



CORRECTIONS CENTER OF NORTHWEST OHIO
STRYKER, OHIO

POLICY AND PROCEDURES

NUMBER:4208	SECTION: Support Services	APPROVED BY: EXECUTIVE DIRECTOR		
POLICY: Electronic Monitoring (EM) / House Arrest (HA) Programs	PAGE: 1 of 28	SUPERSEDES NO: 4208 dated 12/9/02	DATE OF ISSUE: 6/9/05	EFFECTIVE DATE: 6/15/05

4208 - ELECTRONIC MONITORING/ HOUSE ARREST PROGRAMS

State Standards: Refer to ODRC Community Corrections Act Program Standards for electronic monitoring programs: 5120-1-5-08; 5120-1-5-09

American Correctional Association Standards: 1-EM-1A-01, 1-EM-1A-04, 1-EM-1A-05, 1-EM-1A-07, 1-EM-1A-15, 1-EM-1B-06, 1-EM-1B-07, 1-EM-1B-13, 1-EM-1B-14, 1-EM-3A-02, 1-EM-3B-07, 1-EM-3C-03, 1-EM-3C-05, 1-EM-4A-01, 1-EM-4A-02, 1-EM-4A-03, 1-EM-4A-04, 1-EM-4A-05, 1-EM-4A-10, 1-EM-4A-11, 1-EM-4B-01, 1-EM-4B-02, 1-EM-4B-03, 1-EM-4B-04, 1-EM-4B-05, 1-EM-4B-06, 1-EM-4C-01, 1-EM-4C-02, 4-ALDF-5B-14, 4-ALDF-5B-15, 4-ALDF-5B-16

Policy:

The Corrections Center of Northwest Ohio (CCNO) will provide an Electronic Monitoring/House Arrest (EM/HA) program for offenders who have been referred/approved by the courts. **(1-EM-1A-01)** Offenders who meet specific criteria will be required to adhere to a mandated schedule of electronically monitored home confinement which, through the use of equipment designed to track an offender's movement in the community, will provide participating offenders the opportunity to experience incarceration within the home. No offender will be denied access to the EM/HA program on the basis of race, creed, national origin, religion, gender or sexual orientation. **(1-EM-4A-03 & 1-EM-4A-04)** When a pretrial intervention program, diversion program, pretrial release program, or supervised release program is conducted in the facility, sufficient staff, space, and equipment are provided to service the program. **(4-ALDF-5B-15)** Where temporary release programs exist, the programs have the following elements: written operational procedures, careful screening and selection procedures, written rules of offender conduct, a system for evaluating program effectiveness and efforts to obtain community cooperation and support. **(4-ALDF-5B-16)** The following is the EM/HA mission statement:

The CCNO will provide an EM/HA program to provide risk control through BI monitoring equipment, surveillance and case management. The CCNO will administer sanctions, enhance existing alternative sanctions and provide an alternative to incarceration while allowing the offender to maximize their contribution to the community.

The CCNO will respond to inquiries from Federal, State and local legislative and executive bodies for information concerning the program and specific cases in accordance with Section 2951.03 of the Ohio Revised Code. When the CCNO is designated to operate any type of pretrial intervention service or other release programs, its authority and responsibility are stated by statute or administrative regulation. **(4-ALDF-5B-14)**

The Executive Director of the CCNO serves as the Program Director of the EM/HA program. **(1-EM-1A-05)**

The Monitoring/House Arrest program possesses its own unique terminology. Definitions are provided below.

Definitions:

- A) Electronic Monitoring Program (EM): A judicially referred technical support system, which monitors an offender's adherence to a mandated schedule of home confinement.
- B) House Arrest Program (HA): A technical support system which, monitors an offender's adherence to a mandated schedule of home confinement and provides community supervision. Offenders are recommended for house arrest by CCNO staff after serving a portion of their sentence. The sentencing judge's approval is necessary.
- C) EM/HA Program Staff: CCNO employees, who are assigned to work with the EM/HA program offenders.
- D) Electronic Monitoring Unit: A Field Monitoring Device (FMD) together with a transmitter, i.e. (ankle bracelet). A Breathalyzer Unit (sobriety) may also be utilized for offenders in need of frequent and/or random alcohol testing.
- E) Alert Condition: An occurrence when an alert is faxed to CCNO Central Control Staff.
- F) Supervising EM/HA Officer: The CCNO Staff person assigned the individual case.
- G) Collateral Officer: Any municipal, county or APA probation officer holding the offender's case in an inactive or dual supervision status.
- H) Itinerary: A form completed weekly by EM/HA Staff, which grants the offender authorization for movement in the community. (Refer to Attachment 4208-A)
- I) BI, Inc.: EM/HA vendor, which supplies the EM/HA equipment and technical support and is located in Anderson, Indiana

Procedures:

I. Eligibility Criteria (1-EM-4A-01)

- A) Offenders will be identified and approved for the EM/HA programs through their respective judge. Courts may refer offenders directly; or offenders may qualify for placement after serving a portion of their sentence at the CCNO in the Work Release, H.I.T.T. Program, Community Public Works Program, or general population.
- B) Eligible offenders will:
 - 1) Receive an appropriate score on the Community Corrections risk assessment instrument. (Refer to Attachment 4208-B)
 - 2) Be willing and able to pay a daily fee to help offset a portion of the cost of the program (indigent offenders may qualify for a waiver of fees).
 - 3) Have a suitable residence, which *will be verified in advance of placement on the program with a Home Verification Agreement*, when appropriate. (Refer to Attachment 4208-C)
 - 4) Successfully clear a LEADS/NCIC Criminal History Check. (Refer to Attachment 4208-D)
- C) Incarcerated offenders must serve 50% of their sentence and must be given final approval by the sentencing judge for house arrest consideration. Sentencing judges can waive the "50% of time" requirement.
- D) Offenders on pre-trial status may be placed on the program as a condition of bond.

- E) Offenders charged with a municipal probation violation may be sentenced to EM as a condition of intensive supervision. Offenders who have been previously removed from an EM/HA program within the last 12 months for the violation of any rule, regulation or condition of the program will not be eligible, unless a judicial override is obtained.
- F) The local victims rights advocacy group and/or prosecutor's office in the appropriate court jurisdiction will be notified of the program's intent to place offenders with crimes against persons (e.g. domestic violence), on EM/HA, when appropriate.

II. Ineligible offenders **(1-EM-4A-05)**

- A) Under the Ohio Revised Code Section 2929.23(3), the following individuals will not be recommended for the program:
 - 1) The person pled guilty to or was convicted of an offense, which has a firearm specification.
 - 2) The person is subject to or is serving a mandatory prison term imposed under the above section of the ORC.
 - 3) The person is subject to or is serving a term of life imprisonment.
- B) It is the policy of the CCNO to deny participation to those offenders who:
 - 1) Reside at a location where there is no telephone line in the residence or who are unable to obtain telephone service.
 - 2) Have pending violations or criminal charges at the time of placement on the program, unless ordered by the court.
 - 3) Do not meet all the eligibility criteria in I. B).
 - 4) Have been convicted of a sex offense, or have escaped or attempted escape from custody within the last 10 years, or have otherwise been deemed a threat to the community.
 - 5) Have been previously removed from the electronic monitoring or house arrest to incarceration authorized by law for the violation of any rule, regulation or condition of the program.
 - 6) Require educational, medical, or other services or programs not available in a community setting.
 - 7) Have been convicted of a violent felony, have active warrants or active cases pending.
- C) Exceptions to the above may be made on an individual/override basis by the appropriate sentencing judge.

