CORRECTIONS FULL-SERVICE JAIL BASIC TRAINING
OPENING CHECKLIST/ENROLLMENT PACKET

School Name _____

School Commander _____ **Proposed Dates** _____

SF100UNV - APPLICATION FORM

_____ RECEIVED 21 CALENDAR DAYS PRIOR TO START DATE OF SCHOOL
_____ TYPED
_____ DOES NOT EXTEND MORE THAN 12 WEEKS (UNLESS APPROVED BY THE EXECUTIVE DIRECTOR)
_____ NUMBER OF TOTAL HOURS
_____ NUMBER OF NON-MANDATORY HOURS

INSTRUCTOR INFORMATION

_____ LIST ONLY INSTRUCTORS SCHEDULED TO TEACH OPOTC REQUIRED TOPICS-MINIMUM OF SIX (6)
_____ INSTRUCTOR'S LAST NAME, FIRST NAME, MIDDLE INITIAL
_____ INDICATE ONE SUBJECT CONTROL INSTRUCTOR FOR EVERY 10 STUDENTS
_____ INSTRUCTOR'S OPOTC CERTIFICATION NUMBER AND EXPIRATION DATE
_____ SCHOOL COMMANDER TO VERIFY CURRENCY OF THE FIRST AID AND CPR INSTRUCTORS – SUBMIT COPY OF INSTRUCTOR CARD FROM NATIONAL PROGRAM

SF105UNV - CALENDAR

_____ TYPED
_____ SCHOOL NAME SUBMITTED AT THE TOP OF THE PAGE
_____ DATE RECORDED FOR EACH SESSION
_____ DAY RECORDED
_____ # OF HOURS RECORDED
_____ TIME RECORDED (FROM/TO)
_____ TOPIC # RECORDED FOR EACH TOPIC TITLE **EXAMPLE: 2-1**
_____ OPOTC TOPIC TITLE RECORDED **EXAMPLE: OVERVIEW OF CRIMINAL JUSTICE SYSTEM**
_____ INSTRUCTOR'S LAST NAME, FIRST NAME, & OPOTC CERT. # RECORDED
_____ 1/2 HOUR BREAK FOR EVERY TRAINING SESSION THAT EXCEEDS 4 HOURS
_____ ONLY OPOTC SUBJECTS & HOURS MUST APPEAR ON THE CALENDAR
_____ DATE RECORDED (BOTTOM OF PAGE)
_____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

ON-SITE INSPECTION

____ **CURRENT ON-SITE INSPECTION FORM ON FILE**

ENROLLMENT PACKET SUBMITTED WITHIN THREE (3) CALENDAR DAYS AFTER START DATE

SF110UNV - STUDENT ENROLLMENT LIST

_____ NO LESS THAN 5 STUDENTS UNLESS APPROVED BY EXECUTIVE DIRECTOR
_____ INDICATE ORIGINAL OR REVISED
_____ NAME OF CORRECTIONS OFFICER, SSN, DOB, & APPOINTING AGENCY
_____ SIGNED BY SCHOOL COMMANDER

_____ **SF115UNV - STUDENT ENROLLMENT/CERTIFICATION FORM** FOR EACH STUDENT

_____ **SF101UNV - STATEMENT OF UNDERSTANDING** FOR EACH STUDENT

_____ FOR UPDATE STUDENTS AND STUDENTS GRANTED PRIOR TRAINING EQUIVALENCY CREDIT-SEE COMMANDER MANUAL FOR DETAILS

CORRECTIONS FULL-SERVICE JAIL BASIC TRAINING
CLOSING CHECKLIST

School Name _____

School Commander _____ **School Number** _____

SF120UNV - ATTENDANCE ROSTER

_____ ORIGINAL COPY
_____ TYPED
_____ SCHOOL NAME, NUMBER, & DATES RECORDED (TOP OF PAGE)
_____ ATTENDANCE ROSTER FOR OPOTC-REQUIRED TOPICS ONLY
____ **MANDATORY TOPICS CLEARLY INDICATED-INDICATE MANDATORY TOPIC NUMBER UNDER DAY TAUGHT**
_____ STUDENTS' NAMES LISTED ALPHABETICALLY (LAST NAME, FIRST, M.I.)
_____ HOURS OF ACTUAL ATTENDANCE RECORDED PER DAY
_____ ORIGINAL SIGNATURE OF CORRECTIONS TRAINING SCHOOL COMMANDER & DATE-BOTTOM OF PAGE
_____ SCHOOL COMMANDER'S NAME TYPED (BOTTOM OF PAGE)
_____ PRIOR EQUIVALENT AND UPDATE STUDENTS LISTED SEPARATELY

SF122UNV - NOTIFICATION OF MAKE-UP HOURS ATTACHED

_____ MAKE-UP ATTENDANCE ROSTER ATTACHED-SF120UNV

SF160CBT - STUDENT EVALUATION RECORD

_____ ORIGINAL COPY
_____ TYPED
_____ SCHOOL NAME & NUMBER RECORDED (TOP OF PAGE)
_____ INDICATE AN "S" OR "U" FOR TECHNICAL SKILLS TOPICS
_____ NOTEBOOK (S OR U)
_____ % OF OPOTC HOURS MISSED - MAXIMUM OF 10% ALLOWED OF OPOTC NON-MANDATORY HOURS
_____ PRIOR EQUIVALENT AND UPDATE STUDENTS LISTED SEPARATELY

SF105UNV - REVISED TRAINING CALENDAR (IF APPLICABLE)

_____ TYPED
_____ SIGNED BY SCHOOL COMMANDER
_____ REVISED CALENDAR INDICATED
_____ CHANGES IN TIME, DAY, INSTRUCTOR NOTED
_____ RE-CHECK RATIOS OF INSTRUCTORS TO STUDENTS IN APPLICABLE SKILLS AREAS

_____ **SF123CBT – FIRST AID/CPR/AED PROFICIENCY TESTING RECORD REVIEWED**

_____ **SF127CBT – SUBJECT CONTROL PROFICIENCY TESTING RECORD REVIEWED**

_____ **SF185UNV - NOTIFICATION OF CHANGES IN COURSE SCHEDULE**

SF175CBT - LETTER OF CERTIFICATION (CLOSING LETTER)

_____ TYPED
_____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

EX705 – EXAMINATION QUALIFICATION FORM

_____ TYPED

EX710 – STUDENT ROSTER FOR EXAMINATION

_____ TYPED

FIELD AGENT _____ **DATE** _____