

ANCILLARY and SUPPORT GROUPS

The following information will be completed **on all facility other programs, activities and support groups** as defined in OP-090101:

Other programs and support groups are classes/groups chosen by the inmate based on availability and his/her interest or preference. *All other groups/classes will have their attendance reported electronically as outlined in Attachment A.*

Please complete a separate form for **each other program/activity**, offered by your facility. *Example: AA/NA, structured bible studies, Zig Ziggler, etc.*

EMAIL this form to: Administrator of Programs - stephanie.adams@doc.ok.gov

Facility Name: _____

Ancillary Program Name and Support Groups: _____

Security level in which program is available: *(Check all that apply):* ☐ Community ☐ Minimum ☐ Medium ☐ Maximum

Check **one** of the following: ☐ support group ☐ treatment ☐ life skills ☐ parenting
☐ managing emotions ☐ motivational ☐ family relations ☐ educational ☐ character building
☐ other

Description/Purpose of other program: _____

Workbook, text, theory utilized in program: _____

Participant eligibility criteria: _____

Lead by: *(Check all that apply.)* ☐ security staff ☐ case management ☐ correctional counselor
☐ unit manager ☐ psychologist ☐ psychology clinician ☐ medical staff *(Doctor, Nurse, PA)*
☐ chaplain ☐ law librarian ☐ volunteer ☐ education *(Principal, Teacher, Librarian)*
☐ inmate ☐ contract treatment provider

Minimum qualifications needed to lead activity, if applicable: *(training, certification, education and/or experience, etc.)* _____

Capacity per group: _____ Number of groups at one time: _____

Length of activity: *(days, weeks, months)* _____ Times per week: _____ Total hours per week: _____