



New York State Commission of Correction Quarterly Classification Report

Return to: Director of Field Operations
NYS Commission of Correction
AE Smith Building, 12th Floor
80 South Swan Street
Albany, NY 12210

Facility:

Reporting Period 2/1-4/30 5/1- 7/31 8/1-10/31 11/1-1/31
 Due By: May 15 Aug. 15 Nov. 15 Feb. 15

1. Security Staffing

a) **Full Time**

Total Full time positions allocated in the budget and filled by rank.

Rank	Allocated in Budget	Filled
Total		

b) Part Time

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 Hires/Basic Training/Staff Separations/Extended Leave** (See attachments 1-3)

2. Security and Supervision Records

Is the department maintaining security and supervision records as mandated pursuant to 9 NYCRR sections 7003.3(b), (e), (f), (i), (j), (k), (l), (m); 7003.8(c), (d); 7003.9(d); and 7003.10?

Yes No

If not, please attach any comments and provide the department's plan to remedy such non-compliance.

3. **Court Orders** List any Court Orders (Date, subject and pending Court Orders only relating to staffing, jail capacity or security requirements)

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4. **Capital Construction** (If the Department has any capital construction underway or is considering a capital project. please list.

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

Housing Unit Name	Date/Time Opened/Closed	Reason

I hereby certify that this report is complete and accurate, and that all daily prisoner population counts and unusual incidents or assaults occurring in a housing unit, relative to this report, were previously and accurately reported to the Commission of Correction as so directed.

Signature (Sheriff, Commissioner or C.A.O.)

Date

Commission Use Only

Reviewed by: _____

Date: _____

SECURITY STAFF

Attachment # 1

Please document any new security staff hired during this reporting period or any security staff that was hired prior to the reporting period who has not yet completed basic training.

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

Copy and use additional sheets as needed.

SECURITY STAFF

Attachment # 2

Please document any security staff that has separated employment during this reporting period.

STAFF NAME	DATE OF SEPERATION	RANK	FULL-TIME OR PART-TIME

Copy and use additional sheets as needed.

SECURITY STAFF

Attachment # 3

Please document any security staff that is on extended leave. (IE: MILITARY, 207C, ILLNESS)

Extended leave is defined as anyone on leave for more than 30 days or expected to be out for 30 or more days.

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

Copy and use additional sheets as needed.