

CJ-43B

OMB No. 1121-0147: Approval Expires XX/XX/XXXX

FORM **CJ-43B**
(2-1-2012)

2012 CENSUS OF STATE AND FEDERAL ADULT CORRECTIONAL FACILITIES — INDIVIDUAL FACILITY INFORMATION

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
U.S. DEPARTMENT OF COMMERCE
ECONOMICS AND STATISTICS ADMINISTRATION
U.S. CENSUS BUREAU

DATA SUPPLIED BY:

Name		Title				
OFFICIAL ADDRESS	Number and street or P.O. box/Route number		City	State	Zip Code	
TELEPHONE	Area code	Number	Extension	FAX NUMBER	Area Code	Number
E-MAIL ADDRESS						

INSTRUCTIONS FOR COMPLETION

- Complete questions 1-10 for each individual facility in operation on June 30, 2012.
- Reporting methods:
 - **INTERACTIVE ONLINE LISTING:** You will be asked to answer the facility level questions.
 - **UPLOAD PREPARED SPREADSHEET:** Downloading the spreadsheet will allow you to view your listing AND answer the Individual Facility Information (CJ-43B) questions at the same time. Once completed and saved, the spreadsheet can be uploaded.
 - **UPLOAD DATA FILE(S):** You may submit data in any format that is convenient to your information system. Include the information requested in items 1-10 of the CJ-43B for each individual facility. When uploading the completed datafile, please include a file layout and codebook that will allow us to read the data included.
 - **MAIL/FAX:** Complete paper form. Make copies of the CJ-43B as needed.

Facility Number ___ out of ___

1. Facility name and address

Please provide a street address where the facility is located.

Facility Name

Address 1

Address 2

City

State

Zip Code

Burden statement

We estimate that your reporting burden will average 15 minutes per response, including the time needed to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. The approval of this data collection expires xx/xx/xxxx. We cannot ask you to respond to a collection unless it displays a currently valid OMB control number. Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, Washington, DC 20531 and to the Office of Management and Budget, OMB No. 1121-0147, Washington, DC 20503.

PRISON FACILITY REPORT

2. Designated facility contact

Please provide information for the person at this facility who could assist in providing information about this facility.

Name

Title

Phone () - ext.

E-mail

3. Is this facility authorized to house —

Mark (X) only ONE box.

- 01 Males only
- 02 Females only
- 03 Both males and females

4. What is the physical security level of this facility?

Mark (X) the ONE box that best describes the physical security of this facility.

Super maximum, maximum, close, or high — is characterized by walls or double-fence perimeters, armed towers and/or armed patrols. Cell housing is isolated in one of two ways: within a cell block so that a prisoner escaping from a cell is confined within the building; or by double security from the perimeter by bars, steel doors, or other hardware. All entry or exit is via trap gate or sally port.

Medium — is characterized by a single or double fenced perimeter with armed coverage by towers or patrols. Housing units are cells, rooms, or dormitories. Dormitories are living units designed or modified to accommodate 12 or more persons. All entry or exit is via trap gate or sally port.

Minimum or low — is characterized by a fenced or "posted" perimeter. Cell housing units are rooms or dormitories. Normal entry and exit are under visual surveillance.

- 01 Super maximum
- 02 Maximum/close/high
- 03 Medium
- 04 Minimum/low
- 05 Administrative (e.g. Federal medical facilities)
- 06 Other — Specify

5. What percentage of inmates in this facility are regularly permitted to leave the facility unaccompanied (for work release, study release, rehabilitation, etc.)?

Mark (X) only ONE box.

- 01 50% or more of the inmates
- 02 Less than 50% of the inmates
- 03 None

6. Who operates this facility?

Mark (X) only ONE box.

- 01 Federal authority
- 02 State authority
- 03 Local authority
- 04 Joint state and local authority
- 05 Private contractor — **For what jurisdictions does this facility currently hold inmates?**

7. On September 30, 2011, how many inmates confined in this facility were —

• Include all inmates held in this facility for State or Federal authorities, regardless of jurisdiction.

a. Males

b. Females

8. Is this facility administratively-linked to any other facilities?

• Facilities that share budgets or administrators are considered to be administratively linked.

- 01 No
- 02 Yes — **What are the names of the facilities?**

9. Are there any planned changes to the use of this facility in the next year?

- 01 No
- 02 Yes — **a. Describe planned changes.**

— **b. On what date are planned changes expected to take effect?**

Month	Year	Don't Know
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10. Are there plans to close this facility in the next year?

- 01 No
- 02 Yes — **On what date is the planned closure expected to occur?**

Month	Year	Don't Know
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/>