4208 – ELECTRONIC MONITORING PROGRAM

State Standards: 5120-1-5-08; 5120-1-5-09
Refer to ODRC Community Corrections Act Program Standards for Electronic Monitoring Programs

American Correctional Association Standards: 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 Program which includes Radio Frequency Monitoring (EMU), Global Positioning System (GPS), and Transdermal Alcohol Detection (TAD) for offenders who have been referred/approved by the courts. 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, is designed to track an offender's movement and provide participating offenders the opportunity to experience incarceration within the home. No offender will be denied access to the Electronic Monitoring Program on the basis of race, creed, national origin, religion, gender, or sexual orientation. 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 Electronic Monitoring Program’s mission statement: The CCNO will provide an Electronic Monitoring Program to provide risk control through Behavioral Interventions (BI) monitoring equipment, surveillance, and case management. The CCNO will administer sanctions, enhance existing alternative sanctions, and provide a cost effective alternative to incarceration while allowing the offender to maximize their contribution to the community and their family.

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 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 CCNO Director of Security & Operations serves as the CCA Program Director for the Electronic Monitoring Program, which is funded by the Community Corrections Act grant and overseen by the Local and Regional Planning Board. The Board is governed by By-Laws adopted for the Regional Community Corrections Planning Board and shall meet at least semi-annually in order to facilitate communications, establish policy, explore programs, ensure conformity to legal and fiscal requirements, and implement community offender programs.
The Electronic Monitoring Program possesses its own unique terminology. Definitions are provided below.

**Definitions:**

A. **Electronic Monitoring (EM) Program:** A judicially referred technical support system which monitors an offender's adherence to a mandated schedule for work or home confinement, and provides community supervision. The program includes Radio Frequency/Electronic Monitoring Unit (EMU), Global Positioning System (GPS), and Transdermal Alcohol Detection (TAD).

B. **Electronic Monitoring Program Staff:** CCNO employees, who include the Director of Security & Operations/CCA Program Director, Manager of Operations, and the Electronic Monitoring Specialists who are assigned to work with the offenders placed on EMU/GPS/TAD.

C. **Radio Frequency/Electronic Monitoring Unit (EMU):** A Field Monitoring Device (FMD) and a transmitter (i.e., ankle bracelet) worn by the offender to detect the presence or absence of the offender in range of their residence, which is monitored and recorded by the BI Total Access.

D. **Global Positioning System (GPS):** BI Total Access uses a one-piece transmitter worn by the offender to detect the presence or absence of an offender in their residence and within the community by tracking their movement. The GPS records the location of the offender while away from home.

E. **Transdermal Alcohol Detection (TAD):** Base station together with a transmitter which is an ankle-worn device that detects alcohol thru the skin as well as monitors the presence or absence of the offender within range of their residence. TAD is also available in a cellular unit.

F. **Alert Condition:** An occurrence when an alert is sent as a text message, email/one-touch alert to the appropriate Electronic Monitoring staff cell phone.

G. **Electronic Monitoring (EM) Specialist:** The CCNO program staff person assigned the individual case of an offender placed on the Electronic Monitoring Program.

H. **Collateral Officer:** Any municipal, county or APA probation officer holding the offender's case in an inactive or dual supervision status.

I. **(Behavioral Interventions) BI, Inc.:** Vendor located in Anderson, Indiana which supplies the Electronic Monitoring equipment and technical support.

J. **BI Total Access:** A web-based system that records information as it monitors offenders on EMU, GPS, and TAD.

**Procedures:**

I. **Eligibility Criteria**

A. Offenders sentenced from Defiance, Fulton, Henry, Williams, and Lucas County and the City of Toledo will be placed on the CCNO’s Electronic Monitoring Program with a direct commitment from the Judge/Court for placement on the program. Offenders sentenced to the Electronic Monitoring Program will be run for Wants and Warrants on the date of their scheduled hook-up. If an offender has any Wants or Warrants that are not minor misdemeanor warrants (minor misdemeanor warrants: e.g., traffic offenses, fines and cost) the sentencing court will be notified of the warrant and will make final determination for placement. The jurisdiction(s) which placed the Wants and Warrants will also be notified. The offender’s criminal history will be reviewed for staff awareness.

B. Offenders sentenced from non-jurisdictional agencies will be considered for the program on a case by case basis and will be monitored by CCNO funded staff.

1. Non-CCNO jurisdiction agencies wanting to utilize CCNO’s Electronic Monitoring Program for courtesy supervision must contact the Manager of Operations for approval. The interested agency must send all related documents to include current charges, criminal history information, and any other personal information to include any PSI information.

2. Upon approval, the interested agency will complete a “Memorandum of Understanding” (refer to Attachment 4208-A) with CCNO.
3. Offender movement will be approved by the contracting agency prior to placement and all CCNO program rules must be followed. Once approval is given, an appointment will be set confirming the location for hook-up and orientation with the offender.

4. If the offender does not stay current on their program fees, the agency will be notified immediately. The requesting agency will assume responsibility for the fees owed or the offender will be released from the program.

5. CCNO reserves the right to refuse any courtesy supervision requests.

C. Juvenile offenders ordered to be placed on the CCNO Electronic Monitoring Program will be placed on the appropriate equipment type as ordered by the sentencing Judge and will be monitored by CCNO funded staff. Juvenile offenders will receive an offender handbook for review and acknowledgement of the CCNO Electronic Monitoring Program rules.

1. All CCNO program rules must be followed and movement will be approved by the jurisdiction prior to placement.

2. Hook-up and orientation will be conducted at the appropriate Juvenile Probation Department.

3. Contacts will be made on a weekly basis at the residence of the juvenile, unless determined otherwise. This will count as both the office visit and field contact visit.

4. Any violations of the program will be reported to the appropriate jurisdiction/probation department.

5. Program fee collection will be determined in conjunction with the appropriate jurisdiction, prior to offender placement.

D. Van Wert agency offenders ordered to be placed on the CCNO Electronic Monitoring Program will be placed on the appropriate equipment type as ordered by the sentencing Judge and will be monitored by CCNO funded staff. Offenders will receive an offender handbook for review and acknowledgement of the CCNO Electronic Monitoring Program rules.

1. All CCNO program rules must be followed and movement will be approved by the jurisdiction prior to placement.

2. Hook-up and orientation will be conducted at the Van Wert Courthouse/Probation Department.

3. Office visits will be conducted on a weekly basis at the Van Wert Courthouse/Probation Department.

4. Van Wert agency staff will be responsible for conducting field contact visits.

5. Any violations of the program will be immediately reported to the appropriate agency staff for further consideration of removal from the program.

6. Program fees will be collected at the time of the office visit, and failure to make the required payment will result in immediate removal from the program as agreed by the agency.

E. Eligible offenders will:

1. Be supervised as outlined according to their current offense (refer to section VIII. Offender Contacts/Supervision Levels).

2. Be able to pay a daily fee for cost of the program.

3. Have a suitable residence which will be verified with a Home Verification Agreement. The Home Verification Agreement will be completed upon the installation of the electronic monitoring equipment by the home owner if the home owner is other than the offender (refer to Attachment 4208-B).

4. Successfully clear LEADS/NCIC Criminal History Check.

F. Offenders that are eligible to be transferred from CCNO to the Lucas County Jail for hook-up at the Toledo Electronic Monitoring office must complete the CCNO Electronic Monitoring Program Eligibility Agreement and submit to the Case Manager for further approval process (refer to Attachment 4208-C). Case Managers are responsible to call the contact person to verify approval of the offender on electronic monitoring at that residence. The Case Manager will call the landline number to verify it is working. If no landline is available for hook-up, the offender may be placed on GPS. Case Managers will read/review the Eligibility Agreement with the offender and have the offender initial each section as they have been informed and offenders are instructed to:

1. Have transportation at the Lucas County Jail as directed on the specified date.

2. Report directly to the Toledo EM Office, from the Lucas County Jail, at the instructed address.

3. Be able to pay program fees upon hook-up and remain current on program fees each week thereafter while on the program.
4. It will be understood that failure to provide payment or not adhering to instructions will result in placement on the next CCNO bus for return to CCNO and a possible rule violation may be issued.

5. Failure to report directly to the Toledo Electronic Monitoring office will result in an Escape charge being filed.

G. Victims will have appropriate access to information concerning offenders placed on the Electronic Monitoring Program who have been charged with crimes against persons (e.g., Domestic Violence) through the local victims' rights advocacy group, prosecutor's office, or VINE System (Victim Notification and Everyday Information).

H. GPS will be used by the courts for higher risk offenders (i.e., probation/parole violators, pre-trial felons, sex offenders), offenders with a 24 hour on-call schedule, or eligible offenders who are unable to obtain or maintain landline phone service.

II. Ineligible Criteria

Offenders sentenced to incarceration at the CCNO may complete the Community Corrections Application and request placement with the Community Corrections Programs, including the Electronic Monitoring Program. These offenders will be run for Wants and Warrants and have their Criminal History reviewed for the following ineligible criteria:

A. Individuals will not be recommended for the program based on the following ineligible criteria. If the offender was incarcerated, the eligibility is based on the completion date of time served:

1. The person pled guilty to or was convicted of an offense which has a firearm specification within the past three (3) years.

2. Reside at a location where there is no telephone line in the residence or who are unable to obtain landline telephone service.
   a. When there is no telephone line in the residence, the offender will be given the option to be placed on GPS at the GPS rate and must be able to maintain the GPS rate throughout the remainder of their time on the program.
   b. Offenders will find another suitable residence, if approved by the EM Specialist.
   c. GPS offenders do not need a telephone line in their residence.

3. Behavior while at CCNO will be taken into consideration prior to approval.

4. Have been convicted of a sex offense, with the exception of solicitation, voyeurism, public indecency, or importuning.

5. Have escaped or attempted escape from a secure detention center within the last 5 years; walk-aways from a non-secured detention center within the last 3 years.

6. Have been unsuccessfully removed/terminated from the Electronic Monitoring Program to incarceration for the violation of any rule, regulation, or condition of the program within the last 12 months.

7. Have been convicted of a violent felony (F1 or F2 within the last 5 years or F3, F4, F5 within the last 3 years).

8. Have active warrants, with the exception of minor misdemeanor warrants (e.g., traffic offenses). Offenders with warrants from an outside agency who will not extradite will be considered on an individual basis.

9. Offenders with active felony cases and any violent misdemeanors that they are not being incarcerated on will be considered on an individual basis.

10. If the offender owes program fees from past placement(s), the Manager of Operations will authorize a payment arrangement to be set up for the offender to make additional payments in conjunction with their current program fees paid weekly.

11. Failure to keep current on weekly fees owed, to include the past due fee arrangement, will result in possible removal from the program, as outlined in policy section XVII. Program Cost, E. Non-payment of fees.

B. Denied applications will remain on file for statistical and record keeping purposes.

III. Notification of Law Enforcement Officials

A. As the offender is placed on the Electronic Monitoring Program, the supervising officer will ensure delivery of a Community Report notification to the sheriff and/or chief law enforcement officer of any
incorporated city or township in which the offender resides and will be supervised in (refer to Attachment 4208-D).

1. This notification will specify the appropriate office contact information for the assigned EM Specialist who will be monitoring the offender.

B. The appropriate law enforcement agencies will be notified when program participants transfer residential jurisdictions while on the program. The appropriate law enforcement agencies will be notified when an offender has violated an exclusion zone placed due to a victim (meaning the offender has entered an area the offender should not have entered as designated by the court).

1. If applicable, the commitment stating an arrest order upon violation of an Exclusion Zone will accompany the Community Report.

C. At the discretion of the Electronic Monitoring Staff the local law enforcement jurisdiction will be contacted before taking an offender into custody in the field. If necessary, the Electronic Monitoring Staff will secure assistance from local law enforcement, if available, before transporting the violating offender to a holding facility.

D. Law enforcement will be contacted to advise them of serious program violation alerts and any victim information.

IV. Notification of Court Personnel

A. A Letter of Offender Placement into the Electronic Monitoring Program will be faxed to the sentencing court (refer to Attachment 4208-E). The court will also be notified when the offender has completed the program, whether successful or unsuccessful.

B. The individual courts may identify a contact person (court clerk, probation officer, etc.) for the dissemination of information regarding program offenders in their individual jurisdiction. In the event of dual or inactive supervision, the probation officer maintaining the case will receive all pertinent information.

C. Copies of all violation reports, termination summaries, and requests for supervision revocation will be forwarded to the sentencing Judge or court contact as well as the Manager of Operations the same day the violation occurred or the next business day if the violation occurred after business hours or on the weekend or holiday.

V. Placement Process

A. Offenders sentenced to the Electronic Monitoring Program directly from the court:

1. Court referrals will be noted on the commitment order.

2. Potential offenders will be directed by the court to contact the CCNO Electronic Monitoring Program staff within 24 hours or as otherwise instructed by the court (Weekends and Holidays excluded) to schedule an appointment for orientation (refer to Attachment 4208-F, Letter to the Candidate of Electronic Monitoring).

a. If the offender has not reported to the Electronic Monitoring office on the designated date/time as ordered, the commitment paperwork will be stamped “No Show” by Electronic Monitoring staff. The commitment will then be faxed to the appropriate jurisdiction within 24 hours.

b. A copy will be scanned to the Manager of Operations for review. Once reviewed, the commitment will be forwarded to clerical staff to update the No Show log on the J-drive.

3. Split sentences will be handled expeditiously to prevent a delay in program/status transition.

B. Final placement authority rests with the jurisdictional judge.

1. If the Commitment from the Judge states “No Restrictions”, then a schedule of events for the offender will not be entered into the system and the offender is permitted to move about his daily business without limitations, unless there is an Exclusion Zone ordered by the Court, which will remain in effect.

a. Office Visits and Field Contacts are required accordingly as outlined in policy section VIII. Offender Contacts/Supervision Levels, A.

b. A location for residency is required at all times.
C. All offenders placed on the Electronic Monitoring Program are required through the Community Corrections Act Grant to have a data sheet completed. The CCIS Intake Form (refer to Attachment 4208-G) and CCIS Termination Form (refer to Attachment 4208-H) will be completed and entered into the Community Corrections Information System for the Bureau of Community Sanctions within 14 days of the Intake/Termination date.

1. Paycheck stubs are required from the offender if employed for the CCIS Termination due to the CCA Grant Standard.

VI. Caseloads

A. The Electronic Monitoring Specialist will be responsible for primary caseload management of a designated number depending on program needs. Caseloads will be managed exclusively by the assigned EM Specialist (i.e., office visits, field contacts, request for movement).

B. Caseload Management Supervision of the offender will include, but not be limited to, offender contacts (office, field [e.g., residence and/or employment/job site check, etc.]), case management, surveillance, report writing, monitoring, trouble shooting, etc.

1. Each offender placed on the program will have an active case file which shall be readily accessible.

C. The Manager of Operations will ensure that all clients are supervised in accordance with the policies and will provide assistance and direction to the program specialists.

D. Case files will be audited to ensure records are current, complete, and accurate as outlined by the CCA Standards from the Bureau of Community Sanctions.

1. The Manager of Operations or designee will randomly review active and closed case files.
2. The Case Record Audit Sheet (refer to Attachment 4208-K) will be filled out to verify compliance and attached on the inside of the case file.
   a. Any deficiencies will be noted and corrected immediately.
      (1) If a deficiency was found by a designee, the offender’s case file and Case Record Audit form will be forwarded to the Manager of Operations for review.
   b. The Community Corrections Secretary will maintain copies of the Case Record Audit Sheets and update a spreadsheet on the J Drive of all case record audits completed, with any deficiencies and corrections noted.

VII. Offender Orientation

A. Every effort will be made to ensure the offender’s questions regarding the program are answered.

B. During orientation the program staff will:

1. Conduct offender interview and complete an offender case file which will consist of the following forms:
   a. Commitment
   b. Inmate Records Biographic Profile sheet
   c. Offender Contract (refer to Attachment 4208-M, pgs.38-40)
   d. Signed Acknowledgement of Offender Contract and Handbook Receipt (refer to Attachment 4208-M, pg.52)
   e. Home Verification Agreement (refer to Attachment 4208-B)
   f. Notification to the court for placement on program (refer to Attachment 4208-E)
   g. Community Report notification to law enforcement (refer to Attachment 4208-D)
   h. Financial Agreement (refer to Attachment 4208-I)
   i. Schedule and Request form (refer to Attachment 4208-M, pg.48)
   j. CCIS Intake Form (refer to Attachment 4208-G)
   k. Home/Field Contact form, if applicable (refer to Attachment 4208-J)
   l. Offender documentation (i.e., pay stubs, doctor slips, AA/NA Stamps, Employment Overtime and Attendance Verification form [refer to Attachment 4208-M, pg.49], Church Application [refer to Attachment 4208-M, pg.50], grocery store receipts)
   m. CCIS Termination (refer to Attachment 4208-H)

2. Provide a copy of and explain the Electronic Monitoring Offender Handbook (refer to Attachment 4208-M) which consists of:
a. Contact information for program staff
b. Offender Contract (Rules and Regulations Governing Offender Conduct and Supervision)
c. Financial Responsibility
d. Check-In Procedures
e. Electronic Monitoring Program forms
   (1) Schedule and Request form (refer to Attachment 4208-M, pg.48)
   (2) Employment Overtime and Attendance Verification form (refer to Attachment 4208-M, pg.49)
   (3) Church Application (refer to Attachment 4208-M, pg.50)
   (4) Holiday Application (refer to Attachment 4208-M, pg.51)
f. Calls to program staff during and after hours
g. Monitoring Device Information
h. Dress code for offenders and visitors
i. Release Process
j. Acknowledgement of Handbook

3. Have the offender demonstrate the proper use of the Electronic Monitoring equipment.
4. Provide program staff with the necessary information for the development of their initial schedule for movement out of the residence.
5. Submit to a full screen urinalysis (if appropriate).
6. Have a photograph taken.
7. Provide an explanation of financial obligations and collect the first weekly payment fee. Offenders serving 10 days or less must pay the total amount due prior to placement on the program.
8. Explain the offender’s reporting and supervision requirements.
9. Provide an overview of behavior which may lead to rule violations and possible loss of program privileges.

C. The following information must be provided by the offender during the orientation or prior to being permitted out for work otherwise the offender is not eligible to work:
1. Letter from their employer, preferably on company letterhead and must state the offender is currently employed with them, their work schedule, rate of pay, and their supervisor’s name. A recent paycheck stub must be submitted and/or a copy of a paycheck to be copied by staff and kept in the offender file.
   a. The offender may work more than one job, if permitted by the sentencing court. Appropriate documentation must be provided prior to being permitted to work another job and will be approved by the Manager of Operations.
2. Self-employed offenders are required to provide information regarding the nature of their business and their 1099 Form tax documentation.
   a. The self-employed offender will be limited to a 60-hour workweek, six (6) days a week, unless the sentencing court approves additional time.
   b. If the offender indicates the business is new and is unable to provide the appropriate 1099 Form tax documentation, the Manager of Operations will make a determination whether or not the offender is eligible to work and the court will be notified accordingly.
3. Transportation and vehicle information must be provided accordingly.
   a. Travel time will be determined based on the employment/job site location. The appropriate time will be allowed for the most direct route to be taken when traveling to work and back home after work. Travel time will be adjusted accordingly due to weather conditions.
   b. The offender will be permitted to drive through the bank one time per week, if needed, and will be permitted to stop at the gas station to fuel up their vehicle at least one time per week, depending on the job site location.

VIII. Offender Contacts/Supervision Levels

A. Each offender will be assigned a required number of contacts based on their current offense type. The EM Specialist will use the chart below to determine the number of office visits and field contacts. If the need arises due to the offender’s accountability or equipment, more office visits or field contacts will be done.
<table>
<thead>
<tr>
<th>Offense Type</th>
<th>Number of Office Visits Minimum-Maximum</th>
<th>Number of Field Contacts Minimum-Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misdemeanor Offenses</td>
<td>2 – 4 (1 every 14 days)</td>
<td>1 (1 every 30 days)</td>
</tr>
<tr>
<td>Felony Offenses and all</td>
<td>4 (1 every 7 days)</td>
<td>2 (1 every 14 days)</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Offenses</td>
<td>4 (1 every 7 days)</td>
<td>4 (1 every 7 days)</td>
</tr>
</tbody>
</table>

1. If placed on the program for multiple offenses, the offender will be supervised according to the most serious offense.
2. Initial hook-ups will be conducted in the offender’s residence to ensure a suitable residence exists. The Home Verification Agreement will be completed as required.
3. Office visits are defined as a face-to-face contact between the EM Specialist and the offender at the Electronic Monitoring Office.
4. Field contacts are defined as a face-to-face contact with the offender at their residence or place of employment. The Drive-BI unit will be utilized randomly in conjunction with face-to-face contacts to provide the required checks on the offender, in a discreet manner, such as work site verification or attendance at a program. The Drive BI will not replace the required face to face contacts if the offender is at their residence.
5. If an EM Specialist is required to enter an offender’s residence after normal work hours and/or after sunset, the Specialist must contact CC NO Central Control and advise Central Control that they will be entering an offender’s residence. The EM Specialist will give the address and length of time expected to be in the residence. The EM Specialist will contact Central Control and advise when they have left the residence. If the expected time in the residence has elapsed and Central Control has not heard from the EM Specialist, Central Control will call the EM Specialist’s phone to verify their status. If Central Control is unable to make contact with the EM Specialist, they will then contact the Manager of Operations.

IX. Electronic Monitoring Field Installation

A. The Corrections Center of Northwest Ohio EM Specialist will establish an operational procedure for the field installation of the electronic monitoring equipment to insure proper and consistent installation. The EM Specialist will attach the transmitter to the offender, generally in the Electronic Monitoring office during the orientation process. The offender will wear a transmitter (i.e., ankle bracelet) on their person and adhere to the pre-approved schedule of home confinement, work, treatment, etc.

1. For EMU and TAD equipment: the EM Specialist will use key to turn the FMD power switch to the ON position prior to sending the equipment home with the offender for initial set-up. The EM Specialist will instruct the offender to do the following upon arrival at their residence: the offender will disconnect their phone cord from the wall jack and plug this cord into the back of the FMD (optional). Either phone jack can be used.
   a. Connect one end of the phone cord supplied with the FMD into the wall outlet. Connect the other end into the FMD.
   b. Plug the power cord into the back of the FMD.
   c. Plug the power cord into the wall socket.
   d. Since the power switch was turned on, the red phone indicator light turns on for approximately 45 seconds while the FMD calls the base system to set up data and perform a location verification.
   e. After the FMD makes the first call to the base system, the red phone indicator light begins to blink. This condition indicates that the FMD is waiting for a call from the base system to complete the location verification. Instruct the participant and anyone else inside the residence not to answer the phone during this period.
   f. Approximately one minute after the red phone indicator light begins to blink, the participant’s telephone will ring one (1) time. The FMD answers the call after the first ring. This call completes the location verification procedure.
   g. Upon the EM Specialist’s arrival at the participant’s residence, the officer will determine the type of residence (e.g., multiple units, single family dwelling, mobile home court).
      (1) If the residence is classified as a multiple unit building or mobile home, the EM Specialist will reduce the range of the equipment accordingly.
h. The EM Specialist will conduct a range test to determine how far away from the FMD the participant can be at a given time, ask the participant to move about the residence and to the outer limits of the property for approximately three minutes while you observe the range indicator light on the FMD. If the yellow light begins blinking, the participant has just exceeded their boundary limit and must step back within range. If the light turns on, the transmitter is completely out of range and the participant must step back within range. Repeat this for each area of the participant’s residence/property you want to test.

i. If the participant is in range of the equipment and can enter another person’s property, the range will be reduced to the next level and conduct another range test. The program participant should be able to move about their residence and property only.

j. The EM Specialist will confirm a successful installation by receiving an alert of “Closed Strap”. Do not leave the residence until the installation has been confirmed “successful.”

k. Once installation is made the FMD is not to be moved by anyone other than the EM Specialist. If the FMD is moved, repeat range set-up steps as directed above. The EM Specialist will document in the EMU Module, Field Contact Notes if a unit is moved.

l. The EM Specialist will discuss the purpose of the equipment, the FMD indicator lights, and the use of the telephone with the participant and family.

m. Upon return to the facility/office, the type of residence and range test will be documented into the EMU Module, Field Contact Notes. Document the range given to the participant.

2. For GPS equipment hook-ups the EM Specialist will conduct a home visit to verify the type of residence and surrounding area for staff awareness as well as review the following:

a. Instruct the offender regarding the Beacon unit and the EM Specialist will verify the Beacon placement in the residence.

b. Review the GPS tracker message alerts and the offender’s response requirements to the tracker messages.

c. Instruct the offender on the requirements of charging the tracker unit.

X. Global Positioning Systems (GPS) Inclusion and Exclusion Zones

A. The Corrections Center of Northwest Ohio will establish tracking zones when using a global positioning system for program participants.

1. An inclusion zone is an area in which the program participant must remain during a specific time frame.

a. An Inclusion Zone will be established around the program participant’s place of residency when an offender has a schedule or is restricted from leaving their residence. Place of employment(s) as well as any treatment or programming locations will have an area of interest zone established.

b. The EM Specialist will establish the appropriate zone to cover the offender’s residency, place of employment(s) as well as any treatment or programming locations. This zone will not be larger than a 1000-foot radius without the approval from the Manager of Operations.

c. The duration of the zone will be determined based on the activity of that location.

d. If an Exclusion Zone exists, an Inclusion Zone will be established for the program participant’s routes of travel to any permitted location. This route shall be the most direct route and will not permit the program participant to be within a minimum of five (5) miles of a victim’s home or employment.

2. An Exclusion Zone is an area in which the program participant will not enter. Exclusion Zones will only be assigned in Total Access by a court order.

a. A minimum of five (5) mile radius zone will be established around the residence and place of employment of the victim(s).

b. If the program participant is a sex offender, an Exclusion Zone of a minimum of five (5) miles will be established around the residence and place of employment of the victim(s).
XI. Case Notes

A. The EM Specialist will utilize the EMU Module to document the following case notes:
   1. Successful hook-up completion and indicate range testing and setting.
   2. Office visit with offender and any unusual occurrences.
   3. Field visit or Drive BI conducted.
   4. If FMD is moved, verify range test complete.

