



*"Service with Excellence
and Integrity"*

Arkansas Department of Community Correction

Two Union National Plaza Building
105 West Capitol, 2nd Floor
Little Rock, Arkansas 72201-5731
(501) 682-9510 Fax: (501) 682-9513

ADMINISTRATIVE DIRECTIVE: 07-20 RELEASE FOR COMPLETION OF THE PROGRAM

TO: COMMUNITY CORRECTION CENTER EMPLOYEES

FROM: G. DAVID GUNTARP, DIRECTOR

SUPERSEDES: 05-09

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APPROVED: _____ Signature on File

EFFECTIVE: December 21, 2007

- I. APPLICABILITY.** This policy applies to Community Correction Center (CCC) employees, excluding technical violator centers/programs.
- II. POLICY.** Eligible CCC residents may be released to community supervision pursuant to Parole Board action, as a result of having successfully completed the required program(s) as specified by the Department of Community Correction, and who have maintained continued compliance with center rules, regulations, policies, and procedures until release.
- III. PROCEDURES.** The Treatment Coordinator will ensure resident progress is timely reviewed on all residents regardless of admission status and that either the Judicial Transfer Program Completion Release form or the Probation Plus Program Completion Release form is completed and forwarded through the Center Supervisor to the Deputy Director for Residential Services.
 1. The Center Supervisor will ensure residents (Judicial Transfers and Probation Plus) are recommended for release to the Arkansas Parole Board (APB) or the District Judge and released only following approval and satisfaction of the criteria for "Successful Completion of the Program" as specified in the community correction center criteria and standards.
 2. When residents receive approval of the District Judge or the APB, the Center Supervisor may prepare the Arkansas Department of Community Correction Certificate of Completion and issue it to the resident only upon release from the Community Correction Center. This early release approval is contingent upon the resident maintaining a status of compliance from the time of approval until release.
 3. Approved release documents will be provided to the Institutional Release Officer (IRO) or the Records Supervisor (as appropriate) who will ensure appropriate staff persons are advised of the release; process the approved resident for release; and maintain a copy of the release document.

IV. ATTACHMENTS.

- 1. AD-7-20 Form 1 Judicial Transfer Program Completion Release Form**
- 2. AD 7-20 Form 2 Probation Plus Program Completion Release Form**

[NOTE: Program completion certificates are produced at Central Office to be provided as needed and upon request.]

Arkansas Department of Community Correction

JUDICIAL TRANSFER PROGRAM COMPLETION RELEASE (JTPCR) FORM

Resident: _____ (name) DCC No. _____

Clinical Statement: After conferring with the Staff on Duty and the resident's counselor, I have determined that the above named resident meets the following successful program completion criteria:

- consistently used modified therapeutic community concepts, e.g., booking tickets, confrontations
made reasonable progression through status levels through review of SOD and counselor input.
current on the master treatment plan
actively participated in the 12-step program and satisfactorily demonstrated knowledge of steps 1 through 4, and
completed phase 3.

Comments: _____

Treatment Coordinator Clinical Supervisor Signature: _____ Date: _____

Records Supervisor's Statement:

- The resident was sentenced and judicially transferred to the DCC, and
The resident has been incarcerated at the CCC at least 270 days; and
The resident has been free of a cardinal rule violation within the past 90 days resulting in disciplinary detention or loss of class or good time. If this box is unchecked, relevant documentation must be attached.

Records Supervisor's Signature: _____ Date: _____

Center Supervisor's Statement: After review of the clinical and record supervisors' statements above, I make the following decision:

- I authorize staff to release the above named resident from the community correctional center for successful completion of the program
The resident named above is denied successful completion of the program release due to the following reasons:

Center Supervisor's Signature _____ Date: _____

Arkansas Department of Community Correction

PROBATION PLUS PROGRAM COMPLETION RELEASE (PPPCR) FORM

Resident: _____ (name) **DCC No.** _____

Clinical Statement: After conferring with the Staff on Duty and the resident's counselor, I have determined that the above named resident meets the following successful program completion criteria:

- consistently used modified therapeutic community concepts, e.g., booking tickets, confrontations;
- made reasonable progression through status levels through review of SOD and counselor input;
- current on the master treatment plan;
- actively participated in the 12-step program and satisfactorily demonstrated knowledge of steps 1 through 4; and
- completed phase 3.

Comments: _____

Treatment Coordinator **Clinical Supervisor Signature:** _____ **Date:** _____

Records Supervisor's Statement:

- The resident was sentenced under a Probation Plus to the DCC; and
- The resident has been incarcerated at the CCC at least 270 days; and
- The resident has been free of a cardinal rule violation within the past 90 days resulting in disciplinary detention or loss of class or good time. If this box is unchecked, relevant documentation must be attached.

Records Supervisor's Signature: _____ Date: _____