring shall be classified as an overall risk level 4 or above and shall be housed in a level 4 or 5 facility. Placement of an inmate on High Security Monitoring shall not preclude, and may be used in conjunction with, placement on any other restrictive status.

- A. **Review Procedures.** Each facility shall establish procedures to review each inmate, consistent with classification practices, to determine if an inmate shall be considered for High Security Monitoring **Hearing**.

Current practice does not involve an inmate to be included in the review process for high security placement, rather if the inmate meets the criteria listed, the unit administrator will consult with the director of OCPM for a high security placement.

This change is also reflected on the CN 9405, Restrictive Status Notification of Decision, see attached.

See attached documents

ORIGINATOR

Name: Keith Grandy

Title: Captain

Date: 5/13/2021

Signature: 

Facility/Unit: Operations

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:

Office of Standards and Policy Staff signature: Lt. DelPeschio 

Date: 5/13/2021

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved

Denied

Unit Administrator's signature: 

Date: 5/20/2021

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

Date:

Division Administrator's signature: 

Date: 5-20-21

COMMISSIONER'S DECISION:

This request is:

APPROVED

DENIED

Effective date of request:

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: 

Date: 5/21/2021