

**STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS
INSPECTION REPORT**

INSPECTION AUTHORITY: 30:1B-10; 30:1-15

**VICTORIA L. KUHN, ESQ.
COMMISSIONER**

OFFICE OF COUNTY SERVICES

Date: _____

Warden/Administrator : _____

County Facility: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Other Officials To Be Copied: _____

STATISTICAL INFORMATION FOR INSPECTION YEAR _____

	Male	Female
Operational Capacity	_____	_____
Total Incarcerated on Day of Inspection	_____	_____
Average Daily Population for Twelve Month Reporting Period	_____	_____
Highest One Day Count During Twelve Month Reporting Period	_____	_____
Average Number of Bookings Per Month	_____	_____

Population Breakdown

	Male	Female
Pre-Trial	_____	_____
Pre-Sentenced	_____	_____
County Sentenced	_____	_____
State Sentenced (Awaiting Transfer)	_____	_____
State Contract	_____	_____
Federal Contract	_____	_____
Federal (INS, Marshal)	_____	_____
Housed for Other Counties	_____	_____
Other (Please Identify)	_____	_____

STAFFING*

_____	Administrative/Warden	_____	Social Workers
_____	Deputy Administrator/Warden	_____	Psychologist
_____	Captains	_____	Chaplains
_____	Lieutenants	_____	Counselors
_____	Sergeants	_____	Cooks
_____	Correctional Officers - Male	_____	Maintenance Repairman
_____	Correctional Officers - Female	_____	Secretary
_____	Physicians	_____	Clerk Typists
_____	Dentist	_____	Clerks
_____	Pharmacist	_____	Recreation Supervisor
_____	Nurse, RN	_____	ID Officer
_____	Nurse, LPN	_____	Librarian
_____	Work Release Coordinator	_____	Food Service Supervisor

1. Please complete staffing profile by indicating the number of employees serving in each title.
2. Please do not list an employee under more than one title.
3. If an employee is serving in a title not listed, please add to bottom.
4. If a title listed does not exist at your facility, place a zero in corresponding line.

* Provided by the County

Significant Incident Summary Report Form

This summary should be completed prior to the scheduled inspection and presented to a member of the inspection team upon their arrival at your facility. The data being requested on this form should reflect the incidents that occurred January through December of the inspection year. Should you have any questions while completing this form, please feel free to contact this office at 609-292-4036 ext. 5453.

Facility:		Year:											
Incidents	Months												
Assault Offenders (1)	With Weapon												
	Without Weapon												
Assault Offenders Staff (2)													
	With Weapon												
	Without Weapon												
Number of Forced Moves													
Disturbances (3)													
Type (3)													
Number of Times Chemical Agents Used													
Number of Times Emergency Response Team Used													
Offender Medical Referrals as a Result of Injuries Sustained													
Strip Searches	Warrant/Consent												
	Probable Cause												
	Reasonable Suspicion												
	Exigent Circumstance												
Body Cavity Searches													
Escapes	Attempted												
	Actual												
Grievances Received													
Substantiated Grievances	Medical												
	Food Service												
	Religion												
	Commissary												
	Other												
Deaths	Number												
	Illness												
	Suicide												
	Natural												
	Violent												

Facility:											Year:			
Incidents	Months													
Suicide Attempts	Number													
	Hanging													
	Ingestion													
	Slashing													
	Other													

1. Any physical contact that involves two or more offenders.
2. Any physical contact involving an offender and staff member.
3. Any incident that involves more than four offenders, as defined in NJSA 2C:33-1. This would include (A) gang fights, (B) organized hunger strikes, (C) Work stoppages, (D) hostage situations, (E) major fires, or (F) any other large-scale incident.

All of the above information was reported to the New Jersey Department of Corrections by {INSTITUTION} on _____, By _____, Signed _____.

(date) (print) (sign)