NEW YORK STATE | Commission of Correction

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

Rank/Title	Positions Allocated in Budget	Positions Filled	Total Overtime Hours Used This Period
Totals			

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).

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

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

Copy and use additional sheets as needed.

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.