



Kansas Department of Corrections



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Annual Report On Community Corrections



Steven J. Davies, Ph.D.
Secretary of Corrections

July 1, 1989 - June 30, 1990

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STATE OF KANSAS



DEPARTMENT OF CORRECTIONS

OFFICE OF THE SECRETARY

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Joan Finney
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Steven J. Davies, Ph.D.
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Dear Fellow Kansans:

Fiscal Year 1990 (FY90) proved to be an active and productive year for community corrections programming in the State of Kansas. The 1989 Kansas legislature approved the expansion of community corrections programming to all Kansas counties. All community corrections programs were funded to begin operation on July 1, 1990. The community corrections staff of the Kansas Department of Corrections dedicated a majority of this fiscal year educating and preparing the new counties for the implementation of their program.

The statewide expansion of community corrections is a pursuit by the state to divert additional adult felony offenders from incarceration in state institutions. This specific legislation is only one component to a comprehensive strategy developed by the state to address the issue of prison crowding.

Community Corrections programs are designed to allow an offender to remain in the community under controlled conditions. An offender assigned to community corrections has the responsibility to be accountable for his/her actions, and public safety concerns are always of utmost importance. An offender being supervised in the community is able to maintain family ties, maintain employment, pay taxes, pay restitution, and develop the community support necessary to remain a productive, law-abiding member of the community.

This annual report demonstrates the impact community corrections programs had during FY90 on the criminal justice system. Community Corrections programs continue to play an important role in the continuum of punishments available to the courts.

It is my hope you find the information contained in this annual report interesting and useful.

Sincerely,

A handwritten signature in cursive script, appearing to read "Steven J. Davies".

STEVEN J. DAVIES, Ph.D.
Secretary of Corrections

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of the Douglas County Community Corrections Advisory Board

Honorable Michael Malone; member; appointed by the Chief Justice;
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ACQUISITIONS

INTRODUCTION

This annual report is based on the original ten community corrections programs which provide services to sixteen counties and which were the programs in operation in FY 1990. Those programs are as follows: Bourbon/Linn/Miami, Douglas, Johnson, Leavenworth, Montgomery, Riley, Saline, Sedgwick, Shawnee, Wyandotte, and the 2nd Judicial District (Jackson, Jefferson, Pottawatomie, Wabaunsee) which is under contract with Shawnee County.

The statistical program data contained in this report were compiled from monthly statistical reports submitted to the Kansas Department of Corrections by the director of each community corrections program.

Additionally, this report will demonstrate the effort put forth to orchestrate the statewide expansion of community corrections as mandated by the Kansas legislature.

COMMUNITY CORRECTIONS MISSION STATEMENT

The primary mission of the Community Corrections Program is to prevent the institutionalization of certain adult and juvenile offenders in state correctional institutions and youth centers. This is achieved by funding grants to counties to establish and maintain correctional programs and services for these offenders. These programs and services may be tailored to reflect local community needs and values, but the overall programs must contain at least one of two core services (adult intensive supervision or adult residential program). Within available funds, county programs may offer other services and programs within a broad umbrella of correctional services.

The Department of Corrections is responsible for oversight of all community corrections programming. This is carried out through interpretation of state statutes; promulgation of regulations and administrative policies and procedures; periodic auditing; provision of technical assistance and dissemination of information. The Department approves, subject to review of the State Community Corrections Board, all budgets, plans, amendments and program content of local programs. The Department has the responsibility to fund, within amounts appropriated, approved community corrections program budgets. Any unexpended funds due to delay in program or project startup, overestimate of costs or operating expenditures, employee turnover, etc. shall be used to reduce subsequent distributions of funds from the state or returned to the state for allocation elsewhere as needed unless the Secretary determines that these funds may be retained by the county for approved programming purposes.

STATEWIDE EXPANSION OF COMMUNITY CORRECTIONS

The 1989 Kansas legislature, through the passage of Senate Bill 49, mandated the expansion of community corrections statewide. The 1990 Kansas legislature provided the funding necessary to start the programs effective July 1, 1990.

Senate Bill 49 required each administrative judge to make a recommendation by September 15, 1989 to the Board of County Commissioners within their judicial district as to the organization of community corrections. The recommendation was regarding which option non-participating community corrections counties within his/her judicial district should follow. The following options for organizing community corrections were available:

1. Develop an independent community corrections program.
2. Develop regional or multi-county programs.
3. Contract for services with another community corrections program.

Kansas Department of Corrections community corrections staff spent a significant amount of time preparing the new programs for implementation. Kansas Department of Corrections staff presented informational meetings throughout the state, with the public and officials who would be responsible to assist in educating the counties on what community corrections is and the actual development of their local community corrections program. These meetings were primarily focused on explaining how the program needed to be initiated and how to organize their community corrections advisory board which is required by the Kansas Community Corrections Act.

Once the advisory boards were formed, Kansas Department of Corrections staff held training sessions to assist them with the development of their comprehensive plan. Locations for the training were Dodge City, Norton, Ellsworth, Topeka, and Yates Center. Technical Assistance continues on an ongoing basis for the expansion programs.

There were twenty-two (22) additional community corrections programs developed as a result of this expansion, for a total of thirty-two community corrections programs statewide.

HISTORY OF COMMUNITY CORRECTIONS

The Kansas Legislature enacted the Community Corrections Act (K.S.A. 75-5290 et. seq.) in 1978. The term "community corrections" refers to correctional programs and services that are based in the community rather than prison. The goal of community corrections is to assist in reducing prison overcrowding by providing the courts with an additional sentencing option. This sentencing option exists as a part of the continuum between probation and prison. The program premise is that selected offenders can be controlled in the community and not present an unacceptable risk to the public. Community corrections programs provide structured intensive supervision for offenders through the development of individualized supervision plans designed to keep the offender on a productive, law-abiding course and links the offender with community resources necessary to assist in that endeavor.

On the following pages is a chronology of pertinent events concerning community corrections. This chronology provides an overview of the community corrections act since its inception.

CHRONOLOGY OF COMMUNITY CORRECTIONS IN KANSAS

1977 An interim committee was developed to study the feasibility of starting community based programs or developing the newly proposed medium security prison. The interim committee concluded legislation should be enacted to encourage the development of community corrections programs.

1978 H.B. 3112 was introduced on January 26, 1978. The Kansas Community Corrections Act (K.S.A. 75-5290), patterned after the Minnesota Community Corrections Act, was passed by the 1978 legislature in an effort to provide alternatives to both incarceration and new prison construction. The act passed the House 94-28 and the Senate 29-11.

The Governor refused to sign the legislation and the bill became law without his signature on April 15, 1978.

1979 H.B. 2229 was introduced on January 26, 1979, amending K.S.A. 75-52,100; 75-52,103; and 75-52,104. The amendments contained in this bill:

1. A local plan could no longer include purchase of juvenile detention services from a state institution. Included was a per diem clarification which limited juvenile chargebacks to criminal-type youths committed to state youth centers for offenses less than A, B, or C felonies. This made the juvenile chargebacks parallel to the adults.
2. Gave the Secretary of Corrections authority to waive a charge against a county in a case involving a commitment arising from an escape or charge of aggravated juvenile delinquency.
3. Excluded from a county's base year corrections expenditures that portion of corrections personnel salaries actually assumed by the state.

The Governor signed H.B. 2229 on April 10, 1979.

1980 H.B. 2974 was introduced on February 1, 1980, amending K.S.A. 1979 Supp. 75-5291, 75-52,101, and 75-52,104. The amendments contained in this bill:

1. Added several more exemptions for adult chargebacks:
 - a) D or E felons with more than one prior felony conviction.

- b) Felons convicted of aggravated assault.
 - c) Felons convicted of a sex offense.
 - d) Felons sentenced to mandatory incarceration under K.S.A. 21-4618, for using a firearm in the commission of a crime.
2. The juvenile chargeback penalty was changed from a per diem charge to a flat fee: \$3,000 in a county's first year and \$6,000 for a program in its second and subsequent years.
 3. Juveniles adjudicated for aggravated assault or a sex offense would no longer be a chargeback.
 4. Changed the rate at which a county would be eligible for its full grant eligibility from four to three years: 70% the first year, 90% the second year, and 100% during the third year of participation.
 5. Added restitution programs and victim service programs to the list of activities that grant monies could be used for in the local comprehensive plan.
 6. Allowed participating counties to avoid any adverse impact on annual grant amounts that might result from use of U.S. Census Bureau population figures.

Governor signed H.B. 2974 on April 9, 1980.

- 1980** Shawnee County entered the Community Corrections Act on October 1, 1980.
- 1981** Leavenworth and Bourbon/Linn/Miami (tri-county program) counties entered the Community Corrections Act on January 1, 1981. On July 1, 1981, Wyandotte County became involved in the Community Corrections Act.
- 1982** Johnson and Riley counties implemented community corrections programs on April 1, 1982. An amendment was added eliminating the preamble to the Community Corrections Act:

"For the purposes of more effectively protecting society and promoting efficiency and economy in the delivery of correctional services." Since the 1982 amendment, the Community Corrections Act has been without a statement of purpose.

1983 S.B. 421 was introduced on March 25, 1983, amending K.S.A. 75-52,104.

1. S.B. 421 provided for a reduction of charges when youth center commitments were modified within a 60 day period. The reduced penalty was only \$500.00 during a county's first year and \$1,000.00 for the second year and subsequent years of operation:
2. Sex offenders were already exempt from juvenile chargebacks; this bill specified that it must be a felony sex offense to be exempted.

The Governor signed S.B. 421 on May 6, 1983.

1983 Sedgwick County, the largest county in Kansas, entered the Community Corrections Act on April 1, 1983.

1983 Johnson County Community Corrections program was suspended in December, 1983, because of high chargeback admissions resulting in inadequate funds for program operations.

1984 H.B. 3104 was introduced on March 13, 1984. This bill modified the statute listing conditions of probation that can be imposed by a court. It authorized ordering a defendant to be supervised under a local community corrections service program.

H.B. 3104 was signed by the Governor on April 12, 1984.

1984 S.B. 829 was introduced on March 6, 1984. This bill:

1. Authorized supplementary grant funds for counties with historically high rates of chargeback commitments to prison. The supplemental grant formula was added to the Act because, under the original formula, small and midsize counties with high commitment rates would not have sufficient funds to operate a program.
2. A cap or lid was placed on the number of days for which a participating county could be charged for a targeted offender admitted to prison. This was based on the actual length of confinement not to exceed the average length of time served by felony class.

3. Provided that if a county withdrew from participation in the Community Corrections Act, the Secretary of Corrections may require the return to the State of any property, with a purchase price in excess of \$100, purchased within the two year period prior to withdrawal.

S.B. 829 was signed by the Governor on May 9, 1984.

1984 Montgomery County implemented a community corrections program on November 1, 1984. Montgomery County was the first community corrections program to enter the Act which required supplemental funding.

1985 S.B. 168 was introduced on February 6, 1985. This bill tried to resolve the question of custody when an inmate was in a Community Correction/s program and offered several changes affecting chargebacks.

S.B. 168 died in the House Ways and Means committee.

1985 In November, 1985, the Johnson County Community Corrections program re-opened.

1985 In December, 1985, Edna McConnell Clark awarded a \$175,000.00 grant to Temple University to evaluate the Kansas Community Corrections Act. The project was scheduled to begin in January, 1986, and to be completed in 18 months.

1986 S.B. 419 was introduced in January, 1986. This Bill:

1. Clarified that a person sentenced to a community corrections program was subject to the continuing jurisdiction of the court and was not to be considered in the custody of DOC.
2. Added the assignment of a defendant to a community corrections program to the list of dispositional alternatives of a court and deleted the provision treating community corrections as an aspect of probation.
3. Established a Community Corrections program fee and gave the Community Corrections officers arrest powers.

S.B. 419 was signed by the Governor on April 4, 1986.

1986

S.B. 628 was introduced on February 12, 1986. This bill amended K.S.A. 75-52,109 to alter the formula utilized to calculate supplemental grants.

1. S.B. 628 affected counties entering the Community Corrections Act after January 1, 1986, that were eligible for supplemental funds.
2. S.B. 628 reduced the supplemental funding to 70% of the previous formula relating to the grant amounts.

S.B. 628 was signed by the Governor on May 5, 1986.

1986

Saline County entered the Community Corrections Act on August 1, 1986.

1987

H.B. 2341 was introduced on February 11, 1987. This bill amended K.S.A. 75-52,104 altering the juvenile chargeback assessments. This bill provided for the elimination of chargebacks for those juveniles who were administratively transferred to a youth center.

H.B. 2341 was signed by the Governor on April 23, 1987.

1987

Douglas County implemented a Community Corrections program on March 1, 1987. There were then 10 programs and 12 counties involved in the Act. Community Corrections counties account for 41% of the state's population, 57% of the state's reported crime, and 55% of court admissions to DOC.

1987

DOC received the preliminary finding of the Temple University evaluation:

1. A Community Corrections offender's profile looks more like a prison offender's than those on probation.
2. Community Corrections handles offenders at a lower cost than incarceration and may have been significant in averting prison construction.
3. Community Corrections clients have less recidivism than offenders sent to prison.

1988

S.B. 457 was introduced in January, 1988. This bill amended K.S.A. 75-52,101; 75-52,103; 75-52,107; K.S.A. 1987 Supp. 75-52,104; and 75-52,109.

1. Chargeback costs for adults and juveniles were eliminated.
2. Stabilized the amount of an annual grant that a county was eligible to receive at the FY 1988 level. This bill also eliminated supplemental funding.
3. Authorized the Secretary of Corrections to transfer, to one or more counties, any portion of a county's annual grant which was not included in the County's program budget for the current program year. Additionally, transfer any portion of a county's annual grant which remained unused at the end of the county's program year and was not included in the county's program budget for the ensuing program year.
4. Allowed the Secretary of Corrections to contract for correctional services from any participating county or group of participating counties currently receiving grant funds, including services for inmates classified less than minimum custody.
5. Allowed any county to contract for correctional services from any county or group of counties which are receiving grants, regardless of whether the county is within the same judicial district.

S.B. 457 was signed by the Governor on May 18, 1988.

1988 The 1988 Legislature approved 9.6 million dollars for community corrections programs for FY 1989. The amount of 1.5 million dollars was approved for the development of new counties into the Act and the expansion of services in the counties currently participating.

1988 The DOC developed standards of service for primary community corrections programs. The standards were completed on September 1, 1988. The standards were fully implemented on January 1, 1989. The standards reduced caseload size to a maximum of 25 per Intensive Supervision Officer.

1988 The Coordinating Council on Criminal Justice recommended that legislation be drafted mandating community corrections programs in all 31 Judicial Districts.

1989 The first Audits of Standards for Intensive Supervision Programs and Residential Programs were performed beginning in March, 1989. The Intensive Supervision Program Standards were audited by community corrections personnel. The Standards for Residential Services were audited by a Kansas Department of Corrections compliance officer and a community corrections program consultant.

1989 The 1989 Legislature passed Senate Bill 49 which mandated statewide expansion of community corrections.

1. Senate Bill 49 required the administrative judge of each judicial district to make a recommendation to the Board of County Commissions by September 15, 1989 as to which option non-participating community corrections counties within the judicial district should follow. The options were:
 - a) Develop an independent community corrections program.
 - b) Develop regional or multi-county program.
 - c) Contract for community correctional services with another program.
2. Senate Bill 49 required on or before July 1, 1990 each county based on the recommendation from the administrative judge of the judicial district in which each county is located shall establish a corrections advisory board and adopt a comprehensive plan.
3. Senate Bill 49 changed the budget cycle and the method of funding for community corrections programs. Participating community corrections programs were transferred from a calendar year funding period to a fiscal year funding period.
4. Senate Bill 49 changed the funding formula for each county or group of counties receiving grants prior to July 1, 1990 from a grant formula to per capita cost for each program service.

5. Senate Bill 49 provided that no county or group of counties receiving a grant for fiscal year 1989 would receive less than the amount of the grant received by the county or group of counties during fiscal year 1989, if such county or group of counties continues to serve, or is projected to serve, at least the same number of persons served during fiscal year 1989 and continues to provide the same community correctional services as provided during Fiscal Year 89.
6. Senate Bill 49 required on or before July 1, 1990 each county or group of counties applying to receive a grant for the first time submit a budget request to the Secretary.
7. Senate Bill 49 required the funding for a county or group of counties applying for a grant on or before July 1, 1990 would be determined based on the historical cost per program service of the existing community corrections programs, multiplied by the projected average daily population.
8. Senate Bill 49 amended presumptive sentencing (KSA 21-4606 (a) as follows:
 - a) The presumptive sentence for a person who has never been convicted of a felony, but has now been convicted of a class D or E felony or convicted of an attempt to commit a class D felony shall be probation unless the conviction is of a crime specified in article 34, 35, or 36 of Chapter 21 of Kansas Statute Annotated or the crime is a felony conviction of KSA 65-4127 (b) and amendments thereto, which involved the manufacture, sale, offer for sale, or possession with intent to sell such controlled substance. The court will then determine whether or not to impose the presumptive sentence based on the prior record of the individual, or an individual adjudicated while a juvenile, an offense which would constitute a felony if committed by an adult.
 - b) If the presumptive sentence to standard probation is not imposed, the presumptive sentence for a person convicted of a D or E felony shall be assignment to a community correctional service program on terms the court determines.

9. Senate Bill 49 established the State Community Corrections Board. The board is comprised of five members, three appointed by the Governor, and two appointed by the chief justice of the Kansas Supreme Court.