III. Notification of Law Enforcement Officials **(1-EM-1A-07)**

- A) Prior to assignment to the EM/HA programs, the CCNO will ensure delivery of written notification to the sheriff, and/or chief law enforcement officer of any incorporated city or township in which the offender is to be supervised.
- B) EM/HA Staff will also forward notification of serious violations (absconding, new charges, etc.) on a Community Notification Fax EM/HA Placement (Refer to Attachment 4208-E) to law enforcement officials (Refer to XV. C) and the appropriate court.
- C) The appropriate law enforcement agencies will be notified when program participants transfer residential jurisdictions while on the program. Written notification of an offender's termination (successful and/or unsuccessful) will also be forwarded to the appropriate jurisdiction.
- D) The EM/HA Staff will make contact with the local law enforcement jurisdiction before taking an offender into custody in the field. EM/HA Staff will secure assistance from local law enforcement before transporting the violating offender to a holding facility.
- E) EM/HA offenders cannot be used as informants without the sentencing judges approval.

IV. Notification of Court Personnel

- A) The individual courts may identify a contact person (court clerk, probation officer, etc.) for the dissemination of information regarding EM/HA offenders in their individual jurisdiction. In the event of dual or inactive supervision, the probation officer maintaining the case will receive all pertinent information.
- B) Copies of all violation reports, termination summaries and requests for supervision revocation will be forwarded to the court contact immediately.

V. Placement Process **(1-EM-4A-02)**

- A) Final placement authority rests with the jurisdictional judge, however all potential EM/HA offenders will be screened for placement through CCNO EM/HA Staff. The EM/HA Supervisor or designee, will interview the offender and complete an EM/HA packet consisting of a signed Offender Contract (Refer to Attachment 4208-F), a recent criminal records check, current photo, approved Employment Verification (Refer to Attachment 4208-G), signed Financial Agreement (Refer to Attachment 4208-H) and Client Enrollment Form (Refer to Attachment 4208-I).
- B) Court referrals will be noted on the commitment order. Potential offenders will be directed to contact the CCNO EM/HA program within 24 hours (Weekends and Holidays excluded) to schedule an immediate appointment for orientation (Refer to Attachment 4208-J, Letter to the Candidate of EMP/HA) and intake screening. The court will be notified of "no shows" in writing within 24 hours of the offender's failure to report. Split sentences will be handled expeditiously to prevent a delay in program/status transition.
- C) "CCNO packets" are identified as those prepared for House Arrest offenders currently serving sentences at CCNO. Judicial referral packets will be prepared for offenders assigned to EM directly from the court with no preceding jail time. A letter will be sent to the sentencing judge with a report summarizing the reason for the negative recommendation. Offenders will also be notified of the reason for denial. Denied applications will remain on file in the EM/HA Supervisor's office for statistical and record keeping purposes.

VI. Intake Orientation

- A) Offender program orientations will be conducted by CCNO EM/HA Staff. Every effort will be made to ensure the offender's questions regarding the program are answered.
- B) During orientation, the offender will:
 - 1) Demonstrate the ability to properly use the EM equipment.
 - 2) Provide EM/HA Staff with the necessary information for the development of their initial itinerary.
 - 3) Display a clear understanding of the itinerary.
 - 4) Submit to a full screen urinalysis. (If appropriate)
 - 5) Have a photograph taken. (if the facility lacks a recent photo)
- C) During orientation the EM/HA Staff will:
 - 1) Provide the offender with an overview of the EA /HA program.
 - 2) Document and verify all necessary offender information (employment, residence, case related requirements, etc.).
 - 3) Provide an explanation of financial obligations and collect \$120.00 first payment, or make suitable arrangements for payments.
 - 4) Explain the offender's reporting and supervision requirements.
 - 5) Provide an overview of behavior, which may lead to rule violations and possible loss of EM/HA privileges.

VII. Program Descriptions

- A) All initial itineraries and subsequent changes will be entered by CCNO EM/HA Staff

- B) An offender on standard EM/HA will be required to:
 - 1) Wear an ankle bracelet on their person
 - 2) Adhere to a pre-approved schedule of home confinement, work, treatment, etc.
 - 3) Those on the Breathalyzer unit (sobriotor) may or may not be required to adhere to additional monitoring.
 - a) Failure to answer a breathalyzer summons will result in an automatic failed test.
 - b) Offenders must rinse their mouths with warm water before submitting to a test.
 - c) Offenders must refrain from the use of mouth wash, vanilla extract, cough medicine, chewing tobacco and any foods containing alcohol.

VIII. Monitoring Level

- A) The offender's monitoring level will be determined and entered into the computer.
 - 1) Standard electronic monitoring -
Monitoring levels for EM/HA are determined by the distance from the phone that an offender is allowed to be and still be considered in range of the monitoring equipment.

<u>Setting</u>	<u>Signal Distance</u>
low	35 feet
medium	75 feet
high	150 feet
 - 2) Sobriotor Unit for alcohol testing-
Monitoring levels for the Sobriotor breathalyzer unit vary depending on the number of alcohol tests assigned to an offender. Random testing times can be added for a higher level offender. Random testing times can be scheduled for Low/Medium level offenders, and specific testing times can be added for a higher level offender.

IX. Caseload Size **(1-EM-3A-02)**

- A) The EM/HA Staff (per Specialist) will be responsible for primary caseload management of approximately twenty-five (25) offenders, or a designated number depending on program needs.
- B) The EM/HA Supervisor or designated staff will be responsible for assisting with supervision of any overflow offenders. The EM/HA Supervisor will ensure that all clients are supervised in accordance with the policies and will provide assistance and direction to the EM/HA specialists.
- C) Supervision of the offender will include, but not be limited to, offender contacts (office, field, residence), case management, surveillance, report writing, monitoring, trouble shooting, etc.

X. Movement

- A) The EM/HA programs are structured community-based incarceration programs and, as such, offenders are accountable to EM/HA Staff 24 hours a day.
 - 1) Staff must authorize, in writing, an offender's absence from home.
 - a) This will be in the form of a weekly movement schedule/itinerary.
 - 2) Offenders authorized to be away from home are to proceed directly from home to their destination and back again. Travel variations to include detours or stops on the way home may be considered violations.
- B) Weekly Movement Schedule (Itinerary) **(1-EM-4B-02)**
 - 1) During the weekly meeting with EM/HA Staff, the offender will submit a written schedule of their movements and locations for approval and an Electronic Monitoring Weekly Report (See Attachment 4208-K).
 - a) Schedules are to be submitted one week in advance and are to be strictly adhered to with the exception of medical emergencies.
 - b) Medical Emergencies requiring a deviation in the offender's itinerary are to be reported to the duty officer or designee as soon as possible.

