

Michigan Department of Corrections

Offender Success Administration

Office of Community Corrections



Quarterly Report FY 2025

CCAB Name:

Report Period*:

*This report is due no later than 30 calendar days following the quarterly report period.

Email the report to your assigned Community Corrections Specialist by the due date:

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Dawn Karfonta - karfontad@michigan.gov

Quarterly Report

FY 2022



Program Utilization				
Local Program Name				
CCIS Code				
Projected # New Enrollments				
# Carryovers from Previous Fiscal Year				
YTD # New Enrollments				
Actual Percentage % New Enrollments	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
YTD # Neutral Discharges				
YTD # Unsuccessful Discharges				
YTD # Successful Discharges				
Approved Program Budget				
Program Expenses Through Report Period				
Actual Percentage % Expenses Through Report Period	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Approved KPM from Program Description				

Data Element				
Tracking Source				
Actual YTD KPM				
Approved KPM from Program Description				

Data Element				
Tracking Source				
Actual YTD KPM				
Approved KPM from Program Description				

Data Element				
Tracking Source				
Actual YTD KPM				
Approved KPM from Program Description				

Data Element				
Tracking Source				
Actual YTD KPM				

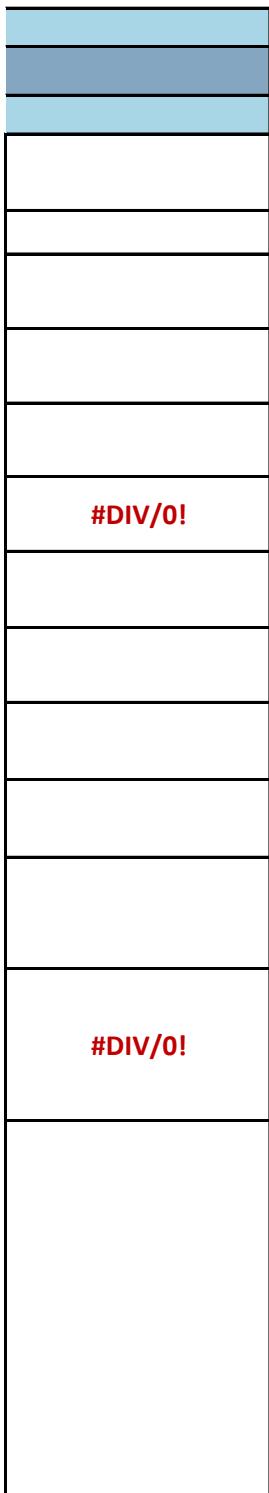
tion & Key Performance Measurements (KPMs)

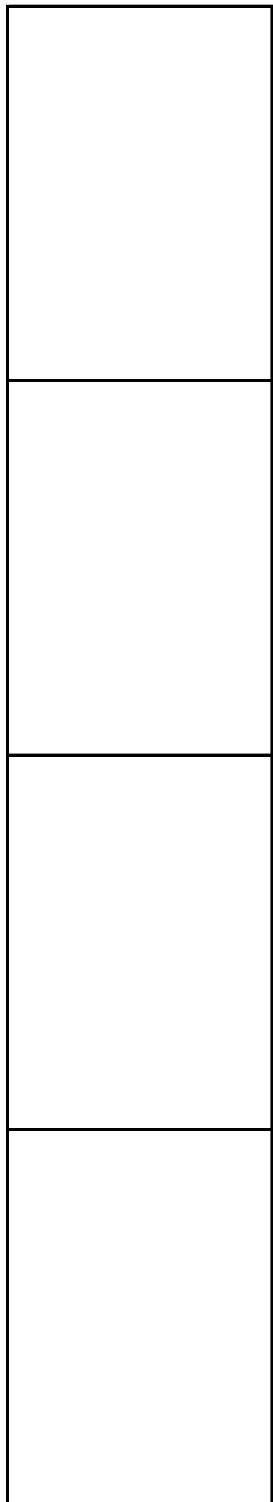
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

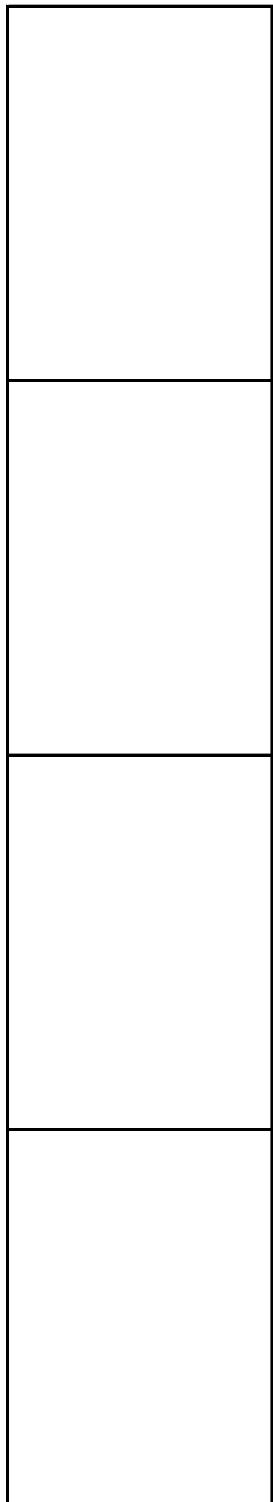
Program Utilization & Key Performance Indicators