The board was assigned the following duties:

- a) To hear appeals on decisions of the Secretary regarding grants for expenses of a corrections advisory board which did not have a comprehensive plan approved by the Secretary.
- b) To hear appeals on decisions of the Secretary regarding the determination of grant amounts for community corrections programs.
- c) To hear appeals on decisions of the Secretary regarding the organization of new community corrections programs and their plans for services.
- d) To review minimum program standards established by the Secretary of Corrections for community corrections programs.

1989 On June 1, 1989 the Second Judicial District (Pottawatomie, Wabaunsee, Jackson, and Jefferson Counties) began contracting with Shawnee County for community correctional services. There are currently ten community corrections programs serving 16 counties.

1990 Internal Management Policies and Procedures were developed and approved for the Community Corrections section effective February 1, 1990.

1990 House Bill 3091 was passed amending KSA 75-52,111 and 75-52,114. Senate Bill 49 guaranteed that the existing community corrections programs would receive no less than their actual FY89 expenditures. House Bill 3091 allowed the Secretary the ability to reduce the grant of a county or group of counties based on the following criteria:

1. Staffing levels exceed levels justified by active cases under supervision.
2. One time expenditures such as renovation or construction cost, major equipment or capital acquisitions were factored in the FY89 base.
3. Excessive administrative cost.

4. Client numbers were reduced.
5. Caseload projections were not supported by historical experience.
6. Excessive travel outside the program area were factored into the FY89 base.
7. Funded contracts for services remained unused for an unreasonable period of time.
8. Any unreasonable indirect cost were factored into or allowed in the FY89 base.
9. Contracted services costs factored into the FY89 base are significantly higher than other programs or the Department of Correction's experienced cost.

1990

The FY91 appropriations for existing and new community corrections programs was 10,082,016.

1. May, 1990 new and existing community corrections program budgets for FY92 were due at the Kansas Department of Corrections.
2. June, 1990 new and existing community corrections were notified of their FY91 approved budgets.

STANDARDS

The standards developed for community corrections programs are minimum requirements a program must follow to provide supervision to offenders assigned to the particular service. When the standards were developed, care was given to address all major components in the supervision of an offender. Standards provide guidance for supervision plan development, offender contact by intensive supervision officer, job development, community resource development, substance abuse testing, etc. Standards provide an accountability measure for the community corrections program, and add to the integrity of the service provided.

Adult intensive supervision standards and adult residential standards review and development continued during FY90. The standards review committee was developed to review current standards and to develop new standards for funded program services. This committee met on various occasions during FY90 reviewing and recommending revisions to the standards.

These revisions will require review by the Kansas Department of Corrections with final approval by the State Community Corrections Board.

ADULT INTENSIVE SUPERVISION MINIMUM STANDARDS

	PHASE 1	PHASE 2	PHASE 3	PHASE 4
CONTACTS Face-To-Face	3/wk	2/wk for 30d 1/wk	1/wk for 30d 1 ea 2 wks	1/mo
Collateral	3/wk	2/wk	2/wk	2/mo
JOB SEARCH	ISO Directs Daily Search, Provide Proof	Employed, in Training or Education	Employed, in Training or Education	Employed, in Training or Education
VERIFY EMPLOYMENT Provide Pay Stubs	1/wk	1/wk	2/mo	1/mo
Employer Contacts	1/mo	1/mo	1/mo	1/mo
TRAINING/EDUCATION Contact Provider	1/wk	1/wk	2/mo	1/mo
CURFEW	ISO Directs	ISO Directs	ISO Directs	ISO Directs
C.S.W. Unemployed	40 hours	All Court Ordered Hrs	All Court Approved Hrs	CSW Done
Employed	5 hours	All Court Ordered Hrs	All Court Approved Hrs	CSW Done
DRUG TESTING If Drug History	4/mo	3/mo	2/mo	1/mo
If No Drug History	1/mo	1/mo	1/mo	1/mo
LEO NOTIFICATION	1/mo	1/mo	1/mo	1/mo
LEO RECORD CHECK	1/wk	1/wk	2/mo	1/mo
MIN. DURATION	30 days	90 days	90 days	Open Ended
LEVEL ADVANCE	Employed or f.t. student CSW Done Following ALL Cond. No Major Violations ISO & Supr. Approve	Employed or f.t. student Following ALL Cond. No Major Violations ISO & Supr. Approve	Employed or f.t. student Following ALL Cond. No Major Violations ISO & Supr. Approve	PGM COMPLETED Conditions met Summary of ALL Progress since Assignment. The emplr. told of successful completion and that we will no longer contact ISO & Supr. Approve

**COMMUNITY SERVICE HOURS PERFORMED
BY OFFENDERS**

Community Service Work projects continue to be an important component for community corrections programs. This service provides an accountability measure for an offender to re-pay a part of his/her debt to the community. This particular service assists community corrections programs to build community support by providing offenders to government and not-for-profit agencies to perform community service work. The offenders utilized in this program can not supplant current jobs, rather they supplement the existing jobs, and perform tasks that otherwise could not be completed.

During FY90, offenders assigned to community corrections completed 43,096 hours of community service work. Based on the current minimum wage of \$4.25 per hour, this service provided \$183,158.00 worth of work to those agencies.

The following table identifies the program and amount of community service hours performed by each.

**COMMUNITY SERVICE HOURS PERFORMED
BY OFFENDERS**

County Program	Number of Hours Performed	Dollar Amount of Hours Performed
B/L/M Adult Juvenile	655 0	\$ 2,783.75 0
Douglas Adult Juvenile	3,090 238	\$ 13,132.50 1,011.50
Johnson Adult Juvenile	4,121 797	\$ 17,514.25 3,387.25
Leavenworth Adult Juvenile	638 260	\$ 2,711.50 1,105.00
Montgomery Adult Juvenile	1,721 270	\$ 7,314.25 1,147.50
Riley Adult Juvenile	8,303 0	\$ 35,287.75 0
Saline Adult Juvenile	2,035 601	\$ 8,648.75 2,554.25
Sedgwick Adult Juvenile	8,576 50	\$ 36,448.00 212.50
Shawnee Adult Juvenile	1,682 28	\$ 7,148.50 119.00
Wyandotte Adult Juvenile	9,996 0	\$ 42,483.00 0
2nd Judicial Adult Juvenile	35 0	\$ 148.75
TOTAL Adult Juvenile	40,852 2,244	\$173,621.00 9,537.00
GRAND TOTAL	43,096	\$183,158.00

**WAGES, TAXES, RESTITUTION, AND COURT COSTS PAID
BY COMMUNITY CORRECTIONS OFFENDERS**

Offenders assigned to community corrections programs are expected to maintain employment and pay restitution and court costs. The obvious benefit of having an offender in community supervision and employed is that the offender will draw a wage and pay taxes. The total wages paid to community corrections participants during FY90 was \$9,807,709.79. This represents a 43% increase from the previous fiscal year. Offenders paid 1,749,902.08 in taxes from those wages. This represents a 44% increase from the previous fiscal year. There was a total of \$629,457.03 paid to victims of the crimes committed by these offenders. This figure is an increase of 90% from FY89. Offenders paid \$259,165.04 in court costs and fines during FY90. This figure represents an increase of 31% over FY89. Additionally, there was a 79% increase in fees paid to the program to defer program cost.

Residential programs collecting fees from offenders include Johnson, Sedgwick and Shawnee. Diversion fees were collected in Leavenworth, Riley and Saline counties.

The following table identifies the program and amount of wages, taxes, restitution, and court costs paid by each.

**WAGES, TAXES, RESTITUTION, AND COURT COSTS PAID BY
COMMUNITY CORRECTIONS OFFENDERS**

PROGRAM	WAGES	TAXES	RESTITUTION	COURT COSTS AND FINES	FEES PAID TO DEFER PROGRAM COST
B/L/M Adult Juvenile	\$ 199,634.61 576.67	\$ 33,354.96 75.00	\$*25,180.66 719.00	0	0
DOUGLAS Adult Juvenile	443,698.26 3,605.74	95,320.85 836.38	11,295.24 34.00	\$ 6,502.03 65.00	\$ 462.85 0
JOHNSON Adult Juvenile	2,787,360.17 0	475,168.89 0	232,034.82 0	78,629.24 1,034.75	46,951.11 0
LEAVENWORTH Adult Juvenile	315,916.07 4,666.68	53,600.08 901.27	97,007.41 2,103.47	23,015.65 1,069.58	22,952.00 0
MONTGOMERY Adult Juvenile	200,146.86 17,086.41	33,681.83 3,593.29	11,687.38 3,767.90	8,293.70 385.00	360.00 125.00
RILEY Adult Juvenile	865,351.65 4,784.00	206,421.94 1,125.00	11,137.28 656.34	7,576.50 395.00	27,347.82 0
SALINE Adult Juvenile	535,478.78 65,260.15	80,531.56 26,000.39	12,567.82 3,249.82	16,179.78 4,657.97	1,147.00 1,429.00
SEDGWICK Adult Juvenile	2,355,135.52 16,075.22	393,460.64 3,486.40	137,582.22 2,020.00	57,401.89 506.00	35,931.07 0
SHAWNEE Adult Juvenile	758,059.56 12,117.00	140,963.18 1,662.00	28,815.94 1,094.00	25,752.99 355.00	900.00 0
WYANDOTTE Adult Adult EMD	1,155,096.65 **18,731.00	188,286.37 **2,635.16	48,082.73 0	25,581.96 **500.00	0 236.00
2ND JUDICIAL Adult	48,928.79	8,796.89	421.00	1,263.00	1,588.00
TOTAL Adult Juvenile	9,683,537.92 124,171.87	1,712,222.35 37,679.73	615,812.50 13,644.53	250,196.74 8,968.30	137,875.85 1,554.00
GRAND TOTAL	9,807,709.79	1,749,902.08	629,457.03	259,165.04	139,429.85

* - B/L/M court costs and fines included in restitution column

** - Wyandotte EMD program became operational during third quarter of FY90

FY90 SCREENINGS

This category includes all assessments, evaluations, and pre-sentence investigations to determine an offender's appropriateness for assignment to a community corrections program. These screenings would include all assessments in preparation for a court appearance. Please note the number of screenings do not represent the number of actual persons screened for a community corrections program. An offender could be counted several times during a year depending on a change of supervision status.

Even with a recommendation for community corrections placement or not, the sentencing court retains the authority to place the individual in the punishment (probation, community corrections, prison) they deem appropriate.

**FY90
PROGRAM SCREENINGS**

PROGRAM	ADULT SCREENINGS	ADULT OFFENDERS ASSIGNED AS A RESULT OF SCREENING	JUVENILE SCREENINGS	JUVENILE OFFENDERS ASSIGNED AS A RESULT OF SCREENING
*B/L/M	0	0	0	0
DOUGLAS	87	33	22	5
JOHNSON	1,442	356	251	19
*LEAVENWORTH	2	2	0	0
MONTGOMERY	180	32	32	16
*RILEY	1	1	0	0
SALINE	50	20	25	8
SEDGWICK	1703	253	73	11
SHAWNEE	350	133	70	24
WYANDOTTE	346	191	0	0
2ND JUDICIAL DISTRICT	23	9	0	0
TOTAL	4,184	1,030	473	83

These programs receive a majority of their cases as a direct admission from the court.

FY90
SUCCESSFUL COMPLETIONS FROM COMMUNITY CORRECTIONS PROGRAMS

COUNTY PROGRAM	NUMBER OF SUCCESSFUL COMPLETIONS	NUMBER OF DAYS IN PROGRAM FOR SUCCESSFUL COMPLETIONS	AVERAGE LENGTH OF TIME IN PROGRAM
B/L/M Adult ISP Adult Residential Juvenile ISP	9 13 1	5,547 1,089 280	1 yr. 8 mos. 3 mos. 9 mos.
DOUGLAS Adult ISP Juvenile ISP	1 1	730 231	2 yrs. 8 mos.
JOHNSON Adult ISP Adult Residential Juvenile Residential	68 77 12	56,333 9,803 2,477	2 yrs. 3 mos. 4 mos. 7 mos.
LEAVENWORTH Adult ISP Juvenile ISP	7 1	3,760 334	1 yr. 6 mos. 11 mos.
MONTGOMERY Adult ISP Juvenile ISP	12 8	9,128 3,536	2 yrs. 1 mo. 1 yr. 2 mos.
RILEY Adult ISP Juvenile ISP	16 6	13,413 2,961	2 yrs. 3 mos. 1 yr. 4 mos.
SALINE Adult ISP Juvenile ISP	8 1	5,810 274	2 yrs. 9 mos.
SEDGWICK Adult ISP Adult Residential Juvenile ISP	90 85 9	70,201 11,799 3,105	2 yrs. 2 mos. 4 mos. 11 mos.
SHAWNEE Adult ISP Adult Residential Juvenile ISP	11 56 12	9,764 6,515 1,812	2 yrs. 5 mos. 4 mos. 5 mos.
WYANDOTTE Adult ISP *Electronic Monitoring	74 0	49,527 0	1 yr. 10 mos. 0
*2ND JUDICIAL DISTRICT	0	0	0
STATEWIDE AVERAGE Adult ISP Adult Residential Juvenile Residential Juvenile ISP *Electronic Monitoring	296 231 12 39 0	224,213 29,206 2,477 12,533 0	2 yr. 1 mo. 4 mos. 7 mos. 11 mos.

* Program has not operated a sufficient amount of time for successful completions at the time of this report.

KANSAS COMMUNITY CORRECTIONS PROGRAMS
EXPENDITURE ANALYSIS
FY90

Services	B/L/M	DOUGLAS	JOHNSON	LEAVENWORTH	MONTGOMERY	RILEY	SALINE	SEDGWICK	SHAWNEE	WYANDOTTE	2ND DISTRICT	TOTAL
Adm.	69,582.06	137,174.53	95,509.34	96,853.02	61,907.16	58,085.79	166,601.93	203,892.08	155,837.57	296,055.66	-----	1,341,499.14
Adult ISP	47,745.26	130,432.51	766,035.54	103,324.73	70,945.45	88,031.90	136,451.87	636,720.69	232,618.54	889,882.01	90,748.23	3,192,936.73
Adult Res.	62,763.97		591,712.09					1,203,760.77	319,699.79			2,177,936.62
Adult Div.				62,802.86		9,752.67	15,958.06					88,513.59
Juvenile ISP	7,675.01	63,389.51		58,058.57	27,991.17	39,769.73	31,768.54	51,607.54	29,357.50			309,617.57
Juvenile Res.			90,637.63									90,637.63
Juvenile Div.							11,354.49					11,354.49
Victim/Witness	32,920.03	1,099.35		40,595.28	37,351.07	15,274.39	26,911.94	15.00				154,167.06
Pre-Sentence Screening		28,219.16			78,653.68	2,165.00	1,305.00	194,958.12	31,516.95	192,352.00		529,169.91
EMD's	9,107.19	16,442.82	20,184.52							215,088.43		260,822.96
Prevention						9,850.88						9,850.88
TOTALS	229,793.52	376,757.88	1,564,079.12	361,634.46	276,848.53	222,930.36	*390,351.83	2,290,954.20	769,030.35	1,593,378.10	**90,748.23	8,166,506.58

** 13 month expenditures (June 1, 1989 through June 30, 1990)

Includes \$107,182.00 for equipment purchased for programs to become automated.

**FY90
COMMUNITY CORRECTIONS ADMISSIONS, REVOCATIONS,
SUCCESSFUL COMPLETIONS/DISCHARGES**

PROGRAM	CASES CARRIED OVER FROM PREVIOUS YEAR		FY90 ADMISSIONS	REVOCATIONS	SUCCESSFUL COMPLETIONS/DISCHARGES	TOTAL CASES AT END OF FY90		
	Active	Non-Active				Act ive	Non- Active	Total
B/L/M								
Adult ISP	16	2	46	5	9	47	3	50
Adult Res	1	--	29	7	14	9	--	9
Juv ISP	2	1	1	1	1	1	1	2
DOUGLAS								
Adult ISP	50	9	53	10	9	73	20	93
Juv ISP	7	--	11	2	7	7	2	9
JOHNSON								
Adult ISP	312	76	387	177	105	420	73	493
Adult Res	32	11	105	25	82	32	9	41
Juv Res	6	4	24	4	17	7	6	13
LEAVENWORTH								
Adult ISP	48	12	37	9	33	42	13	55
Adult Div	277	--	330	26	265	316	--	316
Juv ISP	8	1	10	7	3	8	1	9
MONTGOMERY								
Adult ISP	33	11	44	24	21	34	9	43
Juv ISP	13	--	17	8	8	11	3	14
RILEY								
Adult ISP	46	16	33	8	24	52	11	63
Adult Div	112	--	122	5	109	120	--	120
Juv ISP	6	5	5	1	10	4	1	5
SALINE								
Adult ISP	54	18	42	11	18	61	24	85
Adult Div	53	--	50	4	50	49	--	49
Juv ISP	3	--	8	--	2	9	--	9
Juv Div	51	--	52	10	61	32	--	32
SEDGWICK								
Adult ISP	280	110	216	68	178	306	54	360
Adult Res	59	50	251	84	157	92	27	119
Juv ISP	15	--	36	21	10	20	--	20
SHAWNEE								
Adult ISP	101	19	120	45	19	154	22	176
Adult Res	26	--	93	33	60	26	--	26
Juv ISP	16	--	46	30	18	14	--	14
2ND DIST.								
Adult ISP	--	--	13	1	0	12	--	12
WYANDOTTE								
Adult ISP	384	45	236	75	138	381	71	452
*EMD			19	0	0	19	--	19

*Wyandotte EMD program did not begin operation until March, 1990.

FY90 REVOCATION DATA

ADULT REVOCATION DATA

PROGRAM	OTHER VIOLATIONS	NEW OFFENSE	TOTAL NUMBER OF REVOCATIONS	TOTAL NUMBER SERVED	PERCENT OF NUMBER SERVED REVOKED
B/L/M	12	--	12	94	13%
DOUGLAS	8	2	10	112	9%
JOHNSON	155	47	202	923	22%
LEAVENWORTH	9	--	9	97	9%
MONTGOMERY	13	11	24	88	27%
RILEY	7	1	8	95	8%
SALINE	6	5	11	114	10%
SEDGWICK	117	35	152	966	16%
SHAWNEE	69	9	78	359	22%
2ND JUDICIAL	1	0	1	13	8%
WYANDOTTE	59	16	75	684	11%
TOTAL	456	126	582	3,545	16%

JUVENILE REVOCATION DATA

PROGRAM	OTHER VIOLATIONS	NEW OFFENSE	TOTAL NUMBER OF REVOCATIONS	TOTAL NUMBER SERVED	PERCENT OF NUMBER SERVED REVOKED
B/L/M	1	--	1	4	25%
DOUGLAS	2	--	2	18	11%
JOHNSON	4	--	4	34	12%
LEAVENWORTH	6	1	7	19	37%
MONTGOMERY	5	3	8	30	27%
RILEY	0	1	1	16	6%
SALINE	0	0	0	11	0%
SEDGWICK	14	7	21	51	41%
SHAWNEE	22	8	30	62	48%
*2ND JUDICIAL	--	--	--	--	--
*WYANDOTTE	--	--	--	--	--
TOTAL	54	20	74	245	30%

Other Violation: Any violation of rules or conditions of supervision that does not constitute another felony conviction.

Wyandotte County and the Second Judicial District do not have juvenile programs.

Note: Percent of number served who were subsequently revoked from parole supervision was 22% for FY 1990 using the same method of calculation (total revoked - total served).

ACTIVE CASES AT END OF EACH MONTH FOR FY90

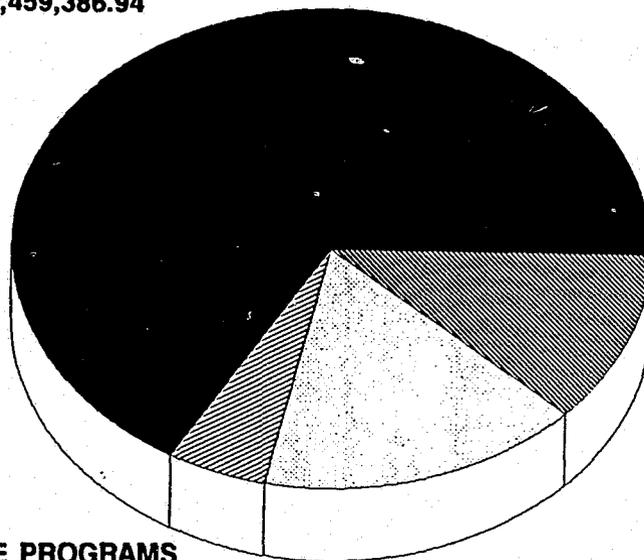
PROGRAM	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	AVERAGE
B/L/M													
Adult ISP	15	15	18	28	26	25	28	32	41	47	48	47	30.8
Adult Res	2	2	4	7	10	8	4	4	8	10	8	9	6.3
Juvenile ISP	2	1	1	1	1	1	1	0	1	1	1	1	1
DOUGLAS													
Adult ISP	53	56	63	65	66	69	71	70	76	72	74	73	67.3
Juvenile ISP	7	7	7	3	3	3	3	5	7	6	6	7	5.3
JOHNSON													
Adult ISP	339	362	360	370	368	388	399	389	413	421	425	420	387.8
Adult Res	32	30	36	36	41	36	35	34	33	36	31	32	34.3
Juvenile Res	8	6	7	6	4	4	5	6	8	8	9	7	6.5
LEAVENWORTH													
Adult ISP	39	41	44	45	46	45	47	45	44	44	48	42	44.1
Juvenile ISP	8	9	10	9	10	10	9	9	8	6	5	8	8.4
MONTGOMERY													
Adult ISP	35	35	34	31	29	28	30	29	31	32	32	34	31.6
Juvenile ISP	12	10	14	14	12	10	12	13	12	14	13	11	12.3
RILEY													
Adult ISP	47	47	47	43	43	46	45	48	51	51	51	52	47.5
Juvenile ISP	5	4	1	1	1	1	4	4	4	3	3	4	2.9
SALINE													
Adult ISP	57	59	57	57	54	60	58	58	56	57	63	61	58
Juvenile ISP	3	5	6	6	4	6	7	7	7	7	7	9	6.1
SEDGWICK													
Adult ISP	281	291	292	286	301	300	280	318	307	303	309	306	297.8
Adult Res	62	59	67	72	63	67	64	67	73	74	85	92	70.4
Juvenile ISP	16	14	15	20	25	26	24	28	26	26	23	20	21.9
SHAWNEE													
Adult ISP	105	104	101	104	104	111	123	126	130	136	144	154	120.1
Adult Res	24	28	24	28	27	26	26	26	26	26	25	26	26
Juvenile ISP	16	19	20	18	18	18	18	21	20	19	20	14	18.4
WYANDOTTE													
Adult ISP	378	378	397	379	371	376	387	392	383	374	373	381	380.8
2ND DISTRICT													
Adult ISP	0	2	3	5	6	6	8	9	10	12	11	12	7

FY 1990 Community Corrections Expenditures By Major Component Grouping

ADULT PROGRAMS

66.77% Of Total Program Expenditures

\$5,459,386.94



OTHER PROGRAMS

11.71% Of Total Program Expenditures

\$954,010.81

JUVENILE PROGRAMS

5.05% Of Total Program Expenditures

\$411,609.69

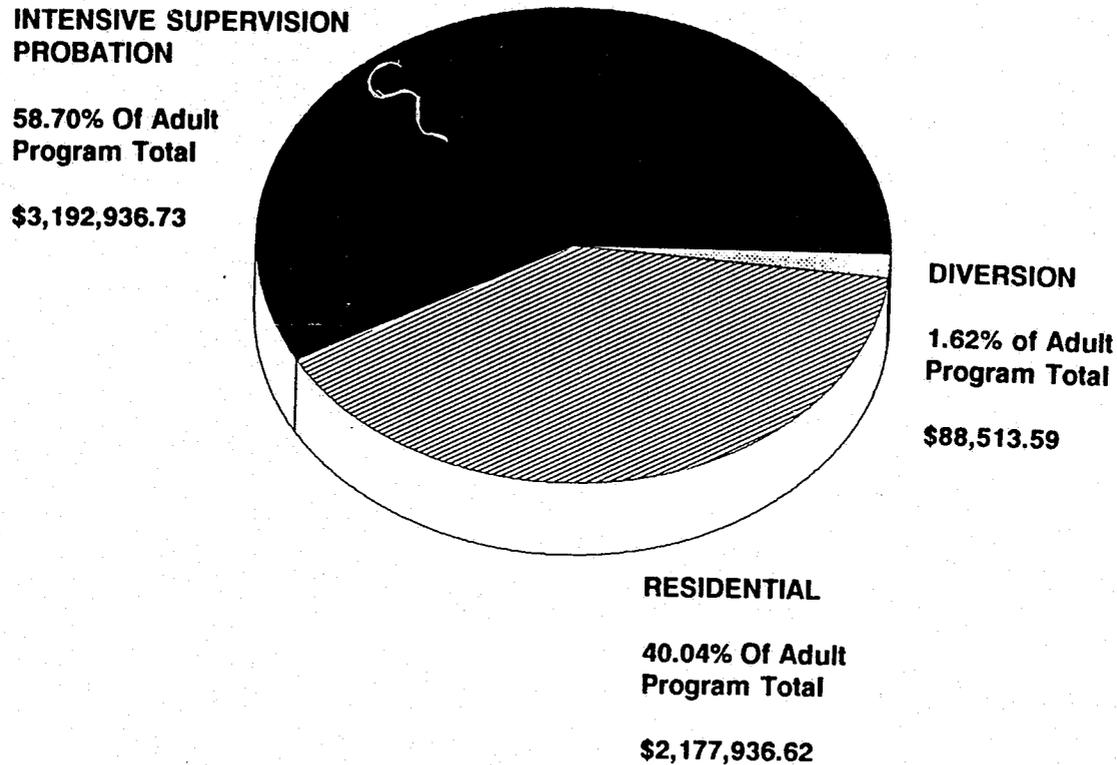
ADMINISTRATION

16.47% Of Total Program Expenditures

\$1,341,499.14

Total FY 90 Expenditures: \$8,166,506.58

FY 1990 Community Corrections Expenditures For Adult Programs



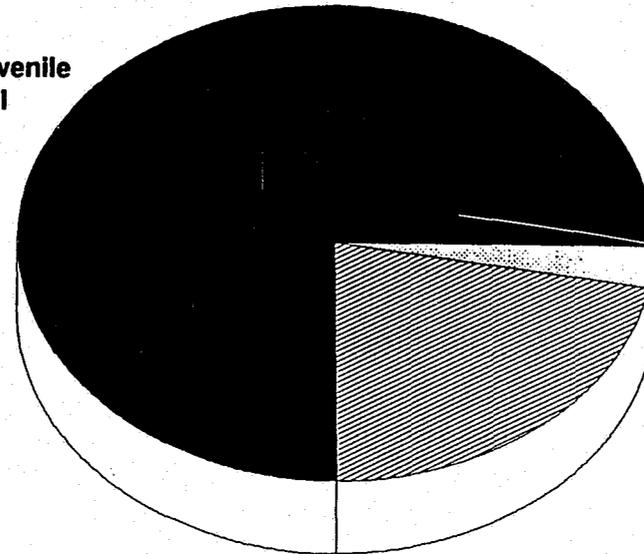
Adult Programs Equal 66.77% of Total

FY 1990 Community Corrections Expenditures For Juvenile Programs

**INTENSIVE SUPERVISION
PROBATION**

**75.22% Of Juvenile
Program Total**

\$309,617.57



DIVERSION

**2.76% Of Juvenile
Program Total**

\$11,354.49

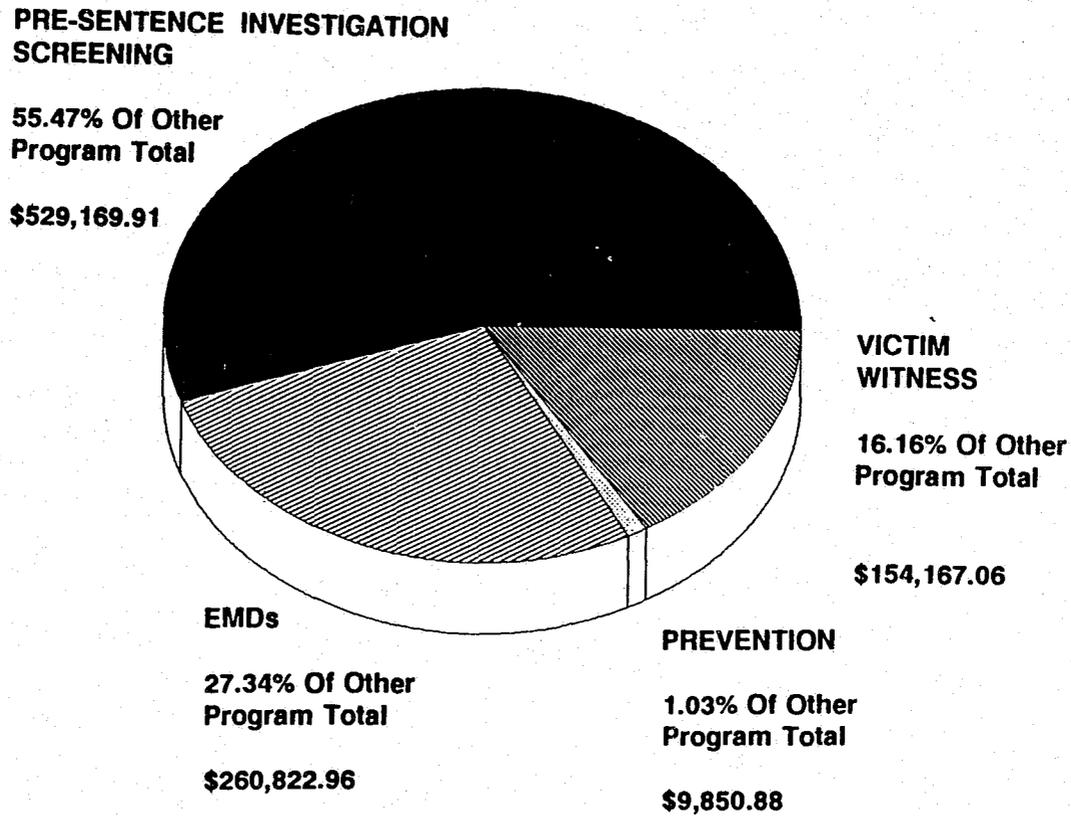
RESIDENTIAL

**22.02% Of Juvenile
Program Total**

\$90,637.63

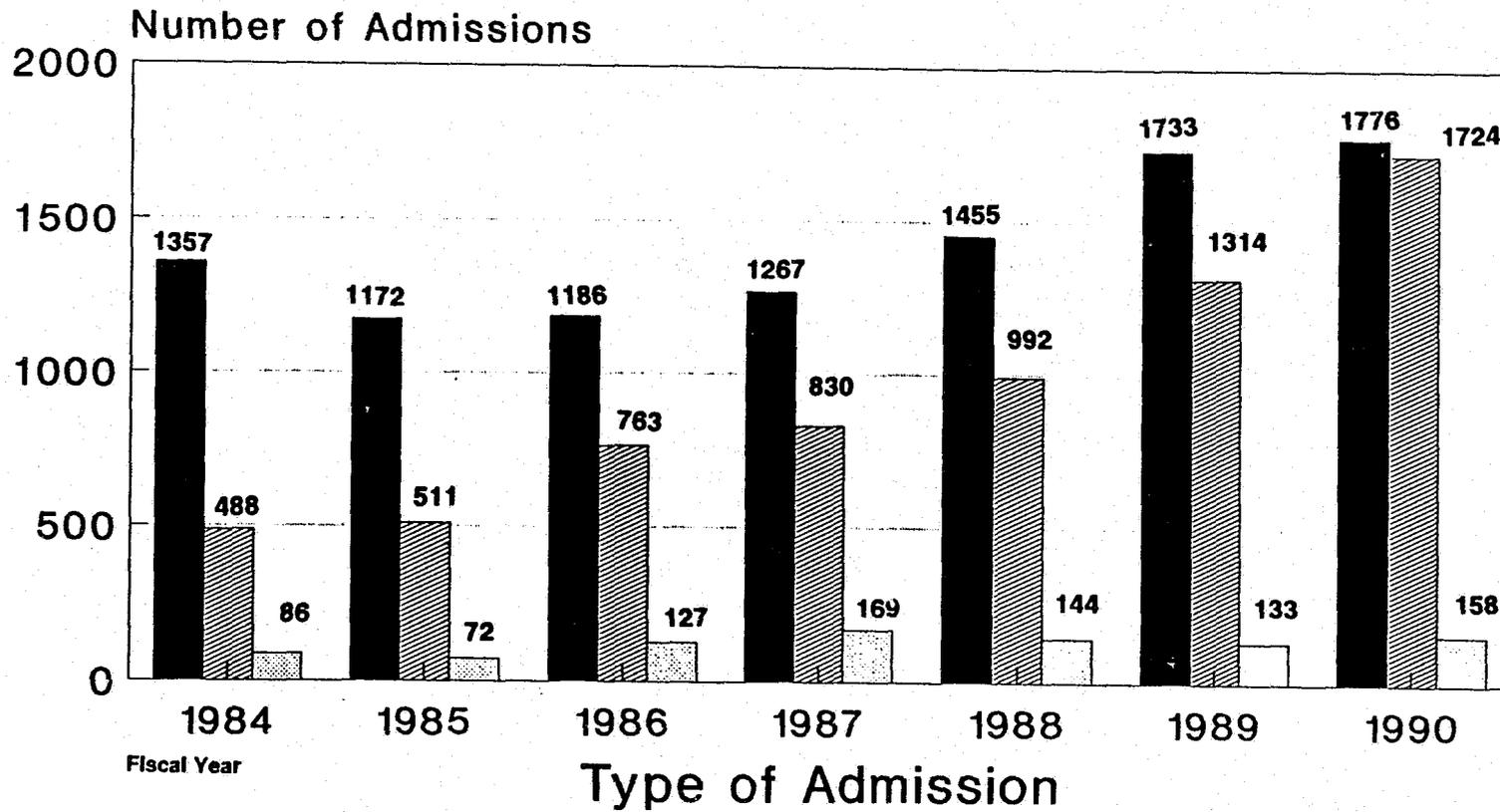
Juvenile Programs Equal 5.05% of Total

FY 1990 Community Corrections Expenditures For Other Programs



Other Programs Equal 11.71% of Total

Community Corrections And Prison Admissions



Prison
 Community Corrections
 Community Corrections Juvenile

Prison Admissions For D & E Felonies

ADULT INTENSIVE SUPERVISION AUDITS

The Adult Intensive Supervision audits began in March, 1989 (FY89) on a calendar year basis. However, the majority of audits and re-audits were conducted during FY90. Audits are now performed on a fiscal year schedule.

**COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM**

STANDARDS COMPLIANCE SURVEY

Date: February 6, 1990

Facility: B/L/M Co. Comm. Corr.

Address: P.O. Box 249
Mound City, KS 66056

Phone: (913) 795-2251

Facility Administrator: Gene Bonham

Survey Participant: Gene Bonham and Nancy Ewing

Compliance Inspector: Keven Pellant and
Robert Sanders

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.	X		

Comments Section (1):

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses: a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal Procedures h. Compensation i. Leave of Absences j. Disciplinary Procedures k. Performance Evaluations l. Personnel File	X X X X X X X X X X X X		
2-B	a. Written employee job descriptions provided. b. Employee minimum job qualifications established.	X X		
2-C	Employee standards of conduct are minimally established at: 1. Favoritism is not shown. 2. No personal relationships or gift giving with clients. 3. No business relationships with clients and families. 4. No criminal behavior. 5. Employees are properly notified of standards of conduct, documentation is provided.	X X X X X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2): The audit team recommends that current employees sign that they have reviewed the personnel policy manual and standards of conduct. The audit also recommends the addition of a pay range in the personnel manual.

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
	<u>Resources</u>			
Section 3-A-1	A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
	<u>Intake</u>			
3-B-1	Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
	<u>Multi-Level System</u>			
3-C-1	a. A minimum of 30 days in duration. b. Three face to face contacts per week. Three collateral contacts per week. c. Verification of employment, training/education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 4 times per month if history of substance abuse. g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours.	X X X X X X		X
3-C-2	a. A minimum of 90 days in duration. b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week.	X X		

Programs (Cont.)

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
3-C-2	c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality main- tained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 3 times per month if history of substance abuse. g. Not necessary unless has balance to do from Level I.	X X X X		X
3-C-3	a. A minimum of 90 days in duration. b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. One collateral per week remainder. c. Verification of employment, training/ education every other week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality main- tained. e. Local arrest records reviewed once every other week. f. Drug and/or alcohol screen 2 times per month if history of substance abuse.	X X X X X		X
3-C-4	a. Duration open ended. b. One face to face per month. Two collateral contacts per month. c. Verification of employment, training/ education once per month. d. System to notify law enforcement of client participation. Notification once a month, confidentiality main- tained. e. Local arrest records reviewed once per month. f. Drug and/or alcohol screen once per month if history of substance abuse. Termination report completed when client finished program.	X X X X X X		X

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-4	Letter sent to employer advising of client program completion and termination of contract.	X		
Is the program meeting the objective of: Flexibility in programs which are oriented to the specific needs of each individual?		Y	N	P
	<u>Employment</u>			
3-D-1	Staff has developed employment opportunities with prospective employers for clients.			X
3-D-2	Job search assistance for client is documented.			X
3-D-3	Procedures are established for staff approval of resident employment and resident's legal status is provided to employer.			X
3-D-4	Documentation of staff contacts with employer are maintained.	X		
3-D-5	Documentation of client's weekly report for job search schedule. Verification of client's contact with prospective employer.			X
Is the program meeting the objective of: Expertise and capability in assisting the offender to find employment and to develop resources on his/her own.		Y	N	P
	<u>Drugs/Alcohol</u>			
Section 3-E	Provisions for urinalysis testing have been established and provide:			
	1. Clients with drug abuse history are randomly tested according to phase.	X		
	2. Clients without a history of drug abuse are tested randomly at least once monthly.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-E	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		
Is the program operating according to the policy and procedure manual?		Y	N	P

Comments Section (3): 3-A-1: The audit team recommends the program obtain referral agreements and further development of community resources i.e. public health, S.E.K.A.P., and Court Services. 3-A-2: The audit team recommends the program develop a policy and procedure to explain how the staff will provide assistance to the offender. This will ensure that assistance is provided to the offender in a more organized manner. 3-C-1 (c), 3-C-2 (c), 3-C-3 (c), 3-C-4 (c): The audit team recommends the program put more effort into documenting verification of employment. 3-D-2: The audit team recommends the program implement a job search term to document job assistance for the offender. 3-D-3: The audit team recommends the program develop a form that staff reviews to provide documentation for change of employment.

Records & Reporting

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 4-1	Facility records and reports provide information for:			
	a. Ongoing chronological summary of case activity.	X		
	b. Initial standardized intake packet.	X		
	c. Case information from referral source.	X		
	d. Case history/social history.	X		
	e. Medical records, when available.	X		
	f. Individual program plan.	X		
	g. Signed release of information forms.	X		
	h. Progress reports.	X		
	i. Current employment data.	X		
	j. Copy of disciplinary action.	X		
	k. Referrals to other agencies.	X		
	l. Discharge report.	X		

Records & Reporting (cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 4-2	Files are properly protected.	X		
4-3	Procedures have been established for sub- mission of reports on: a. Monthly Program Report, 10th of following month. b. Monthly Fiscal Report, 10th of following month. c. Final Fiscal Report, 60 days after end of year. d. Annual Fiscal Report, 90 days after end of year. e. Budget Summary when plan is approved.	X X X X X		

Comments Section (4):

COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM

STANDARDS COMPLIANCE SURVEY

Date: October 11, 1989

Facility: Douglas Co. Comm. Corr.

Address: 11th & Mass.

Lawrence, KS 66044

Phone: (913) 842-8414

Facility Administrator: Mark Matese

Survey Participant: All Staff

Compliance Inspector: Keven Pellant

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.	X		

Comments Section (1): The audit team appreciates the copy of policies and procedures provided to us for use as technical assistance to non-participating counties.

The Douglas County caseload shows 16.7 active cases and 19.7 total. Due to one ISO out on maternity leave, current caseloads are higher. Surveillance, Resource, and CSW personnel do aid ISO's in making required number of contacts.

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses: a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal Procedures h. Compensation i. Leave of Absences j. Disciplinary Procedures k. Performance Evaluations l. Personnel File	X X X X X X X X X X X X		
2-B	a. Written employee job descriptions provided. b. Employee minimum job qualifications established.	X X		
2-C	Employee standards of conduct are minimally established at: 1. Favoritism is not shown. 2. No personal relationships or gift giving with clients. 3. No business relationships with clients and families. 4. No criminal behavior. 5. Employees are properly notified of standards of conduct, documentation is provided.	X X X X X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2):

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-A-1	<u>Resources</u>			
3-A-1	A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
3-B-1	<u>Intake</u> Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
3-C-1	<u>Multi-Level System</u> a. A minimum of 30 days in duration. b. Three face to face contacts per week. Three collateral contacts per week. c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 4 times per month if history of substance abuse. g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours.	X X X X X X		
3-C-2	a. A minimum of 90 days in duration. b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week.	X X		

After the month of June, client contact frequency improved. Prior to June, the number of contacts were not in compliance. It appears that now files are kept as should be. Drive-by's are a "weak" collateral contact as there is no contact and no resolution when the client was not found at home.

3-C-1-f Substance abusers meet standards, but non-abusers appear somewhat weak.

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-2	<ul style="list-style-type: none"> c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 3 times per month if history of substance abuse. g. Not necessary unless has balance to do from Phase I. 	X		
3-C-3	<ul style="list-style-type: none"> a. A minimum of 90 days in duration. b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. One collateral per week remainder. c. Verification of employment, training/ education every other week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once every other week. f. Drug and/or alcohol screen 2 times per month if history of substance abuse. 	X		
3-C-4	<ul style="list-style-type: none"> a. Duration open ended. b. One face to face per month. Two collateral contacts per month. c. Verification of employment, training/ education once per month. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per month. f. Drug and/or alcohol screen once per month if history of substance abuse. <p>Termination report completed when client finished program.</p>	X		
		X		

Comment: Most clients were not above Level II. If were above it was not clear in file.

Programs (Cont.)

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
3-C-4	Letter sent to employer advising of client program completion and termination of contract.	X		

Is the program meeting the objective of:
Flexibility in programs which are oriented to the
specific needs of each individual?

Y N P
X _____

<u>Employment</u>				
3-D-1	Staff has developed employment opportunities with prospective employers for clients.	X		
3-D-2	Job search assistance for client is documented.	X		
3-D-3	Procedures are established for staff approval of resident employment and resident's legal status is provided to employer.	X		
3-D-4	Documentation of staff contacts with employer are maintained.	X		
3-D-5	Documentation of client's weekly report for job search schedule. Verification of client's contact with prospective employer.	X		

Is the program meeting the objective of:
Expertise and capability in assisting the offender to
find employment and to develop resources on his/her
own.

Y N P
X _____

<u>Drugs/Alcohol</u>				
Section 3-E	Provisions for urinalysis testing have been established and provide:			
	1. Clients with drug abuse history are randomly tested according to phase.	X		
	2. Clients without a history of drug abuse are tested randomly at least once monthly.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-E	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		

Is the program operating according to the policy and procedure manual?	Y X	N	P
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Comments Section (3): Not in compliance on these two cases:

Shirley Ash - Three drug tests over a nine month period. Should have been one per month.

Larry Miller - None in August, missed one month. Recommend documentation accurately reflects activity.

Records & Reporting

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 4-1	Facility records and reports provide information for: a. Ongoing chronological summary of case activity. b. Initial standardized intake packet. c. Case information from referral source. d. Case history/social history. e. Medical records, when available. f. Individual program plan. g. Signed release of information forms. h. Progress reports. i. Current employment data. j. Copy of disciplinary action. k. Referrals to other agencies. l. Discharge report.	 X X X X X X X X X X X X		
4-2	Files are properly protected.	X		

Records & Reporting (cont.)

Standard Section	Title	Com- ply	Non Com- pli- ance	Par- tial
4-3	Procedures have been established for sub- mission of reports on:			
	a. Monthly Program Report, 10th of following month.	X		
	b. Monthly Fiscal Report, 10th of following month.	X		
	c. Final Fiscal Report, 60 days after end of year.	X		
	d. Annual Fiscal Report, 90 days after end of year.	X		
	e. Budget Summary when plan is approved.	X		

Comments Section (4): One of the better procedures for information gathering on policy # 5:2, but attached gathering format would be helpful to staff. Policy # 6:1 is well organized and would appear to be helpful to ISO's.

Restitution form not filled in in any files, but evidence of payments made was found. Why not use form?

Suggest form for drug screen. Show results on some form next to date. (Ex. + or -).

Suggest not using term "non-violent" to describe community corrections clients in letters to employers.

4-1-h Progress reports are not being completed as scheduled in a few files.

COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM

STANDARDS COMPLIANCE SURVEY

Date: September 19, 1989

Facility: Johnson Co. Comm. Corr.

Address: 135 S. Kansas

Olathe, KS 66061

Phone: (913) 829-5000

Facility Administrator: Peggy Kanche

Survey Participant: Bill Keith, Peggy Kanche,
Billie Moody, Bruce Rider,
Tracee Borger, Mary Hahn,
and Don Northington

Compliance Inspector: Robert Sanders,
Mary Redding, and
Jim Terrones,

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.			X

Comments Section (1): Documentation provided to the audit team reflects caseloads in excess of 25 per officer for all but two new ISO's. Since the initial audit, Johnson County Community Corrections has hired two ISO's which was supposed to reduce caseloads to 22 per officer. Peggy stated that the two additional ISO's didn't reduce the caseloads to 22 per officer. She said that her projections were based on FY88 data when the program averaged a net gain of 13 offenders per month. However, during FY89 they have been averaging a net gain of 25 offenders per month. Peggy stated that she is in the process of hiring four new ISO's. The four ISO's should reduce the caseloads to 24.5 per officer. Projections of new cases have continued to increase and this indicates a need to continue to recruit additional ISO's as necessary.

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
	Personnel Policy Manual is provided and addresses:			
Section	a. Recruitment & Selection	X		
	b. Orientation	X		
2-A	c. Promotion	X		
	d. Termination	X		
	e. Resignation	X		
	f. Affirmative Action	X		
	g. Grievance & Appeal Procedures	X		
	h. Compensation	X		
	i. Leave of Absences	X		
	j. Disciplinary Procedures	X		
	k. Performance Evaluations	X		
	l. Personnel File	X		
2-B	a. Written employee job descriptions provided.	X		
	b. Employee minimum job qualifications established.	X		
2-C	Employee standards of conduct are minimally established at:			
	1. Favoritism is not shown.	X		
	2. No personal relationships or gift giving with clients.	X		
	3. No business relationships with clients and families.	X		
	4. No criminal behavior.	X		
	5. Employees are properly notified of standards of conduct, documentation is provided.	X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2):

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
<u>Resources</u>				
Section 3-A-1	A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
<u>Intake</u>				
3-B-1	Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
<u>Multi-Level System</u>				
3-C-1	a. A minimum of 30 days in duration.	X		
	b. Three face to face contacts per week. Three collateral contacts per week.	X		
	c. Verification of employment, training/ education once per week.	X		
	d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained.	X		
	e. Local arrest records reviewed once per week.	X		
	f. Drug and/or alcohol screen 4 times per month if history of substance abuse.	X		
	g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours.	X		
3-C-2	a. A minimum of 90 days in duration.	X		
	b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week.	X		

Programs (Cont.)

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial	
3-C-2	c. Verification of employment, training/ education once per week.	X			
	d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained.		X		
	e. Local arrest records reviewed once per week.	X			
	f. Drug and/or alcohol screen 3 times per month if history of substance abuse.		X		
	g. Not necessary unless has balance to do from Phase I.		X		
	<hr/>				
	3-C-3	a. A minimum of 90 days in duration.	X		
b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. One collateral per week remainder.			X		
c. Verification of employment, training/ education every other week.			X		
d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained.			X		
e. Local arrest records reviewed once every other week.			X		
f. Drug and/or alcohol screen 2 times per month if history of substance abuse.			X		
<hr/>					
3-C-4	a. Duration open ended.	X			
	b. One face to face per month. Two collateral contacts per month.		X		
	c. Verification of employment, training/ education once per month.		X		
	d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained.		X		
	e. Local arrest records reviewed once per month.		X		
	f. Drug and/or alcohol screen once per month if history of substance abuse.		X		
	<hr/>				
	Termination report completed when client finished program.		X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-4	Letter sent to employer advising of client program completion and termination of contract.	X		
Is the program meeting the objective of: Flexibility in programs which are oriented to the specific needs of each individual?		Y X	N	P

Employment

3-D-1	Staff has developed employment opportunities with prospective employers for clients.	X		
3-D-2	Job search assistance for client is documented.	X		
3-D-3	Procedures are established for staff approval of resident employment and resident's legal status is provided to employer.	X		
3-D-4	Documentation of staff contacts with employer are maintained.	X		
3-D-5	Documentation of client's weekly report for job search schedule. Verification of client's contact with prospective employer.	X		

Is the program meeting the objective of: Expertise and capability in assisting the offender to find employment and to develop resources on his/her own.		Y X	N	P
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Drugs/Alcohol

Section 3-E	Provisions for urinalysis testing have been established and provide:			
	1. Clients with drug abuse history are randomly tested according to phase.	X		
	2. Clients without a history of drug abuse are tested randomly at least once monthly.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-E	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	N/A	N/A	N/A

Is the program operating according to the policy and procedure manual?	Y X	N	P
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Comments Section (3): During the original audit, substance abuse testing was not consistently reported on the chronological summary. Since that time, Johnson County Community Corrections has developed substance abuse testing forms to document the number of urinalyses and breathalyzers completed. During the original audit, documentation of community service hours was not found in the case file or monitoring of community service hours assigned. Since that time, Johnson County Community Corrections has developed a form to document the number of community service hours assigned and completed. They have also developed a community service follow-up form to monitor the number of hours completed. During the original audit, documentation in case files was good. However, the comment was made to write more legible on the chronologicals. Since that time, documentation in case files has continued to improve and the chronological summaries are more legible.

Records & Reporting

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 4-1	Facility records and reports provide information for:			
	a. Ongoing chronological summary of case activity.	X		
	b. Initial standardized intake packet.	X		
	c. Case information from referral source.	X		
	d. Case history/social history.	X		
	e. Medical records, when available.	X		
	f. Individual program plan.	X		

Records & Reporting (cont.)

Standard Section	Title	Com- ply	Non Com- pli- ance	Par- tial
4-1	g. Signed release of information forms.	X		
	h. Progress reports.	X		
	i. Current employment data.	X		
	j. Copy of disciplinary action.	X		
	k. Referrals to other agencies.	X		
	l. Discharge report.	X		
4-2	Files are properly protected.	X		
4-3	Procedures have been established for sub- mission of reports on:			
	a. Monthly Program Report, 10th of following month.	X		
	b. Monthly Fiscal Report, 10th of following month.	X		
	c. Final Fiscal Report, 60 days after end of year.	X		
	d. Annual Fiscal Report, 90 days after end of year.	X		
	e. Budget Summary when plan is approved.	X		

Comments Section (4): Johnson County Community Corrections has developed policies and procedures for the final fiscal report, annual fiscal report, and the budget summary forms and are now in full compliance with Standards 4-3 C, D, & E.

COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM

STANDARDS COMPLIANCE SURVEY

Date: December 28, 1989

Facility: Leavenworth Co. Comm. Corr.

Address: 624 Olive
Harvey House - 2nd Floor
Leavenworth, KS 66048

Phone: (913) 682-7981

Facility Administrator: Ed Janas

Survey Participant: Ed Janas and Tracy Dugger

Compliance Inspector: Robert Sanders

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.	X		

Comments Section (1): 1-B:

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses: a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal Procedures h. Compensation i. Leave of Absences j. Disciplinary Procedures k. Performance Evaluations l. Personnel File	X X X X X X X X X X X X		
2-B	a. Written employee job descriptions provided. b. Employee minimum job qualifications established.	X X		
2-C	Employee standards of conduct are minimally established at: 1. Favoritism is not shown. 2. No personal relationships or gift giving with clients. 3. No business relationships with clients and families. 4. No criminal behavior. 5. Employees are properly notified of standards of conduct, documentation is provided.	X X X X X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2): 2-A(b): A policy has been developed for orientation of new employees.

