DEPARTMENT OF CORRECTIONS

Step-Down Management Program Team Review

Today's Date:

Name:	**OID:**
Unit/Room/Cell:	**Facility/Site:** Select A Facility

Review Period: _____through _____

Team members:

Identified Areas of Need:

1.
2.
3.
4.
5.

Action Steps / Interventions & Status:

1.
2.
3.
4.
5.

Team Discussion:

Incarcerated Person Input Summary:

Team Recommendation:

- ☐ Step Regression:
- ☐ Step Retention:
- ☐ Step Progression:
- ☐ *Program Completion:
- ☐ *Removal due to other circumstances:

_____

*Needs Warden / designee and Assistant Commissioner / designee approval

Team summary (summarize SDMP placement & programming)

<u>Warden/designee Program Completion/Removal Approval</u>:

DEPARTMENT OF CORRECTIONS

☐ N/A
☐ **Remove** from step-down management program
  ☐ Successful Completion
  ☐ Removal due to other circumstances

☐ **Retain** on step-down management program

Signature: _____ Date:

Printed Name:

Deputy Commissioner/designee Program Completion/Removal Approval:

☐ N/A
☐ **Remove** from step-down management program
  ☐ Successful Completion
  ☐ Removal due to other circumstances

☐ **Retain** on step-down management program

Signature: _____ Date:

Printed Name: