

CONTAINMENT TEAM MEETING/ EARNED DISCHARGE CONSIDERATION COMMITTEE

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CDCR 3043 (Rev. 07/24)

SECTION 1: SUPERVISED PERSON'S INFORMATION

CDCR #	Supervised Person's Name (Last, First, M.I.)	Parole Date	Last Release Date	CDD	Supervision Level	Parole Unit

Commitment Offense(s):

PC 290 Offense:

CSRA SCORE: ☐ **LOW (1)** ☐ **MODERATE (2)** ☐ **HIGH (3 TO 5)** Participating in SOMP: ☐ YES ☐ NO
(Select the form purpose and complete the associated form sections)

- ☐ Initial Containment Team Meeting (CTM) (Sections 1,2 & 4) ☐ CTM & Sex Offender Treatment Review (Sections 1,2,3,4 & 5)
☐ Abbreviated CTM (Sections 1,2,3 & 4) ☐ Earned Discharge Consideration Committee (Sections 1 & 6)

Was Supervised Person Present? ☐ YES ☐ NO If No, Cite Reason - Check Appropriate Box(es):
☐ Supervised Person Did Not Respond to Request ☐ Supervised Person is Not Required to Attend ☐ Supervised Person Failed to Appear
☐ Supervised Person Declined to Participate ☐ Supervised Person Participated Telephonically
☐ Effective Communication/Accommodation Provided:

Other Participants

Name: _____ Relation to Supervised Person _____ Comments: _____

SECTION 2: SEX OFFENDER TREATMENT ASSESSMENT SCORES

ASSESSMENT TOOL	SCORE	OBJECTIVE CRITERIA	
STATIC SCORE OR FEMALE SEX OFFENDER RISK ASSESSMENT Date Administered: _____		<input type="checkbox"/> HIGH RISK SEX OFFENDER (HRSO) (MODERATE, HIGH, OR 4 AND ABOVE)	<input type="checkbox"/> NON- HRSO (LOW OR 3 AND BELOW)
LS/CFI Date Administered: _____		<input type="checkbox"/> VERY LOW (0 TO 4) <input type="checkbox"/> LOW (5 TO 10) <input type="checkbox"/> MODERATE (11 TO 19)	<input type="checkbox"/> HIGH (20 TO 29) <input type="checkbox"/> VERY HIGH (30 AND ABOVE)
Stable 2007 (MALES ONLY) Date Administered: _____		<input type="checkbox"/> LOW (0 TO 3) <input type="checkbox"/> MODERATE (4 TO 11) <input type="checkbox"/> HIGH (12 AND ABOVE)	
POLYGRAPH TYPE: <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> INSTANT OFFENSE <input type="checkbox"/> SEXUAL HISTORY Date Administered: _____ <input type="checkbox"/> INCONCLUSIVE		DECEPTION FOUND <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	DISCLOSURE ADMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

