

Sex Offender Officer Case Audit Form

Assignment Date

AUDIT DATE DISTRICT PPO NAME OFFENDER NAME IDOC #

Section I SEX OFFENDER MANAGEMENT CASE PLANNING

				Achieves	Does Not Achieve	N/A or Waived	Comments/Feedback
Stable 2007 every 12 months and properly scored	DATE <input type="text"/>	SCORE <input type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Static 99R completed and properly scored	DATE <input type="text"/>	SCORE <input type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
LSI-R current (if applicable) and properly scored	DATE <input type="text"/>	SCORE <input type="text"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Supervision Level

Section II SEX OFFENDER CASE MANAGEMENT AUDIT SUPERVISION STANDARDS

	Achieves	Does Not Achieve	N/A or Waived	Comments/Feedback
Supervision Contacts - face-to-face, collateral with family/friends, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Home visits conducted per supervision level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Employment verifications - initial on-site or by phone, quarterly verifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
SO treatment/program provider collateral contacts if applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Chaperone reqst, T.P., activity request/safety plan approvals complete, appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Relationship disclosures documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Testing (polygraph, UA, BAC, hair, blood, etc.) used per policy and appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Violation response within 5 day time period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Interventions/sanctions used are appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Initiates all other treatment and IDOC programming referrals if applicable based on LSI or need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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	Achieves	Does Not Achieve	N/A or Waived	Comments/Feedback
Additional terms reviewed with offender quarterly: CS, restitution, fees/fines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cost of supervision reviewed quarterly for balances over \$100.00	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Supervision contact/offender information/assessments/polys documented in appropriate module	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
All supervisor staffings conducted appropriately and documented in case update	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Audit Score Percentage

**Additional
Comments/
Feedback**

Reviewer