



THOMAS A. BEILEIN  
Chairman

THOMAS J. LOUGHREN  
Commissioner

ALLEN RILEY  
Commissioner

### CHAIRMAN'S MEMORANDUM

**NO:** 4-2017

**DATE:** December 14, 2017

**TO:** SHERIFFS, COMMISSIONERS OF CORRECTION, JAIL ADMINISTRATORS and WARDENS

**RE:** Quarterly Classification Report

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Pursuant to Correction Law §500-b (9) and 9 NYCRR §7013.13, county jails are required to submit to the Commission quarterly classification reports. The attached form has been revised to capture additional relevant information, and is hereby provided well in advance of its implementation to allow sufficient time to prepare, if necessary, methods for capturing required data. This revised form will take effect for the reporting period of February 1, 2018 to April 30, 2018, with submission due by May 15, 2018.

Prior to implementation, the revised quarterly classification report form (in a fillable format) will be available on the Commission's website for use by jurisdictions at <http://scoc.ny.gov/> under the *Manuals and Forms* tab.

The report form is divided into eight sections: Security Staffing, Reportable Incidents, Security and Supervision Records, Court Orders, Construction/Renovation Projects, Inmate Housing, Jail Daily Population Reporting and Signature and Verification.

Instructions on how to complete this self-reporting form are as follows:

1. Security Staffing

- a) Full-Time Security Staff - In this section, list out all security ranks utilized in the facility, the number allocated in the budget by rank, the number of positions currently filled by rank and the total number of overtime hours used by rank during the reporting period.
- b) Part-Time Security Staff – List the total number of part-time security positions in the current budget, the number currently filled and the total number of hours worked by all part-time security staff during the reporting period.
- c) New Security Staff Hires/Basic Training/Staff Separations/Extended Leave – Must complete attachments #1, #2, and #3 (see next page)

Attachment # 1

List all new security staff hired during this reporting period and all security staff hired prior to this reporting period that have not yet completed basic training. This section includes staff name, rank, date of hire, full-time or part-time and basic school completion date.

Attachment # 2

List all security staff that have separated from employment during this reporting period. This section includes staff name, rank, date of hire, date of separation, and reason for separation.

Attachment # 3

List all security staff that are on extended leave. (e.g., military, FMLA, 207-c, illness, suspension). *Extended Leave* is defined as anyone who is absent from work or expected to be out for more than 30 days. This section includes staff name, rank, date of leave or return, reason, and if they are full or part-time staff.

2. Reportable Incidents - In this area, check “**Yes or No**”, that the facility is currently in compliance with the reporting requirements and has submitted all assaults and unusual incidents that have occurred in inmate housing areas during this reporting period. If **No** is indicated, please attach an explanation of why such incidents were not reported, and a description of the facility’s plan to properly submit such reports
3. Security and Supervision Records – In this area, check “**Yes or No**”, that the facility is currently in compliance with the listed sections of Minimum Standards. If **No** is indicated, please attach comments and provide the facility’s plan to remedy the non-compliance.
4. Court Orders – List any current court orders (Date, Subject and Presiding Court for Orders **only** relating to Staffing, Jail Capacity or Security Requirements).
5. Construction/Renovation - List all facility construction/renovation project(s) and the month/year SCOC approval was obtained, current status and SCOC number (if one was issued).
6. Inmate Housing - List any housing areas that were closed and/or re-opened at any point during this reporting period, and the reason for such.
7. Jail Daily Population Reporting - In this area check “**Yes or No**”, that the facility is currently in compliance with the reporting requirements and has submitted its daily jail population counts accurately in the eJusticeNY portal for this reporting period. If **No** is indicated, please attach any modifications that need to be made.
8. Signature and Verification - The Sheriff, Commissioner, or the Chief Administrative Officer (CAO) must sign the form verifying that the all of information is complete and accurate to the best of their knowledge. Upon completion of the report form, it is required that the report be submitted to the Commission via email at [scoc.dl.QuarterlyReport@scoc.ny.gov](mailto:scoc.dl.QuarterlyReport@scoc.ny.gov)

If you have any questions regarding to this revised report or need any assistance in filling out the form in the future, please contact the Commission field staff member assigned to your county.

