

## ANCILLARY PROGRAMS/ACTIVITIES

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

*Ancillary- Classes/Groups chosen by the inmate based on his/her interest or preference. Once the facility head approves the ancillary program, a syllabus must be submitted to the Programs Unit where it will remain on file for reporting purposes. All ancillary groups/classes will have their attendance reported electronically as outlined in Attachment A.*

Please complete a separate form for each ancillary program/activity, offered by your facility. *Example:* AA/NA, structured bible studies, Zig Ziggler, etc. Return to the Programs Unit, attention Kristy Warren, fax 405/962-6102 or by email to [emily.hysmith@doc.ok.gov](mailto:emily.hysmith@doc.ok.gov).

Facility Name: \_\_\_\_\_

Ancillary Activity or Program Name: \_\_\_\_\_

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 ancillary 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: \_\_\_\_\_