



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 02/06/15

Administrative Directive Number: **1.5** Title: **Public Information and News Media Relations**

I recommend the following **exception** to the above referenced Administrative Directive (provide detailed explanation):

The CTDOC has entered into a memorandum of agreement (MOU) with Purple States TV and Downtown Community Television Center, Inc. regarding the production of a documentary portraying CTDOC's efforts to prepare inmates for successful reintegration into the community after discharge.

In order to fulfill the terms of this MOU and produce the documentary employees of Purple States TV and Downtown Community Television Center, Inc. will need to capture on-camera in-person interviews of carefully screened and selected inmates, to include facial depictions of said inmates.

I request an exception to AD 1.5 Section 6 Photographs. Specifically, the language stating: "If approval is granted, photographers shall be requested to avoid a facial depiction of a solitary inmate based on the security concerns that the increased notoriety may create."

I also request an exception to language in Section 7 Personal Interview of Incarcerated Inmate, subsection D Restrictions. Specifically the language stating: "Based on concerns for the safety, security and order of the facility and the potential for re-victimization, video, on-camera interviews with a specific inmate shall not be permitted."

See attached documents

ORIGINATOR

Name: [Redacted] Title: [Redacted] Date: 8/20/2015

Signature: [Redacted] Facility/Unit: [Redacted]

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: N/A	Date: N/A
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: N/A <small>(only needed if originating from facility)</small>	Date: N/A
<input type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature:	Date:

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.

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: Date: 8/21/2015