B. The EM Specialist will utilize IR Case Notes to document the following:
   1. Serious violations, to include offender’s unsuccessful removal from the program to incarceration.
   2. Any special case information or correspondence with courts (i.e., offenders working with law enforcement for drug buys or special approvals granted by the court). The Manager of Operations will be informed and will approve prior to the EM Specialist scheduling movement.
   3. Any warnings given for any program violation(s).

XII. Schedules/Movement/Program Forms

A. In order to assist the offender, the Electronic Monitoring Program has several forms to facilitate any requests. During the check-in time, Offenders will fill out and submit to the EM Specialist the Schedule and Request form with the appropriate date and time requested for scheduled time out of the residence. This schedule will include all activities the offender needs time out to complete, as previously stated. Offenders authorized to be away from home are to proceed directly from home to their destination and back home again, by the shortest route. Travel variations to include detours or stops on the way home may be considered violations. The EM Specialist will review the schedule for compliance to the program policy and either approve or disapprove the schedule. Should a schedule be disapproved, the EM Specialist will work with the offender until an approved schedule is completed. It is important that the offender use the forms correctly, and in the proper manner, so the appropriate EM staff is able to approve or disapprove the offender’s request(s).

   It is important that the offender place all the information that is known on the form. Actual work hours, time leaving the place of residence and time returning to the place of residence, shall be placed on this form. The offender must provide documentation for any movement out of the residence to the EM Specialist upon request or at the next check-in. Leaving the house for any unapproved reason, with the exception of a verified Medical Emergency, may result in being removed from the Electronic Monitoring Program. If a medical emergency occurs during office hours, the offender will contact the EM Specialist at the earliest opportunity; if it occurs after hours the offender is required to leave a message at the earliest opportunity to inform the EM Specialist of the medical emergency. The offender is required to obtain documentation verifying the location, date, and time the offender or someone in the offender’s household or offender’s immediate family member received emergency medical attention. If the offender was with a household member or immediate family member when they received emergency medical treatment, the offender must obtain documentation from the hospital stating the date and time the offender was there and who the offender was there for.

   Any additional or special circumstance schedule request to the EM Specialist (e.g., hospital visit, funeral service, or vehicle repair) will be approved by the Manager of Operations, upon recommendation from the EM Specialist. Each case will be determined on an individual basis or circumstance. Any privilege(s) may be revoked at any time by the EM Specialist and/or Manager of Operations, if the participant fails to comply as outlined in the Offender Contract and Handbook. Falsifying or attempting to give false information will result in immediate removal from the Electronic Monitoring Program.

1. Schedule and Request Form
   a. Schedules are to be submitted one week in advance and are to be strictly adhered to with the exception of medical emergencies.
      (1) All initial schedules and subsequent changes will be entered into the BI Total Access website by CCNO program staff.
   b. The offender will only be permitted to leave their residence for pre-approved and scheduled time out, which will include the following:
      (1) Work or school
(a) Any offender that has a 24 hour on-call schedule for work cannot be supervised on EMU and will be required to be supervised on GPS, at the offender’s expense. If the Judge chooses to override CCNO’s policy, the Judge will then be notified that the offender participating on EMU has a 24 hour on-call schedule that cannot be monitored appropriately.

(2) Court/legal appointments and court ordered treatment and/or community service work

(3) Doctor appointments

(4) Church

(5) Attend Parent/School Teacher conference for the participant’s child(ren)

(6) The Source or Library (for employment opportunities only): the total time the participant is absent from home will not exceed 3 hours, two (2) days per week (Monday through Friday between 8:00 a.m. and 4:00 p.m., excluding holidays). Additional time may be granted with approval from the Manager of Operations.

(7) Grocery shopping: the total time the offender is absent from home will not exceed 2 hours a week at a location approved by their EM Specialist. This privilege depends on each offender’s individual situation and will only be considered if no other person in the household can provide this service.

(8) Laundry: the total time the offender is absent from home will not exceed 2 hours a week at a location approved by their EM Specialist. This privilege depends on each offender’s individual situation and will only be considered if no other person in the household can provide this service.

(9) Haircut(s): the total time the participant is absent from home will not exceed 1.5 hours. The participant is permitted this privilege no more than one (1) time per month and must be done at a professional grooming business.

(10) Holiday gatherings with the family for Thanksgiving and/or Christmas.

2. Employment Overtime and Attendance Form
   a. The offender will use this form to document all employment schedules if they work side/odd jobs where the hours cannot be verified by an employment paycheck stub, participate in a program, or attend appointments such as AA/NA, private counseling, doctor/dentist, court/probation, The Source/Library when proper documentation is not available. This form must be filled out completely, to legibly include the authorizing person’s name and contact information.

3. Church Application
   a. The offender must complete the requested information and submit at check-in. The offender will submit one church application and is required to be at that address.
      (1) The offender will submit the requested time out for church on the Schedule and Request form each week or the offender will not be allowed to attend church service that week.
      (2) If the offender wants to attend church at a different location than previously approved, a new church application must be submitted for consideration.
   b. The EM Specialist may call the church to verify the information from the church application form. This application does not serve as verification of attending the church service; the offender must provide documentation of attending the church service every check-in day.
      (1) If the offender fails to provide proper documentation, the request for attending church services will be reviewed with the Manager of Operations for further consideration.

4. Holiday Application
   a. The holiday application will be considered for Thanksgiving and/or Christmas only and only if the offender has complied with the rules and regulations of the Electronic Monitoring Program. This privilege will be the decision of the EM Specialist and/or Manager of Operations.
   b. The offender must provide Electronic Monitoring staff with the information of the person, their address and phone number for where they will be on the date requested.
   c. This request, if approved, is subject to be denied at any time prior to the date of the event if the offender is non-compliant with any program rules or regulations.
d. Electronic Monitoring Program Staff may verify information and compliance with this request at any time.

e. The total time the offender is absent from their residence will not exceed 2 hours.

XIII. Alerts

The Corrections Center of Northwest Ohio will receive electronic monitoring alerts via cell phone twenty-four hours a day, seven days a week. Upon receipt of an alert, the on-call EM Specialist will respond immediately and follow the procedures established for the alert. When the EM Specialist receives a pageable alert, a comment will be documented in BI Total Access in the Notes section under Alerts. Each workday the EM Specialist will review the appropriate Activity Report(s) for those on their caseload and will respond appropriately to any problems indicated in the review. If an alert is generated and the EM Specialist is unable to contact or otherwise verify the location of the offender and is satisfied that the offender’s whereabouts are unknown, the EM Specialist will call the Manager of Operations and inform them of the situation. The EM Specialist will then immediately contact and assist the local law enforcement agency in their investigation of the incident. If the offender has a victim notification requirement, the EM Specialist will contact the victim or victim advocate immediately once the whereabouts of the offender are unknown.

The Electronic Monitoring Specialist/Officer set up profile cannot be changed in BI Total Access without the approval of the Director of Security & Operations.

In the event of equipment failure, the electronic equipment manufacturer will be responsible for maintaining an operable emergency base station for back-up monitoring, communication, and power. Offenders on EMU equipment may be placed on GPS if needed. 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.

The EM Specialist/On-Call staff will follow the Alert policy procedures and directly contact the assigned Supervisor for all alerts of the Juvenile and Van Wert agency offenders. The Manager of Operations will be contacted appropriately for all other offender alerts.

College students from surrounding colleges will be hired on a part-time basis as EMU Co-op. The EMU Co-op will be responsible to receive and acknowledge alerts after the EM Specialists’ hours. The EMU Co-op will follow the same protocol as outlined for the EM Specialists regarding Alerts, while documenting all actions taken. The EM Specialists will review the Alerts Log the next business day for staff awareness and resolve any equipment and/or offender issues as needed.

Escalation Alert Procedures for Total Access:

**Critical Alerts** will be received by the assigned EM Specialist who will respond immediately according to the appropriate alert protocol. If the initial EM Specialist does not respond within five (5) minutes, the alert will escalate to the next EM Specialist. That EM Specialist will immediately respond according to the appropriate alert protocol. This process will repeat until the alert is addressed. Immediately following the critical alert events, the EM Specialist will document a case note.

**Non-Critical Alerts** will be received by the assigned EM Specialist who will respond immediately according to the appropriate alert protocol. If the initial EM Specialist does not respond within thirty (30) minutes, the alert will escalate to the next EM Specialist. That EM Specialist will immediately respond according to the appropriate alert protocol. This process will repeat until the alert is addressed. The EM Specialist will document a case note at the earliest opportunity the next business day regarding the non-critical alert.

A. Radio Frequency/Electronic Monitoring Unit (EMU)

The EMU Alerts listed below will follow the procedures as outlined:

- Did Not Enter (Non-Critical)
- Phone Restore Alert (Non-Critical)
- Proximity Tamper (Critical)
- Receiver Case Tamper (Critical)
- Receiver Low Battery (Non-Critical)
- Receiver Missed Callback (Critical)
1. Upon receipt of the alert, the EM Specialist will attempt to contact the offender via home phone/cell phone to determine the accuracy of the alert. If no contact is made with the offender, the EM Specialist will call the facility to check for any messages from the offender. The EM Specialist will need to call the offender’s emergency contact, employer, check IR and contact the assigned EM Specialist, if applicable.

2. If contact was made with the offender, the EM Specialist will troubleshoot until the equipment is properly functioning.

3. If unable to resolve the issue, the EM Specialist will contact the Manager of Operations who will assist in the resolution of the problem until the equipment is functioning properly or the equipment is replaced. If necessary, approved alternative monitoring methods will be established.

4. If the EM Specialist is unable to contact or otherwise verify the location of the offender and is satisfied that the offender’s whereabouts are unknown, the EM Specialist will call the Manager of Operations and inform them of the offender’s name, how long they have been gone, their offense, when they started the program, the length of sentence, the court, and what type of sentence the offender was serving. The Manager of Operations will also be advised of any victim notification requirements.

5. If the result of the investigation indicates a program violation, the Manager of Operations will be contacted concerning the violation. The EM Specialist will notify the sentencing Judge and complete all necessary violation paperwork revoking electronic monitoring privileges.

B. Global Positioning System (GPS) Monitoring

The EM Specialist will select the appropriate monitoring service for the ExacuTrack One GPS units in Total Access. The following two options are available and will be selected based on the supervision level needed for the offender:

**Option 1:** ET One – GPS Point Collection every 1 minute, Data Transmission every 240 minutes, no AFLT, with Zone Crossing Notification: All other offenders will be placed on this option.

**Option 3:** ET One – GPS Point Collection every 1 minute, Data Transmission every 30 minutes, no AFLT, with Zone Crossing Notification / Enhanced Monitoring Service by BI, Inc.: Any offender who has an Exclusion Zone in the Rules and Schedules section in Total Access will be placed on this option.

At anytime the EM Specialist believes a different level of supervision is needed they will contact the Manager of Operations for authorization.

1. Critical Alerts
   a. Exclusion / Master Zone Enter and Exclusion / Master Zone Leave Alerts
      (1) BI will monitor Exclusion/Master Zone alerts Monday through Friday from 1600 to 0800 and all weekends and holidays. Upon receipt of an Exclusion Zone Enter alert during this time frame:
         (a) The EM Specialist will update Total Access with the appropriate responding Law Enforcement Agency contact information. BI will contact that Law Enforcement Agency to assist in the apprehension of the offender.
         (b) The Electronic Monitoring Specialist who receives the alert will contact Law Enforcement to assist with the offender’s location and attempt to contact the offender for a response.
         (c) CCNO Central Control will be notified of the Exclusion/Master Zone alert and will be advised by BI which EM Specialist to contact.
(2) If the EM Specialist receives an Exclusion Zone Enter alert within office hours, the EM Specialist will immediately contact and assist the local Law Enforcement Agency in apprehension of the offender.

(3) The EM Specialist will immediately review the offender’s GPS mapping playback *Find Client*.

(4) If the result of the investigation indicates a program violation, the EM Specialist will instruct the offender to remain in their residence until further notice and contact the Manager of Operations concerning the violation.

(5) The EM Specialist will notify the sentencing Judge and complete all necessary violation paperwork revoking electronic monitoring privileges.

The GPS Critical and Non-Critical Alerts listed below will follow the procedures as outlined:

- Beacon Moving (Non-Critical)
- Failed to Enter Inclusion Zone (Non-Critical)
- GPS Jam Detect (Non-Critical)
- GPS Jam Reset (Non-Critical)
- Inclusion Zone Leave (Non-Critical)
- No Position Fix (Critical)
- Tracker Case Tamper (Critical)
- Tracker Low Battery (Non-Critical)
- Tracker Missed Callback (Critical)
- Tracker Strap Tamper (Critical)

1. Upon receipt of the alert, the EM Specialist will attempt to contact the offender via home phone/cell phone to determine the accuracy of the alert, unless the mapping indicates a solar flare. If no contact is made with the offender, the EM Specialist will call the facility to check for any messages from the offender. The EM Specialist will need to call the offender’s emergency contact, employer, check IR and contact the assigned EM Specialist, if applicable.
   a. The EM Specialist will attempt to contact an offender with an Exclusion Zone, regardless of what the mapping indicates, to determine the accuracy of the alert.

