

Facility _____

Code _____

Report Date _____

Report Prepared By _____
 (Print)

 (Signature and Date)

Report Reviewed By _____
(Warden/Supt)
 (Print)

 (Signature and Date)

Report Reviewed By _____
Regional Director
 (Print)

 (Signature and Date)

I. Facility Composition

		Inmates At Facility	Percentage
1.	White	<input type="text"/>	#DIV/0!
2.	All NonWhite	<input type="text"/>	#DIV/0!
3.	Facility Total	<input type="text"/>	100%

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

Job/Program	Whites	Nonwhites	Total	% Whites	% Nonwhites	%	% Nonwhites
						last quarter	increase/decrease from previous quarter
Education			0	#DIV/0!	#DIV/0!		#DIV/0!
Food Service			0	#DIV/0!	#DIV/0!		#DIV/0!
Laundry			0	#DIV/0!	#DIV/0!		#DIV/0!
Maintenance			0	#DIV/0!	#DIV/0!		#DIV/0!
Orderlies - Unit			0	#DIV/0!	#DIV/0!		#DIV/0!
Orderlies - Yard			0	#DIV/0!	#DIV/0!		#DIV/0!
OCI - Agri-Services			0	#DIV/0!	#DIV/0!		#DIV/0!
OCI - Product/Factory			0	#DIV/0!	#DIV/0!		#DIV/0!
OCI - Rider Crews			0	#DIV/0!	#DIV/0!		#DIV/0!
Programs (specify below)			0	#DIV/0!	#DIV/0!		#DIV/0!
PPWP Crews (specify below)			0	#DIV/0!	#DIV/0!		#DIV/0!
Recreation			0	#DIV/0!	#DIV/0!		#DIV/0!
Vo-Tech (specify)			0	#DIV/0!	#DIV/0!		#DIV/0!

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