

<p style="text-align: center;">Immediate Intervention Program Standards</p> <p style="text-align: center;">Kansas Department of Corrections- Division of Juvenile Services State of Kansas</p>	<p><b>CHAPTER:</b></p> <p><b>OPERATIONS</b></p>	<p><b>STANDARD NO.</b></p> <p><b>IIP-04-105</b></p>
	<p><b>SUBJECT:</b></p> <p><b>IMMEDIATE INTERVENTION PROGRAM PLAN</b></p>	<p><b>PAGE: 1 of 1</b></p>
<p><b>REFERENCES: None</b></p>		<p><b>DATE ADOPTED: 02-01-2017</b></p> <p><b>DATE REVIEWED:</b></p>

**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 supervision 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

**NOTE:** The standards and procedures set forth herein are intended to establish operational guidelines for immediate intervention programs operating through the board of county commissioners and their employees/contractors and youth participating in the immediate intervention process. They are not intended to establish state created liberty interests for immediate intervention programs or the board of county commissioners, or their employees/contractors, or youth, or an independent duty owed by the Kansas Department of Corrections- Division of Juvenile Services to immediate intervention programs operating through the board of county commissioners or their employees/contractors, supervised juveniles or third parties. This standard and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.



**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 either an area of assessed risk and/or the underlying alleged offense.*

- 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