2-D: The program has developed a policy for hiring ex-offenders.

Comments Section (2) cont.:

2-F: The auditor reviewed staff training hours for several community corrections employees and found they had completed the required amount of hours necessary to be in full compliance with this standard.

Programs

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
	<u>Resources</u>			
3-A-1	A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
	<u>Intake</u>			
3-B-1	Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
	<u>Multi-Level System</u>			
3-C-1	a. A minimum of 30 days in duration.	X		
	b. Three face to face contacts per week. Three collateral contacts per week.	X		
	c. Verification of employment, training/ education once per week.	X		
	d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained.	X		
	e. Local arrest records reviewed once per week.	X		
	f. Drug and/or alcohol screen 4 times per month if history of substance abuse.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-E	<u>Drugs/Alcohol</u>			
	Provisions for urinalysis testing have been established and provide:			
	1. Clients with drug abuse history are randomly tested according to phase.	X		
	2. Clients without a history of drug abuse are tested randomly at least once monthly.	X		
	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		

Is the program operating according to the policy and procedure manual? Y N P
X _____

Comments Section (3): 3-C-4: The Intensive Supervision officers have developed form letters that are sent to the employers notifying them of a client's program completion.

3-D-3: Mike Kitchens has developed excellent forms for staff approval of change of employment and the letter sent to the employer informing them of the client's legal status.

Records & Reporting

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section	Facility records and reports provide information for:			
4-1	a. Ongoing chronological summary of case activity. b. Initial standardized intake packet. c. Case information from referral source. d. Case history/social history. e. Medical records, when available. f. Individual program plan. g. Signed release of information forms. h. Progress reports. i. Current employment data. j. Copy of disciplinary action. k. Referrals to other agencies. l. Discharge report.	X X X X X X X X X X X X X		
4-2	Files are properly protected.	X		
4-3	Procedures have been established for submission of reports on: a. Monthly Program Report, 10th of following month. b. Monthly Fiscal Report, 10th of following month. c. Final Fiscal Report, 60 days after end of year. d. Annual Fiscal Report, 90 days after end of year. e. Budget Summary when plan is approved.	X X X X X		

Comments Section (4): 4-2: Locks have been placed on each file cabinet to ensure the files are properly protected.

4-3: Tracy Dugger has developed excellent policies and procedures for submission of the monthly program report, monthly fiscal report, final fiscal report, and budget summary.

COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM

STANDARDS COMPLIANCE SURVEY

Date: December 20, 1989

Facility: Montgomery Co. Comm. Corr.

Address: P.O. Box 846
Independence, KS 67301

Phone: (316) 251-7531

Facility Administrator: Kurtis Simmons

Survey Participant: Kurtis Simmons, Bob McClean

Compliance Inspector: Robert Sanders

Administration

Standard	Title	Com- ply	Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.	X		

Comments Section (1):

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses: a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal Procedures h. Compensation i. Leave of Absences j. Disciplinary Procedures k. Performance Evaluations l. Personnel File	X X X X X X X X X X X X		
2-B	a. Written employee job descriptions provided. b. Employee minimum job qualifications established.	X X		
2-C	Employee standards of conduct are minimally established at: 1. Favoritism is not shown. 2. No personal relationships or gift giving with clients. 3. No business relationships with clients and families. 4. No criminal behavior. 5. Employees are properly notified of standards of conduct, documentation is provided.	X X X X X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2): 2-A-1: Policy has been developed for personnel files. The policy outlines what should be contained in the personnel file.

2-F: Documentation of staff training hours was provided to the auditor. Each personnel file contained a log sheet which documented the training and number of training hours.

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-A-1	<u>Resources</u> A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
3-B-1	<u>Intake</u> Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
3-C-1	<u>Multi-Level System</u> a. A minimum of 30 days in duration. b. Three face to face contacts per week. Three collateral contacts per week. c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 4 times per month if history of substance abuse. g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours.	X X X X X X		
3-C-2	a. A minimum of 90 days in duration. b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week.	X X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-2	<ul style="list-style-type: none"> c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 3 times per month if history of substance abuse. g. Not necessary unless has balance to do from Phase I. 	X		
3-C-3	<ul style="list-style-type: none"> a. A minimum of 90 days in duration. b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. One collateral per week remainder. c. Verification of employment, training/ education every other week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once every other week. f. Drug and/or alcohol screen 2 times per month if history of substance abuse. 	X		
3-C-4	<ul style="list-style-type: none"> a. Duration open ended. b. One face to face per month. Two collateral contacts per month. c. Verification of employment, training/ education once per month. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per month. f. Drug and/or alcohol screen once per month if history of substance abuse. <p>Termination report completed when client finished program.</p>	X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-4	Letter sent to employer advising of client program completion and termination of contract.	X		

Is the program meeting the objective of:
Flexibility in programs which are oriented to the specific needs of each individual? Y N P

	<u>Employment</u>			
3-D-1	Staff has developed employment opportunities with prospective employers for clients.	X		
3-D-2	Job search assistance for client is documented.	X		
3-D-3	Procedures are established for staff approval of resident employment and resident's legal status is provided to employer.	X		
3-D-4	Documentation of staff contacts with employer are maintained.	X		
3-D-5	Documentation of client's weekly report for job search schedule. Verification of client's contact with prospective employer.	X		

Is the program meeting the objective of:
Expertise and capability in assisting the offender to find employment and to develop resources on his/her own. Y N P

Section	<u>Drugs/Alcohol</u>			
3-E	Provisions for urinalysis testing have been established and provide:			
	1. Clients with drug abuse history are randomly tested according to phase.	X		
	2. Clients without a history of drug abuse are tested randomly at least once monthly.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-E	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		

Is the program operating according to the policy and procedure manual?

Y N P
X _____

Comments Section (3): 3-A-1: Documentation was provided on file which verified a network of community referrals for services and resources has been established through referral agreements. Additionally, a resource manual has been developed to assist the case manager in informing the offender of community services and resources.

3-A-2: Documentation was provided to verify that offenders are provided assistance in finding and maintaining employment and/or educational/vocational opportunities.

3-C-1-b: The case files were in compliance with the required number of collateral contacts. The case managers have put a lot of effort into improving the number and content of collateral contacts.

3-C-1-e: Documentation was provided to verify local arrest records are reviewed once per week. In Coffeyville, Dan Meeks reviews a 3-ring notebook for any violations of community corrections clients. In Independence, Stephanie reviews the computer for any violations of community corrections clients.

3-C-4: A letter has been developed and is being sent to employers when a client completes the program.

3-D-1: Documentation was provided to verify staff efforts to develop employment opportunities with prospective employers for offenders.

3-D-2: Considerable effort was noted in staff assisting clients with obtaining employment. The program developed and started using a job search form which documents staff assistance for offenders.

3-D-3: Documentation was provided to verify procedures for staff approval of offenders' employment and change of employment and offenders' legal status provided to the employer.

Records & Reporting (cont.)

Comments Section (3) cont.

3-D-4: Documentation was provided to verify staff contacts with employers are maintained. This is an area that has improved considerably since the original audit.

3-D-5: Documentation was provided to verify client's weekly report of job search schedule and verification of client's contact with prospective employers.

Records & Reporting

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section	Facility records and reports provide information for:			
4-1	<ul style="list-style-type: none"> a. Ongoing chronological summary of case activity. b. Initial standardized intake packet. c. Case information from referral source. d. Case history/social history. e. Medical records, when available. f. Individual program plan. g. Signed release of information forms. h. Progress reports. i. Current employment data. j. Copy of disciplinary action. k. Referrals to other agencies. l. Discharge report. 	<ul style="list-style-type: none"> X 		
4-2	Files are properly protected.	X		
4-3	Procedures have been established for submission of reports on: <ul style="list-style-type: none"> a. Monthly Program Report, 10th of following month. b. Monthly Fiscal Report, 10th of following month. c. Final Fiscal Report, 60 days after end of year. d. Annual Fiscal Report, 90 days after end of year. e. Budget Summary when plan is approved. 	<ul style="list-style-type: none"> X X X X X 		

Records & Reporting (cont.)

Comments Section (4): 4-1-1: The discharge and termination reports are completed when a client exits the program.

Documentation in the files were more thorough and better organized. The files were divided into sections and the documentation was placed under the appropriate section. Additionally, the program started using chronological log sheets with lines and consistent terminology for each file.

4-3-a-e: Policies and procedures have been developed for this section.

COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM

STANDARDS COMPLIANCE SURVEY

Date: November 23, 1989

Facility: Riley County Comm. Corr.

Address: 105 Courthouse Plaza
Manhattan, KS 66502

Phone: (913) 537-6380

Facility Administrator: Frank McCoy

Survey Participant: Frank McCoy

Compliance Inspector: Mary Redding and
Robert Sanders

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.	X		

Comments Section (1):

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses:			
	a. Recruitment & Selection	X		
	b. Orientation	X		
	c. Promotion	X		
	d. Termination	X		
	e. Resignation	X		
	f. Affirmative Action	X		
	g. Grievance & Appeal Procedures	X		
	h. Compensation	X		
	i. Leave of Absences	X		
	j. Disciplinary Procedures	X		
k. Performance Evaluations	X			
l. Personnel File	X			
2-B	a. Written employee job descriptions provided.	X		
	b. Employee minimum job qualifications established.	X		
2-C	Employee standards of conduct are minimally established at:			
	1. Favoritism is not shown.	X		
	2. No personal relationships or gift giving with clients.	X		
	3. No business relationships with clients and families.	X		
	4. No criminal behavior.	X		
5. Employees are properly notified of standards of conduct, documentation is provided.	X			
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2): Formal policies have not been developed for Sections 2(D) and 2(E). However, progress has been made towards this end. Frank has recommended to the Riley County Personnel Manager that policies be developed for 2(D) hiring ex-offenders and 2(E) background investigations. Frank said that he will submit draft policies for hiring ex-offenders and background investigations to the Personnel Committee in December, 1989. If the review committee adopts these policies, the revised personnel policy manual will be available in January, 1990.

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-A-1	<u>Resources</u> A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
3-B-1	<u>Intake</u> Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
3-C-1	<u>Multi-Level System</u> a. A minimum of 30 days in duration. b. Three face to face contacts per week. Three collateral contacts per week. c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 4 times per month if history of substance abuse. g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours.	X X X X X X X		
3-C-2	a. A minimum of 90 days in duration. b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week.	X X		

Programs (Cont.).

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-2	<ul style="list-style-type: none"> c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 3 times per month if history of substance abuse. g. Not necessary unless has balance to do from Phase I. 	<p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p>		
3-C-3	<ul style="list-style-type: none"> a. A minimum of 90 days in duration. b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. One collateral per week remainder. c. Verification of employment, training/ education every other week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once every other week. f. Drug and/or alcohol screen 2 times per month if history of substance abuse. 	<p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p>		
3-C-4	<ul style="list-style-type: none"> a. Duration open ended. b. One face to face per month. Two collateral contacts per month. c. Verification of employment, training/ education once per month. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per month. f. Drug and/or alcohol screen once per month if history of substance abuse. <p>Termination report completed when client finished program.</p>	<p align="center">X</p>		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-E	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		

Is the program operating according to the policy and procedure manual?

Y
N
P
X

Comments Section (3): The Riley County Community Corrections program files were well organized, chronological log notes provide much better documentation, and forms implemented to provide consistency in reporting information.

3-C-4: Letters are still not being sent to employers advising them of client program completion. Frank stated that this standard is under review by the County Counselor. The audit team recommends a letter be sent to employers notifying them of program completion for each client.

3-D-3: The audit team still did not find procedures for staff approval of employment, change of employment, or providing legal status of the client to the employer. Frank said that the County Counselor was also reviewing this standard. Frank said particular concern was the requirement to provide the legal status of the client to the employer. Frank said that the County Counselor is concerned about the potential liability if the program failed to follow the policy and a client committed another offense. The audit team considers it to be irresponsible for Community Corrections personnel not to notify employers of the legal status of all community corrections clients. The audit team suggests that the Riley County Community Corrections program could be held liable for not following the standards if a new crime was committed and the employer wasn't notified of the client's legal status.

Records & Reporting

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section	Facility records and reports provide information for:			
4-1	a. Ongoing chronological summary of case activity. b. Initial standardized intake packet. c. Case information from referral source. d. Case history/social history. e. Medical records, when available. f. Individual program plan. g. Signed release of information forms. h. Progress reports. i. Current employment data. j. Copy of disciplinary action. k. Referrals to other agencies. l. Discharge report.	X X X X X X X X X X X X		
4-2	Files are properly protected.	X		
4-3	Procedures have been established for submission of reports on: a. Monthly Program Report, 10th of following month. b. Monthly Fiscal Report, 10th of following month. c. Final Fiscal Report, 60 days after end of year. d. Annual Fiscal Report, 90 days after end of year. e. Budget Summary when plan is approved.	X X X X X		

Comments Section (4): 4-1-f: Riley County Community Corrections has developed policies, implemented individual program plans, progress reports, and discharge reports for Community Corrections clients.

4-3: Policies and procedures have been developed for sections c through e.

COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM

STANDARDS COMPLIANCE SURVEY

Date: October 25, 1989

Facility: Saline Co. Comm. Corr.

Address: 419 W. Ash

Salina, KS 67401-2396

Phone: (913) 825-7269

Facility Administrator: John Burchill

Survey Participant: John Burchill

Compliance Inspector: Keven Pellant, Mary Redding,
Robert Sanders

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.	X		

Comments Section (1):

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses: a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal Procedures h. Compensation i. Leave of Absences j. Disciplinary Procedures k. Performance Evaluations l. Personnel File	X X X X X X X X X X X X		
2-B	a. Written employee job descriptions provided. b. Employee minimum job qualifications established.	X X		
2-C	Employee standards of conduct are minimally established at: 1. Favoritism is not shown. 2. No personal relationships or gift giving with clients. 3. No business relationships with clients and families. 4. No criminal behavior. 5. Employees are properly notified of standards of conduct, documentation is provided.	X X X X X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2): 2-C-1,4,5: Personnel policies have been developed to include, "No favoritism or preferential treatment will be shown to a client." and, "No criminal behavior by Saline County Community Corrections staff will be tolerated either on the job or outside working hours." Saline Community Corrections has also developed an acknowledgment form for employees to sign which documents notification of employee standards of conduct.

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-A-1	<u>Resources</u> A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
3-B-1	<u>Intake</u> Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
3-C-1	<u>Multi-Level System</u> a. A minimum of 30 days in duration. b. Three face to face contacts per week. Three collateral contacts per week. c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 4 times per month if history of substance abuse. g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours.	X X X X X X X		
3-C-2	a. A minimum of 90 days in duration. b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week.	X X		

Programs (Cont.)

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
3-C-2	<ul style="list-style-type: none"> c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality main- tained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 3 times per month if history of substance abuse. g. Not necessary unless has balance to do from Phase I. 	X		
3-C-3	<ul style="list-style-type: none"> a. A minimum of 90 days in duration. b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. One collateral per week remainder. c. Verification of employment, training/ education every other week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality main- tained. e. Local arrest records reviewed once every other week. f. Drug and/or alcohol screen 2 times per month if history of substance abuse. 	X		
3-C-4	<ul style="list-style-type: none"> a. Duration open ended. b. One face to face per month. Two collateral contacts per month. c. Verification of employment, training/ education once per month. d. System to notify law enforcement of client participation. Notification once a month, confidentiality main- tained. e. Local arrest records reviewed once per month. f. Drug and/or alcohol screen once per month if history of substance abuse. <p>Termination report completed when client finished program.</p>	X		

Records & Reporting (cont.)

Standard Section	Title	Com- ply	Non Com- pli- ance	Par- tial
4-2	Files are properly protected.	X		
4-3	Procedures have been established for sub- mission of reports on:			
	a. Monthly Program Report, 10th of following month.	X		
	b. Monthly Fiscal Report, 10th of following month.	X		
	c. Final Fiscal Report, 60 days after end of year.	X		
	d. Annual Fiscal Report, 90 days after end of year.	X		
	e. Budget Summary when plan is approved.	X		

Comments Section (4): 4-2: Locked file cabinets have been obtained for each case manager.

4-3: Procedure has been developed for budget summary when plan is approved.

COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM

1989 FINAL STANDARDS COMPLIANCE SURVEY

Date: May 4, 1989 (original audit)
July 28, 1989 (re-audit)

Facility: Sedgwick Co. Comm. Corr.

Address: 905 N. Main

Wichita, KS 67203-3608

Phone: (316) 268-7003

Facility Administrator: Jeff Loane

Survey Participant: Jeff Loane, Donna Hajar,
George Glover

Compliance Inspector: Keven Pellant, Terry Reiling,
Jim Terrones

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.			X

Comments Section (1): 1-C: Caseloads are currently in the mid 30's per officer. Following our prior audit recommendation, two additional staff are to be hired within the next 30-40 days in order to reduce caseloads to the maximum of 25 clients or fewer per case manager. Caseloads are increasing in Sedgwick County and many are C & B felons. The director and staff are projecting a need for increased staff in FY 91.

