Form #4948A (03/15)
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# STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
# SEXUAL VICTIMIZATION INVOLUNTARY PROTECTIVE CUSTODY
## Restriction of Inmate's Program-Participation

Inmate Name: _____ Facility: _____

DIN: _____ ORC Signature: _____ DATE: _____

Date Limitation Imposed (date of admission to IPC): _____

INMATE PROGRAM NEEDS
Education: (e.g., Academic Outreach (Cell Study), High School Equivalency/TASC, Special Education, College, Vocational, Other)
_____
_____
_____

Treatment: (e.g., Aggression Replacement Training/Sex Offender Counseling/Substance Abuse Treatment)
_____
_____
_____

Transitional Services Work:
_____
_____
_____

Other: (e.g., Visitation, Family Reunion Program, Ministerial Services)
_____
_____
_____

ELIGIBLE/NEEDED PROGRAMS AVAILABLE AT FACILITY:
_____
_____
_____

*PROGRAM OPPORTUNITIES LIMITED (of those available):
_____
_____
_____

*REASON FOR LIMITATION (must specify reason for each program opportunity limited, e.g., mess-hall assignment places inmate in an area of the facility that exposes him/her to heightened risk of harm):
_____
_____
_____

Original: GUIDANCE FILE
CC: SORC
ADS PREA COMPLIANCE MANAGER
*The review shall include a reassessment of the inmate's programs limitations and the reasons for the limitations.