

JDC REVIEW:	(JDC Court Name)
Date of Review:	
JJSD Monitor:	
JDC Lisiason Name:	
Date of Previous Review:	
Certificate of Assurnace Items (23 Items)	
Staff Licensed by BBHE	Yes
Agency Licensed by OBHL	Yes
Access to T 19 and T 21 services	Yes
Safeguard PID and status info	Yes
Comments:	Check on T21 Contract
MOU signed	Yes
Participant Handbook developed and in use	
Comments:	
Uses AOC Risk Assessment score	Yes
Treatment Leader Guide/Manual developed and in use	Yes
Comments:	
Program 12 months long including Aftercare	Yes
Program Participation consent Form in use	No
Treatment/Client Contracts in use	Yes
Consent for Disclosure form in use	Yes
Research Disclosure Protocoll in use	No
Sanctions and Incentives Protocoll in use	Yes
Comments:	
Treatment Curriculum in use	Yes
Data Sharing Agreement in use	Yes
Case Management services provided	Yes
Attendance standards established	No
Comments:	
Documentation Guidelines established	Yes
Data Collection procedures in use	Yes
Graduation Procedures in use	Yes
Alumni Procedures in use	Yes

JDC REVIEW:	(JDC Court Name)
Signed by Director and Judge	Yes
Scoring and review	
Number of items scored YES	19
Number of items scored NO	3
Number of items scored NA	0
% of total items scored YES	86.36%
Administrative Performance Co-Efficient	
Below 70%: Non - Compliance	
70-79 %: Minimal compliance	
80-89%: Partial Compliance	X
90-99%: Substantial Compliance	
100%: Full Compliance	

JDC MONITORING
FINANCIAL SUMMARY REPORT

JDC		Visit Date:	
County:		City:	
Monitor:		Co-Monitor:	

Cycle Type: (Place an "X" next to the appropriate category)

	JDC Initial
	JDC Special
	JDC Regular

Mileage*		X	\$0.445	=	\$0.00
Hours on visit preparation		X	\$0.00	/hour =	\$0.00
Hours conducting visit:		X	\$0.00	/hour =	\$0.00
Hours on interviews (post-visit):		X	\$0.00	/hour =	\$0.00
Hours on report writing:		X	\$0.00	/hour =	\$0.00
Out of County Driving Hours		X	\$0.00	=	\$0.00
Lodging		X	\$0.00	=	\$0.00
Meals					\$0.00
Travel Related Expenses (e.g., tolls, parking fees, etc.)					\$0.00
Other Expenses†					\$0.00
Total Monitoring Visit Expenses					\$0.00

†Explanation of Other Expenses: