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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. College Name:** | | | |  | | | | | | | | | | | | |
|  | | | | (Print Full Name) | | | | | | | | | | | | |
| **2. Agency Contacts:** | | | | |  | | | | | | | | |
| Community College | | | | | | | |  | |  | Corrections/Captive/Co-Opted Facility | | | | |  |
| Name: | | |  | | | | |  | |  | Name: |  | | | |  |
| Title: | | |  | | | | |  | |  | Title: |  | | | |  |
| Phone: | | |  | | | | |  | |  | Phone: |  | | | |  |
| E-mail: | | |  | | | | |  | |  | E-mail: |  | | | |  |
|  | | |  | | | | |  | |  |  |  | | | |  |
| **3. Instructional Program** | | | | | | | | | | | | | | | | | |
|  | |  | Occupational Extension | | | |  | Human Resources Development | | | | | |  | | Self-Support / CSP | |
| **4. Proposed Implementation Date** (Specify a month, day, and year) | | | | | | | | | |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5. Population Served (check one) Name of** | | | | | Section Codes | Facility Name | Location\* | Facility ID | | Matrix  Category | | Feasibility Plan | | |
|  |  | | Students in Dept. of Adult Correction Facility | | P |  |  |  | |  | |  | | |
|  |  | | Students in Private Corrections Facility | | P |  |  |  | |  | |  | | |
|  |  | | Students in Federal Corrections Facility | | P |  |  |  | |  | |  | | |
|  |  | | Students in Local Jail/Detention Center | | J |  |  |  | |  | |  | | |
|  |  | | Students in Domiciliary Care Facilities | | D |  |  |  | |  | |  | | |
|  |  | | Students in Substance Abuse/Rehab Center | | A |  |  |  | |  | |  | | |
|  |  | | Students in Community Rehabilitative Facility/ADAP Center | | D |  |  |  | |  | |  | | |
|  |  | | Students (Clients) in a Nursing Facility | | N |  |  |  | |  | |  | | |
|  |  | | Students in an in-patient Psychiatric Center | | I |  |  |  | |  | |  | | |
|  |  | | Students in Juvenile Justice Facility (committed youth) | | --- |  |  |  | |  | |  | | |
| \* If the city location is not in your college’s service area, please attach a copy of your signed Institutional Service Agreement. | | | | | | | | | | | |
| **6. Course Information (Please complete a separate form for each course, per facility)** | | | | | | | | | | | | |
| CCL Master Course Code: | | | |  | | | | | | | | |
| CCL Master Course List Title: | | | |  | | | | | | | | |
| Local Title: | | | |  | | | | | | | | |
| Course Plan: | | | | A course plan must be attached to the approval request | | | | | | | | |
| Total Course Hours Requested: | | | |  | | | | | | | | |
| Maximum Hours on CCL Master Course List: | | | |  | | | | | | | | |
| Length of each class meeting (in hours): | | | |  | | | | | | | | |
| Number of weekly class meetings: | | | |  | | | | | | | | |
| **7. Required Signatures** | | | | | | | | | | | | |
| Captive/Co-Opted Facility Senior Administrator: | | | | |  | | | | Date: | |  | |
| Senior Continuing Education Administrator: | | | | |  | | | | Date: | |  | |
| College President: | | | | |  | | | | Date: | |  | |
| Chairman, Board of Trustees: | | | | |  | | | | Date: | |  | |

**Instructions for Completing the WCE Captive Request Form**

|  |  |  |
| --- | --- | --- |
| **Item** | | **Instruction** |
| **1.** | **College Name** | * Enter the college’s full name. |
| **2.** | **Agency Contacts** | * Enter the contact information for both the college and the participating facility. |
| **3.** | **Instructional Program** | * Check the most appropriate instructional program. |
| **4.** | **Implementation Date** | * Enter the proposed implementation date. Include month, day, and year. * Please note that colleges cannot offer courses to captive and co-opted groups until the State Board approves the request. **A typical timeframe for processing a course approval is two to three months; plan accordingly**. * The State Board often does not meet in June or December. |
| **5.** | **Population Served** | * Check the intended population to be served. * Enter the name and location of the facility. Please note: If the location/city is not in the college’s service area, please attach a copy of a signed Institutional Service Agreement.   If applicable, please complete the following:   * **Facility ID** – Enter the 4-digit facility ID code. This field is only applicable to facilities operated by the Department of Adult Correction. See attached list. * **Matrix Category** – Enter the matrix category. This field is only applicable to facilities operated by the NC Department of Adult Correction. See attached list. * **Feasibility Plan** - Enter “Yes” or “No” if a Feasibility Plan is attached. This Department of Adult Correction form is only required for courses taught in a Department of Adult Correction state facility. Please note that a course cannot be approved without this form. |
| **6.** | **Course Information** | * Enter the appropriate information for all fields. Colleges must submit a separate form for each course request. * Attach a Course Plan. This plan should include a **course description, specific learning objectives, outline**, and **evaluation methods**. See Elements of a Workforce Continuing Education Course Plan/Outline. |
| **7.** | **Required Signatures** | * Obtain the required signatures. Please note that the System Office will not begin the approval process without all signatures. |

**Instructions for Submitting Request to the System Office**

1. Check the completeness and accuracy of the information contained on all required documents: WCE Captive Request Form, course plan/outline, and if applicable, a Department of Adult Correction Feasibility and Implementation Plan. These documents combined will be referred to as the application packet.
2. Submit the complete application packet with all signatures on each and submit it to:

Prison Education Liaison – Workforce Strategies Office

[bacona@nccommunitycolleges.edu](mailto:bacona@nccommunitycolleges.edu) and [WCERequests@nccommunitycolleges.edu](mailto:WCERequests@nccommunitycolleges.edu)

1. Allow adequate time for course approval. A typical timeframe for processing a course approval is two to three months; plan accordingly. *Note*: The State Board typically does not meet in June or December.

NC Department of Adult Correction Facilities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Facility** | **Facility ID** | **Matrix** |  | **Facility** | **Facility ID** | **Matrix** |
| Albemarle Correctional Institution | 4580 | 4b |  | Lumberton Correctional Institution | 4365 | 2 |
| Alexander Correctional Institution | 4870 | 3 |  | Marion Correctional Institution | 3730 | 3 |
| Anson Correctional Institution | 4575 | 3 |  | Maury Correctional Institution | 4875 | 4a |
| Avery-Mitchell Correctional Institution | 4680 | 3 |  | Mountain View Correctional Institution | 4855 | 3 |
| Bertie Correctional Institution | 4880 | 4a |  | Nash Correctional Institution | 3710 | 4b |
| Brown Creek Correctional Institution | 3510 | 4b |  | NC Correctional Institution for Women | 3010 | 4b |
| Caldwell Correctional Center | 4625 | 3 |  | Neuse Correctional Institution | 3060 | 2 |
| Carteret Correctional Center | 4110 | 3 |  | New Hanover Correctional Center | 4170 | 2 |
| Caswell Correctional Center | 4415 | 3 |  | Orange Correctional Center | 4240 | 2 |
| Catawba Correctional Center | 4555 | 3 |  | Pamlico Correctional Institution | 4850 | 3 |
| Central Prison | 3100 | 4b |  | Pasquotank Correctional Institution | 3740 | 3 |
| Columbus Correctional Institution | 4355 | 2 |  | Pender Correctional Institution | 4150 | 3 |
| Craggy Correctional Center | 4630 | 3 |  | Piedmont Correctional Institution | 3500 | 2 |
| Craven Correctional Institution | 3085 | 2 |  | Randolph Correctional Center | 4445 | 2 |
| Dan River Prison Work Farm | 3080 | 3 |  | Richmond Correctional Institution | 3930 | 3 |
| Davidson Correctional Center | 4420 | 3 |  | Rutherford Correctional Center | 4655 | 2 |
| Eastern Correctional Institution | 3400 | 4b |  | Sampson Correctional Institution | 4345 | 3 |
| Foothills Correctional Institution | 3720 | 4b |  | Sanford Correctional Center | 4360 | 1 |
| Forsyth Correctional Center | 4430 | 3 |  | Scotland Correctional Institution | 4860 | 3 |
| Franklin Correctional Center | 4215 | 3 |  | Southern Correctional Institution | 3600 | 4b |
| Gaston Correctional Center | 4515 | 2 |  | Tabor Correctional Institution | 4885 | 3 |
| Granville Correctional Institution | 3980 | 2 |  | Tyrrell Prison Work Farm | 3070 | 3 |
| Greene Correctional Institution | 4140 | 2 |  | Wake Correctional Center | 4265 | 2 |
| Harnett Correctional Institution | 3805 | 4b |  | Warren Correctional Institution | 4290 | 3 |
| Hyde Correctional Institution | 4180 | 4b |  | Western Correctional Center for Women | 4635 | [code] |
| Johnston Correctional Institution | 4230 | 3 |  | Wilkes Correctional Center | 4665 | 2 |
| Lincoln Correctional Center | 4525 | 3 |  |  |  |  |