

## Appendix C. Attachment Table of Contents

<b>Attachment A.</b>	2000 Death in Custody Reporting Act (P.L. 106-297)	p. 2-3
<b>Attachment B.</b>	42 USC 3989g	p. 4-6
<b>Attachment C.</b>	Survey form CJ9A-5	p. 7-12
<b>Attachment D.</b>	Survey form CJ10A-5	p. 13-18
<b>Attachment E.</b>	Survey form CJ9A	p. 19-21
<b>Attachment F.</b>	Survey form CJ10A	p. 22-24
<b>Attachment G.</b>	Survey form CJ9	p. 25-29
<b>Attachment H.</b>	Survey form CJ10	p. 30-34
<b>Attachment I.</b>	Historical ASJ forms	p. 35-54
<b>Attachment J.</b>	Survey CJ5B	p. 55-59
<b>Attachment K.</b>	42 USC 3735	p. 60-61
<b>Attachment L.</b>	Mailing packet	p. 62-72
<b>Attachment M.</b>	Data quality follow-up scripts	p. 73-94

Attachment A. 2000 Deaths in Custody Reporting Act  
(P.L. 106-297)

Public Law 106–297  
106th Congress

An Act

To amend the Violent Crime Control and Law Enforcement Act of 1994 to ensure that certain information regarding prisoners is reported to the Attorney General.

Oct. 13, 2000  
[H.R. 1800]

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Death in Custody Reporting Act of 2000”.

Death in Custody  
Reporting Act of  
2000.  
42 USC 13701  
note.

**SEC. 2. REPORTING OF INFORMATION.**

Section 20104(a) of the Violent Crime Control and Law Enforcement Act of 1994 (42 U.S.C. 13704(a)) is amended—

(1) in paragraph (1)—

(A) by inserting “(A)” after “(1)”; and

(B) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively;

(2) in paragraph (2), by striking “(2)” and inserting “(B)”;

(3) in paragraph (3)—

(A) by striking “(3)” and inserting “(C)”;

(B) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively; and

(C) by striking the period and inserting “; and”; and

(4) by adding at the end the following new paragraph:

“(2) such State has provided assurances that it will follow guidelines established by the Attorney General in reporting, on a quarterly basis, information regarding the death of any person who is in the process of arrest, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, or other local or State correctional facility (including any juvenile facility) that, at a minimum, includes—

“(A) the name, gender, race, ethnicity, and age of the deceased;

“(B) the date, time, and location of death; and

“(C) a brief description of the circumstances surrounding the death.”.

Approved October 13, 2000.

LEGISLATIVE HISTORY—H.R. 1800:

CONGRESSIONAL RECORD, Vol. 146 (2000):

July 24, considered and passed House.

Oct. 3, considered and passed Senate.



Attachment B. 42 USC 3989g

PRIOR PROVISIONS

A prior section 811 of Pub. L. 90-351 was classified to section 3789 of this title prior to repeal by section 609B(e) of Pub. L. 98-473.

AMENDMENTS

1994—Subsec. (e). Pub. L. 103-322 substituted “Bureau of Justice Assistance” for “Law Enforcement Assistance Administration”.

1984—Subsecs. (a), (b). Pub. L. 98-473, §609B(j)(1), substituted “Office of Justice Programs” for “Office of Justice Assistance, Research, and Statistics” wherever appearing.

Subsecs. (d) to (f). Pub. L. 98-473, §609B(j)(2), (3), redesignated subsecs. (e) and (f) as (d) and (e), respectively, and struck out former subsec. (d) relating to civil rights regulations and conforming changes of the regulations.

EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by section 609B(j) of Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

§ 3789g. Confidentiality of information

(a) **Research or statistical information; immunity from process; prohibition against admission as evidence or use in any proceedings**

No officer or employee of the Federal Government, and no recipient of assistance under the provisions of this chapter shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained in accordance with this chapter. Such information and copies thereof shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceedings.

(b) **Criminal history information; disposition and arrest data; procedures for collection, storage, dissemination, and current status; security and privacy; availability for law enforcement, criminal justice, and other lawful purposes; automated systems: review, challenge, and correction of information**

All criminal history information collected, stored, or disseminated through support under this chapter shall contain, to the maximum extent feasible, disposition as well as arrest data where arrest data is included therein. The collection, storage, and dissemination of such information shall take place under procedures reasonably designed to insure that all such information is kept current therein; the Office of Justice Programs shall assure that the security and privacy of all information is adequately provided for and that information shall only be used for law enforcement and criminal justice and other lawful purposes. In addition, an individual who believes that criminal history information concerning him contained in an automated system is inaccurate, incomplete, or maintained in violation of this chapter, shall, upon satisfactory verification of his identity, be entitled to review such information and to obtain a copy of it for the purpose of challenge or correction.

(c) **Criminal intelligence systems and information; prohibition against violation of privacy and constitutional rights of individuals**

All criminal intelligence systems operating through support under this chapter shall collect, maintain, and disseminate criminal intelligence information in conformance with policy standards which are prescribed by the Office of Justice Programs and which are written to assure that the funding and operation of these systems furthers the purpose of this chapter and to assure that such systems are not utilized in violation of the privacy and constitutional rights of individuals.

(d) **Violations; fine as additional penalty**

Any person violating the provisions of this section, or of any rule, regulation, or order issued thereunder, shall be fined not to exceed \$10,000, in addition to any other penalty imposed by law.

(Pub. L. 90-351, title I, §812, formerly §818, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1213; renumbered §812 and amended Pub. L. 98-473, title II, §609B(f), (k), Oct. 12, 1984, 98 Stat. 2093, 2096; Pub. L. 109-162, title XI, §1115(c), Jan. 5, 2006, 119 Stat. 3104.)

PRIOR PROVISIONS

A prior section 812 of Pub. L. 90-351 was classified to section 3789a of this title prior to repeal by section 609B(e) of Pub. L. 98-473.