- 1) Medical emergencies should also be documented in a report to the supervising staff person. This may include ER billings and/or treatment plans for the offender or appropriate family member.

XI. Program Costs **(1-EM-1B-13)**

- A) All offenders will be assessed a weekly supervision fee of \$4.00. The weekly basic monitoring fee will not exceed \$60.00. **(1-EM-1B-14)**
 - 1) The basic weekly monitoring fee will be prorated for those participants serving less than or more than complete weeks. If an offender is sentenced to 10 days or less, the total amount due will be paid when they start or needs to be paid in full before termination from the EM/HA program.
 - 2) Offenders deemed indigent by the courts and CCNO will be eligible for fee waivers or reductions.
 - 3) Those offenders determined to be in need of more stringent alcohol monitoring will be placed on the sobriety breathalyzer unit. An additional fee of \$3.25 per day will be collected from the offender, which will bring the maximum weekly monitoring cost to \$82.75 per week. If assigned a breathalyzer unit, they will be expected to pay \$142.75 at the time of orientation hook-up. The only exception is if the judge overrides denial for placement for not having money or an offender is deemed indigent by the sentencing judge. The reduced rate for the breathalyzer unit is \$62.75 per week.
- B) Prior to an offender's participation in the program, they will be expected to pay \$120.00 at the time of the Offender Orientation hook-up or arrangements must be made to begin making payments.
- C) All fees and program costs will be collected by the EM/HA Staff. **(1-EM-1B-06)** Under no circumstances will funds be left unsecured overnight. Offenders will immediately receive the original receipt. A copy attached to the payment will be submitted to the Community Corrections Account Clerk (CCAC). Offender payments will be placed daily in an officially designated and secure location then receipted and deposited at the bank within 24 hours of being received by the Officer, when possible. If deposits can not be made, payments must be kept in a secure location. **(1-EM-1B-07)**
- D) The payment ledger headings will include date, name, amount of payment, form of payment and total. **(1-EM-1B-14)**
 - 1) A payment ledger will be maintained by the CCAC for each offender.
 - 2) Each transaction must be entered on the ledger.
 - 3) A copy of the daily ledger, all payments, and receipts shall be sent to the fiscal office. The payment ledger must balance with the transactions and the total noted.
 - 4) The payment ledger shall be kept in the CCAC office and records shall be maintained for three (3) fiscal years after an audit before being destroyed.
- E) Exceptions **(1-EM-4A-11)**
 - 1) An offender may be exempt from paying program fees if approval is granted by the sentencing court for fees to be paid through the CCNO indigent fund. A reduced rate of \$40.00 can be applied if approval is given by the sentencing court, if the offender has the means of making partial payments.
- F) Non-payment of fees **(1-EM-4A-10)**
 - 1) Fees are to be paid regularly on a weekly basis in a timely manner or arrangements need to be set up for payments.
 - 2) Offenders failing to make payment at the time of their weekly meeting with EM/HA Staff will be given until the next meeting to become current with their fees or make arrangements for paying money owed.
 - 3) If arrangements are made and not kept, resulting in becoming two (2) weeks behind on their payments, they will be subject to immediate removal from the program as agreed by the sentencing judge.
- G) Any increase in program cost will be approved by the Executive Director.

- H) Money Orders, cash or cashier checks are the only acceptable forms of payment for EM/HA program.
 - 1) A receipt will always be issued upon payment.
 - 2) Payments will be received weekly during the office visit or field contact.
 - 3) Payments (money orders) may be mailed if appropriate.
 - 4) Payments are recorded on the program fee payment ledger when received.
- I) Any damage resulting from negligence or purposeful destruction will be the offender's responsibility. The CCNO reserves the right to bill the offender, or file charges for destruction of property or any other applicable charges for the purpose of recouping program costs.

XII. Staff Training

- A) All employees assigned to work with the EM/HA program will participate in an initial training program designed to familiarize them with the surveillance system software and operation, the application process for offenders, and all related policies and guidelines.
 - 1) EM/HA employees will also receive specialized training in the area of field surveillance, case management, self defense, report writing, fire arms training, court procedures and any other instruction determined to be necessary for the performance of their duties.
- B) All program staff will be required to complete in-service training at a rate of a minimum of 40 hours per year.
 - 1) Additional specialized training may be required as equipment or the program is modified or updated.

XIII. Program Participation Reports

- A) The Host computer system stores equipment information and offender data.
 - 1) It is also capable of generating a variety of different types of reports upon request.
 - 2) It will be the responsibility of EM/HA Staff to utilize stored information and provide reports when appropriate.
- B) The EM/HA program will also utilize the following documents:
 - 1) Electronic Monitoring Weekly Reports (Refer to Attachment 4208-K)
 - a) The offender must submit a weekly form for the purpose of verifying their current employment status (current pay stub), residence, persons residing in the home with the offender, telephone number, program activity, law enforcement contact and any other unusual occurrences. This report will be placed in the case file.
 - 2) Case Notes
 - a) Any pertinent information regarding or contact with an EM/HA offender (collateral contacts, telephone calls, home visits, community tips from neighbors, etc. will be recorded in the case notes.
 - 3) Case Plans (Community Supervision Plan) (Refer to Attachment 4208-L)
(1-EM-4B-01, 1-EM-4B-03, 1-EM-4B-04)
 - a) Case plans will be completed for all EM/HA offenders, when appropriate, for the purpose of monitoring their progress and success in the community.
 - b) Ideally the case plan will be completed utilizing the results of the comprehensive community corrections risk assessment instrument and personal interviews no later than the second office visit following orientation.
 - c) Case plans should include progress steps that can be acted upon or attained while the offender is under Electronic Monitoring supervision.
 - d) The case plan should be reviewed regularly and updated as needed (no less than once a month).
 - e) It is imperative that offenders actively participate in the development of their case plan.
 - f) Program referrals should be based on individual need and noted on the case plan.
 - g) The document will be dated and signed by the EM/HA Staff person as well as the offender.

