

## CASE MANAGEMENT AUDIT

Inmate Name:	DOC#:
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Facility:	Case Manager:	Security Level:
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Auditor Name:	Date of Audit:
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**Audit Type:** INITIAL ASSESSMENT  CUSTODY ASSESSMENT

**Question #1:** Are CHRONOLOGICAL ENTRIES completed monthly as required, to include inmate contact?

YES  NO

**Comments:**

**Question #2:** Is the required content included in each CHRONOLOGICAL ENTRY, to include referrals to programs, participation in programs and completion of programs?

YES  NO  NA

**Comments:**

**Question #3:** Is the INMATE PROFILE FORM completed accurately?

YES  NO  NA

**Comments:**

**Question #4:** Are ADJUSTMENT REVIEWS completed timely?

YES  NO  NA

**Comments:**

**Question #5:** By using the OFFENSE SEVERITY SCALE, is the most recent serious current charge/ conviction, including any CC, CS, rebill cases and detainers/warrants, accurately assessed and points awarded?

YES  NO

**Comments:**

**FEMALES ONLY**

**Question #6:** By using the OFFENSE SEVERITY SCALE, is the most serious prior adult felony conviction/ incarceration or juvenile disposition correctly scored and points awarded?  
(INITIAL ASSESSMENT ONLY)

YES  NO  NA

**Comments:**

**MALES ONLY**

**Question #7:** By using the OFFENSE SEVERITY SCALE, is the most serious prior adult felony conviction/ incarceration or juvenile disposition correctly scored and points awarded?

YES NO NA **Comments:**

**Question #8:** By considering the stipulated time period, is the most serious ESCAPE or ATTEMPTED ESCAPE correctly assessed?

YES NO 

**Question #9:** Excluding the current offense, has the inmate been assessed the correct points for the number of PRIOR ADULT AND JUVENILE FELONY CONVICTIONS occurring in the past ten years? (INITIAL ASSESSMENT ONLY)

YES NO NA **Comments:****FEMALES ONLY**

**Question #10:** Are the MEDICAL, MENTAL HEALTH, EMOTIONAL AND SUBSTANCE ABUSE NEEDS scored and recorded? (CUSTODY ASSESSMENT ONLY)

YES NO NA **Comments:****FEMALES ONLY**

**Question #11:** Are the MEDICAL, MENTAL HEALTH, EMOTIONAL STABILITY AND ALCOHOL/DRUG ABUSE NEEDS (within the last 5 years) scored and recorded? (INITIAL ASSESSMENT ONLY)

YES NO NA **Comments:**

**Question #12:** Is the NUMBER of ACTIVE DISCIPLINARY CONVICTIONS scored and recorded? (CUSTODY ASSESSMENT ONLY)

YES NO NA **Comments:**

**Question #13:** By considering the stipulated time periods, have the correct points for the inmates DISCIPLINARY HISTORY or MOST SERIOUS DISCIPLINARY CONVICTION been assessed?(INITIAL and CUSTODY ASSESSMENT)

YES NO **Comments:**

<b>Question #14:</b> Have the correct points been awarded for the inmates ASSIGNED PROGRAM PARTICIPATION? (CUSTODY ASSESSMENT ONLY) YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
<b>Comments:</b>

<b>Question #15:</b> Has the appropriate points been awarded for the inmates ADJUSTMENT? (CUSTODY ASSESSMENT ONLY) YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
<b>Comments:</b>

<b>Question #16:</b> Are points accurately awarded for the INMATE'S AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Comments:</b>

<b>Question #17:</b> Have all DISCRETIONARY OVERRIDES been identified? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
<b>Comments:</b>

<b>Question #18:</b> Have all MANDATORY OVERRIDES been identified? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
<b>Comments:</b>

<b>Question #19:</b> Have the inmate's PROGRAM NEEDS been assessed appropriately? (INITIAL ASSESSMENT ONLY) YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
<b>Comments:</b>

<b>Question #20:</b> Is the RECOMMENDED CUSTODY LEVEL appropriate and are the comments completed, if needed? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Comments:</b>

<b>Question #21:</b> Has the inmate's TRANSFER PACKET been completed and submitted in a timely manner? <p style="text-align: right;">YES <input type="checkbox"/>                      NO <input type="checkbox"/>                      NA <input type="checkbox"/></p>
<b>Comments:</b>

<b>Question #22:</b> Does the CASE PLAN reflect the inmate's assessed needs and is it being followed? <p style="text-align: right;">YES <input type="checkbox"/>                      NO <input type="checkbox"/>                      NA <input type="checkbox"/></p>
<b>Comments:</b>

<b>Question #23:</b> Has the custody assessment been completed annually as required (unless circumstances dictate an earlier review)/			
Community:	Minimum:	Medium:	Maximum
Corrective Action:			

<b>Question #24:</b> Has pre-release planning been addressed in accordance with OP-060901? <p style="text-align: right;">YES <input type="checkbox"/>                      NO <input type="checkbox"/>                      NA <input type="checkbox"/></p>
<b>Comments:</b>