

CORRECTIONS FULL-SERVICE JAIL BASIC TRAINING OPENING CHECKLIST/ENROLLMENT PACKET	CORRECTIONS FULL-SERVICE JAIL BASIC TRAINING CLOSING CHECKLIST
School Name _____ School Commander _____ Proposed Dates _____	School Name _____ School Commander _____ School Number _____
<p>SF100unv - APPLICATION FORM</p> <p>____ RECEIVED 21 CALENDAR DAYS PRIOR TO START DATE OF SCHOOL</p> <p>____ TYPED</p> <p>____ DOES NOT EXTEND MORE THAN 12 WEEKS (UNLESS APPROVED BY THE EXECUTIVE DIRECTOR)</p> <p>____ NUMBER OF TOTAL HOURS _____</p> <p>SF105unv - CALENDAR</p> <p>____ TYPED</p> <p>____ SCHOOL NAME SUBMITTED AT THE TOP OF THE PAGE</p> <p>____ DATE RECORDED FOR EACH SESSION</p> <p>____ DAY RECORDED</p> <p>____ NUMBER OF HOURS RECORDED</p> <p>____ TIME RECORDED (FROM/TO)</p> <p>____ TOPIC NUMBER RECORDED FOR EACH TOPIC TITLE EXAMPLE: 2-1</p> <p>____ OPOTC TOPIC TITLE RECORDED EXAMPLE: OVERVIEW OF CRIMINAL JUSTICE SYSTEM</p> <p>____ 1/2 HOUR BREAK FOR EVERY TRAINING SESSION THAT EXCEEDS 5 HOURS</p> <p>____ ONLY OPOTC SUBJECTS & HOURS APPEAR ON THE CALENDAR</p> <p>____ LIST ONLY INSTRUCTORS SCHEDULED TO TEACH OPOTC REQUIRED TOPICS- MINIMUM OF SIX (6)</p> <p>____ INSTRUCTOR'S LAST NAME, FIRST NAME, OPOTC CERTIFICATION NUMBER AND EXPIRATION DATE RECORDED</p> <p>____ INDICATE ONE SUBJECT CONTROL INSTRUCTOR FOR EVERY 10 STUDENTS</p> <p>____ TOPIC 4-3 CRISIS INTERVENTION PANEL INDICATED (MINIMUM 25 MINUTES)</p> <p>____ SCHOOL COMMANDER TO VERIFY CURRENCY OF FIRST AID/CPR/AED INSTRUCTOR(S) – SUBMIT COPY OF INSTRUCTOR CARD FROM NATIONAL PROGRAM</p> <p>ON-SITE INSPECTION</p> <p>____ CURRENT ON-SITE INSPECTION FORM ON FILE</p>	<p>SF120unv - ATTENDANCE ROSTER</p> <p>____ ORIGINAL COPY</p> <p>____ TYPED</p> <p>____ SCHOOL NAME, NUMBER, & DATES RECORDED (TOP OF PAGE)</p> <p>____ ATTENDANCE ROSTER FOR OPOTC-REQUIRED TOPICS ONLY</p> <p>____ STUDENTS' NAMES LISTED ALPHABETICALLY (LAST NAME, FIRST, MIDDLE)</p> <p>____ COMMANDER NOTES HRS. OF ACTUAL ATTENDANCE PER STUDENT PER DAY</p> <p>____ PRIOR EQUIVALENT AND UPDATE STUDENTS LISTED SEPARATELY</p> <p>SF122unv - NOTIFICATION OF MAKE-UP HOURS (IF REQUIRED)</p> <p>____ MAKE-UP ATTENDANCE ROSTER SF120unv ATTACHED</p> <p>SF160cbt - STUDENT EVALUATION RECORD</p> <p>____ ORIGINAL COPY</p> <p>____ TYPED</p> <p>____ SCHOOL NAME & NUMBER RECORDED (TOP OF PAGE)</p> <p>____ INDICATE AN "S" OR "U" FOR TECHNICAL SKILLS TOPICS</p> <p>____ NOTEBOOK (S OR U)</p> <p>SF105unv - REVISED TRAINING CALENDAR (IF REQUIRED)</p> <p>____ TYPED</p> <p>____ REVISED CALENDAR INDICATED</p> <p>____ CHANGES IN TIME, DAY, INSTRUCTOR NOTED</p> <p>____ TOPIC 4-3 CRISIS INTERVENTION PANEL INDICATED (MINIMUM 25 MINUTES)</p> <p>____ RE-CHECK RATIOS OF INSTRUCTORS TO STUDENTS IN APPLICABLE SKILLS AREAS</p> <p>SF185unv - NOTIFICATION OF CHANGES IN COURSE SCHEDULE (IF REQUIRED)</p> <p>____</p> <p>SF123cbt – FIRST AID/CPR/AED PROFICIENCY TESTING RECORD REVIEWED</p> <p>____</p> <p>SF127cbt – SUBJECT CONTROL PROFICIENCY TESTING RECORD REVIEWED</p> <p>____</p> <p>SF137cbt – BODY SEARCHES PROFICIENCY TESTING RECORD REVIEWED</p> <p>____</p> <p>SF143cbt – TRANSPORTATION OF INMATES PROFICIENCY TESTING RECORD REVIEWED</p> <p>____</p> <p>SF146cbt – CRISIS INTERVENTION PANEL PRESENTATION CERTIFICATION SHEET REVIEWED</p> <p>____</p> <p>SF175unv - LETTER OF CERTIFICATION (CLOSING LETTER)</p> <p>____ TYPED</p> <p>____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER</p> <p>EX705 – STATE CERTIFICATION EXAMINATION AUTHORIZATION DATA (EAD) FORM</p> <p>____ TYPED</p>
<p>ENROLLMENT PACKET SUBMITTED WITHIN THREE (3) CALENDAR DAYS AFTER START DATE</p> <p>SF110unv - STUDENT ENROLLMENT LIST</p> <p>____ NO LESS THAN 5 STUDENTS UNLESS APPROVED BY EXECUTIVE DIRECTOR</p> <p>____ INDICATE ORIGINAL OR REVISED</p> <p>____ NAME OF CORRECTIONS OFFICER, LAST 5 OF SSN, DOB, & APPOINTING AGENCY</p> <p>____ SIGNED BY SCHOOL COMMANDER</p> <p>____ SF115unv - STUDENT ENROLLMENT/CERTIFICATION FORM FOR EACH STUDENT</p> <p>____ SF101unv - STATEMENT OF UNDERSTANDING FOR EACH STUDENT</p> <p>____ SF104unv – FERPA CONSENT TO RELEASE STUDENT INFO FOR EACH STUDENT</p> <p>____ FOR UPDATE STUDENTS AND STUDENTS GRANTED PRIOR TRAINING EQUIVALENCY CREDIT - SEE COMMANDER MANUAL FOR DETAILS</p>	<p>COMPLIANCE SPECIALIST _____ DATE _____</p>