- 4) Special Reports
 - a) Staff will on occasion, prepare special reports on CCNO letterhead (i.e., major violations, progress reports) to be forwarded to the supervising Officer or the court of jurisdiction with a copy to the offender's file.
 - b) Additionally, staff will be required to prepare reports containing special information requested by the collateral-supervising officer.
 - c) Violation and termination reports will be forwarded to the court of jurisdiction and collateral supervising officer; however it will be the responsibility of the Officer/Court to request specific information.
 - d) Every effort will be made to respond to all requests in a timely manner.
 - e) All special reports will be approved by the Electronic Monitoring Supervisor.
- 5) Monthly Composite Reports **(1-EM-1A-15 & 1-EM-4B-05)**
 - a) The Community Corrections Secretary will prepare monthly reports to be submitted to the courts delineating the involvement and progress of offenders under that respective court's jurisdiction. This should include, but not be limited to:
 - 1) the names and number of offenders accepted/rejected per jurisdiction,
 - 2) the names, race, sex, monitoring level, community of residence of offenders actively under the EM/HA program,
 - 3) the names and number of offenders terminated and type of termination,
 - 4) the names and number of major violations and types of violations, and
 - 5) the names and number of staff hearings, reasons held, and outcomes.
 - b) It will be the responsibility of each court to specify additional information to be included in the monthly report.
 - 1) It will not be necessary to generate reports for courts with no monthly involvement with the EM/HA program.
 - 2) A copy of all monthly reports will be forwarded up the chain of command to the Executive Director along with a list of the courts who have had no involvement with the EM/HA program during the month.
- 6) Yearly Report **(1-EM-1A-04)**
 - a) The Program Supervisor will prepare an EM/HA report to be submitted to each court and the Ohio Department of Parole and Community Services at the end of the fiscal year (June 30)
 - b) It will summarize activities for the year.
 - c) It will be presented no later than September 1 of the following fiscal year.
 - d) These reports will be consistent with the offender's rights to confidentiality and privacy.
- 7) Permanent Log
 - a) The program will maintain a permanent log of routine information including, but not limited to, offender information (to include name and case number), date of activation and deactivation, unusual incidents and emergency situations.
 - b) The log will be current and maintained by the EM/HA program supervisor.
 - c) All records pertaining to the supervision of Community Corrections offenders will be retained for a period of no less than five (5) years from the date of orientation.

XIV. Case Management – The needs of each offender will be assessed and met through local agencies providing appropriate services to meet the offenders' needs. **(1-EM-4B-06)**

- A) Contacts - All program participants will have weekly contact with EM/HA Staff. The following contacts are appropriate:
 - 1) Office visits
 - a) EM/HA Staff will meet with each offender at least weekly so the following issues may be addressed (note that some home visits can be substituted for office visits):

- 1) Completion of itinerary/weekly report
 - 2) Employment verification
 - 3) Other verification required by EM/HA Staff (i.e., treatment attendance, overtime work, etc.)
 - 4) Payment of program fees
 - 5) Equipment inspection
 - 6) Drug and alcohol screening
 - 7) Other problems or areas of concern for either offender or staff
- 2) Field contacts/Home visits
 - a) This is a contact on the site of an approved location listed on the itinerary (church, AA/NA meeting, etc.)
 - b) Field contact will be made monthly. All field contacts will be recorded on the Community Corrections Home/Field Contact Form and placed in the offender's file. (Refer to Attachment 4208-M)
 - 3) Job contacts
 - a) Employment verification should be made no less than bi-monthly.
 - b) If necessary, they should be discreet to preserve the dignity of the offenders.
 - 4) Phone contacts
 - a) Offenders will check in by phone to report schedule changes necessary.
- B) Employment
- 1) Offenders will provide copies of the most recent check stub during each office visit. Staff are to make random and regular verification checks of information submitted by offenders; and to assist offenders, whenever possible, in securing employment.
- C) Substance Abuse/Substance Abuse Testing
- 1) EM/HA Staff are to be alert to the possibility of substance abuse by offenders and initiate random testing. When a staff member has reason to believe an offender is or has been involved in substance abuse, that offender may be directed to submit to alcohol or urinalysis testing. Reasons for suspecting substance abuse may include, but not limited to the following:
 - a) Information received from informant (i.e., spouse, another client, etc.)
 - b) Violation of curfew
 - c) Slurred or distorted speech on voice verification tape
 - d) Physical symptoms (odor, pupil abnormalities, etc.)
 - e) Extensive history of substance abuse
 - f) Sudden mood swings or personality changes
 - 2) All EM/HA offenders with drug histories and/or drug related offenses will submit to a full screen urine analysis during the initial orientation process and upon request thereafter. A random UA will be administered as needed.
 - 3) EM/HA offenders experiencing on-going problems with substance abuse may be directed to participate in substance abuse treatment and/or attend sobriety support groups (i.e., AA, NA, etc.).
 - a) Should treatment be necessary, the referral process will be coordinated with the supervising Probation/Parole Officer and jurisdictional court and treatment documented on the attending agencies program letterhead and turned into the EM Specialist.
- D) Court costs, fees, and fines; community service court costs, fees and fines; restitution and community service will be the responsibility of the offender during EM/HA supervision
- 1) The EM/HA Staff will note any of the above monetary assessments in the offender's case plan; however, the CCNO will not assume the responsibility of collection and/or monitoring progress toward the satisfaction of these obligations.

XV. **Violations (1-EM-3C-03)**

- A) The EM/HA program is designed to protect the community by providing accountability, supervision and surveillance.
- 1) When an offender in the program violates any of the rules, that offender is subject to the disciplinary action of the EM/HA Staff or the court of jurisdiction.
- B) Minor Violations

- 1) Minor rule violations (i.e., returning home from work 15 minutes late) may be dealt with informally by EM/HA Staff but will be recorded with the case notes.
 - 2) Sanction options may include:
 - a) Verbal reprimand
 - b) Increased level of monitoring
 - c) Case conference with EM/HA Staff
 - d) Voluntary community service
 - 3) The nature of the minor violation and action taken will be documented in the offender's file and included in a violation report to the sentencing jurisdiction or probation officer.
 - 4) Continued minor violations can and will lead to the issuance of a violation report to the sentencing judge.
- C) Major Violations
- 1) Major violations include, but are not limited to, law violation, substance abuse, failure to pay program costs, failure to return home all night or a pattern of habitual violations. If the commitment order allows, the offender will be remanded back into CCNO custody to complete part or all of their sentence. A violation report will be written and forwarded immediately to the court of jurisdiction, who will be responsible for issuing an arrest order or warrant. The CCNO order of removal also serves as notification to Law Enforcement for transportation of program violators.
 - 2) House Arrest violations may be referred to the appropriate court.
 - 3) When it has been determined that some form of action needs to be taken, the following will occur:
 - a) A written report shall be prepared within 24 hours of the incident.
 - b) A copy of the report will be immediately forwarded to the supervising officer.
 - 4) Sanction options may include, but not be limited to the following:
 - a) Verbal reprimand
 - b) Modification of EM contract with additional conditions imposed
 - c) Removal from the program
 - d) Available sanctions from the appropriate court or agency
 - 5) Arrests for serious and heinous crimes will be reported immediately to the CCNO EM/HA Supervisor, the court of jurisdiction and the chief law enforcement agency in the county of the offender's residence.
 - 6) A serious violation/incident report will be written by the EM/HA Staff and attached to the case file, which will be forwarded up the chain of command.
 - 7) Those who fail to complete the program will be referred back to the adjudicating authority by the EM/HA Staff for violation proceedings, major violations will result in an offender being removed and taken to CCNO. (In the case of Lucas County, the offender will be remanded back into the custody of CCNO and taken to the Lucas County Jail for transport to CCNO.)
 - 8) EM staff will be called on all alerts. Central Control staff will call the appropriate cell phone number and leave a message with the offenders name and nature of the alert.
 - a) An active EMU offender list will be provided daily to Central Control with the appropriate on call staff that is to be contacted when an alert comes through.

XVI. Terminations

- A) Successful Completion
 - 1) Completion will be deemed to be successful if the offender completes the time designated on the contract and/or court document without being removed due to violation.
 - a) That offender will be eligible to re-enter the program at any time in the future after undergoing eligibility requirements.
- B) Removal (**1-EM-3C-05**)
 - 1) If an offender is removed from the EM/HA program, the offender's termination will be deemed "unsuccessful" and so documented in the file.
 - a) That offender will not be eligible to participate in the program again for twelve (12) months, with one exception: if the offender has absconded

while on the program, they will never be allowed to re-enter the program unless overruled by the sentencing judge.

- b) The reasons an offender can be removed include, but are not limited to the following:
 - 1) Escape/ Abscond: an offender whose whereabouts is unknown for 24 hours may be considered to have absconded. In the event of an instance of escape/abscond, the escape packet will be prepared within 24 hours and forwarded to the sentencing judge and any applicable law enforcement agency.
Escape packets include:
 - aa) violation report
 - bb) a copy of all chronologicals
 - cc) most recent weekly report
 - dd) commitment order/ judgment and sentence
 - ee) current photo
 - ff) fingerprint card
 - gg) physical description
 - hh) any other supporting information deemed necessary
 - 2) Arrest, prosecution or the admission of committing a new law violation.
 - 3) Refusal of the offender to further participate in the program.
 - 4) Administrative termination for cases involving offenders who fail to make appropriate adjustment within the program but are not involved in major program violations.
- 2) CCNO EM/HA Staff will coordinate with the appropriate law enforcement agency to assist with remanding an offender back into custody from the field.

C) Early Release

- 1) If, because of an offender's outstanding performance in the program the EM/HA Staff feel that an offender should be considered for early release to a lower level of community supervision, the following procedure will be followed:
 - a) Following the courts or supervising PO's request, the EM/HA Staff will prepare and forward a progress report.
 - b) If granted an early release by the courts, the offender will have been deemed to have successfully completed the program and is eligible to re-enter the program any time in the future.

D) Termination Procedure **(1-EM-4C-01 & 1-EM-4C-02)**

- 1) When an offender is terminated for successful completion, removed or early release from the program, the following procedure is to be followed:
 - a) The offender will turn in the equipment, which has been issued, to them.
 - 1) If the equipment is in any way damaged, it will be forwarded to the vendor for repair and the offender will be held responsible for the costs incurred. The offender will also be liable for any legal fees accrued in attempting to collect said costs.
 - 2) If an offender absconds, a member of the EM/HA Staff will immediately make arrangements to visit the offender's residence in an attempt to locate and recover EM equipment. If the equipment is not recovered, the offender will be held financially responsible for the replacement cost.
 - b) The offender will be removed from the random calling schedule in the computer.
 - c) The offender's master file and history file on the computer will be moved from active to inactive and the information therein stored on a disk to be kept for a period of five (5) years for statistical purposes. If the offender is pending violation proceedings, the contents of the hard file are to be kept intact until the violation process is complete and EM/HA records are no longer needed as evidence.
 - d) A termination report will be forwarded to the court of jurisdiction and the supervising officer.
 - e) A termination assessment will be completed by the EM/HA Staff and submitted to the Community Corrections Secretary for statistical purposes. The termination assessment will be forwarded to the Division of Parole and Community Services via the ODRC web page.

XVII. Offender Emergencies

- A) It is possible that offenders may experience various types of emergencies during their participation on the program.
 - 1) Offenders are expected to strictly adhere to their schedules unless first obtaining staff permission to vary the schedule.
 - 2) It will be program policy that permission to vary from the weekly schedule not be granted except in the case of a true emergency.
 - 3) Medical emergencies or a life-threatening emergency affecting the offender or a member of their immediate household/family may be acted upon by the offender without getting prior EM/HA Staff permission.
 - 4) Staff are to be notified, however, of the medical emergency and the offender's location as soon as possible.
 - 5) The CCNO is not responsible for medical care or expenses an offender may incur while on the program.

- B) Electrical / Power Outages
 - 1) The offender is to notify the EM/HA Staff immediately of power outages and the cause of such outages (service disconnection, weather, accident, etc.)
 - 2) If the outage is caused by the offender's intentional or premeditated malice, they will be held responsible and can be cited with a violation.
 - 3) If the outage is beyond the offender's control, they will be supervised through daily contact with EM/HA Staff.
 - 4) Under no circumstances should the offender remove the equipment or leave their residence without notifying EM/HA Staff.
 - 5) The electronic equipment manufacturer will be responsible for maintaining an operable emergency base station for back-up communication and power.
 - 6) All communications, facsimiles, and phone communications will be made between the BI Base Station in Anderson, Indiana and the CCNO Central Control.
 - 7) Staff will utilize CCNO emergency procedures for emergency communication.
 - 8) Electronic monitoring information is maintained for up to twelve (12) hours in the event of an emergency loss of power. All stored information is secured, and upon power restoration, is retrievable.

XVIII. Electronic Monitoring Equipment Security and Maintenance

- A) Only trained and approved personnel will be allowed access to electronic monitoring equipment for the purpose of installation, service, monitoring and de-installation.
 - 1) Personnel will include CCNO Staff and vendor employees.

- B) The Program Supervisor will be responsible for ordering additional equipment.

- C) Service calls for repairs by vendors and/or vendor service personnel must be authorized by the Program Supervisor.

- D) Preventive maintenance of EM equipment will be the responsibility of the EM supervisor who will establish a service log and coordinate regular checks. Equipment will be inspected after each removal for needed repairs. Each piece of equipment will be checked at least annually during the asset audit. **(1-EM-3B-07)**

CORRECTIONS CENTER OF NORTHWEST OHIO
Electronic Monitoring / House Arrest
Itinerary

Offender Name: _____
 (Printed name)

CLIENT SCHEDULE INFORMATION

Schedule Type: Choose a schedule type for all entries or enter the schedule type for each day.
 May Leave (MAY) One Time Leave (1X) Lockdown (LD)

	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
Date							
Type							
Leave							
Enter							
Type							
Leave							
Enter							
Type							
Leave							
Enter							

CCNO Appointment: _____

Employed: _____

My signature below confirms that this schedule has been explained to me by Program Staff. I understand that I must produce this itinerary if it is requested by law enforcement personnel, CCNO Program Staff, or any Officer of the court. Failure to follow this itinerary as directed can result in a violation of Electronic Monitoring / House Arrest requirements.

