

Facility _____

Code _____

Report Date _____

Report Prepared By _____

(Print)

(Signature and Date)

Report Reviewed By _____

(Warden/Supt)

(Print)

(Signature and Date)

Report Reviewed By _____

Administrator of Institutions/Community Corrections

(Print)

(Signature and Date)

I. Facility Composition

		Inmates At Facility	Percentage
1.	White	<input type="text"/>	<input type="text"/>
2.	All NonWhite	<input type="text"/>	<input type="text"/>
3.	Facility Total	<input type="text"/>	<input type="text"/>

II. Job Calculations

4. Total Facility # of Inmates (Capacity)		_____
5. Exempt Inmates (Restrictive Housing, Medical Unassigned, Orientation)	-	_____
6. Vacant job slots (Capacity minus Count)	-	_____
7. Net occupied jobs (line 4 minus the sum of lines 5 & 6)	=	_____
8. Discrepancy (Line 7- job totals below)		_____

III. Integration Calculations

						%	% Nonwhites
Job/Program	Whites	Nonwhites	Total	% Whites	% Nonwhites	Nonwhites last quarter	increase/decrease from previous quarter
Education							
Food Service							
Laundry							
Maintenance							
Orderlies - Unit							
Orderlies - Yard							
OCI - Agri-Services							
OCI - Product/Factory							
OCI - Rider Crews							
Programs (specify below)							
PPWP Crews (specify below)							
Recreation							
Vo-Tech (specify)							

Provide explanation for any crew exhibiting a +/- 10% variance from the facility composition:
