

Census of State and Federal Adult Correctional Facilities

Roster of Community-Based Correctional Facilities

The purpose of this collection is to obtain a comprehensive list of community-based correctional facilities operated by a state DOC or contractor whose primary use is to house inmates for state prison authorities and regularly permits 50% or more of its inmates to leave unaccompanied by staff for work, study, or treatment.

INSTRUCTIONS FOR COMPLETING FORM:

- There is a tab at the bottom of this Instructions worksheet for the **Roster of Facilities** worksheet.
- Please review the Roster of Facilities worksheet and make changes to the facility name or mailing address, if necessary.
- Please indicate whether each facility is **open** or **closed**.
- If the facility has **closed**, the remaining questions will be shaded out and you can go to the next facility on the list
- If the facility is **open** or **you don't know if the facility is closed**, continue answering questions that are not shaded out.
- If there are any additional facilities not listed, please add them to the bottom of the list and provide the information requested. If you are uncertain of whether a facility should be included or you would like to provide this information in some other format, please call 1-800-334-8571 (Extension XXXXX).
- If you have any questions or need help completing the form, please call 1-800-334-8571 (Extension XXXXX).
- Following completion of the Roster of Facilities worksheet, please email the file to: cgenesky@rti.org You may also submit via fax <<insert number>> or via mail <<insert address>> , if preferred.

What types of facilities are **INCLUDED** in this collection?

INCLUDE facilities operated under state jurisdiction, private companies, or local governments that primarily house inmates for state prison authorities in which 50% or more of the inmates are regularly permitted to leave unaccompanied by staff for work, study, or treatment.

INCLUDE boot camps, residential community correction centers, prison farms, pre-release centers, halfway houses, road camps, forestry and conservation camps, vocational training facilities, drug and alcohol treatment facilities.

INCLUDE state-authorized parolee return-to-custody facilities.

What types of facilities are **EXCLUDED** in this collection?

EXCLUDE facilities housing only persons for juvenile correctional authorities.

Burden Statement

We estimate that your reporting burden will average 45 minutes, 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/20XX. 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. XXXX-XXX, Washington, DC 20503.

Select the "Roster of Facilities" Tab at the bottom of this worksheet to begin reviewing the facilities.

Name of person completing this form:	Census of State and Federal Adult Correctional Facilities Roster of Community-Based Correctional Facilities
E-mail address:	
Phone number:	

Below is a pre-populated list of community-based correctional facilities that we believe meet the criteria specified in the instructions tab. For the purpose of this collection, community-based correctional facilities are defined as primarily housing inmates for state prison authorities in which 50% or more of the inmates are regularly permitted to leave unaccompanied by staff for work, study, or treatment. This list, based on our most recent records, may include facilities which have closed or exclude facilities which have opened since we last compiled our data.

Name of Facility <i>Please edit name of facility, if needed</i>	Mailing Address of Facility <i>Please edit address, if needed</i>				Is this facility open or closed?	Does this facility hold inmates for your state?	Does this facility allow 50% or more of its inmates to leave the facility unaccompanied?	Is this facility is operated by the DOC, a private company or a local authority?	What is the operator (company/authority) name and contact information?			Notes (if needed)
	Street	City	State	Zip Code					Name of Operator	Phone	Email Address	
<i>FILL NAME OF FACILITY 1</i>	<i>FILL STREET</i>	<i>FILL CITY</i>	<i>FILL STATE</i>	<i>FILL ZIP CODE</i>	<input type="radio"/> Open <input type="radio"/> Closed <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> DOC <input type="radio"/> Private Company <input type="radio"/> Local Authority <input type="radio"/> Joint State and Local Authorities				
<i>FILL NAME OF FACILITY 2</i>	<i>FILL STREET</i>	<i>FILL CITY</i>	<i>FILL STATE</i>	<i>FILL ZIP CODE</i>	<input type="radio"/> Open <input type="radio"/> Closed <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> DOC <input type="radio"/> Private Company <input type="radio"/> Local Authority <input type="radio"/> Joint State and Local Authorities				
<i>FILL NAME OF FACILITY 3</i>	<i>FILL STREET</i>	<i>FILL CITY</i>	<i>FILL STATE</i>	<i>FILL ZIP CODE</i>	<input type="radio"/> Open <input type="radio"/> Closed <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> DOC <input type="radio"/> Private Company <input type="radio"/> Local Authority <input type="radio"/> Joint State and Local Authorities				
<i>FILL NAME OF FACILITY 4</i>	<i>FILL STREET</i>	<i>FILL CITY</i>	<i>FILL STATE</i>	<i>FILL ZIP CODE</i>	<input type="radio"/> Open <input type="radio"/> Closed <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> DOC <input type="radio"/> Private Company <input type="radio"/> Local Authority <input type="radio"/> Joint State and Local Authorities				
<i>FILL NAME OF FACILITY 5</i>	<i>FILL STREET</i>	<i>FILL CITY</i>	<i>FILL STATE</i>	<i>FILL ZIP CODE</i>	<input type="radio"/> Open <input type="radio"/> Closed <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<input type="radio"/> DOC <input type="radio"/> Private Company <input type="radio"/> Local Authority <input type="radio"/> Joint State and Local Authorities				

If there are any additional facilities not listed above, please add them below - completing columns A-E and I-M.

								<input type="radio"/> DOC <input type="radio"/> Private Company <input type="radio"/> Local Authority <input type="radio"/> Joint State and Local Authorities				
								<input type="radio"/> DOC <input type="radio"/> Private Company <input type="radio"/> Local Authority <input type="radio"/> Joint State and Local Authorities				
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