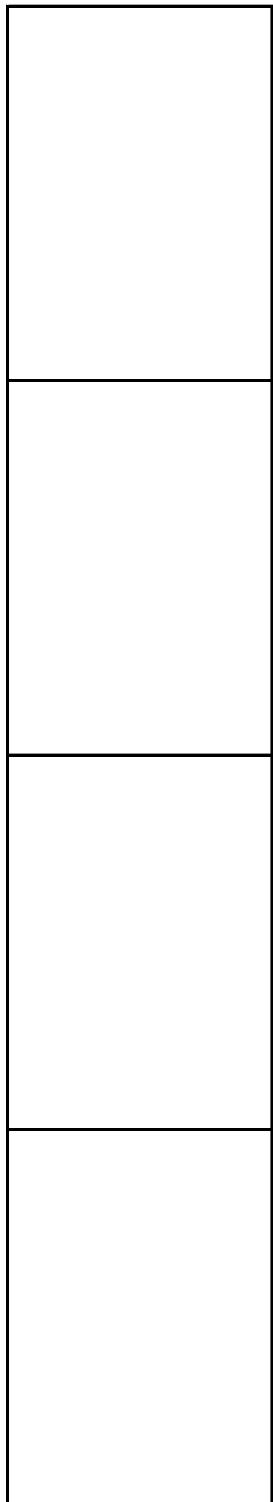
Category	Program A	Program B	Program C	Program D	Program E
Program A	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B					
Program C					
Program D					
Program E					
Program A	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B					
Program C					
Program D					
Program E					
Program A	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Program B					
Program C					
Program D					
Program E					

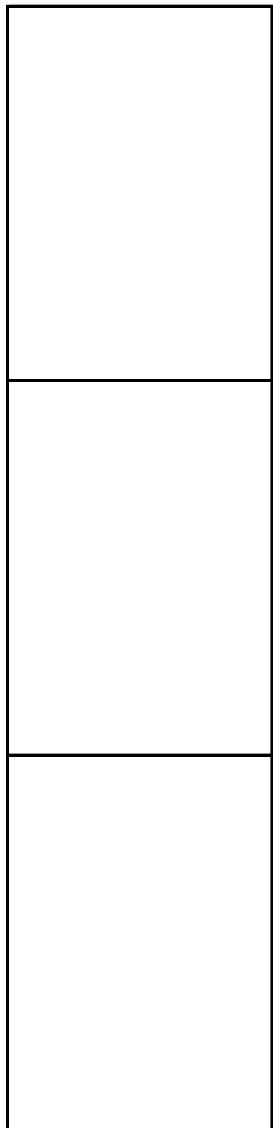
Performance Measurements (KPMs)				
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!











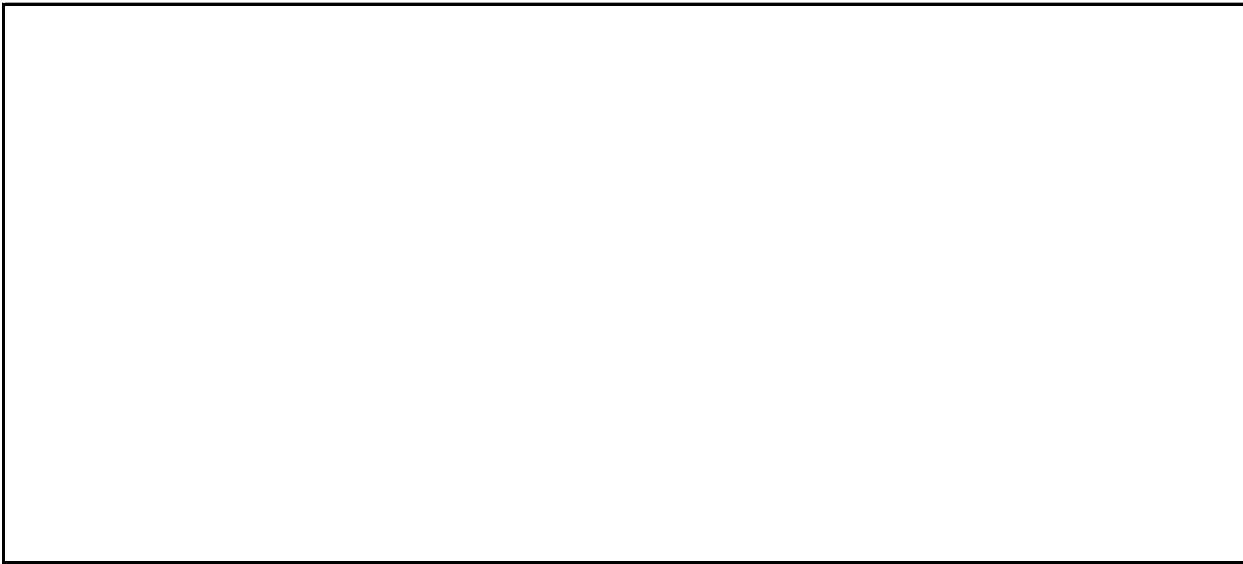
Narrative Section

You must provide an answer to each of the following questions. If the question does not apply to this report, please explain why.

1) Identify reason(s) for disparity between projected new enrollments and actual new enrollments, year-to-date, for each P.A. 511 funded program.

2) For those programs indicated above as underutilized, provide an action plan outlining how the CCAB plans to reach the projected level.

3) **4th QUARTER ONLY:** Provide information regarding policies, procedures, program operations, pertinent financial factors, and other factors that have positively/negatively affected achievement of your CCAB's Comprehensive Plan. Explain how these factors affected the achievement of the CCAB's goals and how was it addressed. You must also describe what steps the CCAB will take to address it in next year's plan.



eport period, then enter "N/A."

ir-to-date, through the report period, for

intends to increase utilization to the

nent issues or opportunities that emerged, or
. Briefly describe the impact, and if negative,
Plan.