AMENDMENTS

2006—Subsec. (a). Pub. L. 109-162 substituted “No” for “Except as provided by Federal law other than this chapter, no”.

1984—Subsecs. (b), (c). Pub. L. 98-473, 609B(k), substituted “Office of Justice Programs” for “Office of Justice Assistance, Research, and Statistics”.

EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by section 609B(k) of Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

§ 3789h. Repealed. Pub. L. 98-473, title II, § 609B(e), (l), Oct. 12, 1984, 98 Stat. 2093, 2096

Section, Pub. L. 90-351, title I, §819, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1213, authorized acceptance of voluntary services. See section 3788(g) of this title.

EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

§ 3789i. Administration of juvenile delinquency programs

The Director of the National Institute of Justice and the Director of the Bureau of Justice Statistics shall work closely with the Administrator of the Office of Juvenile Justice and Delinquency Prevention in developing and implementing programs in the juvenile justice and delinquency prevention field.

(Pub. L. 90-351, title I, §813, formerly §820, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1214; renumbered §813 and amended Pub. L. 98-473, title II, §609B(f), (m), Oct. 12, 1984, 98 Stat. 2093, 2096.)

EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

§ 3735. Use of data

Data collected by the Bureau shall be used only for statistical or research purposes, and shall be gathered in a manner that precludes their use for law enforcement or any purpose relating to a private person or public agency other than statistical or research purposes.

(Pub. L. 90-351, title I, § 304, formerly § 305, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1179; renumbered § 304, Pub. L. 98-473, title II, § 605(d), Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 109-162, title XI, § 1115(b), Jan. 5, 2006, 119 Stat. 3104.)

PRIOR PROVISIONS

A prior section 304 of Pub. L. 90-351, as added by Pub. L. 96-157, was classified to section 3734 of this title prior to repeal by Pub. L. 98-473, title II, § 605(c), Oct. 12, 1984, 98 Stat. 2080.

Prior sections 3735 to 3739 were omitted in the general amendment of this chapter by Pub. L. 96-157.

Section 3735, Pub. L. 90-351, title I, § 305, June 19, 1968, 82 Stat. 203; Pub. L. 91-644, title I, § 4(7), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 203, related to reallocation of funds.

Section 3736, Pub. L. 90-351, title I, § 306, June 19, 1968, 82 Stat. 202; Pub. L. 91-644, title I, § 4(8), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 203; Pub. L. 94-503, title I, § 113, Oct. 15, 1976, 90 Stat. 2415, related to allocation of funds.

Section 3737, Pub. L. 90-351, title I, § 307, June 19, 1968, 82 Stat. 202; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 204; Pub. L. 94-503, title I, § 114, Oct. 15, 1976, 90 Stat. 2415, related to priority programs and projects.

Section 3738, Pub. L. 90-351, title I, § 308, as added Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 204; amended Pub. L. 94-503, title I, § 115, Oct. 15, 1976, 90 Stat. 2415, related to Administration action upon State plans within prescribed time after date of submission.

Section 3739, Pub. L. 90-351, title I, § 309, as added Pub. L. 94-503, title I, § 116, Oct. 15, 1976, 90 Stat. 2415, related to assistance and grants to aid State antitrust enforcement.

AMENDMENTS

2006—Pub. L. 109-162 substituted “private person or public agency” for “particular individual”.

SUBCHAPTER IV—ESTABLISHMENT OF BUREAU OF JUSTICE ASSISTANCE

PRIOR PROVISIONS

A prior subchapter IV, consisting of sections 3741 to 3748, related to block grants by Bureau of Justice Assistance, prior to repeal by Pub. L. 100-690, title VI, § 6091(a), Nov. 18, 1988, 102 Stat. 4328. For similar provisions, see part A (§ 3750 et seq.) of subchapter V of this chapter.

Section 3741, Pub. L. 90-351, title I, § 401, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 99-570, title I, § 1552(b)(1), Oct. 27, 1986, 100 Stat. 3207-46, related to establishment of Bureau of Justice Assistance, appointment of Director, and authority and restrictions with regard to Director.

Section 3742, Pub. L. 90-351, title I, § 402, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2080, related to duties and functions of Director.

Section 3743, Pub. L. 90-351, title I, § 403, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2081, described grant program.

Section 3744, Pub. L. 90-351, title I, § 404, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2082,

authorized Bureau to make financial assistance under this subchapter available to States.

Section 3745, Pub. L. 90-351, title I, § 405, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2082, related to applications for assistance and contents of applications.

Section 3746, Pub. L. 90-351, title I, § 406, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2084, related to review of applications.

Section 3747, Pub. L. 90-351, title I, § 407, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2084, related to allocation and distribution of funds.

Section 3748, Pub. L. 90-351, title I, § 408, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2085, related to designation of a State office to prepare applications and administer funds.

Another prior subchapter IV, consisting of sections 3741 to 3745, related to formula grant program, prior to the general amendment of this subchapter by Pub. L. 98-473.

Section 3741, Pub. L. 90-351, title I, § 401, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1179, described formula grant program.

Section 3742, Pub. L. 90-351, title I, § 402, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1181, related to eligibility provisions for formula grants.

Section 3743, Pub. L. 90-351, title I, § 403, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1187, concerned application requirements for formula grants.

Section 3744, Pub. L. 90-351, title I, § 404, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1188, provided for review of applications for formula grants.

Section 3745, Pub. L. 90-351, title I, § 405, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1189, provided for allocation and distribution of funds for formula grants.

Another prior subchapter IV, consisting of sections 3741 to 3748 and 3750 to 3750d, related to training, education, research, demonstration, and special grants prior to the general amendment of this chapter by Pub. L. 96-157.

Section 3741, Pub. L. 90-351, title I, § 401, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 205, set out the Congressional statement of purposes in making provision for training, education, research, demonstration, and special grants.

Section 3742, Pub. L. 90-351, title I, § 402, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 205; Pub. L. 94-503, title I, § 117, Oct. 15, 1976, 90 Stat. 2416, provided for creation of a National Institute of Law Enforcement and Criminal Justice.

Section 3743, Pub. L. 90-351, title I, § 403, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 206, related to limitations on size of grants and contributions requirements for grants.

Section 3744, Pub. L. 90-351, title I, § 404, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, provided for Federal Bureau of Investigation law enforcement training programs.

Section 3745, Pub. L. 90-351, title I, § 405, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, repealed Law Enforcement Assistance Act of 1965 and provided for funds to continue projects started thereunder.

Section 3746, Pub. L. 90-351, title I, § 406, June 19, 1968, 82 Stat. 204; Pub. L. 91-644, title I, § 5(1), Jan. 2, 1971, 84 Stat. 1884; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, provided for academic educational assistance.

Section 3747, Pub. L. 90-351, title I, § 407, formerly § 408, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885; renumbered § 407, Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 209, related to administration of training programs for prosecuting attorneys.

Another prior section 3747, Pub. L. 90-351, title I, § 407, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885, related to Administration law enforcement training program for enforcement personnel, prior to the general amendment of this chapter by section 2 of Pub. L. 93-83.

Section 3748, Pub. L. 90-351, title I, § 408, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885,

# Attachment C. Survey form CJ9A-5

Form CJ-9A/5



**DEATHS IN CUSTODY—2015  
ANNUAL SUMMARY ON INMATES  
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY—**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Email		<input type="text"/>	

**Instructions for completion and submission**

**FOR EACH ITEM—**

- If the answer to a question is “none” or “zero,” write “0” in the space provided.
- When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

Please submit your completed form(s) within 30 days of receipt. You may submit information in one of these ways:

*ONLINE:* Complete this form online at: <https://bjsdcrp.rti.org>

*EMAIL:* [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

*FAX (TOLL-FREE):* 1-866-800-9179

*MAIL:* RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

*If you need assistance, contact Matt Bensen of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).*

**What to include and exclude in this data collection**

**INCLUDE—**

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

**EXCLUDE—**

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

**BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 1 hour and 15 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.



**Section I — INMATE DEATHS**

1. Between January 1, 2015, and December 31, 2015, how many persons died while under the supervision of your jail facilities?

INCLUDE deaths of ALL persons—

- ✓ CONFINED in your jail facilities
- ✓ UNDER THE SUPERVISION of your jail facilities, but out to court or in a special facility (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or house arrest program; or release center)
- ✓ WHILE IN TRANSIT to or from your jail facilities while under your supervision.

EXCLUDE—

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities. Arrest-related deaths should be reported using a CJ-11A form.

Number of inmate deaths

a. Males.....

b. Females.....

REMINDER: IF YOUR FACILITIES HAD ONE OR MORE DEATHS IN CALENDAR YEAR 2015, please ensure that you have completed a 2015 CJ-9/CJ-10 (individual death report) form for each death reported. If you need additional CJ-9/CJ-10 forms, please go to the DCRP website (<https://bjsdcrp.rti.org>), call 1-800-344-1387, or send an email to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

**Section II — SUPERVISED POPULATION**

2. On June 30, 2015, how many persons under the supervision of your jail jurisdiction were CONFINED in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

3. On December 31, 2015, how many persons under the supervision of your jail jurisdiction were—

a. CONFINED in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

b. Under jail supervision, but NOT CONFINED?

INCLUDE—

- ✓ Persons in community-based programs run by your jail jurisdiction (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

EXCLUDE—

- X Persons on pretrial release who are not in a community-based program run by your jail jurisdiction
- X Persons under the supervision of probation, parole, or other agencies
- X Inmates on weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday)
- X Inmates participating in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night.

c. TOTAL (Sum of items 3a and 3b).....

4. On the weekend prior to December 31, 2015, did your jail facilities have a weekend program?

Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).

1  Yes – How many inmates participated? .....

2  No

5. Of all the persons CONFINED in your jail facilities on December 31, 2015 (as reported in item 3a), how many were not U.S. citizens?

Non-U.S. citizens

**Section III — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION**

6. On December 31, 2015, how many persons CONFINED in your jail facilities were—

- a. Adult males (age 18 or older) .....
- b. Adult females (age 18 or older) .....
- c. Males age 17 or younger .....
- d. Females age 17 or younger .....
- e. TOTAL (Sum of items 6a through 6d should equal item 3a) .....

7. Of all the persons age 17 or younger CONFINED in your jail facilities on December 31, 2015 (sum of 6c and 6d), how many were tried or awaiting trial in adult court?

Number of persons age 17 or younger held as adults .....

8. Of all persons CONFINED in your jail facilities on December 31, 2015, how many were—

- For persons with more than one status, report the status associated with the most serious offense.
- For convicted inmates, include probation and parole violators with no new sentence.

- a. Convicted .....
- b. Unconvicted .....
- c. TOTAL (Sum of items 8a and 8b should equal item 3a) .....

9. On December 31, 2015, how many persons CONFINED in your jail facilities, regardless of conviction status, had an offense type of—

For persons with more than one offense, report the most serious type of offense.

- a. Felony .....
- b. Misdemeanor .....
- c. Other – Specify
- d. TOTAL (Sum of items 9a to 9c should equal item 3a) .....

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

10. On December 31, 2015, how many persons CONFINED in your jail facilities were—

- a. White, not of Hispanic origin .....
- b. Black or African American, not of Hispanic origin .....
- c. Hispanic or Latino .....
- d. American Indian or Alaska Native, not of Hispanic origin .....
- e. Asian, not of Hispanic origin .....
- f. Native Hawaiian or other Pacific Islander, not of Hispanic origin .....
- g. Two or more races, not of Hispanic origin ..
- h. Additional categories in your information system – Specify
- i. Not known .....
- j. TOTAL (Sum of items 10a to 10i should equal item 3a) .....

11. On December 31, 2015, how many persons CONFINED in your jail facilities were held for—

Count persons with multiple holds only once with priority being federal, state, tribal, and local.

- INCLUDE contractual, temporary, courtesy, or *ad hoc* holds for other agencies.

- a. Federal authorities
  - 1. U.S. Marshals Service .....
  - 2. Federal Bureau of Prisons .....
  - 3. U.S. Immigration and Customs Enforcement (ICE) .....
  - 4. Bureau of Indian Affairs (BIA) .....     
 X EXCLUDE inmates being housed for tribal governments in item 11c below.
  - 5. Other – Specify
- b. State prison authorities
  - 1. For your state .....
  - 2. For other states .....
- c. American Indian or Alaska Native tribal governments
  - X EXCLUDE inmates being housed for the BIA in item 11a4.
- d. Other local jail jurisdictions
  - X EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates).
  - X EXCLUDE inmates being housed for tribal governments in item 11c.
    - 1. Within your state .....
    - 2. Outside your state .....
- e. TOTAL (Sum of items 11a to 11d) .....

12. a. During the 31-day period from December 1 to December 31, 2015, on what day did your jail facilities hold the greatest number of inmates?

Peak population should be equal to or greater than the confined inmate population reported in item 3a.

December , 2015

b. How many persons were CONFINED on that day?

Number that day

13. Between January 1, 2015, and December 31, 2015, what was the average daily population of your jail facilities?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day during the period January 1, 2015, through December 31, 2015, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail facilities each day.

**Average daily population**

- a. Males.....
- b. Females.....
- c. TOTAL (Sum of items 13a and 13b) ....

14. On December 31, 2015, what was the total rated capacity of your jail facilities, excluding separate temporary holding areas?

- Rated capacity is the maximum number of beds or inmates assigned by a rating official to a facility.
- If rated capacity is not available, estimate by using the design capacity and mark the checkbox.

Rated capacity

*When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234*

15. How many persons under the supervision of your jail jurisdiction were—

a. ADMITTED to your jail facilities during 2015?

INCLUDE—

- ✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

EXCLUDE—

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

**New admissions**

- 1. Males.....
- 2. Females.....
- 3. TOTAL (Sum of items 15a1 and 15a2)

b. DISCHARGED from your facilities during 2015?

INCLUDE—

- ✓ Persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, or deaths)
- ✓ Persons completing their weekend sentence leaving the facility for the last time.

EXCLUDE—

- X Temporary discharges (e.g., work releases, medical appointments/treatment, out to courts, furloughs, day reporters, or transfers to other facilities within your jurisdiction).

**Final discharges**

- 1. Males.....
- 2. Females.....
- 3. TOTAL (Sum of items 15b1 and 15b2)

**Section IV — POPULATION SUPERVISED IN THE COMMUNITY**

If item 3b equals 0 (zero), SKIP to item 17.

16. On December 31, 2015, how many persons under the supervision of your jail jurisdiction who were NOT CONFINED participated in—

- X EXCLUDE inmates on weekend programs.
- a. Electronic monitoring .....
- b. Home detention without electronic monitoring .....
- c. Community service .....
- d. Day reporting .....
- e. Other pretrial supervision .....
- f. Other alternative work programs .....  
  - X EXCLUDE inmates participating in work release programs who return to jail at night.
- g. Alcohol/drug treatment programs .....  
  - X EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in jail.
- h. Other programs outside of jail facilities – Specify
- i. TOTAL (Sum of items 16a to 16h should equal item 3b) .....

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

**Section V —STAFFING**

17. On December 31, 2015, how many staff employed in your facilities were—

Count each employee only once. Classify employees with multiple functions by the function performed most frequently.

- INCLUDE payroll staff, nonpayroll staff on the payroll of other government agencies (e.g., health department, school district, or court), and unpaid interns.
- X EXCLUDE staff paid through contractual agreements and community volunteers.
- a. **Correctional officers**  
(Deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.)
  - 1. Males .....
  - 2. Females .....
- b. **All other staff**  
(Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff – unspecified who spend more than 50% of their time in the facility.)
  - 1. Males .....
  - 2. Females .....
- c. **TOTAL** (Sum of items 17a and 17b) .....

# Attachment D. Survey form CJ10A-5

Form CJ-10A/5



**DEATHS IN CUSTODY—2015  
ANNUAL SUMMARY ON INMATES IN  
PRIVATE AND MULTIJURISDICTIONAL JAILS**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY—**

<b>Name</b>	<input type="text"/>	<b>Title</b>	<input type="text"/>
<b>Official Address</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>City</b>	<input type="text"/>	<b>FAX</b>	<input type="text"/>
<b>State</b>	<input type="text"/>	<b>Zip</b>	<input type="text"/>
		<b>Email</b>	<input type="text"/>

**Instructions for completion and submission**

**FOR EACH ITEM—**

- If the answer to a question is “none” or “zero,” write “0” in the space provided.
- When exact numeric answers are not available, provide estimates and mark ( **X** ) in the checkbox beside each number that is estimated. For example 1,234

Please submit your completed form(s) within 30 days of receipt. You may submit information in one of these ways:

**ONLINE:** Complete this form online at: <https://bjsdcrp.rti.org>

**EMAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

**MAIL:** RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

*If you need assistance, contact Matt Bensen of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).*

**What to include and exclude in this data collection**

**INCLUDE—**

- ✓ Confinement facilities—including detention centers, jails, and other correctional facilities—intended for adults but sometimes holding juveniles, that are either privately owned and operated or administered by two or more governments (or a board composed of representatives from two or more governments).
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

**EXCLUDE—**

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.

**BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 1 hour and 15 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

**Section I — INMATE DEATHS**

1. **Between January 1, 2015, and December 31, 2015, how many persons died while under the supervision of this facility?**

INCLUDE deaths of ALL persons—

- ✓ CONFINED in this facility
- ✓ UNDER THE SUPERVISION of this facility, but out to court or in a special facility (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or house arrest program; or release center)
- ✓ WHILE IN TRANSIT to or from this facility while under your supervision.

