

<<DATE>>

<<SUID>>

<<TITLE>><<FNAME>> <<LNAME>> <<SUFFIX>>

Or Current <<TITLE>>

<<agcynname>>

<<ADDRESS>>

<<CITY, STATE ZIP>>

Dear <<TITLE>><<LNAME>>:

About X weeks ago we sent the Officer Safety in Correctional Facilities Study questionnaire to you. According to our records, as of XXXXXX, we have not yet received a completed questionnaire from your agency. This study will provide the first nationally representative information on the use of body armor within correctional facilities. Data will be used to explore who uses body armor and the situations in which body armor is currently used. Risks or discomforts to you as a participant in this survey are minimal.

We are writing again because it is extremely important that your agency respond to ensure the success of this study that is important in exploring body armor use; contributing to correctional officer safety.

This is a two-stage study:

1. The first stage collects facility level information from administrative records.
2. The second stage will gather information from correctional officers.

To help us accomplish this we request that the enclosed questionnaire be completed and returned to NORC. The questionnaire asks a brief series of questions; including incidents of assault on correctional officers, overall inmate demographics, officer health and policies related to wearing body armor within your facility.

We also ask that you provide a listing of full-time correctional officers as of XXXX. This list will be used to randomly select 10-12 officers for the second stage of the study.

The results of the study will be presented to the corrections community and posted to NORC's website at www.norc.org in summary form .. Neither you, nor your facility will be identified in the final reports. Within the survey, you may indicate that you would like to receive a copy of the study results by e-mail.

If you need assistance with the questionnaire, please contact NORC by telephone (XXXXX), or e-mail (XXXXX).

Although this study is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely. If you have questions about your rights as a study participant, you may call the NORC IRB Administrator, toll free, at 1-866-309-0542.

Facility—Replacement Survey

Attachment 8: Facility Survey Replacement Survey Letter

Sincerely,

NORC

ACA

ASCA