

<b>GEORGIA DEPARTMENT OF CORRECTIONS</b> Standard Operating Procedures		
<b>Functional Area:</b> Facilities Operations	<b>Reference Number:</b> IIC02-0001 (220.07)	<b>Revises Previous Effective Date:</b>  10/15/07
<b>Subject:</b> Guidelines For Completing The Parole Review Summary		
<b>Authority:</b> Bryson/Ward	<b>Effective Date:</b> 07/16/15	Page 1 of  8

**I. POLICY:**

A procedure has been developed in conjunction with the State Board of Pardons and Paroles to release inmates in advance of their Tentative Parole Month (TPM) or Max Out Date. Each institution will receive a computer printout from the State Board of Pardons and Paroles once a month listing potential eligible inmates for advance release. A Parole Review Summary (Attachment 1) shall be completed within thirty (30) days of receipt of the printout and forwarded to State Board of Pardons and Paroles, Attention: Processing Unit.

**II. APPLICABILITY:**

All state and county facilities and transitional centers.

**III. RELATED DIRECTIVES:**

- A. GDC Rules: 125-1-2-.05 and 125-1-2-.13.
- B. ACA Standards: 3-4094 and 3-4291

**IV. DEFINITIONS:**

None

**V. ATTACHMENTS:**

ATTACHMENTS: # 1 Parole Review Summary

**VI. PROCEDURE:**

Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 2 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

A. A computer printout will be generated by the State Board of Pardons and Paroles and sent to facilities at monthly intervals. Each facility will review, for advance release, the cases of inmates who are on the computer printout according to the following schedule:

1. The review process will begin six (6) months in advance of any potential benefit to the inmate. The facility/center will be responsible for sending its completed summary within the first thirty (30) days after notification. This will allow the Parole Board's Processing Unit one hundred and twenty (120) days lead time for review and assessment of the summaries as well as allowing for the advance release of those inmates rated above average.
2. Inmates who do not have a Tentative Parole Month (TPM) and who meet criteria in this procedure will be reviewed six (6) months in advance of any maximum sentence expiration.
  - a. The Board of Pardons and Paroles requires 120 days lead time to review and assess these inmates.
  - b. It must be emphasized that the facility/center must accomplish its ratings in a timely and prompt manner. If there is delay, it will not be possible to process the inmate prior to the advance release date.
3. After the facility/center makes its recommendation on the Parole Review Summary, the summary, in conjunction with a manual review of the file, will be forwarded to Parole Board, Attention: Processing Unit. The inmate's counselor shall also enter a case note in SCRIBE stating that the review has been completed.
4. If a recommended Tentative Parole Month extension is generated during the review process, this will automatically delete an inmate from consideration.

Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 3 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

5. If an inmate has been transferred to another facility/center, the losing facility/center shall advise the gaining facility/center to submit the Parole Review Summary, utilizing information presently in the file.
  6. MH/MR Counselors will be responsible for completing the Parole Review Summary on Mental Health Offenders. MH/MR counselors shall also enter a case note in the file stating that the review has been completed.
- B. Each individual facility/center will review their case files of all inmates listed as eligible for advance release on the computer printout and consider the following criteria:
1. Inmate must have no disciplinary reports in the Greatest Severity Offense or High Severity Offense category nor any Tentative Parole Month extensions for six (6) months prior to Parole Board's consideration date.
  2. The Parole Review will be completed by the assigned facility/center staff upon the Parole Boards request.
  3. Active participation in work, education and/or treatment programs including alcohol and drug specifically, to the extent offered at facilities/centers as specified by the Work/Activity Plan and Status Report and the inmate's assigned counselor.
  4. Inmate must be classified as close, medium, minimum or trusty status only.
  5. Inmate must receive positive recommendations from his assigned counselor and Warden or Superintendent.
  6. Inmate must have no more than one (1) escape.

Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 4 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

7. If serving for the offense of armed robbery, inmate must have completed five years.
  8. Inmate must achieve fifth grade reading level and/or performance to the best of his/her abilities.
- C. Explanation and instructions for completing the Parole Review Summary. This form is completed for each inmate eligible for consideration of release. The controlling date is the Tentative Parole Month (TPM) as originally determined by the State Board of Pardons and Paroles for those anticipating parole, and the max-out date for those who will discharge from the system. Approximately six months in advance of release, and thirty days before the form is due, the State Board of Pardons and Paroles will notify the facility/center by computer printout of the cases it plans to review. The following defines how by computer printout:
1. Section 1. Inmate:
    - a. Write out the name of the inmate in last, first, middle initial order.
    - b. Fill in the ID number; the first two spaces are for the prefix, the next segment for the six numbers. Refer to the display on page 3-06 of the manual for models of the correct format.
  2. Section 2. Case Description:
    - a. Type case - Place an X on the line that classifies the case. Put an X by "Parole" if the inmate has been given a tentative parole month by the State Board of Pardons and Paroles, or by "Max Out" if the inmate is going to discharge from GDC. If the inmate has a life sentence put an X in the appropriate space.
    - b. Review date - Place an X next to TPM or PCD to indicate the type review date.

Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 5 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

- 1) Tentative Parole Month (TPM) - Enter the month and year of the TPM for those being paroled, or the month and year of release for those who will Max-Out.
  - 2) Parole Consideration Date (PCD) - Enter the month and year of the Parole Consideration Date of the inmate who has a life sentence.
  - c. Type report - If a Parole Review Summary has not been written since the inmate entered GDC, place an X in the space marked "Initial". Any summary written after the "initial" summary is to be considered as an "update" summary.
  - d. Report Period (RPT) - In the "From" space, write the month and year that indicates the beginning of the report period covered by the Parole Review Summary. In the "To" space, enter the month and year that defines the end of the period. The period should extend from the date the last Parole Review Summary was completed through the present. If this is the first Parole Review Summary, place "Initial Report" in the "to" space.
3. Section 3.Disciplinary Reports and Dispositions:
- a. In an organized manner, list each disciplinary incident: include the date of the offense, the specific charges, their codes, and the disposition. The reports to be included are greatest and high only from report period to report period.
  - b. If it is the initial report, include all of the Greatest Severity Offense's and High Severity Offense's from the beginning of the inmate's entry into GDC.

Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 6 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

4. Section 4. Proposed Plan for Residence/Employment Upon Release

- a. Give the name, relationship, and address of the most significant person with whom the inmate plans to reside upon release. If the address is a rural one, please give directions including landmarks. If known, give the names and relationship of other members of the household. Specify the name and address of the future employer; include any facts known about the job the inmate will hold.
- b. If there is no employment plan, please so state on the Parole Review Summary. Then, request referral to the Georgia Department of Labor. Lack of an employment plan will not keep an inmate from being paroled.

5. Section 5. Case Management Summary:

- a. Mental Health: Place an X next to the option that indicates the current status of this inmate in the Mental Health/Mental Retardation Program. "Active" includes inmates currently assigned to the case load of a Mental Health/Mental Retardation counselor or those being treated by one of these specialists at the present time. If the inmate is active and on medication, please state the type and amount of medication as of this writing.
- b. Case Summary: This statement reflects the counselor's professional opinion, and communicates the status of the inmate to the State Board of Pardons and Paroles. Address all areas adequately, but concisely. The content should be based upon personal observations, Work/Activity Performance Reports, and other communications from staff members. At a minimum, review facility/center adjustment, quality of work, level of performance, and

Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 7 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

staff/peer relationships. If the inmate is now involved in the Mental Health/Mental Retardation Program, describe the progress that is being made and the present state of mental functioning.

c. Education: Please state in the narrative whether the final TABE score indicates an improvement over previous scores and how much. Also, indicate completion of any vocational and/or academic programs.

1) Highest TABE Reading: Enter the highest reading score that the inmate has ever made on the Test of Adult Basic Education. Look at all the inmate's TABE test scores, because many inmate's take the TABE more than twice. Record the score as follows and be careful not to enter the average score for the reading score.

2.3 = 0 2 3

10.2 = 1 0 2

2) Test Date: Enter the number corresponding to the month and year as follows:

January 1987 = 1 87

3) Academic Program Participation: Check the appropriate spaces.

L/R - Literacy/Remedial Reading

ABE - Adult Basic Education

GED - GED Preparation

Sp Ed - Special Education

6. Section 6.Summary Rating: Overall Facility/Center Behavior:

Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 8 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

- a. On the basis of the Work Activity Performance Reports received during the period and other personal and reported observations of overall facility/center behavior, place an X after the category that best conveys the consensus of the staff regarding the performance of this individual.
- b. Above average: Performance is above expectation of what is considered acceptable. Routinely follows facility and departmental policies, procedures, and rules and regulations.
- c. Average: Performance is acceptable; nothing more, nothing less. Generally completes assigned tasks in an appropriate manner. Fairly consistent in following the rules and regulations, or policies and procedures of the facility/center and department.
- d. Below average: Performance is unacceptable and often below the level of capability. Many times, fails to complete assigned task. Often breaks the rules and regulations, or policies and procedures of the facility/center and department.

7. Section 7. Recommendations:

- a. Release: Mark the type controlling date that applies to this inmate. Then mark "No" if the summary rating of this inmate is average or below, and yes if the summary classification is above average.
- b. To date Extension: Write in the total number of Tentative Parole Month extension days accumulated from all disciplinaries received by the inmate.
- c. Reduction of Extension: Mark "No" if you would not recommend reducing the total number of extension days. This would imply that there has



Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 9 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

not been a substantial improvement in performance or behavior. On the other hand, if there has been a substantial improvement in performance and behavior, and you would recommend reducing the number of extension days, write in the number of days the time should be cut. For these cases, the Case Management Summary (noted in Section V above) should support the recommendation by indicating the specific improvements that have been observed in work patterns and behavior.

d. Signature and Date: Sign and date the form the day the section is complete.

8. Section 8. Warden or Superintendent's Statement:

a. The Statement: the Warden or Superintendent should indicate whether the counselor's comments present a fair portrayal of the inmate. If there is any difference of opinion, the alternate view should be presented. In addition, if there is other information that would be helpful to the State Board of Pardons and Paroles, it should be incorporated here.

b. Summary Rating: The Warden or Superintendent is also responsible for marking the general classification that seems appropriate for this inmate. The factors that should be taken into account for each class are as follows:

- 1) Above Average: Performance is above expectation or what is considered acceptable. Routinely follows facility/center and departmental policies, procedures, and rules/regulations.
- 2) Average: Performance is acceptable; nothing more, nothing less. Generally completes assigned tasks in an appropriate manner. Fairly consistent in following

Functional Area: Facilities Operations	Prev. Eff. Date: 10/15/07	Page 10 of 8
	Effective Date: 07/16/15	Reference Number: IIC02-0001 (220.07)

facility/center and departmental policies, procedures, and rules/regulations.

3) Below Average: Performance is unacceptable and often below the level of capability. Many times fails to complete assigned task. Often breaks facility/center and departmental policies, procedures, and rules and regulations.

4) Signature and Date: Sign and date the form the day the section is completed.

9. Section 7. This section will be completed by Central Office.

**VII. RETENTION SCHEDULE:**

Attachment 1 - Upon completion, a copy of this form will be retained in the inmate Administrative case file. Other copies routed to Central Office and Parole will be retained in accordance with the Retention Schedules for those sections/agencies.