2. The EM Specialist will immediately review the offender’s GPS mapping playback *Find Client*.

3. If contact was made with the offender, the EM Specialist will troubleshoot until the equipment is properly functioning.

4. If unable to resolve the issue, the EM Specialist will contact the Manager of Operations who will assist in the resolution of the problem until the equipment is functioning properly or the equipment is replaced. If necessary, approved alternative monitoring methods will be established.

5. If the EM Specialist is unable to contact or otherwise verify the location of the offender and is satisfied that the offender’s whereabouts are unknown, the EM Specialist will call the Manager of Operations and inform them of the offender’s name, how long they have been gone, their offense, when they started the program, the length of sentence, the court, and what type of sentence the offender was serving. The Manager of Operations will also be advised of any victim notification requirements.

6. If the result of the investigation indicates a program violation, the Manager of Operations will be contacted concerning the violation. The EM Specialist will notify the sentencing Judge and complete all necessary violation paperwork revoking electronic monitoring privileges.

7. The EM Specialist will receive an Inclusion Zone Enter alert upon the offender’s return.

C. Transdermal Alcohol Detection Alerts

1. Critical Alerts
   a. TAD Alcohol Threshold Exceeded Alerts
      (1) The EM Specialist will receive an alert at .04 of an alcohol event
      (2) The EM Specialist will monitor the graph(s) received from BI, to corroborate the Threshold Alert.
      (3) The EM Specialist will contact the offender to evaluate the situation.
(4) The EM Specialist will contact the Manager of Operations to initiate BI contact for confirmation of the alcohol event.

(5) To request an alert confirmation from BI the EM Specialist will send an email to TADConfirmation@bi.com and submit the following information as outlined:

(a) Subject: TAD Alert Confirmation
(b) Client Name:
(c) Agency Name:
(d) Agency #: 
(e) TAD Serial #: 
(f) HomeBase Serial #: 
(g) Alerts requiring confirmation:
(h) Date/time of alerts:
(i) Client Occupation:
(j) Requested reply recipient and email address:

The TAD Critical and Non-Critical Alerts listed below will follow the procedures as outlined:

- Did Not Enter (Non-Critical)
- Phone Restore (Non-Critical)
- Receiver Case Tamper (Critical)
- Receiver Low Battery (Critical)
- Receiver Missed Callback (Critical)
- Receiver Power Loss (Critical)
- Receiver Power Restore (Non-Critical)
- TAD Alcohol Threshold Exceeded (Critical)
- TAD Proximity Tamper (Critical)
- TAD Strap Tamper (Critical)
- Tamper Reset (Non-Critical)
- Unauthorized Leave (Critical)

1. Upon receipt of the alert, the EM Specialist will attempt to contact the offender via home phone/cell phone to determine the accuracy of the alert. If no contact is made with the offender, the EM Specialist will call the facility to check for any messages from the offender. The EM Specialist will need to call the offender’s emergency contact, employer, check IR and contact the assigned EM Specialist, if applicable.

2. If contact was made with the offender, the EM Specialist will troubleshoot until the equipment is properly functioning.

3. If unable to resolve the issue, the EM Specialist will contact the Manager of Operations who will assist in the resolution of the problem until the equipment is functioning properly or the equipment is replaced. If necessary, approved alternative monitoring methods will be established.

4. If the EM Specialist is unable to contact or otherwise verify the location of the offender and is satisfied that the offender’s whereabouts are unknown, the EM Specialist will call the Manager of Operations and inform them of the offender’s name, how long they have been gone, their offense, when they started the program, the length of sentence, the court, and what type of sentence the offender was serving. The Manager of Operations will also be advised of any victim notification requirements.

5. If the result of the investigation indicates a program violation the Manager of Operations will be contacted concerning the violation. The EM Specialist will notify the sentencing Judge and complete all necessary violation paperwork revoking electronic monitoring privileges.

XIV. The Beacon

The beacon will be placed in the home on a solid surface 3 feet from the ground and not on a metal or electronic surface and not in direct sunlight or lamp. Once placed in a general vicinity in the residence (preferably in the bedroom), the beacon will remain in that area and not be moved or carried around. The beacon is a tool used to conserve the GPS battery life on the transmitter.
XV. Notification of the Electronic Monitoring Specialist

A. The offender will call their EM Specialist at the appropriate office (at CCNO 419-428-3800 Ext. 447 or Toledo 419-475-1488) during office hours of 8:00 A.M. to 4:00 P.M. Monday through Friday, weekends and holidays excluded, with any unexpected schedule changes. If the EM Specialist is not immediately available, the offender will leave a message. The EM Specialist will return the call when they are available. No schedule is approved until the EM Specialist and offender speak to each other. Under NO circumstances will the offender leave the residence without first speaking to the EM Specialist for a non-emergency situation. Leaving a message does not mean that the request has been approved. The EM Specialist will return the call to the offender when available and the request can be made at that time. The request must be submitted 24 hours prior to the desired change and must be for an unexpected appointment or activity.

B. After hours the assigned EM Specialist has a voice mail extension which will only be used for work schedule changes (e.g., if you have mandatory overtime that requires you to report to work early or work later than expected). Voice mail after hours will also be used to inform the assigned EM Specialist if the offender has or had a medical emergency.

1. After Hours Voice Mail Extensions are as follows to CCNO at 419-428-3800:
   Extensions 821, 822, and 823

XVI. Program Costs

A. All Electronic Monitoring offenders will be assessed a monitoring fee. Offenders are expected to make the first week’s payment prior to placement on the program and weekly payments thereafter until released from the program. At time of orientation and placement on the program the offender will sign the Financial Agreement (refer to Attachment 4208-I).

1. EMU fee is $70.00 per week ($10.00 per day).
2. TAD Alcohol only fee is $77.00 per week ($11.00 per day).
3. TAD with RF Monitoring fee is $85.75 per week ($12.25 per day).
4. GPS fee is $98.00 per week ($14.00 per day).
5. TAD+GPS fee is $175.00 per week ($25.00 per day - two transmitters).

B. If an offender is sentenced to 10 days or less, the total amount due will be paid prior to the start of the program.

C. An offender may be granted indigent by the court for EMU, but if an offender is granted indigent for GPS or TAD, the offender is required to pay the difference from the EMU cost.

D. All program fees will be collected by the program staff. Under no circumstances will funds be left unsecured overnight. Offenders will immediately receive the original receipt. The EM Specialist assigned to work the four-county office will attach a copy of the receipt to the payment and will drop it in the M-100 unit safe for the Community Corrections Account Clerk (CCAC). The EM Specialist(s) assigned to the Toledo office will deposit all payments at the bank within 24 hours of being received. If deposits cannot be made, payments must be kept in a secure location. A copy of the receipt(s) will be attached to the bank deposit slip and submitted to the Community Corrections Account Clerk (CCAC).

E. A payment ledger will be maintained by the CCAC for each offender.

   1. The payment ledger headings will include date, name, amount of payment, form of payment, and total amount.
   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 stats be maintained for three (3) fiscal years after an audit before being destroyed.

F. Non-payment of fees

   1. Program staff will send notification to the appropriate court for offenders failing to remain current on program fees at the time of their office visit. The offender will have the following consequence, as agreed by the sentencing Judge:
a. If sentenced by Toledo Municipal Court, the offender will be taken into custody immediately and returned to CCNO. Program staff will prepare and fax notification to the court.

b. If sentenced by Sylvania Municipal Court, the EM Specialist will contact the court during the office visit with the offender to inform of arrears.
   (1) As instructed by the court, the EM Specialist and offender will receive and sign confirming the court date for a notice to appear in court due to the electronic monitoring program violation, for failure to pay electronic monitoring fees as scheduled.
   (2) Program staff will prepare and fax notification to the court.

c. Any offender sentenced from the following courts and in violation of program rules including, but not limited to, their failure to remain current on program fees, shall be taken into custody immediately and returned to CCNO. For the purposes as ordered by the specified courts within this section c, “failure to remain current on program fees” is described as delinquent in excess of fourteen (14) days. Immediate notification of the offender’s violation will be faxed to the court by program staff the next business day. The courts which have granted a pick up order for offender program violations are:
   (1) Defiance Co. Common Pleas Court
   (2) Fulton Eastern District Court
   (3) Fulton Western District Court
   (4) Henry Co. Common Pleas Court
   (5) Napoleon Municipal Court
   (6) Williams Co. Common Pleas Court
   (7) Bryan Municipal Court

d. If sentenced by other Four County area courts not listed above, the Program staff will send a letter to inform the court when the offender is one (1) week behind in payments and recommend removal from the program and await further order from the court.

2. Fees are to be paid regularly on a weekly basis as instructed by the sentencing court.

G. Any revision of program costs will be approved by the Executive Director, the Regional Planning Board, and the CCNO Board.

H. Money Orders, cash, cashier checks, or J-Pay are the only acceptable forms of payment.
   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, purposeful destruction, or failure to return Electronic Monitoring equipment will be the offender’s responsibility, as agreed upon by the offender’s signature during the initial orientation and hook-up. The CCNO reserves the right to file charges or to bill the offender for destruction of property or any other applicable charges for the purpose of recouping program costs. This includes cutting the GPS and/or TAD ankle strap by anyone other than CCNO staff.

J. If an offender is removed for violating the program, the current week’s fees will not be refunded due to increased staff responsibilities to process the unsuccessful termination. Any additional refund owed will be automatically refunded and mailed within 6-8 weeks after the offender’s release date. If the refunded check is returned due to an incorrect address, CCNO will hold the check for up to 30 days.

XVII. Substance Abuse Testing

A. Program 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 be limited to, the following:
   1. Information received from informant (e.g., spouse, another client, etc.)
   2. Violation of curfew
   3. Slurred or distorted speech
4. Physical symptoms (odor, pupil abnormalities, etc.)
5. Extensive history of substance abuse
6. Sudden mood swings or personality changes

B. All offenders may be required to submit to a full screen urinalysis after completing 30 days in the program, and randomly while on the program. A random UA will be administered as needed.

C. Offenders experiencing on-going problems with substance abuse may be directed to participate in substance abuse treatment and/or attend sobriety support groups (e.g., AA, NA, etc.).
1. 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 agency’s program letterhead and turned into the Electronic Monitoring Specialist.
2. The EM Specialist will utilize the IR Case Management System to document drug and/or alcohol testing

XVIII. Violations

A. The Electronic Monitoring 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 from program staff, the court of jurisdiction and disciplinary procedures as outlined in the Offender Disciplinary Procedures Policy #4610.
   a. As instructed by Sylvania Municipal Court, the EM Specialist will schedule a court date/time for the offender to appear in Sylvania Municipal Court and have the offender sign acknowledging the court date and time (see Attachment 4208-L) due to the TAD Violation.
   b. Once the court date is scheduled and the offender signs and receives the acknowledgement, the EM Specialist will then remove the transmitter from the offender.
   c. Program staff will prepare and fax notification to the court and the Manager of Operations.

B. Minor Violations
1. Minor rule violations (e.g., returning home from work 15 minutes late) will be dealt with informally by program staff and will be recorded in the IR Case Management System.
2. Sanction options may include:
   a. Verbal reprimand
   b. Increased level of monitoring
   c. Case conference with program staff
   d. Revoke privileges excluding work schedule, court/legal appointments, medical appointments and/or medical emergency
   e. Voluntary community service
3. The nature of the minor violation and action taken will be documented in the offender’s file as needed. A case note will be added in IR and BI Total Access.
4. Continued minor violations may lead to the removal from the program and issuance of a violation report to the sentencing judge/probation.
5. A copy of the violation report will be submitted to the Manager of Operations.

C. Major/Serious Violations
1. Serious violations include, but are not limited to, law violation, substance abuse, a pattern of habitual violations, failure to pay program costs, unauthorized movement and failure to return home for an extended period of time when the whereabouts of the offender are unknown and the movement was not authorized or verifiable as outlined in the policy, refer to Section XII. Schedules/Movement/Program Forms, A., 1., a. and b.
2. 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 immediately or the next business day if the incident occurred in the evening or on the weekend.
   b. A copy of the report will be immediately forwarded to the Manager of Operations.
3. 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

4. Arrests for serious and heinous crimes will be reported immediately to the Manager of Operations and the court of jurisdiction.
   a. Serious incidents that occur will be reported and forwarded up the chain of command. A copy or written notification of the serious incident will be submitted by the Manager of Operations to the Bureau of Community Sanctions within two (2) business days of the time the incident occurred or was reported.

5. Those who fail to complete the program will be referred back to the adjudicating authority by the program staff for violation proceedings; serious violations will result in an offender being removed and taken to CCNO. (In the case of Lucas County, the offender will be taken to the Lucas County Jail for transport to CCNO.)

6. The nature of the serious violation and action taken will be documented in the offender’s file as needed. A case note will be added in IR and BI Total Access.

D. The Manager of Operations will be notified of any program violation(s) and will determine if the offender will be violated and taken into custody for removal from the program.

XIX. Program Participation Reports

A. BI Total Access 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 Electronic Monitoring staff to utilize stored information and provide reports when appropriate.

