

Michigan Department of Corrections

Offender Success Administration

Office of Community Corrections



Quarterly Report FY 2025

CCAB Name:

Allegan

Report Period*:

Quarter 1: October 1 - December 31

*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:

Molly Maynard - MaynardM@michigan.gov

Dawn Karfonta - karfontad@michigan.gov

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				

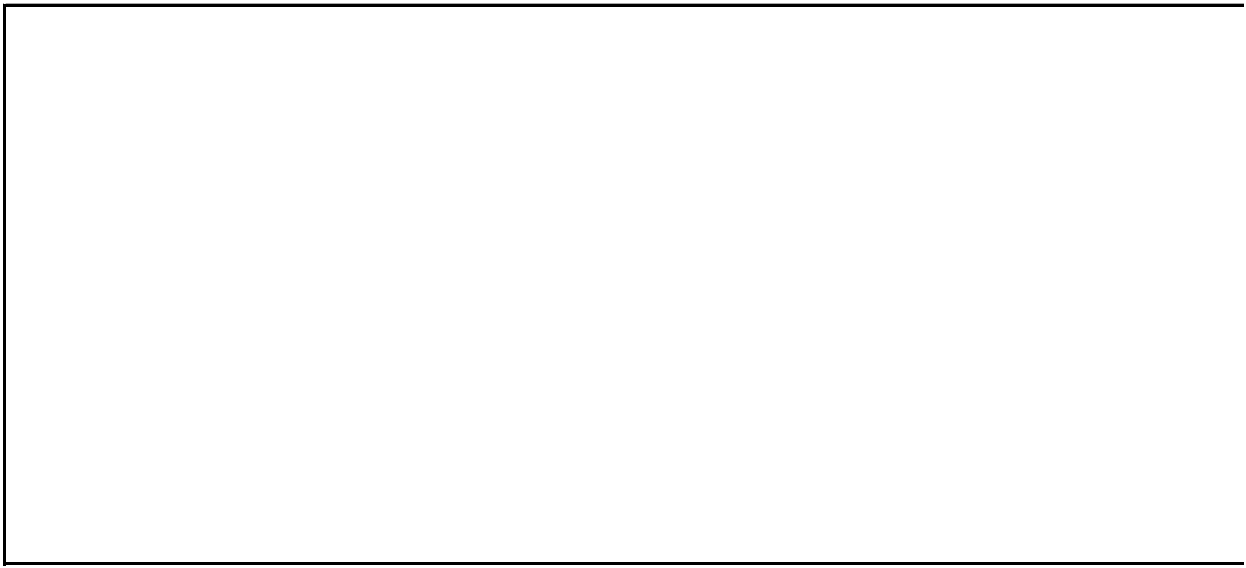
tion & Key Performance Measurements (KPMs)				
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Program Utilization & Key Performance Indicators				
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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

[illegible]

Narrative Section	
You must provide an answer to each of the following questions. If the question does not apply to this report, please indicate that the question does not apply.	
1) Identify reason(s) for disparity between projected new enrollments and actual new enrollments, year over year, for each P.A. 511 funded program.	
2) For those programs indicated above as underutilized, provide an action plan outlining how the CCAB will address the underutilization and bring the program to the projected level.	
3) 4th QUARTER ONLY: Provide information regarding policies, procedures, program operations, personnel, and other factors that have positively/negatively affected achievement of your CCAB's Comprehensive Plan. If the plan was not achieved, how was it addressed. You must also describe what steps the CCAB will take to address it in next year's plan.	



[illegible]

