

# NEW MEXICO CORRECTIONS DEPARTMENT

"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."

Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico

ISSUE DATE: 06/01/88 REVIEW/REVISED: 06/09/16

EFFECTIVE DATE: 05/24/88

CD-080600 TITLE: Meritorious Deductions

#### **AUTHORITY:**

- A. NMSA 1978 Compilation, Sections 33-2-34, 33-2-36 and 33-2-37, as amended.
- B. NMSA 1978, Sections 66-8-102G and 33-3-9 (B) (1), as amended, 1996 Cumulative Supplement.

#### **REFERENCE:**

- A. ACA Standard 4-4097, Standards for Adult Correctional Institutions, 4th Edition.
- B. ACA Standard 2-CO-1E-05, Standards for Administration of Correctional Agencies, 2<sup>nd</sup> Edition.

#### **PURPOSE**:

To implement a system of Meritorious Deductions as authorized by New Mexico law.

#### APPLICABILITY:

All inmates committed to the New Mexico Corrections Department (NMCD) whose crimes were committed on or after May 18, 1988, but before July 1, 1999, with the exception of inmates serving life sentences for capital offenses.

#### **FORMS:**

None

#### **ATTACHMENTS:**

- A. Recommendation for/Reinstatement of MD, EMD (Attachment-A)
- B. Incentive Pay and Good Time Recommendation (Attachment-B)
- C. Quarterly Good Time (Attachment-C)
- D. **Forfeiture of Good Time** (Attachment-D)
- E. Recommendation for Restoration of Forfeited MGT, EMD, MD (Attachment-E)
- F. **Recommendation for Termination of Good Time** (Attachment-F)
- G. MD Prorating Scales (Attachment-G)
- H. Correction of Good Time Errors (Attachment-H)
- I. **Monthly Good Time** (Attachment-I)

REVIEW/REVISED: 06/09/16 PAGE: 2

#### **DEFINITIONS:**

NUMBER: **CD-080600** 

- A. Classification Committee: For purposes of this policy:
  - 1. At facilities/units with Unit Management the Classification Committee shall be composed of the Unit Manager, Classification Supervisor, or Program Coordinator as well as a security representative, Sergeant or above. For Special Management a representative from the Mental Health Department shall serve on the classification committee as required by policy.
    - If a Unit Manager, Classification Supervisor or Program Coordinator is not available; a classification officer with over one year of experience in classification may serve on the Classification Committee as acting Classification Supervisor. If a Sergeant or above is not available, a Correctional Officer may serve as acting Sergeant.
  - 2. At facilities without Unit Management the Classification Committee shall be composed of the Classification Supervisor or Program Coordinator as well as a security representative, Sergeant or above.
    - If a Unit Manager, Classification Supervisor or Program Coordinator is not available; a classification officer with over one year of experience in classification may serve on the Classification Committee as acting Classification Supervisor. If a Sergeant or above is not available, a Correctional Officer may serve as acting Sergeant.
- B. *Clear Conduct*: Absence of both Major and Minor misconduct reports.
- C. <u>Contract Monitor</u>: The individual(s) designated by the Director of Adult Prisons to exercise oversight responsibilities at contract facilities.
- D. <u>Criminal Management Information System (CMIS)</u>: An automated computer system used by the Department for the tracking of the status of offenders.
- E. <u>Current Term of Imprisonment</u>: Any sentence that the inmate is currently serving as well as any previous concurrent or consecutive counts or cause numbers that the inmate has already served provided that the inmate has not yet been released from a facility on parole or discharged.
- F. <u>Department</u>: The New Mexico Corrections Department and contract facilities.
- G. <u>Exemplary Work/Program Participation</u>: Lack of any misconduct report and receipt of maximum Meritorious Deductions based on active participation in approved programs.
- H. <u>Issue Number Only (INO)</u>: An inmate who has been sentenced to a prison term in New Mexico that is running concurrent with a sentence in another jurisdiction, but who has not yet been placed in the custody of the New Mexico Corrections Department.

NUMBER: **CD-080600** REVIEW/REVISED: **06/09/16** PAGE: **2** 

PAGE: 3

I. *Program*: Special Management, work, vocational, educational, substance abuse and mental

Program does not include recreational activities.

- J. Program Assignment: Assignments which include, but are not limited to:
  - a. Corrections Industries, porter, barber, food service, outside work detail, inmate work crews, etc.

health programs, approved by the classification supervisory review process, that contribute to an inmate's self-betterment through the development of personal or occupational skills.

- b. Pre-GED, GED, vocational (all varieties), Adult Basic Education, college courses, cognitive education, SOAR, etc.
- c. Therapeutic Community, etc.
- d. Group therapy, Anger Management, Sex Offender Treatment, etc.
- K. <u>Supervisory Review</u>: A Classification Review conducted by the Classification Supervisor, Program Director or Unit Manager that does not involve a Classification Committee hearing. These reviews do not require that a 48-hour notice be provided to the inmate.

#### **POLICY**:

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NUMBER: **CD-080600** 

- A. Inmates will be approved for programs based on their needs as indicated on evaluations done by the New Mexico Corrections Department, the nature of the conviction, requests by the inmate and reported social history prior to incarceration.
- B. After the first 60 days of receipt of an inmate by the NMCD and once a program is established for an inmate, he or she shall be eligible to receive Meritorious Deductions from his or her sentence for participation and attendance in a program. Inmates in disciplinary segregation are not eligible for Meritorious Deductions.
- C. At state facilities, the Warden or Deputy Warden is the authority at the institutional level for all actions regarding Meritorious Deductions. At contract facilities, the Contract Monitor is the authority at the institutional level for all actions regarding Meritorious Deductions.
- D. Inmate time shall be accurately computed and recorded in conformance with applicable statutes and regulations. [2-CO-1E-05][4-4097]

|   | <u>06/09/16</u> |
|---|-----------------|
| Gregg Marcantel, Secretary of Corrections | Date            |
| New Mexico Corrections Department         |                 |

NUMBER: **CD-080600** REVIEW/REVISED: **06/09/16** PAGE: **3** 



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TITLE: Meritorious Deductions

#### **AUTHORITY**:

Policy CD-080600

#### **CHAPTER INDEX:**

- A. Eligibility Criteria.
- **B.** Amount of Meritorious Deductions.
- C. Program Assignment.
- D. Reporting Deductions.
- E. Recording of Meritorious Deductions.
- F. Forfeitures of Meritorious Deductions.
- G. Restoration of Meritorious Deductions.
- H. Termination/Reinstatement.

#### **PROCEDURES:**

#### A. Eligibility Criteria:

#### 1. Meritorious Deductions:

Any inmate confined in an institution designated by the New Mexico Corrections Department for the confinement of criminal offenders may be awarded a Meritorious Deduction ("MD") of up to 30 days per calendar month if engaged in programs recommended for the inmate by the Classification Supervisory Review Process and approved by the Warden or Deputy Warden.

If at any time during an inmate's current term of imprisonment, it is determined that an error was made in the amount of MD received by the inmate, the error may be corrected by the classification committee in accordance with Paragraph J. Correction of MD Errors.

#### 2. Ineligibility:

Inmates whose crimes were committed on or after May 18, 1988, but before July 1, 1999, are eligible for Meritorious Deductions except as follows:

PAGE: 2

a. An inmate who is within the first sixty days of receipt by the corrections department is not eligible for MD.

NUMBER: **CD-080601** 

- b. The parameters of the sixty-day waiting period described in Paragraph A.2.a. Above are more fully explained in subparagraphs A.2.b.1)-4) below.
  - This sixty-day waiting period applies to inmates who are sentenced to the Department for the first time, including probation violators as well as inmates who have been previously released from incarceration (i.e. completely discharged their sentence) but are again sentenced to the Department for a new conviction.
  - 2) This sixty day waiting period does not apply to inmates who must serve a concurrent or consecutive sentence to an immediately preceding prison sentence. However, if an inmate has not completed the sixty-day waiting period on the immediately preceding prison sentence, the inmate must complete the balance of the sixty-day waiting period on the concurrent or consecutive sentence.
  - 3) Inmates returned to the NMCD, as parole violators are eligible to earn MD immediately upon final revocation of parole with regard to the sentence for which the inmate was serving parole.
  - 4) Inmates who (1) receive a partially suspended sentence, (2) serve a portion of incarceration, (3) are released on probation, and (4) then are returned to the NMCD as probation violators to complete serving the same sentence for which they had previously been released from prison, do not have to wait an additional sixty days to earn MD on that sentence. MD is effective the date of receipt at the Reception and Diagnostic Center or the date of sentencing on the probation violation, whichever is later.
  - 5) Inmates returned to the NMCD as parole and/or probation violators who receive a new sentence as the result of a crime committed while on parole and/or probation status are eligible to earn MD on the new sentence effective the date the sentence began.
- c. Inmates who are paroled but subject to a detainer based on pending charges and who are subsequently returned to the NMCD with a new sentence (having been convicted of those new charges) but whose parole on the earlier crimes has not been revoked, are not eligible for MD on the earlier parole period because they have not violated their parole conditions.
- d. Inmates who disobey an order to perform labor pursuant to NMSA 1978, Section 33-8-4, as amended, are not eligible for MD.

e. Inmates who refuse to accept a work or program assignment recommended by the Classification Supervisory Review Process and approved by the Warden or Deputy Warden are not eligible for MD. In order to be determined ineligible as a result of such refusal, the inmate must have received notice of the program assignment and there must be a misconduct report for which the inmate has been found guilty.

NUMBER: **CD-080601** 

- f. Inmates who are placed in disciplinary segregation or PreHearing Detention (PHD) are not eligible to earn MD for the amount of time in which the inmate is actually confined in such status. If confined in disciplinary segregation or PHD, for only a portion of a calendar month, the inmate may be eligible for MD on a pro-rata basis for that month. The dates of the inmate's placement in disciplinary segregation or PHD shall be determined based on the dates indicated on the Restrictive Housing/PHD/Disciplinary Placement form (*CD-141500.1*) or CMIS MAP. Inmates are not eligible for MD on the date that they were placed in or released from disciplinary segregation or PHD. Any inmate who did not receive MD as the result of placement in disciplinary segregation or PHD but whose disciplinary report resulting in the disciplinary segregation was subsequently dismissed shall be credited with the MD for the time period served in disciplinary segregation or PHD.
- g. Inmates who are not engaged in programs recommended for the inmate by the Classification Committee and approved by the Warden or Deputy Warden are not eligible for MD for that portion of the calendar month in which the inmate did not engage in programs. Except as otherwise provided herein, if an inmate participates or engages in programs for a portion of the calendar month, the inmate may be eligible for MD on a pro rata basis.
- h. Inmates who are parole violators and who have not yet had their parole formally revoked (i.e., hearing held, documents signed, etc.) are not eligible for MD.
- i. Following completion of the basic sentence, an inmate serving parole time within the institution, who has failed to pursue an acceptable parole plan in good faith, or who has refused to accept conditions of parole will be terminated from MD. Such an inmate who later pursues parole planning or accepts conditions of parole will be eligible for reinstatement for MD.
- j. An inmate is not eligible for an award of MD if the inmate has been removed from a work or program assignment based on a disciplinary report for refusal to participate. Such inmates may be terminated from MD by the classification committee effective the date of the classification committee action.
- k. An inmate who is terminated from MD will not be eligible for reinstatement until the inmate has been approved by the Classification Committee for return to the same or a similar work or program assignment regardless of whether or not the inmate is housed at the same facility.

NUMBER: **CD-080601** REVIEW/REVISED: **06/09/16** PAGE: **3** 

PAGE: 4

1. Inmates returned to custody from an escape will not be eligible for an award of MD until they have maintained ninety (90) consecutive days of clear conduct from the date the inmate was returned to a Department correctional facility.