SECTION 3: SUMMARY OF PAROLE ADJUSTMENT

OBJECTIVES	SCORE	OBJECTIVE CRITERIA (Select One Rating Per Objective)	<input type="checkbox"/> See Discharge Review Dated: _____
OBJECTIVE 1: Supervised person has maintained residence stability in a positive living environment.	<input type="checkbox"/> 1	Has been in the same pro-social living situation for the review period, or most recent move was to improve overall living conditions, and current residence expected to remain stable.	
	<input type="checkbox"/> 2	Has been in two or more living situations for the review period with any move not improving the living conditions.	
	<input type="checkbox"/> 3	Has demonstrated an unstable living environment, is transient or routinely difficult to see at the residence of record.	
OBJECTIVE 2: Supervised person's time has been structured around pro-social activities geared towards self-reliance.	<input type="checkbox"/> 1	Time is highly structured and focused on pro-social activities.	
	<input type="checkbox"/> 2	Time is moderately structured and generally focused on pro-social activities.	
	<input type="checkbox"/> 3	Time is unstructured and generally unaccounted for; involvement in pro-social activities is not evident.	
OBJECTIVE 3: Supervised person has been compliant with all general and special conditions of parole.	<input type="checkbox"/> 1	No violation has been substantiated for the review period.	
	<input type="checkbox"/> 2	Has only one technical violation and demonstrated a positive response to the imposed sanction.	
	<input type="checkbox"/> 3	The supervised person has not met the rating standard for #1 or #2 below.	
OBJECTIVE 4: Supervised person has been referred to and has participated in programming for the top three identified criminogenic needs.	<input type="checkbox"/> 1	Attended, participated, and completed programming.	
	<input type="checkbox"/> 2	Attended and partially participated in programming.	
	<input type="checkbox"/> 3	Failed to participate or complete programming.	
OBJECTIVE 5: Supervised person has been referred to and participated in required sex offender treatment.	<input type="checkbox"/> 1	Attended, participated, and/or completed sex offender treatment.	
	<input type="checkbox"/> 2	Attended and partially participated in sex offender treatment.	
	<input type="checkbox"/> 3	Failed to participate or complete sex offender treatment.	
	<input type="checkbox"/> 4	Demonstrated deception in polygraph.	
OBJECTIVE 6: Supervised person has been and is affiliated with other pro-social individuals.	<input type="checkbox"/> 1	Relationships are primarily pro-social and supportive of a crime free lifestyle.	
	<input type="checkbox"/> 2	Time is moderately structured and generally focused on pro-social activities.	
	<input type="checkbox"/> 3	Time is unstructured and generally unaccounted for; involvement in pro-social activities is not evident.	
TOTAL SCORE:		<input type="checkbox"/> 6 - 7 Reduction May be Warranted <input type="checkbox"/> 8-12 No Change Warranted <input type="checkbox"/> 13-19 Increase May be Warranted	

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SECTION 4: CATEGORY DETERMINATION

AOR Recommendation: <input type="checkbox"/> Remain in Current Category <input type="checkbox"/> Move to Category: _____			
AOR Name	AOR Signature	Badge #	Date
AOR Comments and Instructions:			
Unit Supervisor (US) Decision: <input type="checkbox"/> Remain in Current Category <input type="checkbox"/> Move to Category: _____ <input type="checkbox"/> Effective Date: _____			
US Name	US Signature	Badge #	Date
US Comments and Instructions:			
District Administrator (DA) Decision: <input type="checkbox"/> Supervised person is currently ST or SA and will be reclassified to SC (DA Signature Required)			
DA Name (If applicable)	DA Signature	Badge #	Date

SECTION 5: SEX OFFENDER TREATMENT REVIEW

Treatment Provider Name	Treatment Provider Signature	CASOMB Certification Number	Treatment Program Name	Date
Treatment Provider Recommendation:				
<input type="checkbox"/> Retain <input type="checkbox"/> Complete <input type="checkbox"/> Comments:				
AOR Name	AOR Signature	Badge #	Date	
AOR Recommendation:				
<input type="checkbox"/> Retain <input type="checkbox"/> Complete <input type="checkbox"/> Comments:				
Unit Supervisor (US) Name	US Signature	Badge #	Date	
US Recommendation:				
<input type="checkbox"/> Retain <input type="checkbox"/> Complete <input type="checkbox"/> Comments:				

SECTION 6: EARNED DISCHARGE CONSIDERATION COMMITTEE

CDCR 1502-DR, Discharge Review Report, Provided to Supervised Person <input type="checkbox"/> YES <input type="checkbox"/> NO			
Completed in Parole Violations Disposition Tracking System (PVDTS) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, PVDTS ID Number: _____ *Note: If YES, attach the PVDTS report in lieu of completing this section*			
US Name	US Signature	Badge #	Date
US Recommendation:			
<input type="checkbox"/> Discharge <input type="checkbox"/> Retain on Parole <input type="checkbox"/> Comments:			
DA Name	DA Signature	Badge #	Date
DA Recommendation:			
<input type="checkbox"/> Discharge <input type="checkbox"/> Retain on Parole <input type="checkbox"/> Comments:			
Administrative Review Officer (ARO) Name	ARO Signature	Badge #	Date
ARO Determination:			
<input type="checkbox"/> Discharge <input type="checkbox"/> Retain on Parole <input type="checkbox"/> Comments:			

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