EXCLUDE—

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into this facility. Arrest-related deaths should be reported using a CJ-11A form.

**Number of inmate deaths**

a. **Males**.....

b. **Females** .....

REMINDER: IF THIS FACILITY HAD ONE OR MORE DEATHS IN CALENDAR YEAR 2015, please ensure that you have completed a 2015 CJ-9/CJ-10 (individual death report) form for each death reported. If you need additional CJ-9/CJ-10 forms, please go to the DCRP website (<https://bjsdcrp.rti.org>), call 1-800-344-1387, or send an email to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

**Section II — SUPERVISED POPULATION**

2. **On June 30, 2015, how many persons under the supervision of your jail were CONFINED in this facility?**

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by this facility (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

3. **On December 31, 2015, how many persons under the supervision of your jail were—**

a. **CONFINED in this facility?**

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by this facility (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

b. **Under jail supervision, but NOT CONFINED?**

INCLUDE—

- ✓ Persons in community-based programs run by this facility (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

EXCLUDE—

- X Persons on pretrial release who are not in a community-based program run by this facility
- X Persons under the supervision of probation, parole, or other agencies
- X Inmates on weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday)
- X Inmates participating in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night.

c. **TOTAL** (Sum of items 3a and 3b) .....

4. **On the weekend prior to December 31, 2015, did this facility have a weekend program?**

Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).

1  **Yes – How many inmates participated?** .....

2  **No**

5. **Of all the persons CONFINED in this facility on December 31, 2015 (as reported in item 3a), how many were not U.S. citizens?**

**Non-U.S. citizens**

**Section III — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION**

6. On December 31, 2015, how many persons CONFINED in this facility were—
- a. Adult males (age 18 or older) .....
  - b. Adult females (age 18 or older) .....
  - c. Males age 17 or younger .....
  - d. Females age 17 or younger .....
  - e. TOTAL (Sum of items 6a through 6d should equal item 3a) .....

7. Of all the persons age 17 or younger CONFINED in this facility on December 31, 2015 (sum of 6c and 6d), how many were tried or awaiting trial in adult court?
- Number of persons age 17 or younger held as adults .....

8. Of all persons CONFINED in this facility on December 31, 2015, how many were—
- For persons with more than one status, report the status associated with the most serious offense.
  - For convicted inmates, include probation and parole violators with no new sentence.
- a. Convicted .....
  - b. Unconvicted .....
  - c. TOTAL (Sum of items 8a and 8b should equal item 3a) .....

9. On December 31, 2015, how many persons CONFINED in this facility, regardless of conviction status, had an offense type of—
- For persons with more than one offense, report the most serious type of offense.
- a. Felony .....
  - b. Misdemeanor .....
  - c. Other – Specify
  - d. TOTAL (Sum of items 9a to 9c should equal item 3a) .....

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

10. On December 31, 2015, how many persons CONFINED in this facility were—
- a. White, not of Hispanic origin .....
  - b. Black or African American, not of Hispanic origin .....
  - c. Hispanic or Latino .....
  - d. American Indian or Alaska Native, not of Hispanic origin .....
  - e. Asian, not of Hispanic origin .....
  - f. Native Hawaiian or other Pacific Islander, not of Hispanic origin .....
  - g. Two or more races, not of Hispanic origin ..
  - h. Additional categories in your information system – Specify
  - i. Not known .....
  - j. TOTAL (Sum of items 10a to 10i should equal item 3a) .....

11. On December 31, 2015, how many persons CONFINED in this facility were held for—
- Count persons with multiple holds only once with priority being federal, state, tribal, and local.

INCLUDE contractual, temporary, courtesy, or *ad hoc* holds for other agencies.

- a. Federal authorities
  - 1. U.S. Marshals Service .....
  - 2. Federal Bureau of Prisons .....
  - 3. U.S. Immigration and Customs Enforcement (ICE) .....
  - 4. Bureau of Indian Affairs (BIA) .....     
 X EXCLUDE inmates being housed for tribal governments in item 11c below.
  - 5. Other – Specify
- b. State prison authorities
  - 1. For your state .....
  - 2. For other states .....
- c. American Indian or Alaska Native tribal governments
  - X EXCLUDE inmates being housed for the BIA in item 11a4.
- d. Other local jail jurisdictions
  - X EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates).
  - X EXCLUDE inmates being housed for tribal governments in item 11c.
    - 1. Within your state .....
    - 2. Outside your state .....
- e. TOTAL (Sum of items 11a to 11d) .....



12. a. During the 31-day period from December 1 to December 31, 2015, on what day did this facility hold the greatest number of inmates?

Peak population should be equal to or greater than the confined inmate population reported in item 3a.

December , 2015

b. How many persons were CONFINED on that day?

Number that day

13. Between January 1, 2015, and December 31, 2015, what was the average daily population of this facility?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day during the period January 1, 2015, through December 31, 2015, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in this facility each day.

**Average daily population**

a. Males.....

b. Females.....

c. TOTAL (Sum of items 13a and 13b) ....

14. On December 31, 2015, what was the total rated capacity of this facility, excluding separate temporary holding areas?

- Rated capacity is the maximum number of beds or inmates assigned by a rating official to a facility.
- If rated capacity is not available, estimate by using the design capacity and mark the checkbox.

Rated capacity

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

15. How many persons under the supervision of your jail were—

a. ADMITTED to this facility during 2015?

INCLUDE—

- ✓ Persons officially booked into and housed in this facility by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

EXCLUDE—

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

**New admissions**

1. Males .....

2. Females.....

3. TOTAL (Sum of items 15a1 and 15a2)

b. DISCHARGED from this facility during 2015?

INCLUDE—

- ✓ Persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, or deaths)
- ✓ Persons completing their weekend sentence leaving the facility for the last time.

EXCLUDE—

- X Temporary discharges (e.g., work releases, medical appointments/treatment, out to courts, furloughs, day reporters, or transfers to other facilities within your jurisdiction).

**Final discharges**

1. Males .....

2. Females.....

3. TOTAL (Sum of items 15b1 and 15b2)

**Section IV — POPULATION SUPERVISED IN THE COMMUNITY**

*If item 3b equals 0 (zero), SKIP to item 17.*

**16. On December 31, 2015, how many persons under the supervision of this facility who were NOT CONFINED participated in—**

- X EXCLUDE inmates on weekend programs.
- a. **Electronic monitoring** .....
- b. **Home detention without electronic monitoring** .....
- c. **Community service** .....
- d. **Day reporting** .....
- e. **Other pretrial supervision** .....
- f. **Other alternative work programs** .....  
  - X EXCLUDE inmates participating in work release programs who return to jail at night.
- g. **Alcohol/drug treatment programs** .....  
  - X EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in jail.
- h. **Other programs outside of jail facilities – Specify**
- i. **TOTAL** (Sum of items 16a to 16h should equal item 3b) .....

*When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234*

**Section V —STAFFING**

**17. On December 31, 2015, how many staff employed in this facility were—**

Count each employee only once. Classify employees with multiple functions by the function performed most frequently.

- ✓ INCLUDE payroll staff, nonpayroll staff on the payroll of other government agencies (e.g., health department, school district, or court), and unpaid interns.
- X EXCLUDE staff paid through contractual agreements and community volunteers.
- a. **Correctional officers**  
(Deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.)
  - 1. **Males** .....
  - 2. **Females** .....
- b. **All other staff**  
(Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff – unspecified who spend more than 50% of their time in the facility.)
  - 1. **Males** .....
  - 2. **Females** .....
- c. **TOTAL** (Sum of items 17a and 17b) .....

# Attachment E. Survey form CJ9A

Form CJ-9A



**DEATHS IN CUSTODY—2015  
ANNUAL SUMMARY ON INMATES  
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY—**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Email		<input type="text"/>	

**Instructions for completion and submission**

**FOR EACH ITEM—**

- If the answer to a question is “none” or “zero,” write “0” in the space provided.
- When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

Please submit your completed form(s) within 30 days of receipt. You may submit your annual summary in one of these ways:

ONLINE: Complete this form online at: <https://bjsdcrp.rti.org>

MAIL: RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

EMAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

FAX (TOLL-FREE): (866) 800-9179

*If you need assistance, contact Matt Bensen of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).*

**What to include and exclude in this data collection**

**INCLUDE—**

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

**EXCLUDE—**

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

**BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

## INMATE COUNTS AND DEATHS

1. On **December 31, 2015**, how many persons under the supervision of your jail jurisdiction were **CONFINED** in your jail facilities?

**INCLUDE—**

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

**EXCLUDE—**

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

Inmates on December 31, 2015

**Males:**   Estimate

**Females:**   Estimate

2. How many persons under the supervision of your jail jurisdiction were **ADMITTED** to your jail facilities during **2015**?

**INCLUDE—**

- ✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

**EXCLUDE—**

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

New ANNUAL admissions during 2015

**Males:**   Estimate

**Females:**   Estimate

3. On **December 31, 2015**, how many persons **CONFINED** in your jail facilities were held for—

- INCLUDE contractual, temporary, courtesy, or *ad hoc* holds for other agencies.
- Count persons with multiple holds only once with priority being federal, state, tribal, and local.

a. **U.S. Immigration and Customs Enforcement:**   Estimate

b. **U.S. Marshals Service:**   Estimate

c. **All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions):**   Estimate

4. Between **January 1, 2015**, and **December 31, 2015**, what was the **average daily population** of your jail facilities?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day between January 1, 2015, and December 31, 2015, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

Average daily population during 2015

**Males:**   Estimate

**Females:**   Estimate

5. Between **January 1, 2015**, and **December 31, 2015**, how many persons died while under the supervision of your jail facilities?

**INCLUDE** deaths of ALL persons—

- ✓ **CONFINED** in your jail facilities
- ✓ **UNDER THE SUPERVISION** of your jail facilities, but out to court or in special facilities (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or house arrest program; or release center)
- ✓ **WHILE IN TRANSIT** to or from your jail facilities while under your supervision.

**EXCLUDE—**

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities. Arrest-related deaths should be reported using a CJ-11A form.

Number of inmate deaths during 2015

**Males:**

**Females:**

# Attachment F. Survey form CJ10A

Form CJ-10A



**DEATHS IN CUSTODY—2015  
ANNUAL SUMMARY ON INMATES IN  
PRIVATE AND MULTIJURISDICTIONAL JAILS**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY—**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Email		<input type="text"/>	

**Instructions for completion and submission**

**FOR EACH ITEM—**

- If the answer to a question is “none” or “zero,” write “0” in the space provided.
- When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234

Please submit your completed form(s) within 30 days of receipt. You may submit your annual summary in one of these ways:

ONLINE: Complete this form online at: <https://bjsdcrp.rti.org>

MAIL: RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

EMAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

FAX (TOLL-FREE): (866) 800-9179

*If you need assistance, contact Matt Bensen of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).*

**What to include and exclude in this data collection**

**INCLUDE—**

- ✓ Confinement facilities—including detention centers, jails, and other correctional facilities—intended for adults but sometimes holding juveniles, that are either privately owned and operated or administered by two or more governments (or a board composed of representatives from two or more governments).
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

**EXCLUDE—**

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.

**BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

## INMATE COUNTS AND DEATHS

**1. On December 31, 2015, how many persons under the supervision of your jail were CONFINED in this facility?**

**INCLUDE—**

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

**EXCLUDE—**

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by this facility (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

**Inmates on  
December 31,  
2015**

**Males:**   **Estimate**

**Females:**   **Estimate**

**2. How many persons under the supervision of your jail were ADMITTED to this facility during 2015?**

**INCLUDE—**

- ✓ Persons officially booked into and housed in this facility by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

**EXCLUDE—**

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

**New ANNUAL  
admissions  
during 2015**

**Males:**   **Estimate**

**Females:**   **Estimate**

**3. On December 31, 2015, how many persons CONFINED in this facility were held for—**

- INCLUDE contractual, temporary, courtesy, or *ad hoc* holds for other agencies.
- Count persons with multiple holds only once with priority being federal, state, tribal, and local.

**a. U.S. Immigration and Customs Enforcement:**   **Estimate**

**b. U.S. Marshals Service:**   **Estimate**

**c. All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions):**   **Estimate**

**4. Between January 1, 2015, and December 31, 2015, what was the average daily population of this facility?**

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day between January 1, 2015, and December 31, 2015, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in this facility each day.

**Average daily population during 2015** **Males:**   **Estimate**

**Females:**   **Estimate**

**5. Between January 1, 2015, and December 31, 2015, how many persons died while under the supervision of this facility?**

**INCLUDE deaths of ALL persons—**

- ✓ CONFINED in this facility
- ✓ UNDER THE SUPERVISION of this facility, but out to court or in special facilities (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or house arrest program; or release center)
- ✓ WHILE IN TRANSIT to or from this facility while under your supervision.

**EXCLUDE—**

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into this facility. Arrest-related deaths should be reported using a CJ-11A form.

**Number of inmate deaths during 2015**

**Males:**

**Females:**



# Attachment G. Survey form CJ9

Form CJ-9



**DEATHS IN CUSTODY—2016  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	E-mail <input type="text"/>

**Instructions for Completion**

If no deaths occurred in 2016:

- You do not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>

E-MAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard

Raleigh, NC 27690-1652

*If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

**What deaths should be reported?**

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

# LOCAL JAIL INMATE DEATH REPORT

**1. What was the inmate's name?**

LAST	FIRST	MI

**2. On what date did the inmate die?**

MONTH	DAY	YEAR			

**3. What was the name and location of the correctional facility involved?**

Facility Name:

Facility City:

Facility State:

**4. What was the inmate's date of birth?**

MONTH	DAY	YEAR			

**5. What was the inmate's sex?**

- Male
- Female

**6. Was the inmate of Hispanic, Latino, or Spanish origin?**

- Yes
- No

**7. In addition, what was the inmate's race? Please select one or more of the following racial categories:**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

**8. On what date was the inmate admitted to a facility under your jurisdiction?**

MONTH	DAY	YEAR			

**9. Was the inmate being confined in your jail facility on behalf of any of the following?**

*PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)*

- |   |                      |
|---|----------------------|
|   | DON'T<br>YES NO KNOW |
| a. U.S. Immigration and Customs Enforcement.....  | ○.....○.....○        |
| b. U.S. Marshals Service.....   | ○.....○.....○        |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | ○.....○.....○        |

**10. For what offense(s) was the inmate being held?**

- a.
- b.
- c.
- d.
- e.

**11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)**

- Convicted—new court commitment
- Convicted—returned probation/parole violator
- Unconvicted
- Other

↳ Please Specify:

**12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?**

- Yes
- No
- Don't Know

**13. Where did the inmate die?**

- In a general housing unit within the jail facility or in a general housing unit on jail grounds
- In a segregation unit
- In a special medical unit/infirmery within the jail facility
- In a special mental health services unit within the jail facility
- In a medical center outside the jail facility
- In a mental health center outside the jail facility
- While in transit
- Elsewhere

↳ Please Specify:

**14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?**

- YES → **CONTINUE TO Q15**
- Evaluation complete—results are pending  
↳ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**
- No evaluation is planned → **CONTINUE TO Q15**

**15. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information \*\*\***

- Illness—Exclude AIDS-related deaths [Specify] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Describe] →
- Accidental injury to self [Describe] →
- Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- Homicide [Describe] →
- Other cause(s) [Specify] →

**16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the jail facility or on the jail grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria)
  - In a segregation unit
  - In a special medical unit/infirmery
  - In a special mental health services unit
  - Elsewhere within the jail facility

[PLEASE SPECIFY]

↳ Please Specify:

- Outside the jail facility (e.g., while on work release or on work detail)
- Elsewhere

↳ Please Specify:

**17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

**18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluation by physician/medical staff .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Treatment/care other than medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Surgery .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Confinement in special medical unit. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

*Please add any additional notes regarding this death here:*

# Attachment H. Survey form CJ10

Form CJ-10



**DEATHS IN CUSTODY—2016  
DEATH REPORT ON INMATES IN  
PRIVATE AND MULTI-JURISDICTIONAL JAILS**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>		Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	
		E-mail	<input type="text"/>	

**Instructions for Completion**

If no deaths occurred in 2016:

- You do not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>  
E-MAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)  
FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

*If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

**What deaths should be reported?**

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, even if housed for another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

# JAIL INMATE DEATH REPORT

**1. What was the inmate's name?**

LAST	FIRST	MI

**2. On what date did the inmate die?**

MONTH	DAY	YEAR					

**3. What was the name and location of the correctional facility involved?**

Facility Name:

Facility City:

Facility State:

**4. What was the inmate's date of birth?**

MONTH	DAY	YEAR					

**5. What was the inmate's sex?**

- Male
- Female

**6. Was the inmate of Hispanic, Latino, or Spanish origin?**

- Yes
- No

**7. In addition, what was the inmate's race? Please select one or more of the following racial categories:**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

**8. On what date was the inmate admitted to your jail facility?**

MONTH		DAY		YEAR			

**9. Was the inmate being confined in your jail facility on behalf of any of the following?**

**PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)**

- |   |               |
|---|---------------|
|   | DON'T         |
|   | YES NO KNOW   |
| a. U.S. Immigration and Customs Enforcement.....  | ○.....○.....○ |
| b. U.S. Marshals Service.....   | ○.....○.....○ |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | ○.....○.....○ |

**10. For what offense(s) was the inmate being held?**

- a.
- b.
- c.
- d.
- e.

