



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 11/15/10

Administrative Directive Number: **10.6** Title: **Inmate Visits**

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

The following language has been modified to state:

Effective 10/20/2014, persons arriving at a DOC site for purposes of visiting any inmate housed at that site shall be screened for Ebola utilizing CN 100605; Ebola Screening Form for Entry to Correctional Sites, prior to entry to such site. Any person seeking access to a DOC site who refuses to answer screening or who answers yes to one or both screening questions shall be denied access to the Correctional site and a supervisor shall be contacted immediately. Additionally, the employee conducting the screening shall complete an incident report.

Forms and Attachments

CN 100605; Ebola Screening Form for Entry to Correctional Sites.

Effective Date = 10/27/2014. This form supersedes the previously created form which had an effective date of 10/20/14.

The following language change is noted on the paragraph beginning; * All visitors, volunteers, vendors and contractors...

The previous wording on the third line stated "shall be denied access to the facility and a supervisor SHALL be contacted immediately."

The updated wording will now read " shall be denied access to the correctional site and a supervisor SHALL be contacted immediately."

See attached documents

ORIGINATOR

Name: [REDACTED]	Title: [REDACTED]	Date: 10/27/14
Signature: [REDACTED]	Facility/Unit: [REDACTED]	

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: 10/20/14

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. 10/30/14

Commissioner's signature: Date: 10/20/14