#### **B.** Amount of Meritorious Deductions:

NUMBER: **CD-080601** 

Each eligible inmate may receive up to 30 days Meritorious Deductions per calendar month upon recommendation of the Classification Supervisory Review process or Unit Management Team and approval of the Warden or Deputy Warden or Contract Monitor. Recommendations by the Unit Management Team for Special Management inmates may include input from a representative of the Mental Health department. Recommendations may be prorated, based on satisfactory performance in all approved programs (refer to MD Prorating Scales (Attachment-G)).

- 1. If an inmate is removed from a program for failure to actively participate in the program the inmate may be terminated from MD effective the date of the classification committee action.
- 2. An inmate who is terminated from MD will not be eligible for reinstatement until the inmate has been approved by the Classification Committee for return to the same or a similar work or program assignment whether or not the inmate is housed at the same facility.
- 3. If the inmate is housed in disciplinary segregation, the inmate will receive no Meritorious Deductions for that portion of the calendar month.

#### C. Program Assignment:

Programs will be recommended and approved for each individual inmate by the Classification Supervisory Review process and approved by the Warden or Deputy Warden. If the programs recommended and approved by the Classification Committee are not available to the inmate through no fault of her or his own, the inmate may still be eligible for Meritorious Deductions.

#### **D.** Reporting Deductions:

1. <u>Meritorious Deductions</u>: After the Classification Supervisory Review has recommended and the Warden or Deputy Warden has approved the program(s) that the inmate is required to participate in to be awarded Meritorious Deductions and the inmate begins active participation in the program(s), the number of days per month to be awarded (within the limitations set out in this policy) shall be determined in the Supervisory Review Process.

Program participation will be reported monthly utilizing the **Incentive Pay and Good Time Recommendation** form (*Attachment-B*) by the work or program supervisor to the Classification Supervisor, Unit Manager or Programs Manager who may prorate the deductions based on participation. The Classification Supervisor, Unit Manager or

NUMBER: **CD-080601** REVIEW/REVISED: **06/09/16** PAGE: **4** 

NUMBER: **CD-080601** REVIEW/REVISED: 06/09/16 PAGE: 5

> Programs Manager shall report awards quarterly utilizing the Quarterly Good Time form (Attachment-C). A performance evaluation of less than 27 points shall be accompanied by a misconduct report, behavior logs or written memorandum that will explain the score. Meritorious Deductions for inmates housed in out-of state prisons under the interstate compact will be updated by the NMCD Classification Bureau on a semi-annual basis. MD is awarded based on progress reports received from the location where the inmate is housed.

- Meritorious Deductions for Issue Number Only (INO) inmates will be updated by the classification and records staff at the Reception and Diagnostic Center. Meritorious Deductions are awarded based on progress reports received from the location where the inmate is housed.
  - The assigned RDC classification officer is responsible for obtaining progress reports from the facilities where the INO inmates are located; updating the quarterly/monthly meritorious deductions based on those progress reports and forwarding the approved good time forms to the Records Manager in a timely manner.
  - The RDC Records Manager is responsible for ensuring that quarterly/monthly meritorious deductions for INO inmates are posted on the hard copy and the CMIS.
- If an inmate's performance is rated by more than one supervisor due to having multiple job assignments, the lowest evaluation will be used to prorate the MD.
- Quarterly Good Time forms shall be placed in the inmate's file. For those inmates who earn less than the maximum good time as well as those housed in Special Management, the Incentive Pay and Good Time Recommendation form (Attachment-B) shall also be placed in the inmate's file.
- Lump Sum Awards: In accordance with Policy CD-082800 (Lump Sum Awards) inmates shall be allowed the opportunity to earn Lump Sum Awards (1) for engaging in a heroic act of saving life or property, or (2) for engaging in extraordinary conduct far in excess of normal program assignments that demonstrates the inmate's commitment to rehabilitate himself or herself as well as (3) for participating in approved programs designed to meet the inmate's needs for re-entry into the community.

#### **E.** Recording: [4-4097]

- The Quarterly Good Time form shall be forwarded to the Records Manager or Records Coordinator no later than the 15<sup>th</sup> of the month following the close of the quarter (or following the close of the calendar month, if the inmate's good time is being updated monthly due to having less than six months remaining on sentence).
  - The Records Manager shall post the MD in the inmate files and the CMIS within 15 days of receiving the good time documentation from the Classification Department.

NUMBER: **CD-080601** REVIEW/REVISED: 06/09/16 PAGE: 5

- b. All MD shall be recorded in the inmate's file and entered into the CMIS by the institutional Records Manager or Records Coordinator. The only staff members authorized to post MD in the inmate files and the CMIS are the Records Manager or Records Coordinator.
- 2. The inmate shall be provided with a copy of the **Quarterly Good Time** form of the good time earned. If the inmate is within six (6) months of projected release, the good time should be recorded monthly with copies provided to the inmate.
- 3. In addition, the inmate may request a copy of the Good Time Figuring Sheet showing the good time earned. If the inmate is within six months of projected release, the Good Time Figuring Sheet may be requested monthly.

#### F. Forfeitures of Meritorious Deductions:

- 1. Meritorious Deductions earned by program participation or by Lump Sum Awards may be forfeited upon a finding of guilt of any major misconduct
- 2. Disciplinary Hearing Officers, in the case of institutional major misconduct reports shall promptly forward the respective findings and reports to the appropriate institutional Classification Supervisor, who shall ensure that the Classification Committee promptly schedules the matter for review. The classification committee action must take place within forty-five (45) calendar days following the date of the Warden's approval of the major misconduct report.
- 3. If this forty-five (45) day time frame cannot be met due to the inmate being away from the facility, the classification committee action must take place within fourteen (14) calendar days following the inmate's return to the facility. All decisions by the disciplinary hearing officer regarding the forfeiture of MD shall be reviewed by the classification committee and forwarded for final approval. However, the failure to meet either the forty-five (45) or fourteen (14) calendar day time requirements may result in disciplinary action against staff.
  - a. At state facilities, the Classification Committee shall promptly forward its recommendation to the Warden or Deputy Warden.
  - b. At contract facilities, the Classification Committee shall promptly forward its recommendation to the Contract Monitor.
  - c. The amount of forfeiture will be limited by the Department's Inmate Discipline Policy (*CD-090100*) if applicable. Forfeitures must be reviewed by the Warden, Deputy Warden or Contract Monitor who will forward the recommendation to the Director of Adult Prisons or a Deputy Director of Adult Prisons.
- 4. The Director of the Adult Prisons Division or a Deputy Director of Adult Prisons must approve forfeitures. The **Termination and Forfeiture of Good Time** form (*Attachment D*) must be completed and a copy of the Good Time Figuring Sheet will be attached.

- 5. Forfeitures of MD may include any MD that the inmate was awarded during the inmate's current sentence. For example, an inmate who engages in misconduct may only have forfeited any MD awarded for the period of time that the inmate was serving the current judgment and sentence. However, an inmate who engages in misconduct while on REI status and is found guilty of misconduct may have forfeited only MD awarded for the period of time that the inmate was REI. Any MD that was awarded to the inmate while serving the immediately preceding sentence or any other previous sentences shall not be subject to forfeiture.
- 6. If an inmate is actually released on parole and is returned to prison as a parole violator and the inmate then engages in misconduct after being returned as a parole violator and is found guilty of said misconduct, only that amount of MD that the inmate has been awarded after being returned as a parole violator is subject to forfeiture.
- 7. Notwithstanding the foregoing, if at any time during an inmate's current term of imprisonment, it is determined that an error was made in calculating the amount of MD available for forfeiture, the error may be corrected by the Classification Committee.
- 8. All forfeitures shall be recorded in the inmate's file and entered into the CMIS by the Records Manager or Records Coordinator. The only staff members authorized to post Forfeitures of MD in the inmate files and the CMIS are the Records Manager or Records Coordinator.
- 9. The inmate shall be provided with a copy of the Good Time Figuring Sheet showing any adjustments to the inmate's release date.

#### **G.** Restoration of Meritorious Deductions:

#### 1. General Guidelines

- a. Forfeited Meritorious Deductions (MD) may be restored to any inmate who meets both of the restoration criteria. Lump Sum Awards forfeited are not eligible for restoration.
- b. Criteria for restoration of forfeited Meritorious Deductions are both of the following occurring together at any time during the inmate's current sentence or term of imprisonment:
  - 1) A 1 year period of clear conduct during the inmate's current term of imprisonment or sentence following the incident date of the misconduct report that resulted in the forfeiture of the MD; and
  - 2) A 1 year period of exemplary work or program participation at any time during the inmate's current sentence following the incident date of the misconduct report that resulted in the forfeiture of the MD. This exemplary work or program participation will be determined by an inmate's receipt of maximum

NUMBER: **CD-080601** 

Meritorious Deductions based on active participation in approved work or programs.

PAGE: 8

- c. If an inmate, who has maintained clear conduct for 1 year period and has otherwise met the eligibility requirements for restoration, subsequently receives a Misconduct Report, the Classification Committee shall still consider the inmate for restoration and the subsequent Misconduct Report may be considered as a factor in the restoration decision.
- d. Inmates convicted of the following offenses are excluded from eligibility for restoration of Meritorious Deductions:
  - 1) Murder or manslaughter;
  - 2) Taking of hostages or kidnapping;
  - 3) Arson;
  - 4) Battery;
  - 5) Assault or battery with a weapon on another person;
  - 6) Assault or battery without a weapon on a staff member or visitor;
  - 7) Assault or battery without a weapon on an inmate;
  - 8) Engaging in or inciting to riot;
  - 9) Escape with or without force;
  - 10) Possession of escape paraphernalia;
  - 11) Threats;
  - 12) Possession of dangerous contraband;
  - 13) Sexual misconduct or rape;
  - 14) Robbery or extortion;
  - 15) Tampering with locks or security items;
  - 16) Possession of key or key pattern;
  - 17) Engaging in Security Threat Group activities (March 30, 2012)
  - 18) Dealing in dangerous drugs; (March 30, 2012)
  - 19) Any offense, although not listed above, that has been referred for criminal prosecution;
  - 20) Failing to participate in the Parole plan process. (May 27,2014)
  - 21) Abuse of medication; (May 27, 2014)
  - 22) Possession of syringe or drug paraphernalia; (May 27, 2014)
  - 23) Refusal to submit to an authorized drug test; (May 27, 2014)
  - 24) Possession or use of dangerous drugs; (May 27, 2014)
- e. Other factors to be considered for restoration of forfeited good time include, but are not limited to.
  - 1) Any record of the inmate's conduct since the offense that resulted in the forfeiture:
  - 2) Inmate's involvement in self-improvement programs;
  - 3) Inmate's work or program record;

- 4) Satisfactory adjustment in the living unit, during leisure time and all other activities;
- 5) Degree of inmate's repetitive misconduct as indicated by the misconduct reports.
- 6) If an inmate owes disciplinary he or she has not served through no fault of their own due to facility needs.
- f. Restoration may include any MD that was forfeited during the inmate's current sentence except for the excluded offenses and Lump Sum Awards. An inmate who is a Release Eligible Inmate may have restored only any MD that was forfeited during the time that the inmate was on Release Inmate Eligible status. Any MD that was forfeited from the inmate while the inmate was serving the immediately preceding sentence or any other previous sentences shall not be subject to restoration.
- g. If an inmate is discharged and is returned to prison as a new commitment, that inmate shall not be restored MD that was forfeited prior to release.
- . If an inmate is released on parole, is returned to prison as a parole violator, then engages in misconduct and is found guilty of said misconduct, only that amount of MD that was forfeited after the inmate was returned as a parole violator is subject to restoration; however, the inmate must have maintained a 1 year calendar period of clear conduct and exemplary work or program participation following the inmate's misconduct.
- h. If an inmate is within 90 days of release or the restoration will put him or her within 90 days of release he or she is not eligible for restoration.
- i. If at any time during the inmate's current term of imprisonment, it is determined that an error was made in the amount of restoration that the inmate received, the error may be corrected by the classification committee.

