



# Request for Exception to an Administrative Directive

## Connecticut Department of Correction

CN 1302  
REV 11/15/10

Administrative Directive Number: **6.9** Title: **Control of Contraband and Physical Evidence**

I request approval of the following exception to the above referenced directive (provide detailed explanation):

**Change the language in Section 8 that reads:**

8. Employee Electronic Device. Upon determination that a staff member has entered a facility with an unauthorized electronic device, the facility supervisor will note whether the employee was observed using the electronic device, and will conduct the following:

- A. If the employee was not observed using the electronic device, the employee will be instructed to immediately remove the electronic device from the facility and have it placed in their automobile. An incident report will be generated.
- B. If the employee was observed using the electronic device, the item will be confiscated, an incident report generated, the Unit Administrator or Duty Officer contacted.
- C. Confiscated electronic devices shall be photographed, tagged with a CN 6901 Form and secured in a Faraday bag for forwarding to the External Security Unit as evidence in accordance with this Directive.

**The new language will read as follows:**

8. Employee Electronic Device. Upon determination that an employee has entered a facility with an unauthorized electronic device, the facility supervisor will note whether the employee was observed using the electronic device, and will conduct the following:

- a. Escort the employee and the electronic device to an administrative area;
- b. Photograph the electronic device in the presence of the employee;
- c. Identify the electronic device (type, make, model, color) in the presence of the employee;
- d. Instruct the employee to write an incident report;
- e. Return the electronic device to the employee and have the employee bring the device to their vehicle for storage.
- f. If there exists a reasonable suspicion that the electronic device may have been used by inmates, forward the incident report package to the Security Division.

See attached documents

### ORIGINATOR

Name: <i>Christine Whidden</i>	Title: <i>Director</i>	Date: <i>5/22/17</i>
Signature: <i>Christine Whidden</i>	Facility/Unit: <i>Security Division</i>	

### 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 a facility)</small>	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>M. McDonald</i>	Date: <i>5/22/17</i>

### COMMISSIONER'S DECISION

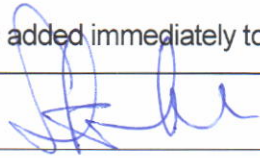
This request is:  **APPROVED**     **DENIED**    Effective date of request: \_\_\_\_\_

This exception is valid through: \_\_\_\_\_, by which the exception must be re-requested.

This exception is valid until such time as the Administrative Directive is updated.

This exception shall be added immediately to the Administrative Directive.

Commissioner's signature:



Date:

5/22/17