



# Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301  
REV  
07/25/15

Administrative Directive Number: <b>6.6</b>		Title: <b>Reporting of Incidents</b>
<input checked="" type="checkbox"/> I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):		
<ol style="list-style-type: none"><li>1. In correlation to the Administrative Directive title and content changes to AD 6.9, Collection and Retention of Contraband and Physical Evidence, it is necessary to review subsequent directives that are identified in the changed directive. In AD 6.6; Reporting of Incidents, it is necessary to change any and all title references to the updated title of AD 6.9; Collection and Retention of Contraband and Physical Evidence.</li><li>2. Also, when reviewing AD 6.6, it is necessary to edit the existing language under <i>Corroborating Information; Section 11</i> of this directive from:<ul style="list-style-type: none"><li>• <b>"When significant property damage or injury has resulted from an incident (e.g., riot, disturbance, fire, escape, fight or assault) video recording and/or photographs shall be taken of the area and/or injured person(s)." To:</b></li><li>• <b>"All physical evidence to include, but not limited to, video recordings and/or photographs shall be handled, collected, and retained in accordance with A.D. 6.9; Collection and Retention of Contraband and Physical Evidence."</b></li></ul></li><li>3. Additionally, under <i>Report Review</i>, Section 12 of this directive, it was found necessary to change the verbiage from <b>• "The Shift Commander...within 28 days of the incident..." To:</b></li><li>• The Shift Commander shall prepare a summary report of all submitted incident reports, draw conclusions, and make recommendations on the CN 6601, Incident report within the appropriate guidelines and reporting requirements found in Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence.</li></ol>		
<input type="checkbox"/> See attached documents		
ORIGINATOR		
Name: <i>Mark Bonaventura</i>		Title: <i>CCS</i>
Signature: <i>Mark Bonaventura</i>		Facility/Unit: <i>OSP</i>
UNIT/DISTRICT/DIVISION RECOMMENDATIONS		
Approved	Denied	
<input type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: _____ Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: _____ (only needed if originating from facility) Date: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>Mark Bonaventura</i> Date: <i>12/29/16</i>
Reviewed by:		Office of Standards and Policy Staff signature: <i>DS</i> Date: <i>12-29-16</i>
COMMISSIONER'S DECISION		
This request is: <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Effective date of request: <i>1/3/17</i>
<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:		
<input type="checkbox"/> This inclusion/revision shall be added to the Administrative Directive prior to:		
<input type="checkbox"/> This inclusion/revision shall be added immediately to the Administrative Directive.		
Commissioner's signature: <i>[Signature]</i>		Date: <i>1/3/17</i>