#### 2. Procedure for Restoration:

- a. The Classification Officer is responsible for identifying when an inmate is eligible for restoration of MD under this section and should initiate restoration action by scheduling the inmate for review by the Classification Committee/Unit Management Team.
- b. The classification committee action must take place within forty-five (45) calendar days following the date of the inmate's eligibility (If this forty-five (45) day time frame cannot be met due to the inmate being away from the facility, the classification committee action must take place within fourteen (14) calendar days following the inmate's return to the facility). However, the failure to meet either the forty-five (45) or fourteen (14) calendar day time requirements may result in disciplinary action against staff.

- c. The Classification Officer will verify the inmate's eligibility and complete the proper form for restoration of forfeited good time. Any additional documentation to justify the recommendation for restoration should be attached to the form (i.e. Good Time Figuring Sheet, copy of forfeiture). The Classification Officer will ensure that the matter which caused forfeiture of MD has not been referred to the District Attorney for criminal prosecution.
- d. The Classification Committee will review and recommend the number of days, if any, to be restored to the inmate based on the Classification Officer's recommendation. All or a portion of forfeited MD may be recommended for restoration after the inmate has maintained clear conduct and exemplary work or program participation for a consecutive 6-month period during the inmate's current sentence following the incident date of the last misconduct report. The consecutive six-month period of clear conduct and exemplary work or program participation may occur at any time after the misconduct.
- e. The Classification Committee recommendation will be forwarded to the Warden or Deputy Warden or Contract Monitor for review. The Warden Deputy Warden will forward his or her recommendation to the Director of Adult Prisons or a Deputy Director of Adult Prisons.
- f. All restoration requests must be forwarded to the Secretary of Corrections' designee. For the purpose of this policy, the designee for the Secretary of Corrections is either the Deputy Secretary of Operations, Director of Adult Prisons or a Deputy Director of Adult Prisons. All restoration requests submitted to the Deputy Secretary of Operations, Director of Adult Prisons or a Deputy Director of Adult Prisons must include detailed information regarding the incident(s) that resulted in the forfeiture and the recommendation for restoration. The Deputy Secretary of Operations, Director of Adult Prisons or a Deputy Director of Adult Prisons will review the recommendation and determine whether to restore any MD time that had been previously forfeited and forward his or her decision to the Warden and the records department.
- g. The institutional Records Manager or Records Coordinator will record the action in the inmate's file and the CMIS. The only staff members authorized to post Restoration of MD in the inmate files and the CMIS are the Records Manager or Records Coordinator.
- h. The inmate shall be provided with a copy of the Good Time Figuring Sheet showing any adjustments to the inmate's release date.

#### 3. Reporting Requirements:

The Warden of each facility will submit a monthly report to the Director of Adult Prisons listing any restoration of Meritorious Deductions for the previous month.

#### H. Termination/Reinstatement of Meritorious Deductions:

#### 1. <u>Termination:</u>

NUMBER: **CD-080601** 

Inmates who refuse to participate in parole planning or are removed from work or a program due to their refusal to actively participate in any work or program assignment recommended by the Classification Committee and approved by the Warden or Deputy Warden may be terminated from MD as follows:

- a. The Classification Officer will complete the **Recommendation for Termination of Good Time** form (*Attachment-F*) and present the recommendation to the Classification Committee.
- b. The inmate will be scheduled for a classification hearing per policy CD-080100.
- c. The Classification Committee will review and take appropriate action, either approving or disapproving the recommendation. At state facilities, the form will be forwarded to the Warden or Deputy Warden for final action. At contract facilities, the form will be forwarded to the Contract Monitor for final action.
- d. The Warden/Deputy Warden or contract monitor will either approve or disapprove the recommendation. The form will then be forwarded to the Records Department.
- e. The institution Records Manager or Records Coordinator will record the action in the inmate's file and the CMIS. The only staff members authorized to post Termination of MD in the inmate files and the CMIS are the Records Manager or Records Coordinator.
- f. For inmates who are removed from programming or have completed their basic sentence and refuse to participate in parole planning or refuse parole conditions, the effective date for the termination will be the date of the Classification Committee Review.

#### 2. Reinstatement of Meritorious Deductions:

- a. An inmate who has been terminated based on removal from a work or program assignment for refusal to actively participate, will not be eligible for reinstatement until the inmate has been approved by the Classification Committee for return to the same or a similar work or program assignment regardless of whether or not the inmate is housed at the same facility.
- b. An inmate who has been terminated based on failure to pursue an acceptable parole plan in good faith or refusal to accept conditions of parole is eligible for reinstatement provided that the inmate later pursues parole planning or accepts conditions of parole.

NUMBER: **CD-080601** REVIEW/REVISED: **06/09/16** PAGE: **11** 

c. Any inmate removed from good time eligibility pursuant to the termination process above who becomes eligible for reinstatement should notify his or her Classification Officer.

The Classification Officer shall determine if any inmate on his or her caseload is eligible for reinstatement to earn good time, regardless of whether the inmate has notified the Classification Officer of his or her potential eligibility. Upon evaluation of the inmate's eligibility, the Classification Officer shall complete the **Recommendation for/Reinstatement of MD, EMD** form (*Attachment-A*) and schedule the inmate for the Classification Committee.

- d. The Classification Committee shall either recommend the approval or disapproval of the reinstatement of eligibility of MD on the **Recommendation for/Reinstatement of MD, EMD** form (*Attachment-A*).
- e. At state facilities the form is then sent to the Warden or Deputy Warden for final review. The Warden's final decision will be forwarded to Records. At contract facilities, the form will be sent to the Contract Monitor for review. The Contract Monitor's final decision will be forwarded to Records.
- f. Once the Warden, Deputy Warden or Contract Monitor has given final approval for reinstatement of MD, it shall be effective the date of the classification committee action. The form will be forwarded to the Records Department.
- g. The Records Manager or Records Coordinator shall record the action in the inmate's file and update the CMIS. The only staff members authorized to post Reinstatement of MD in the inmate files and the CMIS are the Records Manager or Records Coordinator.

