



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

DATE & TIME:

July 11, 2023
Two Sessions
8:00 a.m. – 12:00 p.m.; or
1:00p.m. - 5:00 p.m.

LOCATION:

Clay County Sheriff's Office
12 S. Water St.
Liberty, MO 64068

COST:

Contracted Agency: No Cost
Non-Contracted Agency: \$50.00

Register by

July 7, 2023
Pre-Registration Required

This program may be canceled if registrations are not sufficient. Students are responsible for all lodging, meals, and transportation. Minimum of 10 registrations with a maximum of 35.

REGISTRATION:

Online: mosheriffs.com/training
Email: gina@mosheriffs.com
Fax: 573.635-2128

For questions contact Jeanne Merritt
573-529-6900
jeanne@mosheriffs.com

6605 Business 50 West
Jefferson City, MO 65109
573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

Objective Inmate Classification (POST#25537)

Course Description

Throughout history managing inmate behavior has been a goal of administrators and it is now more important than ever. A key aspect of any inmate behavior management plan is inmate classification. This presentation begins by defining classification and discussing standards for evaluating classification assessment tools. It covers core distinguishing features of an objective classification system, aspects of system validity and reliability, along with the need for appropriate override within the system. It concludes with a tabletop where participants work through an actual classification exercise.

Who Should Attend

Anyone working or volunteering within a jail or prison: including line staff, supervisors, and administrators.

Topics Include

- The Importance of an Effective Inmate Behavior Management Plan.
- Essential Elements of a Behavior Management Plan.
- Core Features of an Objective Classification System.
- Why We Classify Inmates.
- Categories of Information Needed for Proper Classification.
- Different Classification Levels.
- The Importance of Reassessing Classification.
- Distinguishing Between 'Classification' and 'Separation' of Prisoners.

POST CLEE CREDIT

4 Hours Technical Studies

STATE LICENSED • PROFESSIONAL STAFF • STATEWIDE TRAINING



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REGISTRATION FORM

COURSE INFORMATION

Title: _____

Date: _____ Time: _____

Host Agency: _____

Location address: _____

Instructor: _____

ATTENDEE INFORMATION

Agency Name: _____

Contracted: (Yes/No) _____ Number Attending: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

Contracted Agency\$ _____ / per person \$ _____

Non-Contracted Agency.....\$ _____ / per person \$ _____

PAYMENT METHODS

Bill my credit card. VISA _____ MC _____ DISCOVER _____
_____ Exp _____
3-digit security code _____ (Located on back)

Enclosed is a check/money order. Check # _____

Total Enclosed \$ _____

Signature _____

Send Registrations To

FOR MORE INFORMATION CONTACT