A handwritten signature in black ink that reads "Thomas A. Beilein". The signature is written in a cursive style with a long horizontal flourish at the end.

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Thomas A. Beilein, Chairman



QUARTERLY CLASSIFICATION REPORT

Facility: [ ] Year of Report: [ ]

Reporting Period: 2/1-4/30 [ ] 5/1- 7/31 [ ] 8/1-10/31 [ ] 11/1-1/31 [ ]
Due By: 5/15 8/15 11/15 2/15

1. Security Staffing

a) Full Time Security Staff

Table with 4 columns: Rank/Title, Positions Allocated in Budget, Positions Filled, Total Overtime Hours Used This Period. Includes a Totals row at the bottom.

b) Part Time Security Staff

Total Part Time positions budgeted [ ] Total Part Time positions filled [ ]

Total number of hours worked by all Part Time staff for this period [ ]

c) New Security Staff Hires/Basic Training/Staff Separations/Extended Leave (Complete Attachments 1-3)

2. Reportable Incidents

Has the facility reported all assaults and unusual incidents occurring in housing units? Yes [ ] No [ ]

If no, attach an explanation of why such incidents were not reported, and a description of the facility's plan to properly submit such reports if required.

3. Security and Supervision Records Is the facility maintaining security and supervision records as mandated pursuant to 9 NYCRR sections 7003.3 (b), (e), (f), (i-m); 7003.8 (c-d); 7003.9 (d) and 7003.10?

Yes [ ] No [ ] If no, attach comments and provide the plan(s) to remedy such non-compliance.

4. **Court Orders** List any court orders (Date, Subject and Presiding Court for Orders relating to Staffing, Jail Capacity or Security Requirements).

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5. **Construction/Renovation Projects** List all facility construction/renovation projects and the month/year SCOC approval was obtained, SCOC Project # (if issued), and current status.

Project Description	Approved Date/SCOC #	Current Status (Pending, Bid Commenced, Abandoned, Completed)

6. **Inmate Housing** List all housing units that were closed and/or re-opened at any point during this reporting period (Attach additional sheets as needed).

Housing Unit Name	Date Closed/Opened	Reason

7. **Jail Daily Population Reporting** All reporting requirements of the *Jail Daily Population Reporting System* are accurately submitted in the eJusticeNY portal. Yes  No  If no, attach any modifications that need to be made.

8. **Signature and Verification** The Sheriff, Commissioner, or the Chief Administrative Officer (CAO) must sign below verifying that the above information is complete and accurate to the best of their knowledge.

\_\_\_\_\_  
Signature (Sheriff, Commissioner or CAO.)

\_\_\_\_\_  
Date

*I hereby certify that this report is complete and accurate.*

**Note: Upon completion of this report, save and email to [scoc.dl.QuarterlyReport@scoc.ny.gov](mailto:scoc.dl.QuarterlyReport@scoc.ny.gov)**

# SECURITY STAFF

## Attachment # 1

List below all new security staff hired during this reporting period. In addition, please list all security staff that have yet to complete basic training.

STAFF NAME	RANK	DATE OF HIRE	FULL-TIME OR PART-TIME	BASIC SCHOOL COMPLETION DATE if applicable

# SECURITY STAFF

## Attachment # 2

List below all security staff that have separated from employment during this reporting period.

STAFF NAME	RANK	DATE OF HIRE	DATE OF SEPARATION	REASON FOR SEPARATION

Copy and use additional sheets as needed.

# SECURITY STAFF

## Attachment # 3

List all security staff that were/are on extended leave. (e.g., military, FMLA, 207-c, illness, suspension)  
Extended leave is defined as anyone who is absent from work or expected to be out for more than 30 days.

STAFF NAME	RANK	DATE OF LEAVE/ RETURN	REASON	FULL-TIME OR PART-TIME

Copy and use additional sheets as needed.