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses:			
	a. Recruitment & Selection	X		
	b. Orientation	X		
	c. Promotion	X		
	d. Termination	X		
	e. Resignation	X		
	f. Affirmative Action	X		
	g. Grievance & Appeal Procedures	X		
	h. Compensation	X		
	i. Leave of Absences	X		
	j. Disciplinary Procedures	X		
k. Performance Evaluations	X			
l. Personnel File	X			
2-B	a. Written employee job descriptions provided.	X		
	b. Employee minimum job qualifications established.	X		
2-C	Employee standards of conduct are minimally established at:			
	1. Favoritism is not shown.	X		
	2. No personal relationships or gift giving with clients.	X		
	3. No business relationships with clients and families.	X		
	4. No criminal behavior.	X		
	5. Employees are properly notified of standards of conduct, documentation is provided.	X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2): 2-C-4: Policy and procedures are in place demonstrating that employees are made aware of policy regarding criminal behavior. Misdemeanor arrests or conviction are handled at the Director's discretion. Felony arrest results in suspension until the case is resolved and determination of action is made. 2-C-5: Documentation shows that employees sign a document stating they have read and agree to follow standards of conduct. 2-E: Background investigations are being done on staff. Staff sign a release of information prior to the investigation.

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-A-1	<u>Resources</u> A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
3-B-1	<u>Intake</u> Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
3-C-1	<u>Multi-Level System</u> a. A minimum of 30 days in duration. b. Three face to face contacts per week. Three collateral contacts per week. c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 4 times per month if history of substance abuse. g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours.	X X X X X X		X
3-C-2	a. A minimum of 90 days in duration. b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week.	X X		

Programs (cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-2	<ul style="list-style-type: none"> c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 3 times per month if history of substance abuse. g. Not necessary unless has balance to do from Phase I. 	X		X
3-C-3	<ul style="list-style-type: none"> a. A minimum of 90 days in duration. b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. One collateral per week remainder. c. Verification of employment, training/ education every other week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once every other week. f. Drug and/or alcohol screen 2 times per month if history of substance abuse. 	X		X
3-C-4	<ul style="list-style-type: none"> a. Duration open ended. b. One face to face per month. Two collateral contacts per month. c. Verification of employment, training/ education once per month. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per month. f. Drug and/or alcohol screen once per month if history of substance abuse. <p>Termination report completed when client finished program.</p>	X		X

Programs (cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-4	Letter sent to employer advising of client program completion and termination of contract.	X		
Is the program meeting the objective of: Flexibility in programs which are oriented to the specific needs of each individual?		Y <u>X</u>	N	P
	<u>Employment</u>			
3-D-1	Staff has developed employment opportunities with prospective employers for clients.	X		
3-D-2	Job search assistance for client is documented.	X		
3-D-3	Procedures are established for staff approval of client employment, change of employment, and client's legal status is provided to employer.	X		
3-D-4	Documentation of staff contacts with employer are maintained.	X		
3-D-5	Documentation of client's weekly report for job search schedule. Verification of client's contact with prospective employer.	X		
Is the program meeting the objective of: Expertise and capability in assisting the offender to find employment and to develop resources on his/her own.		Y <u>X</u>	N	P
*Note: Need to improve job search resource development and documentation.				
	<u>Drugs/Alcohol</u>			
3-E	Provisions for urinalysis testing have been established and provide:			
	1. Clients with drug abuse history are randomly tested according to phase.			X
	2. Clients without a history of drug abuse are tested randomly at least once monthly.			X

Programs (cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-E	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		

Is the program operating according to the policy and procedure manual?	Y X	N	P
--	--------	---	---

Comments Section (3): 3-C-1(f), 2, 3, & 4 : (f) Audit team found Sedgwick Co. Comm. Corr. is testing, just not in compliance with number required in standards. SCC has requested a reduction in standards or waiver and is making substantial progress toward compliance. An employment/education resource person has begun improving the contact with employers and other community resources. The documentation of these contracts and employer responses is greatly improved and satisfies compliance with the ISP standards. 3-C-4: Employers now receive a letter of notification regarding clients who terminate from SCC. Employer recruitment and personal contact will aid in future employment prospects for SCC ISP clients.

Records & Reporting

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
4-1	Facility records and reports provide information for:			
	a. Ongoing chronological summary of case activity.	X		
	b. Initial standardized intake packet.	X		
	c. Case information from referral source.	X		
	d. Case history/social history.	X		
	e. Medical records, when available.	X		
	f. Individual program plan.	X		
	g. Signed release of information forms.	X		
	h. Progress reports.	X		
	i. Current employment data.	X		
	j. Copy of disciplinary action.	X		
	k. Referrals to other agencies.	X		
l. Discharge report.	X			

Records & Reporting (cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
4-2	Files are properly protected.	X		
4-3	Procedures have been established for sub- mission of reports on: a. Monthly Program Report, 10th of following month. b. Monthly Fiscal Report, 10th of following month. c. Final Fiscal Report, 60 days after end of year. d. Annual Fiscal Report, 90 days after end of year. e. Budget Summary, when plan is approved.	X X X X X		

Comments Section (4):

**COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM**

STANDARDS COMPLIANCE SURVEY

Date: May 31, 1989

Facility: Shawnee Co. Comm. Corr.

Amended: June 2, 1989
per attached documentation

Address: 712 N. Kansas, Suite 3E
Topeka, KS 66603

Phone: (913) 233-8856

Facility Administrator: J. Kenneth Hales

Survey Participant: Norma McGill, Ken Hales, Pat Henry

Compliance Inspector: Keven Pellant, Mary Redding,
Robert Sanders, Jim Terrones

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.	X		

Comments Section (1):

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses: a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal Procedures h. Compensation i. Leave of Absences j. Disciplinary Procedures k. Performance Evaluations l. Personnel File	X X X X X X X X X X X X		
2-B	a. Written employee job descriptions provided. b. Employee minimum job qualifications established.	X X		
2-C	Employee standards of conduct are minimally established at: 1. Favoritism is not shown. 2. No personal relationships or gift giving with clients. 3. No business relationships with clients and families. 4. No criminal behavior. 5. Employees are properly notified of standards of conduct, documentation is provided.	X X X X X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		
Comments Section (2):				

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-A-1	<u>Resources</u> A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
3-B-1	<u>Intake</u> Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
3-C-1	<u>Multi-Level System</u> a. A minimum of 30 days in duration. b. Three face to face contacts per week. Three collateral contacts per week. c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 4 times per month if history of substance abuse. g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours.	X X X X X X		
3-C-2	a. A minimum of 90 days in duration. b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week.	X X		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-2	<ul style="list-style-type: none"> c. Verification of employment, training/ education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 3 times per month if history of substance abuse. g. Not necessary unless has balance to do from Phase I. 	<p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p>		
3-C-3	<ul style="list-style-type: none"> a. A minimum of 90 days in duration. b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. One collateral per week remainder. c. Verification of employment, training/ education every other week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once every other week. f. Drug and/or alcohol screen 2 times per month if history of substance abuse. 	<p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p>		
3-C-4	<ul style="list-style-type: none"> a. Duration open ended. b. One face to face per month. Two collateral contacts per month. c. Verification of employment, training/ education once per month. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per month. f. Drug and/or alcohol screen once per month if history of substance abuse. <p>Termination report completed when client finished program.</p>	<p align="center">X</p>		

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-4	Letter sent to employer advising of client program completion and termination of contract.	X		
Is the program meeting the objective of: Flexibility in programs which are oriented to the specific needs of each individual?		Y X	N	P
	<u>Employment</u>			
3-D-1	Staff has developed employment opportunities with prospective employers for clients.	X		
3-D-2	Job search assistance for client is documented.	X		
3-D-3	Procedures are established for staff approval of resident employment and resident's legal status is provided to employer.	X		
3-D-4	Documentation of staff contacts with employer are maintained.	X		
3-D-5	Documentation of client's weekly report for job search schedule. Verification of client's contact with prospective employer.	X		
Is the program meeting the objective of: Expertise and capability in assisting the offender to find employment and to develop resources on his/her own.		Y X	N	P
	<u>Drugs/Alcohol</u>			
Section 3-E	Provisions for urinalysis testing have been established and provide:			
	1. Clients with drug abuse history are randomly tested according to phase.	X		
	2. Clients without a history of drug abuse are tested randomly at least once monthly.	X		

Records & Reporting.

Standard Section 4-3	Title	Com- ply	Non Com- pli- ance	Par- tial
	Procedures have been established for sub- mission of reports on:			
	a. Monthly Program Report, 10th of following month.	X		
	b. Monthly Fiscal Report, 10th of following month.	X		
	c. Final Fiscal Report, 60 days after end of year.	X		
	d. Annual Fiscal Report, 90 days after end of year.	X		
	e. Budget Summary when plan is approved.	X		

Comments Section (4): The Audit Team compliments the Shawnee County Department of Corrections, Community Corrections Intensive Supervision Director and staff for the clear and simplified audit system set up for the auditors. We further recommend a follow through of projected ACA accreditation due to the exceptional effort displayed in documenting ISP service to offenders in Shawnee County Community Corrections Intensive Supervision.

COMMUNITY CORRECTIONS
ADULT INTENSIVE SUPERVISION PROGRAM

STANDARDS COMPLIANCE SURVEY

Date: July 18, 1989
Reaudit - 1989 Final

Facility: Wyandotte Co. Comm. Corr.

Address: 2824 Roe Lane

Kansas City, KS 66103

Phone: (913) 362-7666

Facility Administrator: Joseph A. Ruskowitz

Survey Participant: Ed Zukel, Cynthia Scott Larson,
Joe Connor, Pat Jackson

Compliance Inspector: Robert Sanders, Mary Redding,
Jim Terrones

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Documentation that caseload does not exceed maximum of 25 or minimum of 12 per officer.	X		

Comments Section (1): As directed by a memo dated June 7, 1989, the Community Corrections division is required to tape all meetings with Community Corrections Directors. Please note that Joe Ruskowitz refused to allow us to tape this meeting. He stated that if we wanted to tape the meeting, we could just come back another time because he wanted to talk with Secretary Davies and Roger Werholtz about our taping policy.

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses: a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal Procedures h. Compensation i. Leave of Absences j. Disciplinary Procedures k. Performance Evaluations l. Personnel File	X X X X X X X X X X X		
2-B	Written employee job descriptions provided. Employee minimum job qualifications established.	X X		
2-C	Employee standards of conduct are minimally established at: 1. Favoritism is not shown. 2. No personal relationships or gift giving with clients. 3. No business relationships with clients and families. 4. No criminal behavior. 5. Employees are properly notified of standards of conduct, documentation is provided.	X X X X X		
2-D	Appropriate policy on hiring ex-offenders is provided.	X		
2-E	Appropriate background investigations have been done on employees.	X		
2-F	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2): Policies and procedures were developed for employee background investigation, however, no documentation in employee personnel file to verify background investigation had been completed. Cynthia Scott Larson stated that background records were not put in the personnel file because of a legal interpretation by the county.

Programs

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
3-A-1	<u>Resources</u> A network of community referrals for services and resources has been established through referral agreements on file.	X		
3-A-2	Residents are provided assistance in finding and maintaining employment and/or educational vocational opportunities.	X		
3-A-3	Opportunities exist equally for male & female residents.	X		
	<u>Intake</u>			
3-B-1	Contact made with client within two (2) working days. Intake information on file in client's file.	X		
3-B-2	Program expectation and conditions provided to client within ten (10) working days.	X		
3-B-3	Written supervision plan developed within twenty (20) working days.	X		
	<u>Multi-Level System</u>			
3-C-1	<ul style="list-style-type: none"> a. A minimum of 30 days in duration. b. Three face to face contacts per week. Three collateral contacts per week. c. Verification of employment, training/education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 4 times per month if history of substance abuse. g. Documentation of community service hours per program plan. Unemployed - minimum 40 hours, employed - minimum 5 hours. 	X X X X X	X	X
3-C-2	<ul style="list-style-type: none"> a. A minimum of 90 days in duration. b. Two face to face contacts per week first 30 days. One face to face contact per week remainder. Two collateral contacts per week. 	X		X

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-2	<ul style="list-style-type: none"> c. Verification of employment, training/education once per week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per week. f. Drug and/or alcohol screen 3 times per month if history of substance abuse. g. Not necessary unless has balance to do from Phase I. 	<p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p>	<p align="center">X</p>	
3-C-3	<ul style="list-style-type: none"> a. A minimum of 90 days in duration. b. One face to face contact per week first 30 days. Two collateral per week first 30 days. One face to face every other week remainder. c. Verification of employment, training/education every other week. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once every other week. f. Drug and/or alcohol screen 2 times per month if history of substance abuse. 	<p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p>	<p align="center">X</p>	<p align="center">X</p>
3-C-4	<ul style="list-style-type: none"> a. Duration open ended. b. One face to face per month. Two collateral contacts per month. c. Verification of employment, training/education once per month. d. System to notify law enforcement of client participation. Notification once a month, confidentiality maintained. e. Local arrest records reviewed once per month. f. Drug and/or alcohol screen once per month if history of substance abuse. <p>Termination report completed when client finished program.</p>	<p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p>	<p align="center">X</p>	

Programs (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-C-4	Letter sent to employer advising of client program completion and termination of contract.		X	
Is the program meeting the objective of: Flexibility in programs which are oriented to the specific needs of each individual?		Y <u>X</u>	N _____	P _____
	<u>Employment</u>			
3-D-1	Staff has developed employment opportunities with prospective employers for clients.	X		
3-D-2	Job search assistance for client is documented.	X		
3-D-3	Procedures are established for staff approval of client's employment, change of employment, and client's legal status is provided to employer.			X
3-D-4	Documentation of staff contacts with employer are maintained.	X		
3-D-5	Documentation of client's weekly report for job search schedule. Verification of client's contact with prospective employer.	X		
Is the program meeting the objective of: Expertise and capability in assisting the offender to find employment and to develop resources on his/her own.		Y <u>X</u>	N _____	P _____
	<u>Drugs/Alcohol</u>			
3-E	Provisions for urinalysis testing have been established and provide:			
	1. Clients with drug abuse history are randomly tested according to phase.			X
	2. Clients without a history of drug abuse are tested randomly at least once monthly.			X
	3. Drug tests are performed every time drug consumption is suspected.			X

Programs (Cont.)

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
3-E	4. Breathalyzers are administered randomly & in instances of suspected consumption.			X
	5. Proper urine collection procedures.			X

Is the program operating according to the policy and procedure manual?

Y	N	P
_____	_____	_____
		X

Comments Section (3): Not currently doing any urinalysis. Additional comments on attached sheets.

Records & Reporting

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
4-1	Facility records and reports provide information for: <ul style="list-style-type: none"> a. Ongoing chronological summary of case activity. b. Initial standardized intake packet. c. Case information from referral source. d. Case history/social history. e. Medical records, when available. f. Individual program plan. g. Signed release of information forms. h. Progress reports. i. Current employment data. j. Copy of disciplinary data. k. Referrals to other agencies. l. Discharge report. 	X X X X X X X X X X X		
4-2	Files are properly protected.	X		

Records & Reporting (Cont.)

Standard Section 4-3	Title	Com- ply	Non Com- pli- ance	Par- tial
	Procedures have been established for sub- mission of reports on:			
	a. Monthly Program Report, 10th of following month.	X		
	b. Monthly Fiscal Report, 10th of following month.	X		
	c. Final Fiscal Report, 60 days after end of year.	X		
	d. Annual Fiscal Report, 90 days after end of year.	X		
	e. Budget Summary when plan is approved.	X		

Comments Section (4): Documentation in files have improved considerably since initial audit.

Standards Compliance Survey - Section 3 (cont.)

3-B-1, 2 & 3: Policies and procedures have been developed and documentation provided to verify 1) contact made with clients within two working days after case assignment; 2) program expectations and conditions provided to client within 10 working days; 3) and written supervision plan developed within 20 working days.

3-C-1, 2, 3 & 4: a) Documentation provided on chronological notes and progress reports when clients advanced from one level to the next. b) Number of face to face contacts still did not meet standards per week in some cases. Director and case management staff felt that they had complied with this standard because they had the structures in place to monitor contacts. They didn't feel they should be punished because they couldn't control if the client did not report to the office the required number of times. The audit team recommends that case managers make more effort outside of the office to contact clients. Wyandotte Community Corrections defines a collateral contact as a telephone call with the client. The audit team recommends that a standard definition for collateral contacts be developed. A collateral contact should be a contact with someone other than the client, i.e. employer, sponsor, family member. c) Documentation provided verification of employment once per week. d) Alert system used to notify law enforcement. e) Drug screens still not being done. f) Community service hours were documented on progress reports.

3-C-4: Letter not being sent to employer advising of client program completion and termination of contract.

3-D-2: Documentation provided to verify job search assistance for clients (employment referral follow-up form developed).

3-D-3: Procedures have been developed for staff approval of clients employment and change of employment through Program Management review Committee. Audit team recommends case managers document approval of client employment and change of employment. This section was rated partial because no documentation provided to notify employers of client's legal status. Wyandotte County staff stated that they were seeking a legal opinion whether they should notify employers of client's legal status.

3-D-4: Documentation of staff contact with employers through chronological notes.

3-E-1, 2, 3, 4 & 5: This section was rated partial because policies and procedures have been developed for urinalysis testing. During the last audit, we recommended that drug screening begin immediately. Wyandotte Community Corrections still has not done a single urinalysis test and is in non-compliance with standards. Ed Zukel stated that Wyandotte Community Corrections is waiting on some chain of custody forms

Standards Compliance Survey - Section 3 (cont.)

and they would be able to start the program as soon as supplies arrive. Wyandotte Community Corrections doesn't use breathalyzers to monitor alcohol usage. This will be done through urinalysis testing. The audit team recommends Wyandotte Community Corrections consider using breathalyzer as a cost effective means of testing for alcohol use.