#### I. Correction of Meritorious Deductions Errors:

NUMBER: **CD-080601** 

- 1. If at any time during a file review or a file audit, any error is found in which an inmate was either incorrectly awarded MD or was not awarded MD for which the inmate was entitled, the error must be brought to the attention of the inmate's classification officer.
- Meritorious Deductions errors may be corrected during an inmate's current term of imprisonment.
- 3. The classification officer is responsible for completing the **Correction of Good Time Errors** (Attachment H). The completion of this form must include a full and specific explanation of the reasons for the MD correction to include the facility and dates of the erroneous award. The classification officer will schedule the inmate for classification committee and will present the **Correction of Good Time Errors** (Attachment H) to the classification committee for review. The Classification Officer shall include/attach all

documentation to support the Correction of Good Time (i.e. Good Time Figuring Sheet; copy of forfeiture, restoration or LSA).

- 4. The classification committee will review and approve or disapprove the number of days to be corrected based on the classification officer's recommendation.
- 5. The classification committee recommendation will be forwarded to the Warden/Deputy Warden or Contract Monitor for review. The Warden/Deputy Warden or Contract Monitor's decision involving the correction of quarterly or monthly MD is final and does not need to be forwarded to the Director or Deputy Director of Adult Prisons. However, any correction of good time involving forfeiture, restoration, or Lump Sum Awards must be forwarded to the Director or Deputy Director of Adult Prisons for review.
- 6. The Director of Adult Prisons or a Deputy Director will review the recommendation and determine whether to approve, disapprove or modify the recommendation and forward his/her decision to the institutional records department.
- 7. The institutional Records Manager or Records Coordinator will record the action in the inmate's file and the CMIS. The only staff authorized to post Correction of Good Time Errors in the inmate files and the CMIS are the Records Manager or Records Coordinator.
- 8. The inmate shall be provided with a copy of the Good Time Figuring Sheet showing any adjustments to the inmate's release date.

#### J. Standardized Tracking System for Monitoring Compliance with Good Time Policies

The following standardized tracking measures shall be utilized to monitor the timely and accurate completion of the application of the Goodtime Policies:

#### 1. Quarterly/Monthly Goodtime:

On the first working day of each month, the Classification Supervisor/Unit Manager shall retrieve the designated report from CMIS for their facility that reflects the most recent posting of quarterly/monthly goodtime awards.

The report shall be reviewed to ensure that it reflects each eligible inmate has had his/her quarterly goodtime posted as earned, as well as his or her monthly goodtime posted as earned, if within six (6) months of projected release.

Immediate corrective action shall be taken on any inmate found not to have had their quarterly/monthly goodtime posted in a timely manner.

#### 2. Forfeiture/Restoration:

Each Monday, the Classification Supervisor/Unit Manager shall retrieve the designated report from CMIS that reflects inmates who have become eligible for a restoration of forfeited goodtime.

Those inmates who have become eligible for restoration consideration shall be scheduled for a Committee hearing during the week the report was retrieved.

It shall be the responsibility of the Classification Supervisor/Unit Manger to monitor the subsequent processing of the restoration document, if recommended by committee for restoration to occur, to ensure timely signatures and posting to CMIS and hard copy Good-Time Figuring Sheet.

Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

NUMBER: **CD-080601** 

06/09/16 Date **PAGE: 14** 

NUMBER: **CD-080601** REVIEW/REVISED: **06/09/16** PAGE: **14** 

# NEW MEXICO CORRECTIONS DEPARTMENT RECOMMENDATION FOR/REINSTATEMENT OF ( ) MD ( ) EMD

| Inmate's Name: _                       |                        | _ NMCD #:                               | Date:  |
|--|------------------------|---|--------|
| Facility:                              | Assignments:           |   | Unit:  |
| Recommendation                         | for Reinstatement of M | MD/EMD:                                 |        |
|  |                        |   |        |
|  | (Attach additional do  | cumentation, if neces                   |        |
| Eligible for MD/E                      | MD at 4 days; 8        | days; 30 days.                          |        |
| Date:                                  |                        |   |        |
| Classification Off                     | icer:                  | /                                       |        |
|  | (Prin                  | ,                                       | (Sign) |
|  | Do Not Concur Effe     |   |        |
| Date:                                  |                        |   |        |
| Classification Co                      | mmittee:               | /                                       |        |
|  | (Prin                  | t)                                      | (Sign) |
|  |                        |   |        |
| ====================================== |                        | ======================================= |        |
| Date:                                  |                        |   |        |
| Warden/Dep. Wa                         | rden/Cont. Monitor:    |   |        |
|  |                        | (Print)                                 | (Sign) |
| Comments:                              |                        |   |        |
|  |                        |   |        |

