



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 07/25/16

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| Administrative Directive Number: 4.6 | Title: Use of Computers and Related Technologies |
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I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):

In order to comply with FBI and Department of Emergency Services and Public Protection Division of State Police requirements pertaining to the use of COLLECT system and Criminal Justice Information (CJI) obtained through that system, I am requesting the inclusion of the following into Administrative Directive 4.6; Use of Computers and Related Technologies.

The following language should be added to Section 9. Access to Criminal Justice Information Systems and Training: Upon staff or authorized vendors leaving state service or employment, or when placed on administrative leave, access to CJI through the agency's system will be terminated by the MIS Unit, upon notification from the staff or vendor's supervisor or Human Resources.

The following language should be revised in Section 10. Use of Criminal Justice Information Systems: Each Department employee who has access to information received via the COLLECT, NCIC, JIS, OBTS, PRAWN and/or JEB automated systems shall be required to review and sign CN4402, Agreement to Protect Confidentiality of Computerized Criminal Record Data prior to use.

To: The following language should be revised in Section 10. Use of Criminal Justice Information Systems: Each Department employee who has access to information received via the COLLECT, NCIC, JIS, OBTS, PRAWN and/or JEB automated systems shall be required to review and sign CN4403, Agreement to Protect Confidentiality of Computerized Criminal Record Data prior to use.

See attached documents

ORIGINATOR

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|----------------------|-------------------------------------------|--------------------|
| Name: Tomest Maskell | Title: Counselor Supervisor | Date: 27 June 2017 |
| Signature: | Facility/Unit: Program and Treatment Unit | |

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 checked="" type="checkbox"/> | <input type="checkbox"/> | Division Administrator's signature: | Date: 7/18/17 |
| Reviewed by: | | Office of Standards and Policy Staff signature: | Date: 7/18/17 |
| <input checked="" type="checkbox"/> | | | |

COMMISSIONER'S DECISION

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| This request is: | <input checked="" type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | Effective date of request: |
| <input checked="" 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: | | Date: 7/25/17 |
| <input type="checkbox"/> | This inclusion/revision shall be added to the Administrative Directive prior to: | | Date: |
| <input type="checkbox"/> | This inclusion/revision shall be added immediately to the Administrative Directive. | | |
| Commissioner's signature: | | | Date: 7/25/17 |