Form 3304 (10-15)
Reproduce Locally as Needed

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CHAPLAIN'S MONTHLY REPORT

_____
Name Facility Month – Year

_____
Religious Affiliation Date

- -

Worship Services

Average Attendance

* Primary weekly worship service (Day: _____ Time: _____) _____

(Hispanic Services) (Day: _____ Time: _____) _____

* Special services held during reporting period.
(List below and indicate if conducted by Chaplain, inmate, or volunteer)

1. _____ _____

2. _____ _____

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Religious and Cultural Studies Program

Average Attendance

* Basic religious education class (conducted by Chaplain) _____

* Other religious education classes conducted by Chaplain or volunteer. (List).

1. _____ _____

2. _____ _____

3. _____ _____

4. _____ _____

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Comments:

Counseling and Visitation

Visits to SHU _____

Visits to hospital (inside) _____

Visits to outside hospitals _____

Visits to facility visiting room _____

Visits to inmate work & education areas _____

Visits to recreational yards _____

Visits to inmate housing units _____

Number of counseling sessions (one-to-one, ½ hour or longer with inmates)_____

Number of staff counseling sessions _____

Group counseling programs: (conducted by Chaplain) List _____

1. _____ _____

2. _____ _____

Number of inmate death notifications handled _____

Number of family deaths or critical illness notifications _____

Number of marriages performed _____

Number of funerals conducted _____

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