B. The Electronic Monitoring program will also utilize the following documents:
   1. Schedule and Request form (refer to Attachment 4208-M, pg.48)
      a. The offender must submit a weekly form for the purpose of verifying their current employment status (current pay stub), residence, and contact information. This form will be placed in the offender’s case file.
      b. The EM Program staff will utilize the IR Case Management System to document the following information:
         (1) Successful hook-up completion and indicate range testing and setting
         (2) Office visit with offender and any unusual occurrences or warnings
         (3) Field visit contacts
         (4) Note if FMD is moved, verify range test complete.
   2. Special Reports
      a. Staff will, on occasion, prepare special reports on CCNO letterhead (e.g., serious violations, progress reports) to be forwarded to the Collateral Officer or the court of jurisdiction with a copy to the Manager of Operations and the offender’s case file.
      b. Additionally, staff may be required to prepare reports containing special information requested by the Collateral Officer.
      c. Violation and termination reports will be forwarded to the court of jurisdiction and Collateral Officer; however, it will be the responsibility of the Collateral Officer/Court to request specific information.
      d. Every effort will be made to respond to all requests in a timely manner.
   3. Monthly Composite Reports
      a. The Community Corrections Secretary will prepare monthly reports to be submitted up the chain of command to the Executive Director delineating the involvement and progress of offenders under that respective court’s jurisdiction. This is to include the following, but not be limited to:
         (1) The number of offenders accepted/rejected placed per jurisdiction.
         (2) The number of offenders terminated and type of termination.
         (3) The number of serious violations and types of violations.
      b. Reports will be provided to the courts upon their request.
   4. Yearly Report
      a. The CCA Program Director or designee will prepare an annual (fiscal) program report to be submitted to the Bureau of Community Sanctions.
      b. It will summarize activities for the year.
      c. It will be presented no later than September 30 of the following fiscal year.
d. These reports will be consistent with the offender’s rights to confidentiality and privacy.

e. All records pertaining to the supervision of Community Corrections offenders will be in accordance with the CCNO record retention policy.

XX. 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. If an offender is removed from the Electronic Monitoring program, the offender's termination will be deemed “unsuccessful” and so documented in the file. 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. The CCNO order of removal also serves as notification to Law Enforcement for transportation of program violators back to CCNO.
   a. That offender will not be eligible to participate in the program again for twelve (12) months. If the offender has absconded while on the program, they are not eligible 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 are unknown for 24 hours, or when the EM Specialist is reasonably certain that the offender has absconded within a 24 hour period, may be considered to have absconded. For the Four County courts, the EM Specialist will prepare a violation report and forward to the sentencing court with a request that a warrant be issued. For offenders sentenced out of Lucas County, the EM Specialist will prepare a Crime Report to be filed with the Toledo Police Department and an Affidavit Warrant To Issue document will be filed with the Toledo Municipal Court.
      (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.
      (5) Failure to pay program fees.
   c. An Incident Report will be prepared stating the program violation and faxed to the appropriate court and scanned to the email of the Manager of Operations, Fiscal Department, and Community Corrections Account Clerk.

2. Program staff will coordinate with the appropriate law enforcement agency to assist with remanding an offender back into custody from the field.

3. The Manager of Operations will be contacted to determine if an offender will be taken into custody. Once it is determined that an offender will be taken into custody, the EM Specialist or program staff will:
   a. Have the offender remove all items from their person and place in a bag.
   b. Pat-down the offender to ensure all items were removed from their person.
   c. Handcuff the offender immediately and complete necessary paperwork for transport to jail.

C. Termination Procedure

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. If the equipment is in any way damaged, it will be forwarded to the vendor for repair.
      (1) If an offender absconds, a member of the program staff will immediately make arrangements to visit the offender’s residence in an attempt to locate and recover Electronic Monitoring equipment.
(2) If the equipment is damaged or not recovered, the offender will be held financially responsible for the replacement cost and legal fees accrued in attempting to collect any costs incurred.

(3) Theft charges will be filed with the appropriate jurisdiction within seven (7) days of the incident.

b. The offender will be released from CCNO IR and BI Total Access.

c. A termination report will be forwarded to the court of jurisdiction and the Manager of Operations.

d. A CCIS Termination Form (refer to Attachment 4208-H) will be completed by the program staff and submitted to the Community Corrections Secretary for statistical purposes. The CCIS Termination Form will be forwarded to the Division of Parole and Community Services via the ODRC web page within fourteen (14) days of the program offender’s termination.

(1) Note item 9 on the CCIS Termination Form

(a) The entry made for offenders with sentences of fourteen (14) days or less who will be paid but not receive a pay stub should reflect the gross wage amount with a notation “short term, self report from the offender”.

(b) Offenders with sentences of fourteen (14) days or more will reflect the actual gross amount earned on the offender’s pay stubs.

(c) Round amount to the nearest dollar.

(d) Pay stub totals in the offender file must equal the gross amount entered.

XXI. Release Process

A. Officially, the offender’s time of release is 09:00 AM on the date of the release. However, the week before the scheduled release, the offender and Electronic Monitoring staff will discuss the time that will be set for the offender and what will happen the day of release as well as review the offender’s balance to ensure all fees are paid in full prior to the offender’s release. All equipment, including the transmitter, the FMD, phone cord, and power cord, must be returned to the Electronic Monitoring office in good condition, as instructed.

1. The offender must not remove the transmitter from their ankle. The transmitter must be worn until all equipment is returned to the Electronic Monitoring office as instructed.

   a. If the electronic monitoring equipment is not returned within three (3) business days, the program participant will be charged with theft and/or criminal mischief.

XXII. Electronic Monitoring Equipment Security, Maintenance and BI Customer Service

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. All calls to BI Customer Service will be completed by the Manager of Operations, unless otherwise delegated to the EM Specialist.

C. The Manager of Operations will be responsible for ordering additional equipment.

D. Service calls for repairs by vendors and/or vendor service personnel must be authorized by the Director of Security & Operations.

E. Preventive maintenance of Electronic Monitoring equipment will be the responsibility of the Manager of Operations who will establish a service log and coordinate regular checks. Equipment will be inspected after each removal for needed repairs and, if necessary, program staff will inform the Manager of Operations regarding the nature of the problem(s) when forwarding the equipment for repair. Each piece of equipment will be checked at least annually during the inventory audit.

F. TAD equipment will be returned to BI as needed according to recalibration dates.

G. It is the responsibility of the Manager of Operations to ensure that all equipment is inventoried for accuracy.
1. When not in use each unit will be stored in the proper storage box. The serial numbers of the transmitters, home base unit, and storage box will all correspond with the inventory spreadsheet.

2. It is the responsibility of the Manager of Operations to ensure that all units are rotated in use. Additionally, all owned units will be returned to the manufacturer for updates as designated in the maintenance agreements.
   a. EMU: Each unit to be returned a minimum of once every six (6) months. To maintain an adequate inventory, 20 units will be returned for service each month.
   b. GPS: Each unit to be returned a minimum of once every six (6) months.
   c. TAD Owned: Each unit to be returned once every six (6) months.
   d. TAD Rental: Rental units will be returned as needed according to recalibration dates.
      (1) All CCNO owned units will always be utilized first. If no owned units are available, the rental units will be used until a CCNO owned unit becomes available. The rental unit will be replaced with the owned unit the same day the owned unit becomes available.
      (2) The Manager of Operations will take daily inventory of all rental equipment. Equipment exceeding the allotted surplus will be returned to BI the same day.

H. According to CCA guidelines, after five (5) years equipment purchased by grant funds is to be transferred (or salvaged) to the property of the Corrections Center of Northwest Ohio. A letter to the Bureau of Community Sanctions requesting the transfer or salvage of equipment will include the following information:
   1. Item description (i.e., make/model/year if applicable)
   2. Serial or VIN number
   3. Date of purchase
      a. An inventory list will be maintained for equipment transferred or salvaged and will include the same information above and the following:
         (1) Transfer or salvage clarification
         (2) Date of transfer or salvage

XXIII. Staff Training

A. All employees assigned to work with the Electronic Monitoring 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.

B. All program staff will be required to complete in-service training at a rate of a minimum of 40 hours per year and any training required by the Bureau of Community Sanctions.
   1. Additional specialized training may be required as equipment or the program is modified or updated.
MEMORANDUM OF UNDERSTANDING

The Court of __________________________ (Court ), __________________________ (address)
wishes to utilize the services of the Electronic Monitoring Program of the Corrections Commission of Northwest Ohio (CCNO), 03151 County Road 24.25, Stryker, OH 43557.

At the request of CCNO and consistent with and subject to the purposes, the Court will:

a. Contact the CCNO Manager of Operations at 419-428-3800 ext. 445 to arrange for placement of the offender on the program.

b. Send all applicable client enrollment information, including copy of the Court Commitment with offender’s name, case number, current charge, and length of time on the program, biographical information, and land line information, to fax number 419-428-5802.

CCNO will:

a. Arrange a time with the offender to start the program.

b. Hook-ups will be conducted between the hours of 9:00 A.M. and 2:00 P.M. Monday through Friday, excluding CCNO holidays.

*** This is considered courtesy supervision. The cost of the program is $10.00 per day. Program fees are expected to be paid in full prior to the start of the program. Technical violations will not be tolerated. Any technical violation of program rules will be considered as failure to complete the program, which will result in immediate removal of the monitoring equipment, and the offender will be referred back to the court. The court will be notified of the offender’s program status at that time.

Signed and Agreed to:

__________________________________________

(Authorized Court Agent)

__________________________________________

(Corrections Commission of Northwest Ohio)
CORRECTIONS CENTER OF NORTHWEST OHIO

ELECTRONIC MONITORING PROGRAM
HOMEOWNER / PRIMARY TENANT
HOME VERIFICATION AGREEMENT

In accordance with authority conferred by the Corrections Center of Northwest Ohio and the committing jurisdiction, __________ has been placed on the CCNO Electronic Monitoring Program. 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. 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 Electronic Monitoring 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 Electronic Monitoring 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 the Electronic Monitoring Program 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 offender’s 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
CCNO Electronic Monitoring Program
Eligibility Agreement

Offender Name: ________________________________________________

Address of Hook-up: ____________________________________________

City/State/Zip: ________________________________________________

** Vonage, magicJack, Sprint and Verizon Wireless do NOT work with CCNO EMU equipment **

Landline Phone # for Hook-up: __________________________________

Contact Person: ________________________________________________

In order to be placed on the Electronic Monitoring Program, I agree to do the following:

1. On ________________________, I agree to have transportation at the Lucas County Jail by 8:00 A.M. or by 7:00 P.M., as instructed.

   Initials: ______

2. I agree that when I leave the CCNO bus, I will report DIRECTLY to the monitoring office, located at the Hamilton Building, 525 Hamilton St., Suite 104, Toledo, Ohio, office # 419-475-1488.

   Initials: ______

3. I agree that I MUST have my first payment in the form of cash or money order in the amount of $70.00 for EMU, $85.75 for TAD, or $98.00 for GPS at the time of my hook-up. I further agree to remain current on my program fees each week thereafter while on the monitoring program.

   Initials: ______

4. I agree that failing to provide payment or not adhering to any of the above conditions will result in me being placed back on the CCNO bus and returned immediately to CCNO to serve the balance of my sentence.

   Initials: ______

5. I agree that failing to report to the Electronic Monitoring Office, as instructed for my hook-up, will result in an ESCAPE charge being filed.

   Initials: ______

Offender Signature ___________________________ Date ____________

Case Manager Signature ________________________ Date ____________
COMMUNITY REPORT

TO:
ATTN: ID

Please be informed of the following:

Inmate Name: ___________________________ Social Security #: ________________
Court/Case Number: _____________________ DOB: _______________________
Date placed on EM: ________________ Proposed release date: ________________
Home address: _________________________________________________
Home phone: ________________ Transmitter #: _______________________

Please contact me for clarity of any information and offender status.
Sincerely,

EM Specialist

EXCLUSION ZONE NOTICE FOR VICTIM:

☐ Yes, see following commitment

Exclusion Zone Address for Victim:

☐ No Exclusion Zone
Placement Of Offender on the Electronic Monitoring Program

DATE:

COURT:

JUDGE:

DEFENDANT:

CASE NUMBER:

Your Honor:

Please be informed that the above person was placed on the Electronic Monitoring Program on ________________. This placement was the result of a commitment from your court and will be on until ________________. If you have any questions or concerns, please contact our office. Thank you.

Sincerely,

________________________________________
EM Specialist

You will be notified when this offender has completed the program.

Successful Completion Date: _______________ Unsuccessful Completion Date: _______________

Financial Program Status: ☐ Paid In Full ☐ Indigent ☐ Owes: _______________

________________________________________
EM Specialist
TO THE CANDIDATE OF THE ELECTRONIC MONITORING PROGRAM:
You have been given an opportunity by the court to participate in the Electronic Monitoring Program at the Corrections Center of Northwest Ohio.

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.