## INSTITUTIONAL WORK/PROGRAM ASSIGNMENT Incentive Pay and Good Time Recommendation

| Facility:                        |              | Month: Date Sent to Classification: |   |             |              |           |               |                  |
|----------------------------------|--------------|-------------------------------------|---|-------------|--------------|-----------|---------------|------------------|
| Name:                            |              |                                     | NMCD                                      | #:          | Cas          | eworke    | r:            |                  |
| Position:                        |              |                                     | Date A                                    | ssigned     | :            | F         | Part-Time: _  | Full-Time:       |
|                                  |              |                                     | <del></del>                               |             |              |           | I             | Attendance Hours |
| 1                                | 2            |                                     | 3   | 4           |              | 5         |               | 6                |
| 7                                | 8            |                                     | 9   | 10          |              | 11        |               | 12               |
| 13                               | 14           |                                     | 15  | 16          |              | 17        |               | 18               |
| 19                               | 20           |                                     | 21  | 22          |              | 23        |               | 24               |
| 25                               | 26           |                                     | 27  | 28          |              | 29        |               | 30               |
| 31                               |              |                                     |   |             |              |           |               |                  |
| (MGT- A=Excus                    | sed Absence  | UNA=Ur                              | nexcused Absence                          | Γ=Tardy     | D/O= Regu    | lar Day C | Off)          |                  |
| •                                | •            |                                     | sences or tardies.                        |             |              |           | minutes or r  |                  |
| 5                                | 4            | 3                                   | 2   | 1           |              | 0         | Perfori       | nance Evaluation |
|                                  |              |                                     |   |             |              |           | Quality o     | f Work/Program   |
|                                  |              |                                     |   |             |              |           | 1             | of Work/Program  |
|                                  |              |                                     |   |             |              |           |               | Responsibility   |
|                                  |              |                                     |   |             |              |           | General A     |                  |
|                                  |              |                                     |   |             |              |           | <del> </del>  | to Supervision   |
|                                  |              |                                     |   |             |              |           | 1             | Appearance       |
|                                  |              |                                     |   |             |              |           | Safety Pr     |                  |
|                                  |              |                                     |   |             |              |           |               | quip/Materials   |
|                                  |              |                                     |   |             |              |           | <u> </u>      | ogram Skills     |
|                                  |              |                                     |   |             |              |           | TOTAL         |                  |
| behavior logs o                  | r written m  | nemorand                            | ion of less than 27<br>um that will expla |             |              |           |               |                  |
| (Attach additional Supervisor: _ |              | ents)                               | /   |             |              |           |               | /                |
| Super visor.                     |              | (Print)                             |   |             | (Si          | gn)       |               | (Date)           |
| FOR INMATESI                     | N SPECIAL    | MANAGE                              | EMENT: Good time w                        | vill be rev | iewed and ap | proved by | y the UMT.    |                  |
| Unit Manager                     |              |                                     |   |             | Security     | Superv    | visor (Sgt. C | Or above)        |
| Mental Health                    | (for less th | an maxin                            | num good time)                            |             | Classific    | ation     |               |                  |
| Education                        |              |                                     |   |             | Other        |           |               |                  |

## NEW MEXICO CORRECTIONS DEPARTMENT QUARTERLY GOOD TIME

| Inmate Name:                    | NMCD#                    | Date:             |             |
|---------------------------------|--------------------------|-------------------|-------------|
| Assignment:                     | Facility/                | Unit:             |             |
| Quarter and Year:               |                          |                   |             |
| Cause #                         | (cc or cs) Cause#        |                   | <del></del> |
| Month:                          | Month:                   | Month:            |             |
| MGT/MD/EMD:                     | MGT/MD/EMD:              | MGT/MD/EMD:       |             |
| SSGT:                           | SSGT:                    | SSGT:             |             |
| IGT:                            | IGT:                     | IGT:              |             |
| XIGT:                           | XIGT:                    | XIGT:             |             |
| LSA:                            | LSA:                     | LSA:              |             |
| Total:                          | Total:                   | Total:            |             |
| Date:                           |                          |                   |             |
| Classification Officer:         |                          |                   |             |
|                                 | Print                    | Sign              |             |
| Supervisory Review:  Date:      | () Approve () l          | Deny              |             |
|                                 | /                        |                   |             |
| Print                           |                          | Sign              |             |
| Comments:                       |                          |                   |             |
| Warden or Deputy Warden's       | Action: () Approve () l  | Deny              |             |
| Date:                           |                          |                   |             |
| Warden/Dep. Warden/Cont. I      | Monitor/_<br>Print       | Sign              |             |
| Inmate's Notification           |                          |                   |             |
| I have been advised of my right | to appeal this decision. | Inmate's Initials |             |
| Inmate Signature:               | NMCD#:                   | Date:             |             |
|                                 |                          |                   | _           |

## NEW MEXICO CORRECTIONS DEPARTMENT FORFEITURE OF GOOD TIME

| Inmate Name:                       | NMCD# _             | Date:               | <del></del> |
|------------------------------------|---------------------|---------------------|-------------|
| Facility:Unit:                     | Report Log #:       | Incident Date:      |             |
| Days to be forfeited:              |                     |                     |             |
| Offense(s): (List Full charge(s    | ), not just codes)  |                     |             |
| Hearing Officer: Print Comments:   | Sign                |                     |             |
| [ ] Approve [ ] Deny Cause #       | Effective Date:     |                     |             |
|                                    |                     | LSA to be forfeited | _           |
| Date:                              |                     |                     |             |
|                                    | Print               | /Sign               |             |
|                                    |                     |                     |             |
|                                    | Deny Effective Date | :                   |             |
| Date:                              | _                   |                     |             |
| Warden/Dep. Warden/Cont. Comments: | Prin                | nt Sign             |             |
| [ ] Accept as recommended          |                     |                     | _           |
| [ ] Accept forfeiture ofd          | ays, as modified    |                     |             |
| [ ] Reject                         |                     |                     |             |
| <b>Director/Deputy Director of</b> | Adult Prisons:      | Date:               |             |
|                                    | Sign                | 1                   |             |
| Comments:                          |                     |                     |             |
|                                    |                     |                     |             |

## NEW MEXICO CORRECTIONS DEPARTMENT RECOMMENDATION FOR RESTORATION OF FORFEITED GOOD TIME

| Inmate's Name:  | NMCD#                          | Date:                  |        |
|---|--------------------------------|------------------------|--------|
| Program Assignment:   | Forfeiture Date:               |                        |        |
| Facility: Unit:   | Report Log # _                 |                        | -      |
| CR#   | (cc or cs) CR#                 |                        |        |
| Amount of MGT/MD/EMD forfeited                              | 1                              |                        |        |
| Recommendation for restoration:                             |                                |                        | _      |
|   |                                |                        | _<br>_ |
|   |                                |                        | _      |
| Were any offenses referred to an out                        | side agency for criminal prose | cution? ( ) Yes ( ) No |        |
| Classification Officer:                                     | 1                              |                        |        |
|   | Print                          | Sign                   | _      |
| ( ) Disapprove  Date:  Classification Committee:  Comments: | Print                          | Sign                   | -      |
| ( ) Approve ( ) Disapprove ( ) Mo                           | odify to day                   | s                      |        |
| Date:   |                                |                        |        |
| Warden/Dep. Warden/Cont. Moni                               |                                |                        | _      |
|   | Print                          | Sign                   |        |
| ( ) Approve ( ) Disapprove ( ) Mo                           | odify to day                   | s                      |        |
| Modify as follows:  |                                |                        | _      |
| Director/Deputy Director of Adult                           | Prisons:                       | /                      | _      |
|   | Print                          | Sign                   |        |