 Offender Signature

 Date

 Approved By

 Date

 Title

Original to Offender file

Copy to Offender

COMMUNITY CORRECTIONS RISK ASSESSMENT INSTRUMENT

<i>OFFENDER NAME</i>		<i>DATE</i>	
<i>STAFF SIGNATURE</i>		<i>DATE</i>	
	RATINGS	COMMENTS	SCORE
1.	SEVERITY OF CURRENT OFFENSE CHARGES/CONVICTIONS (Use Severity of Offense Scale)		
	low1 moderate2 high3 highest.....5		
2.	SENTENCE STATUS		
	sentenced: 0-30 days1 sentenced: over 30 days2 pending non-violent pre-sentence charges5 pending violent pre-sentence charges5 sentenced non-violent misdemeanor2 sentenced non-violent felon3 sentenced violent misdemeanor5 sentenced violent felon5		
3.	TRANSPORTATION STATUS		
	transporting self0 employer1 close relative (describe relationship).....2 other (describe relationship).....3 no transportation5		
4.	ESCAPE HISTORY (Excluding current charges)		
	no escapes or attempts0 AWOL in military, absconded parole/probation, jumped bond3 walkaway or attempted escape from a minimum security facility or failure to return from authorized absence3 escape or attempted escape from med. or max. security setting.....5		
5.	BEHAVIOR DURING PROCESSING		
	inmate appears normal well adjusted0 inmate appears mildly uncooperative.....2 inmate is cooperative but intoxicated.....3 inmate appears belligerent or verbally abusive3 inmate appears assaultive or violent5 inmate appears assaultive or violent and intoxicated5 inmate appears withdrawn or depressed.....2 inmate appears frightened, intimidated, or scared.....2		
6.	ALCOHOL/DRUG ABUSE		
	no social, economic or legal problems related to abuse0 abuse resulting in social, economic or legal problems.....3 abuse resulting in assaultive behavior.....5		
7.	STABILITY FACTORS		
	age 30 or over -1 lived at same address 12 mo. or more prior to incarceration..... -1 held same job for one or more years -1 has ties to local community..... -1		

RATINGS	COMMENTS	SCORE
<p>8. EMPLOYMENT STATUS</p> <p>employed or enrolled in school/trng. 2 or more years0 unstable employment (not worked steady for last 6 mo.)5 not employed at this time5 self-employed more than 1 year3 self-employed less than 1 year5 employed by family member more than 1 year3 employed by family member less than 1 year5 erratic work history past year5</p>		
<p>9. PAST BEHAVIOR WHILE ON WORK RELEASE</p> <p>inmate successfully completed work release1 inmate displayed a mild discipline problem3 inmate removed from work release/HITT - discipline infractions5 (describe)</p>		
<p>10. FAMILY STATUS (Ties to the community)</p> <p>Identify close family members located in area: wife or husband0 parents0 grandparents0 children0 estranged from family (describe)3 has lived at same residence for over one year1</p>		
<p>11. MEDICAL/MENTAL HEALTH</p> <p>has medical or physical problems1 currently receiving mental health counseling or other3 currently enrolled in substance abuse program3 successfully completed Phase I, Phase II, or Phase III of substance abuse program2 has attempted suicide in the past5</p>		
<p>12. CRIMINAL BACKGROUND</p> <p>has juvenile record3 currently on supervised probation3 gang affiliation5 not on supervised probation1 restraining order imposed by court (describe)5 convicted of violent offense5 more than 5 misdemeanor convictions5 more than 3 incarcerations for misdemeanors3 victim located in community5 prior felony conviction5</p>		
<p>13. EDUCATION</p> <p>elementary level education3 successfully completed GED0 high school graduate0 vocational certificate0 AA degree0 B.S. degree0 has not graduated high school nor obtained GED3</p>		
<p>14. CASE MANAGER RECOMMENDATIONS</p>		

REFERRAL RECOMMENDATION

OFFENDER NAME _____

UNIT _____ OFFENDER NUMBER _____

_____ 12 Step Recovery Program, A.A. or N.A. (in-house)

_____ Referral to Five County Drug and Alcohol (in-house)

_____ Referral to CCNO psychologist

_____ *Referral to Batterers Treatment Program

_____ *Referral to Parents United Group

_____ *Referral to Maumee Valley Guidance Center

_____ *Referral to CCNO treatment program (in-house)

_____ *Referral to G.E.D. program

_____ *Referral to other outside counseling

SUPERVISION LEVEL

Minimum Supervision.....0 - 13 Points _____

Medium Supervision.....14 - 30 Points _____

Maximum Supervision.....31 - 45 Points _____

POINT LEVEL

1 = LOW 2 = MEDIUM 3 = HIGH 5 = EXTREMELY HIGH

Over 45 Points, Contact Director of Support Services

Program Supervisor

Date

Approval

Disapproval

Override

Director of Support Services

Date

Approval

Disapproval

Override

**When an inmate is denied electronic monitoring privileges due to high risk, the Director of Support Services or designee will notify in writing the sentencing jurisdiction. Staff are not permitted to allow a high-risk inmate (45 points or higher) leave the facility even in the event that the Director of Support Services or designee is not immediately available to review this information.*

CORRECTIONS CENTER OF NORTHWEST OHIO

**HOMEOWNER / PRIMARY TENANT
HOME VERIFICATION AGREEMENT**

In accordance with authority conferred by the Ohio Revised Code 2929.23, _____ has been placed on Electronic Monitoring/House Arrest. As the homeowner or primary tenant of the residence and the party responsible for the telephone service, I hereby agree to the following conditions:

1. I acknowledge that the above referenced telephone has a modular (RJ-11) jack. I am aware that the telephone service can NOT have any additional options, such as a modem, call forwarding, call waiting, caller I.D., or any extra features attached. Cordless phones can be used if a desk phone is unavailable. A desk phone must be used when a REACT Breathalyzer unit is being installed. Answering machines can be used, but only if an additional phone jack is present in the home.
2. I agree NOT to tamper, move or disconnect the installed monitoring unit unless so directed by EM/HA Program Staff.
3. I agree to be responsible for the telephone and electricity expenses and to maintain both in proper working order.
4. I agree that EM/HA Program Staff can enter my residence to install, maintain, repair, inspect, or remove the monitoring equipment, search the premises for weapons, drugs, or alcohol, and/or to verify that the program participant is in compliance with the conditions of Electronic Monitoring / House Arrest throughout the duration of the confinement.
5. I understand that NO illegal drugs, alcohol or weapons will be permitted in the home or on its premises.

Location of residence: _____

Names of others in residence: _____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

I, as Homeowner / Primary Tenant, approve the offenders placement and the rules that must be adhered to and verify that there are NO weapons, illegal drugs and alcohol on the premises of the home.

Signature of Home Owner/Primary Tenant

Date

Signature of Offender

Date

Signature of EM/HA Program Staff

Date

Corrections Center of Northwest Ohio Electronic Monitoring / House Arrest Criminal History Check

Offender Name _____ Booking # _____
 Referred by _____ Date _____
 DOB _____ SS# _____

LEADS check date _____ LEADS completed by _____
 FBI# _____ BCI# _____
 Active Warrants _____
 Pending Cases _____

	<u>Arrests</u>	<u>Convictions</u>
Homicide/Manslaughter	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Assault (Other than homicide/manslaughter)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Robbery	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Weapons Offense	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Burglary/Larceny/Breaking & Entering	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Drug Trafficking	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Drug Charges (Possession)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Shoplifting/Theft	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Forgery/Fraud	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Driving Under the Influence	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Family Violence	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Non-Support	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Reckless Driving	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Any sexual offense (rape, etc.)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

APPROVED DISAPPROVE

Reason disapproved _____

 EM/HA Supervisor Signature

 Date

Corrections Commission of Northwest Ohio

03151 County Road 2425
Stryker, Ohio 43557-9418
(419) 428-3800

Administration Fax: (419) 428-2119
Security Fax: (419) 428-2034
Community Corrections Fax: (419) 428-5802
e-mail: ccno@bright.net

COMMUNITY NOTIFICATION FAX ELECTRONIC / HOUSE ARREST PLACEMENT

Defiance County
Secretary:
David Westrick
Otto Nicely
Joseph Schmenk

Fulton County
Vice Chairman:
James Barber
Jack Graf
Darrell Merillat

Henry County
Chairman:
John Nye
Keith Muehlfeld
Steven Baden

Lucas County
Executive Committee:
Maggie Thurber
Jack Zouhary
James Telb

Toledo
Executive Committee:
Gene Zmuda
Jack Ford
Michael Navarre

Williams County
Executive Committee:
Marvin Stuckey
Kevin Beck
Anthony Gretick

Executive Director:
Jim Dennis

To: _____

Please be informed that _____

was placed on _____, beginning _____.

