<table>
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<th>Immediate Intervention Program Standards</th>
<th>CHAPTER: OPERATIONS</th>
<th>STANDARD NO. IIP-04-105</th>
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<td>Kansas Department of Corrections- Division of Juvenile Services State of Kansas</td>
<td>SUBJECT: IMMEDIATE INTERVENTION PROGRAM PLAN</td>
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REFERENCES: None  
DATE ADOPTED: 02-01-2017  
DATE REVIEWED: 08-02-2021

STANDARD: Written policy, procedure and practice shall require Immediate Intervention Program (IIP) staff to complete an IIP Plan (Attachment A) with the youth, parent(s)/guardian(s) and other pertinent people as identified by the family within five (5) business days of the referral and acceptance of an IIP. At each subsequent contact with the youth, IIP staff shall review the IIP Plan and update as needed providing the youth and parent(s)/guardian(s) with a copy.

Parent(s)/guardian(s) shall be invited to participate in the planning process and every review of the IIP Plan with efforts made to accommodate their schedules. Parent(s)/guardian(s) refusal to participate shall be documented in the youth’s case file.

DISCUSSION: Other pertinent people may include family supports, school personnel, service providers or any other person identified by the family.

ATTACHMENTS:  
Attachment A: Immediate Intervention Program Plan
STATE OF KANSAS
IMMEDIATE INTERVENTION PROGRAM PLAN

Name of Youth: __________________________________________

Local Case Number/Tracking Number: __________________________

Supervision Level: ( ) Level 1 ( ) Level 2 ( ) Level 3

Identified Strengths: __________________________________________

Conditions of Supervision (check only those that apply):

IIP staff must only mark those conditions which address the underlying alleged offense(s) and/or result from independent evaluations.

( ) Obey the laws of the United States, any state, county or municipality

( ) Meet with my supervision officer as directed

( ) Attend school each day unless excused for a valid reason

( ) Obey all school directives and receive no in-school or out-of-school suspensions

( ) Obey a curfew of __________

( ) Complete ______ hours of community service work

( ) Submit to urinalysis testing (UA’s) as directed by my supervision officer

( ) Participation in a pro-social activity

( ) Condition: __________________________________________

( ) Condition: __________________________________________
Costs/Fees Due: ____________________  
Payment Schedule: $ ________________  
Frequency: ____________________  

Restitution Due: ____________________  
Payment Schedule: $ ________________  
Frequency: ____________________  

I acknowledge by my signature that failure to satisfactorily comply with the above supervision plan may result in my referral to a multi-disciplinary team (MDT) and/or the county/district attorney for consideration.

_________________________________  ________________________  
Youth’s Signature                      Date

_________________________________  ________________________  
Parent/Guardian’s Signature           Date

_________________________________  ________________________  
Parent/Guardian’s Signature           Date

_________________________________  ________________________  
IIP Staff’s Signature                 Date