Please provide the following information when reporting to the Corrections Center:
1. Most recent pay stub.
2. Driver’s license.
3. Letter from your employer verifying your employment with the company, address of your work location, your rate of pay, and your daily work schedule. The letter MUST be signed by your work Supervisor.
4. If you are self-employed you are required to provide a 1099 Tax form for verification, prior to being permitted out to work.
5. Mandatory attendance requirements for any court ordered or recommended substance abuse counseling, community service programs, etc.
6. A payment of $70.00 EMU, $77.00 TAD only, $85.75 TAD with curfew monitoring, or $98.00 GPS is required on the day you’re hooked up and a weekly fee as agreed must be paid thereafter for the remainder of your time on the program in the form of cash, money order, cashier’s check or J-Pay (you will receive a receipt for payment made). Daily Program fees are $10.00 EMU, $11.00 TAD only, $12.25 TAD with curfew monitoring, or $14.00 GPS. Should you happen to pay over the total amount due by the end of the Program, you will receive a refund check within 6 to 8 weeks.

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 Electronic Monitoring staff once a week and are subject to random alcohol/drug testing.

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.

Once you are on the Electronic Monitoring Program you will be required to schedule all appointments in advance. To schedule any work, school, or other appointments, please contact Program staff between the hours of 8:00 A.M. and 4:00 P.M. Monday through Friday (Weekends and Holidays excluded). You must speak to Program staff directly to schedule all appointments.
# CCIS – Intake Form
## Required Fields

1. **County No.:** 
   - 86 (Williams Site #268)
   - ☐ EMU
2. **Last Name:** 
   - First Name: 
   - ☐ GPS
3. **DOB:**
4. **Funded Program Type:** 
   - 804 Electronic Monitoring
5. **Reason Place:** 
   - 1 = Community Control 
   - 2 = Judicial Release 
   - or 
   - 9 = Pretrial Status
   - Disposition:
6. **Social Security #:**
7. **Case Number:**
8. **Start Date:**
9. **Sex:**
10. **Race:**
11. **Hispanic:**
12. **Marital Status:**
13. **County of Conviction:**
14. **Education:** 
   - GED = 12
15. **Employed at Time of Program Admission:** 
   - 1 – Yes 
   - 2 – No
16. **History of Drug Abuse:** 
   - 1 – Yes [if 3+ prev. convictions] 
   - 2 – No
17. **History of Alcohol Abuse:** 
   - 1 – Yes [if 3+ prev. convictions] 
   - 2 – No
18. **Level / Most Serious Instant Offense:**
19. **Offense Category (Most Serious Instant Offense):**
20. **Total # of Prior Felony Convictions:** 
   - 
21. **Previous Conviction of Violent Offense?** 
   - 1 – Yes 
   - 2 – No
22. **Total # Adult & Juvenile Convictions** 
   - (excluding moving Traffic Violations) 
   - 
23. **Is the Offender Required to:** 
   - ☑ Pay Supervision Fees
24. **St/Fed Prison:** 
   - 0 – None
25. **Does Offender Need Psych / Mental Counseling?** 
   - 2 – No
26. **PSI / PV Recommendation:** 
   - ☑ None Included
CCIS – Termination Form
Required Fields

(Williams Site #268)

1. Last Name: [ ] EMU
   [ ] GPS
   [ ] TAD

2. DOB:

3. Funded Program Type: 804 Electronic Monitoring

4. Reassessment 2 – Termination

5. Reassessment / Termination Date:

6. Employment Status at Time of Reassessment / Termination

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td>FT</td>
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<tr>
<td>PT</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Unemployed/Lost Job since Intake</td>
<td>Unemployed</td>
<td>Unemployable (SSI)</td>
<td>Retired</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Type of Offender Fees Collected While in Program:
   (Check all that apply)
   - [ ] Restitution
   - [ ] Court Costs and/or Fines
   - [ ] Child Support
   - [ ] Supervision
   - [ ] Other Program Fees
   - [ ] None

8. Other Services Provided While in Program:
   - [ ] Drug and Alcohol Testing
   - [ ] Drug and Alcohol Testing
   - [ ] Receive Drug Abuse Counseling
   - [ ] Receive Alcohol Abuse Counseling
   - [ ] Receive None

9. Amount of Money (Gross) Earned Since Intake:
   (Round to nearest dollar)
   ________ 0.00 = None

10. Amount of Restitution Paid Since Intake:
    ________ 0.00

11. Amount of Court Costs and/or Fines Paid Since Intake:
    ________ 0.00

12. Amount of Child Support Paid Since Intake:
    ________ 0.00

13. Number of Community Service Hours Completed:
    ________ 0

14. Did Offender Complete Home Detention, Electronic Monitoring, or Curfew Monitoring Since Intake/Last Reassessment?
    |   |   |   |   |
    Y | N | ACT | N/A |

15. Did Offender (Check all that apply):
   - [ ] Receive Drug Abuse Counseling
   - [ ] Receive Alcohol Abuse Counseling
   - [ ] Receive None

16. Was Offender Convicted of a Felony Since Intake?
    |   |   |
    Y | N |

17. Reason for Termination from Program:
    |   |   |   |   |   |   |   |   |
    Suc | UTV | UMis | UFel | --- | AdRel | Oth | N/A |

18. Offender Status at Termination:
    |   |   |   |   |   |   |   |   |
    RelCC | TrBS | TrfOthrPg/Sanc | TrO | Pris | Jail | Absc |
    |   |   |   |   |   |   |   |
    8 | 9 | 10 | 11 | 12 | 13 | 14 |
    OthCh | Adm | Death | Oth | N/A | TrHSP | TrCBCF |

Numbers 19, 20, 21 Required for CBCF Only
**Corrections Center of Northwest Ohio ~ Electronic Monitoring Program**  
**Financial Agreement**

**Offender’s Name** ________________________________  
**File #** ________________________________

**In-Date** ________________________________  
**Out-date** ________________________________

You have been accepted into the Electronic Monitoring Program and will be responsible for the following Program fees:

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate per Day</th>
<th>Days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of days on RF/EMU Monitor</td>
<td>$10.00</td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td># of days on TAD Alcohol Only</td>
<td>$11.00</td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td># of days on TAD w/RF Monitor</td>
<td>$12.25</td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td># of days on GPS Monitor</td>
<td>$14.00</td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td># of days on TAD and GPS</td>
<td>$25.00</td>
<td></td>
<td>$_______</td>
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<tr>
<td>(two transmitters)</td>
<td></td>
<td></td>
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</tbody>
</table>

**Other charges** ______________________________________  
$_______

**Total amount due:** $_______

I further agree, if I am declared indigent by the Court, I am required to pay the amount over $10.00 per day (based on equipment type), weekly and for the remainder of my time on the program.

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 within 6 to 8 weeks after your release date. If you violate program rules, you are required to pay for the remainder of that week you were removed from the program, based on your hook-up day/date.

**Offender’s Signature** ________________________________  
**Date** ________________________________

**EM Program Staff Signature** ____________________________  
**Date** ________________________________

(Community Corrections Account Clerk use only)

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate per Day</th>
<th>Days</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon release you served</td>
<td></td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td>days x $_____ per day</td>
<td></td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td>Other charges</td>
<td></td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td>Total amount received</td>
<td></td>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td>Amount refunded to offender</td>
<td></td>
<td></td>
<td>$_______</td>
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</tbody>
</table>

**Community Corrections Account Clerk** ________________________________  
**Date** ________________________________
CORRECTIONS CENTER OF NORTHWEST OHIO

Community Corrections Programs
Home/Field Contacts Form

Offender’s Name: _______________________________ Date: ________________

Program: □ Electronic Monitoring

Visit Type: □ Home Visit □ Work Site □ Drive BI

Home Visit: □ Yes □ No □ N/A

Home Visit Comments: ______________________________________________________

Work Site Visit: □ Yes □ No □ N/A

General Comments: __________________________________________________________

* * * * * * * * * * * * * * * * * * * * * *

Program: □ Work Release □ HITT □ CPW

Visit Type: □ Work Site

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: _________________________________________________________

__________________________ Date________________________

Community Corrections Staff Signature
**Case Record Audit**

Offender Name: _______________________________   File Audit Date: __________________________

File status at audit:  [ ] Active   [ ] Closed

<table>
<thead>
<tr>
<th>Documents Reviewed ~ Compliant</th>
<th>Deficiency Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment</td>
<td></td>
</tr>
<tr>
<td>IR Biographic Profile form</td>
<td></td>
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<tr>
<td>Offender Contract</td>
<td></td>
</tr>
<tr>
<td>Home Owner Agreement</td>
<td></td>
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<tr>
<td>Financial Agreement</td>
<td></td>
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<tr>
<td>Court Notification</td>
<td></td>
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<tr>
<td>Community Notification</td>
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<tr>
<td>CCIS Intake</td>
<td></td>
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<tr>
<td>Schedule &amp; Request form</td>
<td></td>
</tr>
<tr>
<td>Pay Check stubs and/or other appropriate verification, as required</td>
<td></td>
</tr>
<tr>
<td>Home/Field Contact Form, if applicable</td>
<td></td>
</tr>
<tr>
<td>CCIS Termination</td>
<td></td>
</tr>
<tr>
<td>Money amount (Gross) earned since Intake</td>
<td></td>
</tr>
</tbody>
</table>

**Audit by** (signature):

Manager of Operations: _______________________________

**Corrective Action Taken, if necessary:** _______________________________

_________________________________________
SYLVANIA MUNICIPAL COURT
6700 MONROE ST.
SYLVANIA, OH 43560
(419) 885-8974
FAX (419) 885-5724

DATE: ______________________________

NOTICE TO APPEAR IN COURT DUE TO TAD VIOLATION

YOU ARE HEREBY ORDERED TO APPEAR IN SYLVANIA MUNICIPAL COURT ON:

DATE: ____________________ @ 8:30 AM

YOU HAVE VIOLATED TAD DUE TO:

☐ FAILURE TO PAY PROGRAM FEES
☐ BEING ARRESTED ON NEW CHARGES
☐ TESTING POSITIVE FOR ALCOHOL
☐ OTHER: __________________________________________

THE COURT DATE LISTED ABOVE IS MANDATORY APPEARANCE. FAILURE TO APPEAR IN SYLVANIA MUNICIPAL COURT ON _______________________ @ 8:30 AM WILL RESULT IN A BENCH WARRANT.

_________________________  __________________________
DEFENDANT      EMU STAFF

cc: Sylvania Municipal Court Probation Department
CORRECTIONS CENTER OF NORTHWEST OHIO

Electronic Monitoring Program
Offender Handbook

03151 Co. Rd. 24.25
Stryker, Ohio 43557

Administration Telephone (419) 428-3800
Community Corrections Fax Number (419) 428-5802

Electronic Monitoring Is A Privilege
And A Positive Alternative To Incarceration
Dear Program Participant:

As a result of a court order you have been placed in our Electronic Monitoring Program. We share a common goal – for you to satisfactorily complete your sentence and return to the community as a responsible and productive citizen. Our Program operates on the premise that every program participant has the potential to achieve that goal. Your time on electronic monitoring may not be easy, it may be filled with challenges, but we believe that you can accomplish this or the Court would not have placed you in this program.

During your placement in our Electronic Monitoring Program you can expect staff to assist you in this effort by prioritizing your participation in services that address treatment and education needs that may have been ordered by the court. The program has many rules and guidelines which are designed to guarantee your accountability and encourage a change in negative behavior. Our expectation is that you attend all required treatment and/or education programs, that you abide by the rules and guidelines, and that you demonstrate a positive attitude and put forth the effort required to change your behavior.

The following material, along with the program contract, outlines the rules, guidelines, and behavior that are expected of you. Our staff will explain the following information to you during the intake process and you are encouraged to ask questions. It is recommended that you keep this material and review it carefully, as a violation of the rules may result in the failure to successfully complete our program.

If you have any questions, do not hesitate to contact a member of our Electronic Monitoring Program staff.

Respectfully,

Jim Dennis
Executive Director
Corrections Center of Northwest Ohio
CORRECTIONS CENTER OF NORTHWEST OHIO
ELECTRONIC MONITORING PROGRAM STAFF

(419) 428-3800

Executive Director: Jim Dennis
Director of Security & Operations: Dennis Sullivan
Manager of Operations: Toby Bostater Ext. 445
Community Corrections Specialist: Aaron Kirk Ext. 405

Electronic Monitoring Specialists:
CCNO Office: 419-428-3800 Lynda Romero Ext. 447
Fax #: 419-428-5802 Laurina Sauber Ext. 230
Toledo Office: 419-475-1488
Fax #: 419-475-1428

After Hours Message Extensions: Shasta Sibbersen Ext. 821
Call (419) 428-3800 Lynda Romero Ext. 822
Jeremy Pratt Ext. 823
Laurina Sauber Ext. 230

* Any CCNO Community Corrections staff member may perform a field contact with the program participant.
CCNO ELECTRONIC MONITORING PROGRAM
OFFENDER CONTRACT
Rules and Regulations Governing Offender Conduct and Supervision

Offender’s Name: ___________________________ Date: ___________________________

As a participant of the Corrections Center of Northwest Ohio Electronic Monitoring Program I will be required to abide by the following rules and regulations. I will also be required to abide by any lawful directives given by Electronic Monitoring Program Staff and my Probation/Parole Officer. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Department.

I. WEEKLY SCHEDULES, MEETING AND MOVEMENT IN THE COMMUNITY
   A. I agree to report to the Electronic Monitoring Office immediately upon request, whether written or verbal.
   B. I understand that CCNO Electronic Monitoring Staff is the only agency that may approve any schedule and/or change in schedule, and that I must seek approval at least 24 hours prior to any change, excluding weekends and holidays. I will be required to submit a detailed schedule of my movements in the community to Electronic Monitoring Staff for approval. This will be accomplished by completion of the Electronic Monitoring Schedule and Request form one week in advance. Once submitted, weekly schedules may only be changed for the following reasons:
      1. Emergency (Medical). I must contact the Electronic Monitoring office as soon as possible to inform staff of the extent and nature of the problem. The emergency must involve me or someone in my immediate family. Medical emergency is defined as a serious or life threatening situation.
      2. Change in work hours. If I am unable to report to work for any reason, I must contact the Electronic Monitoring office prior to my scheduled departure time. If I am required to work overtime or am released from work early, I must contact the Electronic Monitoring office prior to leaving or working late. I will also be required to provide verification of overtime or early release from work.
   C. I agree to remain within range of the monitoring equipment, with the only exceptions being: my actual work hours; my travel to and from work; appointment with the Court, Probation Department, or Electronic Monitoring Staff. In addition, I may attend regularly scheduled religious services, educational, treatment or community service program approved by the Court and/or Probation Department. I understand it is my responsibility to provide written documentation immediately upon request to confirm that my absence from the home was due solely to a permissible purpose and the activities were scheduled.
   D. I will report directly to my authorized destination. Any moves not scheduled or approved prior to the move will be considered a violation and subject to disciplinary action.
   E. I may be given grocery shopping and/or laundry privileges for up to 2 hours, at a location approved by my EM Specialist. This privilege depends on each offender’s individual situation and will only be considered if no other person in the household can provide these services.

II. ALCOHOL AND OTHER DRUGS
   A. While on Electronic Monitoring I will not consume, or possess on my person, or in my home, any alcohol or drugs unless prescribed by a physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test or tests will be considered an admission of guilt. I understand I have up to one (1) hour from the time notified to produce a urine specimen for drug testing.
   B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products, or extracts. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician.
   C. I will not consume anything containing alcohol, including but not limited to an alcoholic beverage. I will not take medication with alcohol in it (e.g., liquid cold medicine, cough syrup, or medicated mouthwashes).
   D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
   E. By signing this contract I waive any objection to the admissibility of the results of the test as they are received by the Court into evidence at any Revocation Hearing. If screen results return diluted, it will be deemed a violation of the contract.

III. EMPLOYMENT
   A. While on Electronic Monitoring I will be allowed to work if approved by the sentencing court and must provide my paystub to verify my work hours and include my rate of pay. I will also be allowed to participate in a court-approved education/vocational program.
   B. If unemployed, I will comply with Electronic Monitoring Staff instructions regarding job search procedures.
   C. I understand that if during the term of Electronic Monitoring my employment is terminated for reasons beyond my control, I may continue on the Electronic Monitoring Program. I will be permitted to job search two (2) days per week (Monday through Friday, between 8:00 a.m. and 4:00 p.m., excluding Holidays) and the total time absent from my residence will not exceed 3 hours and I must provide verifiable employment inquiries. Additional job search time may be approved by the Manager of Operations. I am required to continue in court
and/or community corrections mandated treatment. The employment inquiries will be documented on the Employment and Program Attendance Verification form.

IV. RESIDENCE AND TELEPHONE
A. I agree to allow Electronic Monitoring Staff to enter my residence at any time, without prior notice, and to make reasonable inquiry into my activities and the activities of others in the home. I agree to waive my right against search and seizure, and permit Electronic Monitoring Staff to search my person, residence, motor vehicle, or any location where my personal property may be found, to insure compliance with my conditions of Electronic Monitoring.

B. I understand that I must have a permanent place of residence and must have approval from Electronic Monitoring Staff at least 72 hours prior to any change of residence. I further understand that change in residence will be pre-arranged and approved by Electronic Monitoring Staff and will be done Monday-Friday before noon. Loss of my approved residence will be cause for removal from the program.

C. While on Electronic Monitoring I will be required to maintain continuous telephone service. If I lose service through my own negligence, I will be subject to removal from the program. If I lose phone service through circumstances not within my control, I will contact the Electronic Monitoring office immediately. I understand that I must have a working landline telephone with no special calling features for the entire term of my placement on the Electronic Monitoring Program.

D. I understand that I must keep the transmitter on my ankle and the FMD plugged in and attached to my telephone at all times.

V. EQUIPMENT RULES
A. I understand that I am responsible for any damage to the electronic surveillance equipment; I will not tamper with, attempt to fix, or allow anyone else to tamper with or attempt to fix the equipment. I further understand if there are any problems with the equipment, I will call Electronic Monitoring Staff during regular office hours. Torn or broken straps must be reported to Electronic Monitoring Staff immediately and replaced. I agree to never tamper with the strap or remove the transmitter even if the strap becomes damaged. If on GPS, I will charge the GPS equipment twice daily for a minimum of one (1) hour each time.

B. All equipment must be returned to Electronic Monitoring Staff upon termination from the Electronic Monitoring Program. If I damage the equipment or fail to return the equipment in good condition, the Corrections Center of Northwest Ohio will charge me with theft and/or criminal mischief.

VI. LAWS
A. I understand that I am not to commit any law violations resulting in a new arrest or summons to Court while on the Electronic Monitoring Program; I understand that I am not to violate any term of a license suspension and/or restriction of a license. If I am unable to drive, it is my responsibility to arrange adequate transportation with a licensed, warrant-free driver to work, office visits, and other required functions. I will only drive if I have a valid driver’s license and insurance.

B. If I am arrested or have contact of any kind with any law enforcement agents, I am to report this to my Probation/Parole Officer and Electronic Monitoring Staff immediately. I understand that I am to identify myself as an Electronic Monitoring program participant to law enforcement officers.

C. While on Electronic Monitoring I am under the supervision of the Corrections Center of Northwest Ohio and may under certain circumstances, be subject to prosecution for escape (i.e., removal of equipment and/or cutting off the transmitter strap without authorization). Escape is a fifth (5th) degree felony as described in section 2921.34 of the Ohio Revised Code.

D. If I leave the State of Ohio, with or without permission of the Electronic Monitoring Program, I understand that I waive (give up) my extradition rights and will voluntarily return to Ohio.

VII. COURT AND PROBATION/ PAROLE COMMITMENTS
A. While under supervision of the Electronic Monitoring Program, I will still be required to comply with the conditions of my probation or parole.

B. I understand that while on Electronic Monitoring, I will have no contact at my home with anyone on probation or parole.

VIII. VICTIM CONTACT
A. If there is a victim in my case, under no circumstances am I to have contact with my victim unless there is court approval. Any compensation and/or restitution must be handled through the court.

IX. PROGRAM FEES
A. I understand that I will pay a fee upon hook-up and a weekly fee as agreed thereafter for the remainder of my time on the program. Payments will be made by cash, cashier’s check, certified check, money order, or J-Pay. No personal checks will be accepted. I understand that failure to make payments as required, or departure from the program with a balance of payments in arrears may result in any or all of the following: 1) I will be removed from the program and a violation may be filed against me with the Court and/or Probation Department; 2) The Court may enter a civil judgment against me in the criminal case for the amount of the arrearage; 3) I may be sued in civil court or subject to collection proceedings and attorney fees.

B. Fees may be waived by order of the sentencing jurisdiction.
C. Electronic Monitoring Staff will send notification to the appropriate court for offenders failing to remain current on program fees at the time of their office visit. The offender will receive the appropriate consequence as directed by the sentencing Judge.

X. TAD CLIENT
A. I understand that I am to abstain from any and all alcohol consumption during my sentence. As described below, I am to avoid the use of all products containing alcohol and to avoid certain restricted activities.
   1. **Banned Products:** I understand that I am not to use any product containing alcohol, including, but not limited to: medicinal alcohol, household cleaners and disinfectants, mouthwash, lotions, body washes, perfumes, colognes, or other hygiene products that contain alcohol. No products other than soap and water should be used on the skin around the TAD transmitter.

B. Additionally, for TAD Alcohol Monitoring ONLY: I understand that I must return to the residence where the base unit is located once every 22 hours so the equipment may communicate and download information to the BI software. **I must remain at the base unit residence for 1 hour for this process to complete.** Prior authorization from the Program Manager is required for time periods exceeding 22 hours to download information.

XI. OTHER
A. Tampering: I understand that the use of banned products or any effort to interfere with the transmitter is an attempt to tamper with the unit and will be considered a violation of this agreement.

B. Swimming & Bathing: I understand that I am not to submerge the transmitter in water. Showers are the only permitted bathing method. I understand that if I submerge the transmitter in water it will be treated as a tamper attempt and will be handled in the same manner as intentional damage. I understand that I will be held liable for any damages caused by submerging the transmitter as well as for additional hook-up fees when new equipment is required.

C. Personal Hygiene: I agree that when showering, I will thoroughly clean the area around the transmitter with soap and water. I will thoroughly rinse with clean water and dry the transmitter. I understand that failure to rinse away all soap and dry the area around the transmitter may result in a mild skin rash.

D. Current Health Status or Pre-Existing Medical Conditions: I agree that I will reveal my current health status to my officer and will also notify them of any pre-existing medical conditions that I am aware of such as pregnancy, diabetes, or any type of known skin disorder or condition.

E. While on the Electronic Monitoring Program I release the Corrections Center of Northwest Ohio of any responsibilities for medical care or expenses that may occur while on the Electronic Monitoring Program.

F. I will be expected to return all equipment in the same condition as it was when I received it. Failure to do so may result in my 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.

Special Conditions:
**FINANCIAL RESPONSIBILITIES**

As a program participant, your fees are a daily rate of $10.00 for EMU, $11.00 for TAD Alcohol only, $12.25 for TAD with RF Monitoring, $14.00 for GPS, and $25.00 for TAD + GPS, as per the signed Financial Agreement. You will pay your weekly fees in the following manner:

1. Fees must be paid weekly during the program participant’s office visit and remain current from each office visit thereafter for the duration of your time on the program.

2. All fees will be paid by cash, cashier’s check, certified check or money order. No financial transactions, other than fee payments, are permitted between the program participant and the Electronic Monitoring Program staff. A receipt will be provided upon payment.

3. If the program participant falls behind in fees, you will be subject to immediate removal from the program, according to the sentencing Judge, as stated in the Offender Contract.

4. All Program fees must be paid in full before disconnection from the program. Any amount overpaid will be processed and mailed to you within 6 to 8 weeks after your release date. If the refunded check is returned due to an incorrect address, CCNO will hold the check for up to 30 days.

5. If you violate Program rules, you are required to pay for the remainder of that week you were removed from the program, based on your hook-up day/date.

**CHECK-IN PROCEDURES**

1. Each program participant is required to report to the appropriate Electronic Monitoring Program office. Electronic Monitoring staff will advise the participant of the date and time of check-in (subject to change upon notice).

2. Weekly fees will be paid at check-in.

3. It is the responsibility of the participant to have available all documentation for approved movements from the previous week and submit to Electronic Monitoring staff at check-in. The following are examples of documentation as they apply to you: Pay check stub, Employment/Program Attendance Verification Sheet, grocery store receipt, AA/NA stamps, religious services pamphlet, doctor’s slip, court appearance, probation meeting, and hospital discharge paperwork, if applicable.

4. Participants may be asked to submit to urine screen, breathalyzer, or search of their person.

5. **During check-in you will be required to:**
   a. Fill out a Schedule and Request Form for schedules/movements needed from the time of check-in until the next check-in the following week. The participant is responsible to follow the approved schedule and may not leave the residence unapproved unless there has been a work schedule change or a medical emergency. Refer to Electronic Monitoring Program Forms section below for further details.
   b. Have all documentation readily available.
   c. After completing the schedule, wait until Electronic Monitoring staff calls the participant.
In order to assist the offender, the Electronic Monitoring Program has several forms to facilitate any requests. It is important that the offender uses the forms correctly, and in the proper manner, so that they will get the appropriate Program staff to approve/disapprove their requests.

**Schedule and Request Form:**
As a participant of the Electronic Monitoring Program, you will only be permitted to leave your residence for pre-approved and scheduled time out, which will include the following:

- Work or school
- Court/legal appointments and court ordered treatment and/or community service work
- Doctor appointments
- Church
- Attend Parent/School Teacher conference for the participant's child(ren)
- The Source or Library, for employment opportunities
- Grocery shopping and/or laundry for up to 2 hours a week, at a location approved by your EM Specialist. This privilege depends on each offender’s individual situation and will only be considered if no other person in the household can provide these services.
- Holiday gatherings with the family for Thanksgiving and/or Christmas, after providing the address and telephone contact information and only if you have complied with the rules and regulations of the Electronic Monitoring Program. This privilege will be the decision of the EM Specialist and/or Manager of Operations.

During the check-in time Offenders will fill out and submit to the EM Specialist the Schedule and Request form with the appropriate date and time requested for scheduled time out of the residence. This schedule will include all activities the offender needs time out to complete, as previously stated. The EM Specialist will review the schedule for compliance to the program policy and either approve or disapprove the schedule. Should a schedule be disapproved, the EM Specialist will work with the offender until an approved schedule is completed.

It is important that the offender places all the information that is known on the form. Actual work hours, time leaving the place of residence, and time returning to the place of residence shall be placed on this form. The offender must provide documentation for any movement out of the residence to the EM Specialist upon request or at the next check-in. You will not be permitted out of range from your residence unless you, someone in your household, or your immediate family have a medical emergency.

Any additional or special circumstance schedule request (e.g., Hospital visit or Funeral for immediate family) to the EM Specialist will be approved by the Manager of Operations, upon recommendation from the EM Specialist. Each case will be determined on an individual basis or circumstance. Any privilege(s) may be revoked at any time by the EM Specialist and/or Manager of Operations, if the participant fails to comply as outlined in the Offender Contract and Handbook. **Falsifying or attempting to give false information will result in immediate removal from the Electronic Monitoring Program.**  

**Calls to the EM Specialist and Messages During and After Office Hours:**
The offender will call their EM Specialist at the appropriate office (at CCNO 419-428-3800 Ext. 230; during office hours of 8:00 A.M. to 4:00 P.M. Monday through Friday, weekends and holidays excluded, with any unexpected schedule changes. If the EM Specialist is not immediately available, the offender will leave a message. The EM Specialist will return the call when they are available. **No schedule is approved until the EM Specialist and offender speak to each other. Under NO circumstances will the offender leave the residence without first speaking to the EM Specialist for a non-emergency situation. Leaving a message does not mean that the request has been approved.**  

The EM Specialist will return the call to the offender when available and the request can be made at that time. The request must be submitted three (3) days prior to the desired change and must be for an unexpected appointment or activity.
**After hours** your assigned EM Specialist has a voice mail extension which will only be used for work schedule changes (i.e., if you have mandatory overtime that requires you to report to work early or work later than expected). Voice mail after hours will also be used to inform your assigned EM Specialist if you have or had a medical emergency. You are required to leave a message at the earliest opportunity to inform the EM Specialist of the medical emergency situation. You are required to obtain documentation verifying the location, date and time you or someone in your household or immediate family received emergency medical attention. If you were with your household member or immediate family member when they received emergency medical treatment, you must obtain documentation from the hospital stating the date and time you were there and who you were there for. **You must provide this documentation upon request from the EM Specialist or have it available at your next office visit.**

**After Hours Voice Mail Extensions:**
- Shasta Sibbersen 419-428-3800 Ext. 821
- Lynda Romero 419-428-3800 Ext. 822
- Jeremy Pratt 419-428-3800 Ext. 823
- Laurina Sauber 419-428-3800 Ext. 230

**Employment Overtime and Attendance Form:**
The offender will use this form to document all employment schedules if they are paid bi-weekly, overtime, participation in a program or appointments such as: AA/NA, private counseling, doctor/dentist, court/probation, The Source or Library for employment search, when proper documentation is not available. This form must be filled out completely, to legibly include the authorizing person’s name and contact information.

**Church Application:**
The church application form must be completed and turned in at check-in with all the information about the time and place of the church service on the application. The participant will submit one church application and is required to be at that address. Each week the participant is required to submit the requested time out for church service on the Schedule and Request Form or the offender will not be allowed to attend a church service that week. If the participant wants to attend church at another location, a new application must be submitted with the appropriate information, to be considered. **The total time that the participant is absent from home to attend church will not exceed 3 hours.**

The EM Specialist may call the church to verify the information from the church application form. This application does not serve as verification of attending the church service; the offender will have to provide documentation of attending the church service every check-in day.

**Holiday Application:**
The holiday application is for Thanksgiving and Christmas only and must be completed and turned in at check-in at least one week prior to the holiday for review and consideration. The participant must provide Electronic Monitoring Program staff with the information of the person, their address and phone number for where the participant will be on the date requested. Requests are considered on an individual basis and depending on the participant’s compliance while on the program. **The total time that the participant is absent from their home to spend time with their family will not exceed 2 hours.** This request, if approved, is subject to be denied at any time prior to the date of the event.

* * * * *

Leaving the house for any unapproved reason, with the exception of a verified Medical Emergency, may result in being removed from the Electronic Monitoring Program.
EMU AND TAD EQUIPMENT SET UP

The EM Specialist has instructed you to do the following as soon as you arrive home with the EMU or TAD equipment:

1. Disconnect your phone cord from the wall jack and plug this cord into the back of the FMD. Either phone jack can be used.
2. Connect one end of the phone cord supplied with the FMD into the wall outlet. Connect the other end into the FMD.
3. Plug the power cord into the back of the FMD.
4. Plug the power cord into the wall socket.
5. The red phone indicator light turns on for approximately 45 seconds while the FMD calls the base system to set up data and perform a location verification.
6. After the FMD makes the first call to the base system, the red phone indicator light begins to blink. This condition indicates that the FMD is waiting for a call from the base system to complete the location verification. Your phone might ring one (1) time, so instruct anyone inside the residence NOT to answer the phone during this period. The FMD answers the call after the first ring and the location verification is complete.

IF you have EMU or TAD equipment, when you are home you should have a solid green light at all times. Please note the following:

Green Light: Should be solid at all times. If blinking, check connections. If unplugged from box or wall, plug back in immediately. Check for this daily.

Yellow Light: Should be solid at all times when you are NOT home.

Red Light: On only when equipment is utilizing phone line. When the red light is on, do NOT use the phone.

If there is a power loss at home, the green light will blink. There is a battery back up system built-in, so do not call the power company in a panic. Call the Electronic Monitoring office if there are periods of extended power loss.

USING THE PHONE

1. The telephone must be on the hook when not in use.
2. The participant may NOT have any special features placed on the phone (e.g., call waiting, call forwarding, conference, or three way calling).
3. The participant must stay current with phone bills, so as not to have disconnected services. If while on the electronic monitoring program the electricity or phone is disconnected, then the participant may remain at the place of residence only if it will be turned back on in the allotted amount of time. If the electricity and/or the phone will not be turned on in the allotted amount of time, the participant will need to find another approved location to move the monitoring equipment to until the electricity and/or phone has been restored. This residence must be in the same county you reside in.
4. Neither the monitor nor the telephone is to be unplugged for any reason.
5. If someone is on the phone and they hear beeping, the monitor device is trying to communicate with the monitoring system. Hang up the phone and wait until the red light goes out.
6. If there are any questions the participant can call the electronic monitoring office.
**TRANSMITTER**

1. The transmitter will not shock the participant. The participant may shower, bathe, and swim with it on.
2. The transmitter must fit snugly against the leg. There are built in sensors to tell if it is properly against the leg.
3. If you are on GPS, you MUST charge the unit at least two (2) times a day for at least 30 minutes each time.
4. The transmitter may activate sensors at stores and other locations.

**TAD RULES**

Follow the Monitoring Device Information above and refer to the Offender Contract, **Section X for Banned Products.** The offender must wear the transmitter at all times and abide by all Rules and Regulations Governing Offender Conduct and Supervision.
GPS RULES

The offender must wear the GPS transmitter at all times and abide by all Rules and Regulations Governing Offender Conduct and Supervision.

Charging the Battery

Step 1: Plug the power supply into a standard wall outlet. Release the charging port cover from the charging port.

Step 2: Connect the power cord to the charging port. The battery LED will change from a blinking light to a solid light, and you will hear an audible tone.

Step 3: Continue charging the tracking unit until you hear the beeping and then gently place your finger over the acknowledgement sensor for 1 full second.

Step 4: The tracking unit’s internal speaker will play the message “Battery Charged.”

Step 5: If required, acknowledge the message by gently placing your finger over the acknowledgement sensor for 1 full second.

Step 6: After the battery is charged, disconnect the power cord, and you will hear an audible tone. Reinsert the charging port cover.

To Listen to a Message

Step 1: The tracking unit will begin to beep. Between beeps, gently place your finger over the acknowledgement sensor for 1 full second. Do not touch the sensor until the beep is completed. You will hear an audible tone, recognizing that you are ready to receive the message.

Step 2: The tracking unit’s internal speaker will play the message. Wait until the message is completed, and then gently touch the acknowledgement sensor for 1 full second. Do not touch the sensor while the message is playing. You will hear an audible tone, acknowledging you have received the message.

Your EM Specialist can send you the following messages:

- Call your officer now.
- Please pay your fees immediately.
- Remember your appointment.
- Report to the office immediately.

IF YOU ENTER AN EXCLUSION ZONE, YOU WILL BE ARRESTED !!
THE BEACON

The beacon will be placed in the home on a solid surface 3 feet from the ground and not on a metal or electronic surface and not in direct sunlight or lamp. Once placed in a general vicinity in the residence (preferably in the bedroom), the beacon will remain in that area and not moved or carried around. The beacon is a tool used to conserve the GPS battery life on the transmitter.

DRESS CODE FOR CHECK IN

Offenders and visitors entering the facility are expected to be fully clothed and properly dressed at all times, to include footwear. At no time will a midsection of the torso be showing or the shoulders bare, and shorts cannot be shorter than 6” above the top of the kneecap. Proper attire is at the discretion of Electronic Monitoring staff. Offenders, visitors, and their property are subject to search at the discretion of the Electronic Monitoring staff.

RELEASE PROCESS

The week before the scheduled release, the program participant and Electronic Monitoring staff will discuss the time that will be set for the program participant and what will happen the day of release. All equipment, including the transmitter, the FMD, phone cord and power cord, must be returned to the Electronic Monitoring office in good condition, as instructed. DO NOT remove the transmitter from your ankle. The transmitter must be worn until all equipment is returned to the Electronic Monitoring office, as instructed.

If the electronic monitoring equipment is not returned within three (3) business days of the release date, the program participant will be charged with theft and/or criminal mischief.
CCNO Electronic Monitoring Schedule and Request Form

Offender Name (print): ____________________________  Request Date: ____________

Offender Home Phone #: __________________________  Cell Phone #: ______________

Home Address: _________________________________

Emergency Contact & Phone #: ________________

Employer & Address: _____________________________

Employer Phone #: ____________________________

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<th>Day / Date</th>
<th>Actual Time/Event</th>
<th>Leave Time</th>
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Request additional allowed movements below:

1. _____________________________________________

2. _____________________________________________

Staff Comments: _____________________________________________

- Office Visit with Offender
- Verification Received
- Fees Paid
- Urine Screen Conducted
- Time Sheet / Pay Stub Received
- Weekly Schedule Reviewed/Updated

Offender Signature: ____________________________

EM Specialist: ____________________________
## EMPLOYMENT OVERTIME and ATTENDANCE VERIFICATION

<table>
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<th>EVENT</th>
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<th>VERIFYING AUTHORITY PHONE #</th>
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**EVENT:** Work overtime, AA/NA, Church Service, Job Search, The Source, Library
CHURCH APPLICATION
Electronic Monitoring Program Participants Only

NOTE: The total time that the participant is absent from home to attend church will not exceed 3 hours.

Name: ___________________________ EM Specialist: ___________________________

Date Of Request: ___________ Day Going To Church: ___________

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

CHURCH INFORMATION

Name: ___________________________

Address: ___________________________

City, State, Zip Code: ___________________________

Phone Number: ___________________________

The participant will submit one church application and is required to be at that address. Each week the participant is required to submit the requested time out for church service on the Schedule and Request Form. If the participant wants to attend church at another location, a new application must be submitted with the appropriate information, to be considered.

The program participant has been advised that verification forms are required and the CCNO Electronic Monitoring Program Staff may call to verify at any time.
HOLIDAY APPLICATION
For Thanksgiving or Christmas
Electronic Monitoring Program Participants Only

NOTE: The total time that the participant is absent from their home to spend time with their family will not exceed 2 hours.

Name: ___________________________ EM Specialist: ___________________________

Date Of Request: ___________________________ Date Going To Event: ___________________________

PERSONAL INFORMATION

You MUST provide Electronic Monitoring staff with the information of the person, their address and phone number for where you will be on the date requested. Requests are considered on an individual basis and depending on the participant’s compliance while on the program. This request, if approved, is subject to be denied at any time prior to the date of the event.

Name: ___________________________

Address: ___________________________

City, State, Zip Code: ___________________________

Phone Number: ___________________________

The program participant has been advised that the CCNO Electronic Monitoring Program Staff may verify information and compliance with this request at any time.
During my term of Electronic Monitoring, if a determination is made that there is probable cause to believe that I have violated any of the conditions, I may be removed from participation in this program and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any one of these conditions, the Court may, after a hearing, revoke the suspended sentence and impose any sentence it may have originally imposed, modify my conditions, or continue placement.

This offender contract has been reviewed and explained to me and my signature below acknowledges that I have fully read and fully understand all the terms and conditions of this contract. I hereby agree to comply with all of the rules and regulations of the CCNO Electronic Monitoring Program. I further acknowledge that I have read and understand the Corrections Center of Northwest Ohio Electronic Monitoring Program Offender Handbook and agree to comply with all the rules and procedures set forth in it. If a revision takes place, it will be properly posted and distributed and I will need to conduct myself according to the change made.


Offender Signature: __________________________________________

Contract and Handbook delivered by: ______________________________

Time and Date: __________________________________________