Placement was a result of Judge _____'s

approval for the program. It is anticipated that this placement will be for _____

days.

Offender Name: _____

Address: _____

Directions if rural: _____

.....

Notification of serious violation(s):

Type: _____ Date/Time: _____

Type: _____ Date/Time: _____

Type: _____ Date/Time: _____

Termination: Successful Unsuccessful

If you have any questions or concerns regarding any of the above information,
please contact the Program Supervisor at (419) 428-3800 Ext. 446.

**CCNO ELECTRONIC MONITORING PROGRAM (EMP)
OFFENDER CONTRACT**

Rules and Regulations Governing Offender Conduct and Supervision

Offender's Name: _____

Date: _____

As a participant of Electronic Monitoring you will be required to abide by the following rules and regulations. You will also be required to abide by any lawful directives given by ELECTRONIC MONITORING PROGRAM STAFF and your PROBATION / PAROLE OFFICER. Violation of these rules and regulations may result in disciplinary action.

I. WEEKLY SCHEDULES, MEETING AND MOVEMENT IN THE COMMUNITY

- A) You will be required to report to EMP Staff at least once a week. You will contact the Electronic Monitoring Specialist to schedule your office visit(s).
- B) You will be required to submit a detailed schedule of your movements in the community to EMP Staff for approval. This will be accomplished by completion of the EMP Weekly Movement Schedule or Itinerary one week in advance. Once submitted, weekly schedules may only be changed for the following reasons:
 - 1) Emergency (Medical). You must contact the EMP office as soon as possible to inform staff of the extent and nature of the problem. The emergency must involve you or someone in your immediate family. Medical emergency is defined as a serious or life threatening situation.
 - 2) Change in work hours. If you are unable to report to work for any reason, you must contact the EMP office prior to your scheduled departure time. If you are required to work overtime or are released from work early, you must contact the EMP office prior to leaving or working late. You will also be required to provide verification of overtime or early release from work.
 - 3) Other. If it becomes necessary to make a move outside your scheduled for legal reasons, you must first contact the EMP office with the nature and location of the move.
- C) You will be required to provide verification of movements and locations.
- D) You will report *directly* to your authorized destination. Any moves not scheduled or approved prior to the move will be considered a violation and subject to disciplinary action.
- E) If you are living alone or have no other way to obtain food and personal item, you may be allowed limited movements to obtain these items. These move MUST be listed on you weekly schedule.

II. ALCOHOL AND OTHER DRUGS

- A) While on ELECTRONIC MONITORING, you will be required to maintain an alcohol and drug free status. This includes the possession of any unauthorized chemical of any type.
- B) The only exception is medication prescribed for you by a physician and verified by EMP Staff.
- C) You are subject to alcohol testing and drug testing at the discretion of EMP Staff.
- D) You may be required to attend substance abuse treatment and/or participate in an anti-abuse program.

III. EMPLOYMENT

- A) While on ELECTRONIC MONITORING, you will be required to maintain full-time employment (35 plus hours per week). The only exception is the court-approved participation in an approved education/vocational program. Program fees will be due one month in advance in the above case, with the exception of indigent status.
- B) If you fail to maintain employment, your case will be reviewed for possible removal from the program. If allowed to remain, you will comply with EMP Staff instructions regarding job search procedures.

IV. FEES

- A) While on Electronic Monitoring, you will be required to pay a daily fee, payable one-week in advance.
- B) Fees may be waived with proof of indigence.

V. RESIDENCE AND TELEPHONE

- A) While on Electronic Monitoring, you will be required to maintain continuous telephone service. If you lose service through your own negligence, you will be subject to removal from the program. If you lose phone service through circumstances not within your control, you are to contact the EMP office immediately.

VI. EQUIPMENT RULES

- A) Torn or broken straps must be reported to EM staff immediately and replaced. Never tamper with the strap or remove the transmitter even if the strap becomes damaged.
- B) You must contact program staff if you experience any telephone or equipment problems. This includes interruption of phone service for any reason.

VII. LAWS

- A) You are to comply with all city, county, state and federal laws and ordinances and conduct yourself in a reasonable manner at all times.
- B) If you are arrested or have contact of any kind with any law enforcement agents, you are to report this to your Probation / Parole Officer and EMP Staff immediately.

VIII. TRANSPORTATION

- A) Even if you possess a valid operator's license, you will not be allowed to operate a vehicle unless it has been approved by the EM Program Staff.
- B) If you are unable to drive, it is your responsibility to arrange adequate transportation with a licensed, warrant-free driver to work and other required functions.

IX. COURT AND PROBATION / PAROLE COMMITMENTS

- A) While under supervision of ELECTRONIC MONITORING, you will still be required to comply with the conditions of your probation or parole.

X. VICTIM CONTACT

- A) Under no circumstances are you to have contact with your victim unless there is court approval. Any compensation and/or restitution must be handled through the court.

XI. RESIDENCE

- A) Loss of your approved residence or home offer may be cause for removal from the program. Any anticipated or sudden change in residence status must be reported to the EM Duty Officer immediately.

XII. OTHER

- A) You will be expected to return all equipment in the same condition as it was when you received it. Failure to do so may result in you being charged for the cost of damage or loss of equipment. Failure to pay the cost of damaged or lost equipment will result in criminal prosecution. Additionally, you are not to attempt to fix or allow anyone else to fix the equipment.
- B) While on Electronic Monitoring you are under the supervision of the Corrections Center of Northwest Ohio and may under certain circumstances, be subject to prosecution for escape. Escape is a fourth (4th) degree felony as described in section 2921.34 of the Ohio Revised Code.
- C) While on Electronic Monitoring I release the Corrections Center of Northwest Ohio of any responsibilities for medical care or expenses that may occur while on the Program.

I have thoroughly read and do understand the above OFFENDER CONTACT outlining the basic requirements of ELECTRONIC MONITORING. I agree to abide by these requirements while on ELECTRONIC MONITORING and do understand that violation of any of these requirements could result in my removal from ELECTRONIC MONITORING and further sanctions.

Offender Signature

Date

EMP Staff Signature

Date

**Corrections Center of Northwest Ohio
Electronic Monitoring / House Arrest
Employment Verification**

Date _____

Offender's Name _____

Place of Employment _____

Address _____ City _____ State _____

Work Hours _____

Work Supervisor _____

Employer's Phone # _____

Employer's Fax # _____

Offender's Signature

Date

Employment Verified by _____
EM/HA Staff Signature

Corrections Center of Northwest Ohio Electronic Monitoring/House Arrest Financial Agreement

Offender's Name _____ File # _____

In-Date _____ Outdate _____

You have been accepted into the EM/HA Program and will be responsible for the following Program fees:

	<u>Total</u>
# of days on Program _____ x \$ 8.00 per day.....	\$ _____
# of weeks on Program _____ x \$ 4.00 per week.....	\$ _____
Other charges _____	\$ _____
Total amount due:	\$ _____

All Program fees must be paid in full, before disconnection from the program. All equipment must be returned in the same condition as when you started the program. Any amount overpaid will be processed and mailed to you after your release date.

Offender's Signature Date _____

EM/HA Staff Signature Date _____

.....
(Community Corrections Account Clerk use only)

Upon release you served _____ days x \$ 8.00 per day	=	\$ _____
_____ weeks x \$ 4.00 per week	=	\$ _____
Other charges _____	=	\$ _____
Total	=	\$ _____
Total amount received	=	\$ _____
Amount refunded to offender	=	\$ _____

Community Corrections Account Clerk Date _____

CCNO Electronic Monitoring Program

Client Enrollment

Install Date/Time: _____

SSN: _____ Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

FMD Phone #: _____ Time Zone: _____

Case Enrollment

Agency #: 888-1 FMD: _____

Officer Name: _____ XMTR#: _____

CLIENT SCHEDULE INFORMATION

Schedule Type: Choose a schedule type for all entries or enter the schedule type for each day.
 May Leave (MAY) One Time Leave (1X) Lockdown (LD)

	SUN	MON	TUES	WED	THUR	FRI	SAT
Date							
Type							
Leave							
Enter							
Type							
Leave							
Enter							
Type							
Leave							
Enter							

Corrections Commission of Northwest Ohio

03151 County Road 2425
Stryker, Ohio 43557-9418
(419) 428-3800

Administration Fax: (419) 428-2119
Security Fax: (419) 428-2034
Community Corrections Fax: (419) 428-5802
e-mail: ccno@bright.net

ELECTRONIC MONITORING / HOUSE ARREST PROGRAM

CCNO Offices (419) 428-3800, Extensions 446 / 447

Lucas County Office (419) 475-1488

Defiance County

Secretary:
David Westrick
Otto Nicely
Joseph Schmenk

Fulton County

Vice Chairman:
James Barber
Jack Graf
Darrell Merillat

Henry County

Chairman:
John Nye
Keith Muehlfeld
Steve Baden

Lucas County

Executive Committee:
Maggie Thurber
Jack Zouhary
James Telb

Toledo

Executive Committee:
Gene Zmuda
Jack Ford
Michael Navarre

Williams County

Executive Committee:
Marvin Stuckey
Kevin Beck
Anthony Gretick

Executive Director:
Jim Dennis

TO THE CANDIDATE OF EM / HA PROGRAM:

You have been given an opportunity by the court to participate in the Electronic Monitoring / House Arrest Program at the Corrections Center of Northwest Ohio (CCNO).

Electronic Monitoring is an opportunity to serve your sentence while still being able to maintain your employment and support yourself and your family, while living at home. Please understand that Electronic Monitoring is a privilege which will be revoked should you fail to follow all rules and regulations.

To avoid missing any work, please set up an appointment within the next 24 hours (excluding weekends / holidays) with the Program Staff: ~ Defiance, Fulton, Henry and Williams County offenders call 419-428-3800, Ext. 446 or 447 ~ Maumee, Oregon, Sylvania and Toledo Municipal Court offenders call 419-475-1488.

Please provide the following information when reporting to the Corrections Center:

1. Most recent pay stub.
2. Driver's license, proof of insurance and vehicle registration, if driving to and from work.
3. Name, address and phone number of person providing you transportation as well as license number and description of the vehicle the person is driving.
4. Letter from your employer verifying your employment with the company, address of your work location, and your daily work schedule. The letter MUST be signed by your work Supervisor.
5. Mandatory attendance requirements for any court ordered or recommended substance abuse counseling, community service programs, etc.
6. A payment of **\$120.00** for the first 2-weeks, is required on the day you're hooked up in the form of a money order, cashier's check, or cash if necessary (you will receive a receipt for payment made). Fees are \$ 8.00 per day, plus \$ 4.00 per week while on the Program. Should you happen to pay over the total amount due, by the end of the program, you will receive a refund check.

You will receive random Home Visits on a regular basis and if necessary, have your home searched at any time. You will also receive random visits at your job site to verify your work hours.

You will be required to report to the EM/HA Staff once a week and are subject to alcohol/drug testing, at the discretion of the EM/HA Staff.

While on the Program you will be required to maintain continuous telephone service. You must contact your local phone company immediately to have any added features (call waiting, call forwarding, etc.) removed from your telephone service. You will also need a wall jack phone system. Additional program requirements and rules will be explained to you during your program orientation.

Please report to the Corrections Center promptly. Your cooperation is greatly appreciated.

CORRECTIONS CENTER OF NORTHWEST OHIO

Electronic Monitoring Weekly Report

Name: _____

Current Residence: _____
Address City State Zip

Telephone Number: _____

Who currently lives at this residence with you? _____

Vehicle Make/Model/Year: _____

License Number: _____

Current Employer: _____

Address of Employer: _____

Employer Phone Number: _____

Did you bring a copy of your paystub for placement in the file? Yes No

Did you bring your program fees? Yes No

Have you had any law enforcement contact within the last week? Yes No

If yes, describe

Have you ingested any illegal substances or non-approved medications within the last week? Yes No

If yes, describe:

Have you included a treatment verification form with this report? Yes No

Please note any unusual occurrences or significant events of the previous week: _____

Offender Signature

Date

.....
Staff Comments: _____

CORRECTIONS CENTER OF NORTHWEST OHIO
COMMUNITY SUPERVISION PLAN

Date Completed: _____

Offender Name: _____

Offender Case #: _____

GOAL	ACTION STEPS TO BE TAKEN	TARGET DATE FOR COMPLETION (Please note if continuous or on-going)

One copy to the offender and an additional copy must be placed in the offender's file.

- ◆ Failure to follow the above plan may result in disciplinary action.
- ◆ Any updates may be noted and initialed by the offender and the supervising staff person.

 Offender Signature

 Program Staff Signature

CORRECTIONS CENTER OF NORTHWEST OHIO

Community Corrections Programs Home/Field Contacts Form

Program: EM/HA WR HITT CPW

Visit Type: Home Visit Work Site

Date: _____ Offender's Name: _____

Home Visit: Yes No N/A

Home Visit Comments: _____

Work Site Visit: Yes No N/A

Employer: _____

Contact Person: _____

Attendance: Very Good Satisfactory Poor

On time: Yes No Comments: _____

Attitude: Very Good Satisfactory Poor

Job Performance: Very Good Satisfactory Poor

General Comments:

Community Corrections Staff Signature

Date