Caseload Audit Form

Officer: ___________________________ Date: ___________________________
Probationer: ___________________________
Date Placed on Probation: _________ Termination Date: _________

I. Visual/Documentation
   a. Is the funding source correct?  
      ☐ Y ☐ N ☐ N/A
   b. Is the ORAS information/risk level indicated?  
      ☐ Y ☐ N ☐ N/A
   c. Is there a picture on the visual?  
      ☐ Y ☐ N ☐ N/A
   d. Is the termination date(s) on the case info sheet(s) correct?  
      ☐ Y ☐ N ☐ N/A
   e. Are the conditions for each case listed correctly on the case info sheet(s)?  
      ☐ Y ☐ N ☐ N/A

   Comments: ________________________________
               ________________________________

II. Assessment Information
   a. Is there an updated ORAS assessment/reassessment?  
      ☐ CSST ☐ CST ☐ SRT ☐ NONE
   b. Was the correct assessment tool used?  
      ☐ Y ☐ N ☐ N/A
   c. Was the assessment/reassessment completed in a timely manner?  
      ☐ Y ☐ N ☐ N/A
   d. If the assessment was completed by the supervising officer, does it appear accurate?  
      ☐ Y ☐ N ☐ N/A ☐ UNKNOWN
   e. Is the offender being supervised appropriately based on risk level?  
      ☐ Y ☐ N ☐ N/A ☐ UNKNOWN
   f. Is there a complete and updated supervision plan incorporating criminogenic needs as identified by the ORAS? *Intensive officers only  
      ☐ Y ☐ N ☐ N/A

   Comments: ________________________________
               ________________________________

III. Progress Notes
   a. Are office visits documented and up to date?  
      ☐ Y ☐ N ☐ N/A
   b. **If the offender is high/moderate risk, has the officer documented the use of any cognitive based interventions used during office visits?  
      ☐ Y ☐ N ☐ N/A
   c. **Is there any documentation of positive reinforcements being used?  
      ☐ Y ☐ N ☐ N/A
d. If there are any violations/antisocial behavior, is the officer addressing the behavior in a timely manner while following the continuum of sanctions?

☐ Y  ☐ N  ☐ N/A

Comments: _____________________________________________________________________

______________________________________________________________________________

IV. Programming Referrals

a. Has the offender been referred to programming/resources to address need/responsivity issues?

☐ Y  ☐ N  ☐ N/A

b. If the offender is in treatment or programming, has the officer documented contact with the treatment agency/program provider?

☐ Y  ☐ N  ☐ N/A

c. Is the offender’s progress in treatment/programming being discussed with the offender during office visits?

☐ Y  ☐ N  ☐ N/A

d. If the case is high/moderate risk and there is a need for IOP treatment, has the offender been referred to CBI-SA (treatment grant referral)?

☐ Y  ☐ N  ☐ N/A

Comments: _____________________________________________________________________

______________________________________________________________________________

V. Miscellaneous

1. If the offender is on intensive supervision, are field visits being conducted?

☐ Y  ☐ N  ☐ N/A

2. If the offender owes court costs/restitution, has the officer established and addressed payments with the offender?

☐ Y  ☐ N  ☐ N/A

3. Have court ordered conditions been addressed?

☐ Y  ☐ N  ☐ N/A

Comments: _____________________________________________________________________

______________________________________________________________________________

Corrections/Actions needed: ________________________________________________

______________________________________________________________________________

Date corrections are expected to be completed: ____________