

Screener: _____

Facility _____

Date: _____

CASE RECORD AUDIT FORM

Inmate: _____ DOC/CL#: _____

Base files are labeled CONFIDENTIAL, secured, and filing is in proper order. Yes No N/A

Comments: _____

Oriented within 7 days of arrival. Yes No N/A

Comments: _____

A revocation hearing has been conducted and documented properly. Yes No N/A

Comments: _____

As a result of a revocation hearing, classification has been completed. Yes No N/A

Comments: _____

Initial Classification occurred within 15 days of the inmate’s arrival. (Intake facility) Yes No N/A

Comments: _____

Subsequent Classification reviews are completed within 6 or 12 month intervals as determined by security level. Yes No N/A

Comments: _____

Inmates appear at their classification hearing, unless waived by the inmate (in writing) or precluded for security or other reasons. Yes No N/A

Comments: _____

Inmates are given notice 48-hours prior to the classification hearing. (ACA) Yes No N/A

Comments: _____

	Yes	No	N/A
Initial Assignment completed within 30 days of arrival. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification is sent to inmates regarding results of Case Management actions. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, waiver of extradition for current security level is present. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Verification Record is present and accurately completed. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCMS primary assignment coincides with case management actions and policy. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alerts are appropriately placed and processed. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant entries entered in Confidential Notes. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPS is reviewed routinely, accurately, and in accordance with policy. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A comprehensive case plan exists, which includes at a minimum the presence of a narrative comment for each criminogenic factor. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk assessments are completed. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>