# NEW MEXICO CORRECTIONS DEPARTMENT RECOMMENDATION FOR TERMINATION OF GOOD TIME ( ) MGT ( ) EMD ( ) MD

| Inmate's Name:  | NMCD #  | Date:           |
|---|---------|-----------------|
| Facility: Unit:   |         |                 |
| Recommendation for Termination:  ( ) Failure to pursue a Parole Plan or Refuse ( ) Refusal of a Work/Program Assignment |         | onduct Report): |
| Comments:   |         |                 |
|   |         |                 |
|   |         |                 |
| Classification Officer:(Print)  |         | (Sign)          |
| [] Approve [] Disapprove  |         |                 |
| Date:   |         |                 |
| Classification Committee:   | /       |                 |
| Comments:   | •       | (Sign)          |
|   |         |                 |
| [] Approve [] Disapprove  |         |                 |
| Date:   |         |                 |
| Warden/Dep. Warden/Cont. Monitor:   | (Print) | /               |
| Comments:   | · · ·   | \\\             |

# NEW MEXICO CORRECTIONS DEPARTMENT MD PRORATING SCALES

#### Days Eligible Prorating Scale;

#### Quality of Work Prorating Scale;

|     | <u> </u> | <br>•              |              |
|-----|----------|--------------------|--------------|
| @   | 30 days  | MD @ 30            | days         |
|     |          | Performance Points | Days Awarded |
| 1.  | 01       | 27-45              | 30           |
| 2.  | 02       | 23-26              | 24           |
| 3.  | 03       | 18-22              | 18           |
| 4.  | 04       | 14-17              | 12           |
| 5.  | 05       | 10-13              | 06           |
| 6.  | 06       | 00-09              | 00           |
| 7.  | 07       |                    |              |
| 8.  | 08       |                    |              |
| 9.  | 09       |                    |              |
| 10. | 10       |                    |              |
| 11. | 11       |                    |              |
| 12. | 12       |                    |              |
| 13. | 13       |                    |              |
| 14. | 14       |                    |              |
| 15. | 15       |                    |              |
| 16. | 16       |                    |              |
| 17. | 17       |                    |              |
| 18. | 18       |                    |              |
| 19. | 19       |                    |              |
| 20. | 20       |                    |              |
| 21. | 21       |                    |              |
| 22. | 22       |                    |              |
| 23. | 23       |                    |              |
| 24. | 24       |                    |              |
| 25. | 25       |                    |              |
| 26. | 26       |                    |              |
| 27. | 27       |                    |              |
| 28. | 28       |                    |              |
| 29. | 29       |                    |              |
| 30. | 30       |                    |              |

### NEW MEXICO CORRECTIONS DEPARTMENT CORRECTION OF GOOD TIME ERRORS

| Inmate Name:           |                                   | NMCD#   | Date:                                    |                   |                         |
|------------------------|-----------------------------------|---|--|-------------------|-------------------------|
| Facility:              | Unit:                             | Program Ass   | ignment:                                 |                   |                         |
| CR#                    |                                   | (cc or cs) CR#  |  |                   |                         |
|                        |                                   | days of erroneously a dates of erroneous awa                      |  | EMD based on the  | following (must be      |
| Attach additional do   | cumentation if n                  | ecessary  |  |                   |                         |
| following (must be spe | ecific and include                | days of MGT/MD/EMI<br>efacility as well as date                   | s of erroneous awar<br>                  | rd):<br>          | ot receive based on the |
| Attach additional do   | cumentation if n                  | ecessary  |  |                   |                         |
| Classification Officer | ::Pri                             | /   | Sign                                     | ·                 |                         |
| Warden or Contract     | of good time in<br>Monitor. Any c | volving quarterly or norection of good time eputy Director of Adu | nonthly award mus<br>involving forfeitur | e, restoration or |                         |
| [ ] Approve [ ] Dia    | sapprove                          |   |  |                   |                         |
| Modify as follows:     |                                   |   |  |                   |                         |
| Date:                  |                                   |   |  |                   |                         |
| Warden/Dep. Warde      | n/ Cont. Monito                   |   | /  |                   |                         |
|                        |                                   | Print   |  | sign              |                         |
| [ ] Approve [ ] Di     | sapprove                          |   |  |                   |                         |
| Modify as follows:     |                                   |   |  |                   |                         |
| Date:                  |                                   |   |  |                   |                         |
| Director/Deputy Dire   | ector of Adult P                  | risons:   | /<br>Print                               | Sign              |                         |

## NEW MEXICO CORRECTIONS DEPARTMENT MONTHLY GOOD TIME

| NMCD#           | Date: _       |                |     |
|-----------------|---------------|----------------|-----|
| F               | acility/Unit: |                |     |
|                 |               |                |     |
| _(cc or cs) Cau | use#          | ····           |     |
|                 |               |                |     |
|                 |               |                |     |
|                 |               |                |     |
|                 |               |                |     |
|                 |               |                |     |
|                 |               |                |     |
|                 |               |                |     |
|                 |               |                |     |
| /               |               |                |     |
| //              | Sign          |                |     |
| ( ) Approve     | ( ) Deny      |                |     |
|                 |               |                |     |
| /               |               |                |     |
|                 | Sign          |                |     |
|                 |               |                | _   |
| ( ) Approve     | ( ) Deny      |                |     |
|                 |               |                |     |
|                 | /             |                |     |
| Print           |               | şn             |     |
|                 |               |                |     |
| his decision    |               |                |     |
|                 |               | itials         |     |
| NMCD            | D#: Da        | ite:           |     |
|                 | F             | Facility/Unit: | PRD |