RESIDENTIAL AUDITS

COMMUNITY CORRECTIONS
RESIDENTIAL CENTER

STANDARDS COMPLIANCE SURVEY

Date: November 2, 1989

Facility: Johnson Co. Res. Program

Address:

Phone: (913) 829-5000

Facility Administrator: Peggy Kanche

Survey Participant: Peggy Kanche, Mike Youngken,
Bev Marchbank, Maria Ortiz

Compliance Inspector: Robert Sanders, Larry Dixon,
Terry Reiling

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Proof of insurance coverage is provided. (physical plant, personal injury, workers compensation.)	X		

Comments Section (1):

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section	Personnel Policy Manual is provided and addresses:			
2-A	<ul style="list-style-type: none"> a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal h. Hours of Work i. Compensation j. Leave of Absences k. Disciplinary Procedures l. Performance Appraisals m. Personnel File 	<ul style="list-style-type: none"> X 		
2-B	Facility staffing 24 hours per day, seven days per week and at level agreed to by deputy secretary (minimum of two per shift).	X		
2-C	Employee job descriptions provided.	X		
2-D	Employee minimum job qualifications established.	X		
2-E	Staff is appropriately scheduled to meet resident's needs.	X		
2-F	<p>Employee standards of conduct are minimally established at:</p> <ul style="list-style-type: none"> 1. Favoritism is not shown. 2. No personal relationships or gift giving. 3. No business relationships. 4. No personal outside contacts with residents. 5. No criminal behavior. 6. Employees are properly notified of standards of conduct, documentation is provided. 	<ul style="list-style-type: none"> X X X X X X X 		
2-G	Appropriate policy on hiring ex-offenders is provided.	X		
2-H	Appropriate background investigations have been done.	X		

Personnel (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
2-I	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2):

Facility

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section				
3-A & B	Documentation facility complies with zoning ordinances and local building codes on sanitation, health & fire or documentation of non-applicability is available.	X		
3-C	Facility is located within one mile of public transportation or other means of transportation is provided to residents.	X		
3-D & E	Documentation shows proper lighting & ventilation is provided in sleeping quarters.	X		
3-F	A degree of privacy is provided in the sleeping area.	X		
3-F	Privacy is maintained at a minimum by providing:	X		
3-G	Toilet and sleeping areas are seperated for sexes.	N/A		
3-H	Private counseling space and furniture is provided to meet program requirements.	X		
3-I	Each resident is issued clean, usable bedding, linen and towels laundered or exchanged at least weekly.	X		
3-J	Personal hygiene articles are provided in special situations.	X		

Facility (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section				
3-K	Sufficient space and furnishings available for group meetings and visits.	X		
3-L	a. Vermin and pest control is appropriate. b. Trash and garbage removal is appropriate.	X X		
3-M	Written procedures govern facility motor vehicle uses and maintenance.	X		
3-N	Telephone facilities are accessible to residents.	X		
3-O	Proper bed, mattress, pillow, chair and closet space is provided.	X		

Comments Section (3): Some of the bedding was worn and will be in need of replacement. Ms. Kanche advised there were funds budgeted for replacement in the FY91 budget.

Safety and Sanitation

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section				
4-A	a. Plans are available for medical, fire & natural disaster emergencies.	X		
	b. Plans are communicated to each resident and properly posted along with evacuation routes.	X		
	c. Evacuation drills are conducted at least quarterly.	X		
	d. Staff training on plans is provided.	X		
4-B	Facility meets fire safety requirements and inspection reports are on file.	X		
4-C	Hazardous materials are properly stored.	X		
4-D	Fire equipment receives semi-annual inspection by appropriate equipment representatives.	X		

Safety and Sanitation (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 4-E	Facility is clean and in good repair through a housekeeping & maintenance plan.	X		

Comments Section (4):

Services

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section	<u>Food Services</u>			
5-A	Documented food service plan is provided and includes provisions for: medical diets, religious diets and meals for residents who work odd hours.	X		
5-A-1	Meals include selections from five basic food groups. Sack lunches meet minimum requirements.	X		
5-A-2	Meals are pre-planned and receive approval by a registered dietician or physician. Copies of menus are available.	X		
5-A-3	Documentation indicates compliance with applicable Federal, State, and local health laws.	X		
	<u>Medical and Health Services</u>			
5-B-1	Written agreement provides for emergency medical services 24 hours a day.	X		
5-B-2	Basic first aid supplies are provided at the facility.	X		
5-B-3	At least one staff member per shift has CPR and First Aid training.	X		
5-B-4	Residents are provided information on community medical resources.	X		

Services (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section				
5-B-5	Written policy addresses resident's or employee's communicable or debilitating physical problems.	X		
5-B-6	Medications are properly accounted for and maintained in locked storage.	X		
	a. Medications are distributed according to prescription and by staff only.	X		
	b. Medication logs on individual residents are maintained.	X		
	c. Medication logs are reviewed daily.	X		
5-B-7	Policy and procedure provides for management of infectious diseases.	X		

Comments Section (5): 5-B-7: This policy has been drafted and submitted to the Board of County Commissioners for approval.

Programs

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section	<u>Resources</u>			
6-A-1	A network of community referrals for services and resources has been established through referral agreements on file.	X		
6-A-2	Residents are provided assistance in finding and maintaining employment.	X		
6-A-3	In-house counseling services supplement community services, if necessary.	X		
6-A-4	Opportunities exist equally for male & female residents.	N/A		
6-A-5	Specified number of resident training hours are provided.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section	<u>Intake</u>			
6-B-1 & 6-B-2	a. Criteria for accepting/rejecting re- ferrals has been established in writing.	N/A		
6-B-2	b. Reporting dates established in writing.	N/A		
	c. Center rules are provided to residents at intake and posted in the facility. Receipt for rules is maintained in file. (6-G-1).	X		
	d. Resident photographs are taken at intake and maintained in resident file.	X		
	e. Required personal information is maintained in an individual file.	X		
	f. Signed agreement on resident substance deduction is maintained on file.	X		
	g. Transportation fees have been approved.	N/A		
	<u>Multi-Level System</u>			
6-C-1 2,3,4, 5	A multi-level system of treatment has been established to meet I, II, III, IV & V level program criteria.	X		
	<u>Employment</u>			
6-D-1	Resident employment opportunities are main- tained by staff.	X		
6-D-2	Job search assistance is provided.	X		
6-D-3	Procedures are established for staff approval of resident employment and resident's legal status is provided to employer.	X		
6-D-4	Documentation of staff contacts with employer are maintained.	X		
6-D-5	Restriction from work is not a disciplinary sanction.	X		
	<u>Drugs/Alcohol</u>			
6-E	Provisions for urinalysis testing have been established and provide:			
	1. Residents with drug abuse history are randomly tested weekly.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section				
	2. Residents without a history of drug abuse are tested randomly at least twice monthly.	X		
	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		
	6. Policy and procedure addresses disciplinary measures for positive test.	X		
6-F-1	<u>Authorized Absences Minimum Standards</u> Policies are developed and documentation is maintained for all authorized absences.			
	a. Work or job interviews.	X		
	b. Approved appointments and meetings.	X		
	c. Approved social passes according to program level.	X		
6-G-2	<u>Discipline</u> Record of disciplinary actions and sanctions are maintained in resident's file.	X		
6-G-3 6-H-1&2	Disciplinary appeal process has been established.	X		
6-G-4	Procedures establish prompt notification of parole officer in the event of rule infractions by parolees.	N/A		
6-I-1	<u>Security</u> Residents do not supervise other residents.	X		
6-I-2	Use of force guidelines meet legal requirements.			
	a. No fire arms or stun guns are at the facility.	X		
	b. Incident forms are maintained.	X		
6-I-3	Facility searches are properly conducted and documented.	X		
6-I-4	Personal searches are properly conducted and documented.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section				
6-I-5	Surveillance documentation is maintained through: a. In-house counts. (9 Per 24 hr. period) b. Visitor and resident sign in/out logs. c. Community surveillance checks. (one per wk., face to face or telephone)	X X X		
6-J	<u>Driving</u> Driving of vehicles by residents is allowed only under established criteria.	X		
6-J-1	Personal vehicles are allowed only with establishment of documentation and approval maintained in the resident's file. a. Proper title & registration. b. Resident is properly licensed to drive. c. The proper insurance is maintained. d. Vehicle must be mechanically sound. e. Other residents or hitchhikers are not transported. (unless prior approval) f. Vehicles are not loaned to other persons.	X X X X X X		
6-K	<u>Resident Grievance Procedure</u> A resident grievance procedure has been established and properly documented.	X		
6-L	<u>Recreation and Exercise</u> Policy and procedure establishes and controls exercise and recreation plan.	X		
6-L-1	Sufficient recreation equipment is provided.	X		
6-L-2	Sufficient outdoor or off-site recreational opportunities are provided.	X		
6-M	<u>Resident Accounts</u> 1. All cash & checks are turned to facility at admission. 2. Resident deposits/withdrawals are properly accounted for. 3. Copies of pay stubs are maintained on file.	X X X		

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section				
	4. All monies received are recorded same as salary.	X		
	5. Disbursements are made according to resident budget priority.	X		
6-N	<u>Escapes</u> Escape status is properly defined according to criteria established by policy and procedure.	X		
6-0 1,2,3	<u>Death Of An Offender</u> Procedures have been established for proper notification and handling of a deceased resident.	X		

Records & Reporting

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section				
7-A	Facility records and reports provide information for: Locating and verifying whereabouts of residents.	X		
7-B	a. Proper case file for each resident. b. Files are properly protected.	X X		
7-C	<u>Records Document</u> 1. Medications. 2. Urinalysis. 3. Ongoing dailiy activities. 4. Visitors.	X X X X		
7-C	5. Room inspections/shakedowns. 6. Head counts. 7. Disciplinary actions.	X X X		

Records & Reporting (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section 7-D	Procedures have been established for sub- mission of reports on: 1. Monthly Program Report. 2. Monthly Fiscal Report. 3. Annual Report. 4. Annual Fiscal Audit.	 X X X X		

Comments Section (7): Auditors recommend each resident file contain a resident account balance sheet.

Is the facility meeting the objective of:	Y	N	P
a. Flexibility in programs which are oriented to the specific needs of each individual in residence?	X	_____	_____
b. Expertise and capability in assisting the offender to find employment, a place to live, and to develop resources on his/her own?	X	_____	_____
c. Integration and transition of residents into productive community living?	X	_____	_____

Comments:

Is the facility operating according to the policy and procedure manual?	Y	N	P
	X	_____	_____

**COMMUNITY CORRECTIONS
RESIDENTIAL CENTER**

**STANDARDS COMPLIANCE SURVEY
RE-AUDIT**

Date: March 30, 1990

Facility: Segwick County Community
Corrections Residential Center

Address: 209 N. Emporia
Wichita, KS

Phone: (316) 267-9120

Facility Administrator: Mr. Jeff Loane

Survey Participant: Mr. Darryl Stamp

Compliance Inspector: Mr. Tom Keys and
Mr. Terry Reiling

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Proof of insurance coverage is provided. (physical plant, personal injury, workers compensation.	X		

Comments Section (1): _____

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 2-A	Personnel Policy Manual is provided and addresses:			
	a. Recruitment & Selection	X		
	b. Orientation	X		
	c. Promotion	X		
	d. Termination	X		
	e. Resignation	X		
	f. Affirmative Action	X		
	g. Grievance & Appeal	X		
	h. Hours of Work	X		
	i. Compensation	X		
	j. Leave of Absences	X		
	k. Disciplinary Procedures	X		
	l. Performance Appraisals	X		
m. Personnel File	X			
2-B	Facility staffing 24 hours per day, seven days per week and at level agreed to by deputy secretary (minimum of two per shift).	X		
2-C	Employee job descriptions provided.	X		
2-D	Employee minimum job qualifications established.	X		
2-E	Staff is appropriately scheduled to meet resident's needs.	X		
2-F	Employee standards of conduct are minimally established at:			
	1. Favoritism is not shown.	X		
	2. No personal relationships or gift giving.	X		
	3. No business relationships.	X		
	4. No personal outside contacts with residents.	X		
	5. No criminal behavior.	X		
6. Employees are properly notified of standards of conduct, documentation is provided.	X			
2-G	Appropriate policy on hiring ex-offenders is provided.	X		
2-H	Appropriate background investigations have been done.	X		

Personnel (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
2-I	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2): _____

Facility

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 3-A & B	Documentation facility complies with zoning ordinances and local building codes on sanitation, health & fire or documentation of non-applicability is available.		*	X
3-C	Facility is located within one mile of public transportation or other means of transportation is provided to residents.	X		
3-D & E	Documentation shows proper lighting & ventilation is provided in sleeping quarters.	X		*
3-F	A degree of privacy is provided in the sleeping area.	X		
3-F	Privacy is maintained at a minimum by providing:	X		
3-G	Toilet and sleeping areas are seperated for sexes.	X		
3-H	Private counseling space and furniture is provided to meet program requirements.	X		*
3-I	Each resident is issued clean, usable bedding, linen and towels laundered or exchanged at least weekly.	X		

3-A & B - Changed from non-compliance on original audit
 3-D & E & 3-H - Corrected since initial audit

Facility (Cont.)

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
3-J	Personal hygiene articles are provided in special situations.	X		
3-K	Sufficient space and furnishings available for group meetings and visits.	X		
3-L	a. Vermin and pest control is appropriate. b. Trash and garbage removal is appropriate.	X X		
3-M	Written procedures govern facility motor vehicle uses and maintenance.	X		
3-N	Telephone facilities are accessible to residents.	X		
3-O	Proper bed, mattress, pillow, chair and closet space is provided.	X		*

Comments Section (3): 3A-B & 4-B - (Partial) The fire safety concerns for this facility have not been resolved as of the date of the re-audit. However, the Director has submitted an appeal to the Sedgwick County Board of Examiners and appeals to be relieved of a segment of the building code.

Safety and Sanitation

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
4-A	a. Plans are available for medical, fire & natural disaster emergencies.	X		
	b. Plans are communicated to each resident and properly posted along with evacuation routes.	X		*
	c. Evacuation drills are conducted at least quarterly.	X		
	d. Staff training on plans is provided.	X		
	Facility meets fire safety requirements and inspection reports are on file.	X	*	X
4-C	Hazardous materials are properly stored.			X
4-D	Fire equipment receives semi-annual inspection by appropriate equipment representatives.	X	*	

3-O & 4-D - Corrected since initial audit
 4-A(b) - Upgraded to partial from initial audit
 4-A(c) - No change

Safety and Sanitation (Cont.)

Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
4-E	Facility is clean and in good repair through a housekeeping & maintenance plan.	X		*

Comments Section (4): 4-C - Cleaning supplies were still being kept in containers which were not properly marked.

<u>Services</u>				
Standard Section	Title	Com- ply	Non- Com- pli- ance	Par- tial
	<u>Food Services</u>			
5-A	Documented food service plan is provided and includes provisions for: medical diets, religious diets and meals for residents who work odd hours.	X		
5-A-1	Meals include selections from five basic food groups. Sack lunches meet minimum requirements.	X		
5-A-2	Meals are pre-planned and receive approval by a registered dietician or physician. Copies of menus are available.	X		
5-A-3	Documentation indicates compliance with applicable Federal, State, and local health laws.	X		
	<u>Medical and Health Services</u>			
5-B-1	Written agreement provides for emergency medical services 24 hours a day.	X		
5-B-2	Basic first aid supplies are provided at the facility.	X		
5-B-3	At least one staff member per shift has CPR and First Aid training.	X		
5-B-4	Residents are provided information on community medical resources.	X		

4-E - Corrected since initial audit

Services (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 5-B-5	Written policy addresses resident's or employee's communicable or debilitating physical problems.			X
5-B-6	Medications are properly accounted for and maintained in locked storage.	X		
	a. Medications are distributed according to prescription and by staff only.	X		
	b. Medication logs on individual residents are maintained.	X		
	c. Medication logs are reviewed daily.	X		
5-B-7	Policy and procedure provides for management of infectious diseases.	X	*	

5-B-7 - Corrected since initial audit

Comments Section (5): 5-B-5: The Department of Corrections is currently reviewing the request for relief from this standard.

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section	<u>Resources</u>			
6-A-1	A network of community referrals for services and resources has been established through referral agreements on file.	X		
6-A-2	Residents are provided assistance in finding and maintaining employment.	X		
6-A-3	In-house counseling services supplement community services, if necessary.	X		
6-A-4	Opportunities exist equally for male & female residents.	X		
6-A-5	Specified number of resident training hours are provided.	X		*

6-A-5 - Corrected since initial audit

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section	<u>Intake</u>			
6-B-1 & 6-B-2	a. Criteria for accepting/rejecting re- ferrals has been established in writing.	X		
	b. Reporting dates established in writing.	N/A		
	c. Center rules are provided to residents at intake and posted in the facility. Receipt for rules is maintained in file. (6-G-1).	X		
	d. Resident photographs are taken at intake and maintained in resident file.	X		
	e. Required personal information is maintained in an individual file.	X		
	f. Signed agreement on resident subsistence deduction is maintained on file.	X		
	g. Transportation fees have been approved.	N/A		
	<u>Multi-Level System</u>			
6-C-1 2,3,4, 5	A multi-level system of treatment has been established to meet I, II, III, IV & V level program criteria.	X		
	<u>Employment</u>			
6-D-1	Resident employment opportunities are main- tained by staff.	X		
6-D-2	Job search assistance is provided.	X		
6-D-3	Procedures are established for staff approval of resident employment and resident's legal status is provided to employer.	X		
6-D-4	Documentation of staff contacts with employer are maintained.	X		*
6-D-5	Restriction from work is not a disciplinary sanction.	X		
	<u>Drugs/Alcohol</u>			
6-E	Provisions for urinalysis testing have been established and provide: 1. Residents with drug abuse history are randomly tested weekly.	X		

6-D-4 Corrected since initial audit

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
6-E	2. Residents without a history of drug abuse are tested randomly at least twice monthly.	X		
	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		
	6. Policy and procedure addresses disciplinary measures for positive test.	X		
6-F-1	<u>Authorized Absences Minimum Standards</u> Policies are developed and documentation is maintained for all authorized absences.			
	a. Work or job interviews.	X		
	b. Approved appointments and meetings.	X		
	c. Approved social passes according to program level.	X		
6-G-2	<u>Discipline</u> Record of disciplinary actions and sanctions are maintained in resident's file.	X		
6-G-3 6-H-1&2	Disciplinary appeal process has been established.	X		
6-G-4	Procedures establish prompt notification of parole officer in the event of rule infractions by parolees.	N/A		
6-I-1	<u>Security</u> Residents do not supervise other residents.	X		
6-I-2	Use of force guidelines meet legal requirements. a. No fire arms or stun guns are at the facility. b. Incident forms are maintained.	X X		
6-I-3	Facility searches are properly conducted and documented.	X		
6-I-4	Personal searches are properly conducted and documented.	X		

Programs (Cont.)

Standard Section	Title	Com- ply	Non Com- pli- ance	Par- tial
6-I-5	Surveillance documentation is maintained through: a. In-house counts. (9 Per 24 hr. period) b. Visitor and resident sign in/out logs. c. Community surveillance checks. (one per wk., face to face or telephone)	X X X		
6-J	<u>Driving</u> Driving of vehicles by residents is allowed only under established criteria.	X		
6-J-1	Personal vehicles are allowed only with establishment of documentation and approval maintained in the resident's file. a. Proper title & registration. b. Resident is properly licensed to drive. c. The proper insurance is maintained. d. Vehicle must be mechanically sound. e. Other residents or hitchhikers are not transported. (unless prior approval) f. Vehicles are not loaned to other persons.	X X X X X X		
6-K	<u>Resident Grievance Procedure</u> A resident grievance procedure has been established and properly documented.	X		
6-L	<u>Recreation and Exercise</u> Policy and procedure establishes and controls exercise and recreation plan.	X		*
6-L-1	Sufficient recreation equipment is provided.	X		
6-L-2	Sufficient outdoor or off-site recreational opportunities are provided.	X		
6-M	<u>Resident Accounts</u> a. All cash & checks are turned to facility at admission. b. Resident deposits/withdrawals are properly accounted for. c. Copies of pay stubs are maintained on file.	N/A N/A X		

6-L - Corrected since initial audit

Programs (Cont.)

Standard Section	Title	Com- ply	Non Com- pli- ance	Par- tial
	d. All monies received are recorded same as salary.	N/A		
	e. Disbursements are made according to resident budget priority.	X		
6-N	<u>Escapes</u> Escape status is properly defined according to criteria established by policy and procedure.	X		
6-0 1,2,3	<u>Death Of An Offender</u> Procedures have been established for proper notification and handling of a deceased resident.	X		

Records & Reporting

Standard Section	Title	Com- ply	Non Com- pli- ance	Par- tial
7-A	Facility records and reports provide information for: Locating and verifying whereabouts of residents.	X		
7-B	a. Proper case file for each resident. b. Files are properly protected.	X X		
7-C	<u>Records Document</u> 1. Medications. 2. Urinalysis. 3. Ongoing dailiy activities. 4. Visitors. 5. Room inspections/shakedowns. 6. Head counts. 7. Disciplinary actions.	X X X X X X X		

Records & Reporting (Cont.)

Standard Section	Title	Com- ply	Non Com- pli- ance	Par- tial
7-D	Procedures have been established for sub- mission of reports on: 1. Monthly Program Report. 2. Monthly Fiscal Report. 3. Annual Report. 4. Annual Fiscal Audit.	X X X X		

Comments Section (7): _____

Does the facility meeting the objective of:	Y	N	P
a. Flexibility in programs which are oriented to the specific needs of each individual in residence?	<u>X</u>	_____	_____
b. Expertise and capability in assisting the offender to find employment, a place to live, and to develop resources on his/her own?	<u>X</u>	_____	_____
c. Integration and transition of residents into productive community living?	<u>X</u>	_____	_____

Comments: _____

Does the facility operating according to the policy and procedure manual?	Y	N	P
	<u>X</u>	_____	_____

COMMUNITY CORRECTIONS
RESIDENTIAL CENTER

STANDARDS COMPLIANCE SURVEY

Date: December 15, 1989

Facility: Shawnee Co. Work Release

Address: 501 E. 8th
Topeka, KS 66607

Phone: (913) 291-5400

Facility Administrator: Earl Hindman

Survey Participant: Roy McClain,
Janette Albertson,
Becky Cartmill

Compliance Inspector: Terry Reiling and Tom Keys

Administration

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 1-A	There is documentation of administrative structure.	X		
1-B	Up to date operations manual provided describes: purpose, philosophy, programs, services, policy and procedures covering various operations.	X		
1-C	Proof of insurance coverage is provided. (physical plant, personal injury, workers compensation.)	X		

Comments Section (1):

Personnel

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section	Personnel Policy Manual is provided and addresses:			
2-A	<ul style="list-style-type: none"> a. Recruitment & Selection b. Orientation c. Promotion d. Termination e. Resignation f. Affirmative Action g. Grievance & Appeal h. Hours of Work i. Compensation j. Leave of Absences k. Disciplinary Procedures l. Performance Appraisals m. Personnel File 	<ul style="list-style-type: none"> X 		
2-B	Facility staffing 24 hours per day, seven days per week and at level agreed to by deputy secretary (minimum of two per shift).	X		
2-C	Employee job descriptions provided.	X		
2-D	Employee minimum job qualifications established.	X		
2-E	Staff is appropriately scheduled to meet resident's needs.	X		
2-F	Employee standards of conduct are minimally established at: <ul style="list-style-type: none"> 1. Favoritism is not shown. 2. No personal relationships or gift giving. 3. No business relationships. 4. No personal outside contacts with residents. 5. No criminal behavior. 6. Employees are properly notified of standards of conduct, documentation is provided. 	<ul style="list-style-type: none"> X X X X X X 		
2-G	Appropriate policy on hiring ex-offenders is provided.	X		
2-H	Appropriate background investigations have been done.	X		

Personnel (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
2-I	Minimum amount of staff training is provided annually (40 hours & 16 hours).	X		

Comments Section (2):

Facility

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section				
3-A & B	Documentation facility complies with zoning ordinances and local building codes on sanitation, health & fire or documentation of non-applicability is available.		X	
3-C	Facility is located within one mile of public transportation or other means of transportation is provided to residents.	X		
3-D & E	Documentation shows proper lighting & ventilation is provided in sleeping quarters.	X		
3-F	A degree of privacy is provided in the sleeping area.	X		
3-F	Privacy is maintained at a minimum by providing:	X		
3-G	Toilet and sleeping areas are separated for sexes.	N/A		
3-H	Private counseling space and furniture is provided to meet program requirements.	X		
3-I	Each resident is issued clean, usable bedding, linen and towels laundered or exchanged at least weekly.	X		
3-J	Personal hygiene articles are provided in special situations.	X		

Facility (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section				
3-K	Sufficient space and furnishings available for group meetings and visits.	X		
3-L	a. Vermin and pest control is appropriate. b. Trash and garbage removal is appropriate.	X X		
3-M	Written procedures govern facility motor vehicle uses and maintenance.	X		
3-N	Telephone facilities are accessible to residents.	X		
3-O	Proper bed, mattress, pillow, chair and closet space is provided.	X		

Comments Section (3): 3A & B: Documentation should be available that facility complies with zoning ordinances and local building codes or documentation of non-applicability is available.

Safety and Sanitation

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section				
4-A	a. Plans are available for medical, fire & natural disaster emergencies.	X		
	b. Plans are communicated to each resident and properly posted along with evacuation routes.			X
	c. Evacuation drills are conducted at least quarterly.	X		
	d. Staff training on plans is provided.	X		
4-B	Facility meets fire safety requirements and inspection reports are on file.	X		
4-C	Hazardous materials are properly stored.	X		
4-D	Fire equipment receives semi-annual inspection by appropriate equipment representatives.	X		

Safety and Sanitation (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 4-E	Facility is clean and in good repair through a housekeeping & maintenance plan.	X		

Comments Section (4): 4-A(b): The fire evacuation plan for this facility needs to be posted in the residents' living area.

Services

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section 5-A	<u>Food Services</u>			
5-A	Documented food service plan is provided and includes provisions for: medical diets, religious diets and meals for residents who work odd hours.	X		
5-A-1	Meals include selections from five basic food groups. Sack lunches meet minimum requirements.	X		
5-A-2	Meals are pre-planned and receive approval by a registered dietician or physician. Copies of menus are available.	X		
5-A-3	Documentation indicates compliance with applicable Federal, State, and local health laws.	X		
	<u>Medical and Health Services</u>			
5-B-1	Written agreement provides for emergency medical services 24 hours a day.			X
5-B-2	Basic first aid supplies are provided at the facility.	X		
5-B-3	At least one staff member per shift has CPR and First Aid training.	X		
5-B-4	Residents are provided information on community medical resources.	X		

Services (Cont.)

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section				
5-B-5	Written policy addresses resident's or employee's communicable or debilitating physical problems.	X		
5-B-6	Medications are properly accounted for and maintained in locked storage.	X		
	a. Medications are distributed according to prescription and by staff only.	X		
	b. Medication logs on individual residents are maintained.	X		
	c. Medication logs are reviewed daily.	X		
5-B-7	Policy and procedure provides for management of infectious diseases.		X	

Comments Section (5): 5-B-1: A written agreement should be obtained which provides for emergency medical services 24 hours a day.

5-B-7: Policy and procedure should be written which addresses the management of infectious diseases.

Programs

Standard	Title	Com- ply	Non- Com- pli- ance	Par- tial
Section	<u>Resources</u>			
6-A-1	A network of community referrals for services and resources has been established through referral agreements on file.			X
6-A-2	Residents are provided assistance in finding and maintaining employment.	X		
6-A-3	In-house counseling services supplement community services, if necessary.	X		
6-A-4	Opportunities exist equally for male & female residents.	N/A		
6-A-5	Specified number of resident training hours are provided.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section	<u>Intake</u>			
6-B-1 & 6-B-2	a. Criteria for accepting/rejecting re- ferrals has been established in writing.	X		
	b. Reporting dates established in writing.	N/A		
	c. Center rules are provided to residents at intake and posted in the facility. Receipt for rules is maintained in file. (6-G-1).	X		
	d. Resident photographs are taken at intake and maintained in resident file.	X		
	e. Required personal information is maintained in an individual file.	X		
	f. Signed agreement on resident subsistence deduction is maintained on file.	X		
	g. Transportation fees have been approved.	N/A		
	<u>Multi-Level System</u>			
6-C-1 2,3,4, 5	A multi-level system of treatment has been established to meet I, II, III, IV & V level program criteria.	X		
	<u>Employment</u>			
6-D-1	Resident employment opportunities are main- tained by staff.	X		
6-D-2	Job search assistance is provided.	X		
6-D-3	Procedures are established for staff approval of resident employment and resident's legal status is provided to employer.	X		
6-D-4	Documentation of staff contacts with employer are maintained.	X		
6-D-5	Restriction from work is not a disciplinary sanction.	X		
	<u>Drugs/Alcohol</u>			
6-E	Provisions for urinalysis testing have been established and provide:			
	1. Residents with drug abuse history are randomly tested weekly.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section				
6-E	2. Residents without a history of drug abuse are tested randomly at least twice monthly.	X		
	3. Drug tests are performed every time drug consumption is suspected.	X		
	4. Breathalyzers are administered randomly & in instances of suspected consumption.	X		
	5. Proper urine collection procedures.	X		
	6. Policy and procedure addresses disciplinary measures for positive test.	X		
6-F-1	<u>Authorized Absences Minimum Standards</u> Policies are developed and documentation is maintained for all authorized absences.			
	a. Work or job interviews.	X		
	b. Approved appointments and meetings.	X		
	c. Approved social passes according to program level.	X		
6-G-2	<u>Discipline</u> Record of disciplinary actions and sanctions are maintained in resident's file.	X		
6-G-3 6-H-1&2	Disciplinary appeal process has been established.	X		
6-G-4	Procedures establish prompt notification of parole officer in the event of rule infractions by parolees.	N/A		
6-I-1	<u>Security</u> Residents do not supervise other residents.	X		
6-I-2	Use of force guidelines meet legal requirements. a. No fire arms or stun guns are at the facility. b. Incident forms are maintained.	X		
		X		
6-I-3	Facility searches are properly conducted and documented.	X		
6-I-4	Personal searches are properly conducted and documented.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section				
6-I-5	Surveillance documentation is maintained through: a. In-house counts. (9 Per 24 hr. period) b. Visitor and resident sign in/out logs. c. Community surveillance checks. (one per wk., face to face or telephone)	X X X		
	<u>Driving</u>			
6-J	Driving of vehicles by residents is allowed only under established criteria.	X		
6-J-1	Personal vehicles are allowed only with establishment of documentation and approval maintained in the resident's file. a. Proper title & registration. b. Resident is properly licensed to drive. c. The proper insurance is maintained. d. Vehicle must be mechanically sound. e. Other residents or hitchhikers are not transported. (unless prior approval) f. Vehicles are not loaned to other persons.	X X X X X X		
	<u>Resident Grievance Procedure</u>			
6-K	A resident grievance procedure has been established and properly documented.	X		
	<u>Recreation and Exercise</u>			
6-L	Policy and procedure establishes and controls exercise and recreation plan.	X		
6-L-1	Sufficient recreation equipment is provided.	X		
6-L-2	Sufficient outdoor or off-site recreational opportunities are provided.	X		
	<u>Resident Accounts</u>			
6-M	1. All cash & checks are turned to facility at admission.	N/A		
	2. Resident deposits/withdrawals are properly accounted for.	N/A		
	3. Copies of pay stubs are maintained on file.	X		

Programs (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section				
	4. All monies received are recorded same as salary.	X		
	5. Disbursements are made according to resident budget priority.	X		
6-N	<u>Escapes</u> Escape status is properly defined according to criteria established by policy and procedure.	X		
6-0 1,2,3	<u>Death Of An Offender</u> Procedures have been established for proper notification and handling of a deceased resident.	X		

Records & Reporting

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section	Facility records and reports provide information for:			
7-A	Locating and verifying whereabouts of residents.	X		
7-B	a. Proper case file for each resident. b. Files are properly protected.	X X		
7-C	<u>Records Document</u> 1. Medications. 2. Urinalysis. 3. Ongoing daily activities. 4. Visitors. 5. Room inspections/shakedowns. 6. Head counts. 7. Disciplinary actions.	X X X X X X X		

Records & Reporting (Cont.)

Standard	Title	Com- ply	Non Com- pli- ance	Par- tial
Section 7-D	Procedures have been established for sub- mission of reports on: 1. Monthly Program Report. 2. Monthly Fiscal Report. 3. Annual Report. 4. Annual Fiscal Audit.	 X X X X		

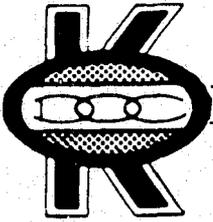
Comments Section (6 & 7): 6-A-1: Referral agreements should be kept on file for community services and resources.

6-A-5: The training hours for residents are being completed during the stay of the resident.

Is the facility meeting the objective of:	Y	N	P
a. Flexibility in programs which are oriented to the specific needs of each individual in residence?	<u>X</u>		
b. Expertise and capability in assisting the offender to find employment, a place to live, and to develop resources on his/her own?	<u>X</u>		
c. Integration and transition of residents into productive community living?	<u>X</u>		

Comments:

Is the facility operating according to the policy and procedure manual?	Y	N	P
	<u>X</u>		



KANSAS DEPARTMENT OF CORRECTIONS

MIKE HAYDEN, GOVERNOR

STEVEN J. DAVIES, Ph.D., SECRETARY

LONDON STATE OFFICE BUILDING — 900 SW JACKSON
TOPEKA, KANSAS — 66612-1284
913-296-3317

March 23, 1990

Mr. Tom Merkel, Deputy Director
Shawnee County Community Corrections
712 Kansas Avenue
Topeka, KS 66603

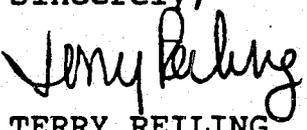
Dear Tom:

We are in receipt of your correspondence which provides the necessary documentation to correct deficiencies identified in the December 15, 1989, work release facility audit. The submission of the material has resulted in all areas identified with partial or non-compliance in the audit, now in compliance. We would like to thank you and your staff for your prompt response in correcting the deficiencies.

Due to the work release being temporarily moved from the jail, the audit team would like a tour of the current facility. I will be contacting you soon to schedule a time for the tour.

Once again thank you, and if you have any questions or concerns, please do not hesitate to contact us.

Sincerely,


TERRY REILING
Community Program Consultant

TR/ja

cc: Steven J. Davies, Ph.D., Secretary of Corrections
Roger Werholtz, Deputy Secretary of Comm. & Field Services
Earl Hindman, Director, Shawnee County Corrections
Winifred Kingman, Chairman, Shawnee County Commission
Ted Heim, Chairman, Shawnee County Advisory Board
Keven Pellant, Community Corrections Specialist
File