**11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)**

- Convicted—new court commitment
- Convicted—returned probation/parole violator
- Unconvicted
- Other

↳ Please Specify:

**12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?**

- Yes
- No
- Don't Know



**13. Where did the inmate die?**

- In a general housing unit within the jail facility or in a general housing unit on jail grounds
- In a segregation unit
- In a special medical unit/infirmery within the jail facility
- In a special mental health services unit within the jail facility
- In a medical center outside the jail facility
- In a mental health center outside the jail facility
- While in transit
- Elsewhere

↳

**14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?**

- YES → **CONTINUE TO Q15**
- Evaluation complete—results are pending  
↳ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM - YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**
- No evaluation is planned → **CONTINUE TO Q15**

**15. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information \*\*\***

- Illness—Exclude AIDS-related deaths [Specify] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Describe] →
- Accidental injury to self [Describe] →
- Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- Homicide [Describe] →
- Other cause(s) [Specify] →

**16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the jail facility or on the jail grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria)
  - In a segregation unit
  - In a special medical unit/infirmery
  - In a special mental health services unit
  - Elsewhere within the jail facility

[PLEASE SPECIFY]

↳

- Outside the jail facility (e.g., while on work release or on work detail)
- Elsewhere

↳

**17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

**18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluation by physician/medical staff .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Treatment/care other than medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Surgery .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Confinement in special medical unit. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

*Please add any additional notes regarding this death here:*

Attachment I. Historical ASJ forms – CJ5DA, CJ5D,  
CJ5A, CJ5

<b>RETURN TO</b>	<b>U.S. Census Bureau</b> <b>Governments Division</b> <b>Washington, DC 20233-6800</b>	FORM <b>CJ-5</b> (3-7-2014)	<b>2014 ANNUAL SURVEY OF JAILS</b>		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				
<b>OFFICIAL ADDRESS</b>	▶	Number and street or P.O. box/Route number	City	State	ZIP Code
<b>TELEPHONE</b>	▶	Area code	Number	Extension	<b>FAX NUMBER</b> ▶ Area Code
<b>E-MAIL ADDRESS</b>	▶				

*(Please correct any error in name, mailing address, and ZIP Code)*

**GENERAL INFORMATION**

- If you have any questions, call the **U.S. Census Bureau** at **1-800-253-2078**, or e-mail [govs.asj@census.gov](mailto:govs.asj@census.gov).
- Please complete the questionnaire before **July 31, 2014** using the web-reporting option (see the web flyer for details), by mailing the completed form to the **U.S. Census Bureau** in the enclosed envelope, or by **FAXing** all pages to **1-888-262-3974**.
- Please retain a copy of the completed form for your records.

**What types of facilities are included in this survey?**

Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.

- INCLUDE jails and city/county correctional centers.
- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- INCLUDE temporary holding or lockup facilities if they are part of your combined function.
- EXCLUDE temporary holding or lockup facilities that are not part of your combined function from which inmates are usually transferred within 72 hours and not held beyond arraignment. If your only function is a temporary holding or lockup facility, DO NOT complete this form – contact Leslie Miller at 1-800-253-2078.
- EXCLUDE facilities reporting to form CJ-5D, which collects data from jail jurisdictions that are selected with certainty to participate in the Annual Survey of Jails.

**Burden statement**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 1 1/4 hours per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

**REPORTING INSTRUCTIONS**

- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.

- When exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure that is estimated. For example 1,234

**Section I — SUPERVISED POPULATION**

**I.1. On June 30, 2014, how many persons under the supervision of your jail jurisdiction were —**

**a. CONFINED in your jail facilities?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- INCLUDE persons in community-based programs (e.g., work release, day release, drug/alcohol treatment) who return to jail at night.
- EXCLUDE any persons housed in facilities operated by two or more jurisdictions or those housed in privately operated jails.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE inmates being boarded out to another county or held in another facility not operated by your jail jurisdiction.

\_\_\_\_\_

**b. Under jail supervision but NOT CONFINED?**

- INCLUDE all persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, and work programs).
- EXCLUDE persons on pretrial release who are not in a community based program run by your jails.
- EXCLUDE persons under supervision of probation, parole or other agencies.
- EXCLUDE inmates on weekend programs. Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- EXCLUDE inmates participating in work release programs who return to the jail at night.

\_\_\_\_\_

**c. Total** (Sum of items I.1a and I.1b) . . . . . \_\_\_\_\_

**I.2. Of all persons under your jail supervision reported in item I.1c, how many were not U.S. citizens?**

Non-US citizens \_\_\_\_\_

**I.3. On the weekend prior to June 30, 2014, did your jail jurisdiction have a weekend program?**

- Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).

1  Yes – **How many inmates participated?** \_\_\_\_\_

2  No

**Section II — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION**

**II.1. On June 30, 2014, how many persons CONFINED in your jail facilities were —**

**a. Adult males** (age 18 or older) . . . . . \_\_\_\_\_

**b. Adult females** (age 18 or older) . . . . . \_\_\_\_\_

**c. Males under age 18** . . . . . \_\_\_\_\_

**d. Females under age 18** . . . . . \_\_\_\_\_

**e. TOTAL** (Sum of items II.1a to II.1d should equal item I.1a) . . . . . \_\_\_\_\_

**II.2. Of all persons under the age of 18 CONFINED in your jail facilities on June 30, 2014 (items II.1c and II.1d), how many were tried, or awaiting trial, in adult court?**

Number of persons under age 18 held as adults. . . . . \_\_\_\_\_

**II.3. Of all persons CONFINED in your jail facilities on June 30, 2014, how many were —**

- For persons with more than one status, report the status with the most serious offense.
- For convicted inmates include probation and parole violators with no new sentence.

**a. Convicted** . . . . .

How many were —

1. Unsented inmates or awaiting sentencing. . . . .

2. Sentenced inmates. . . . .

**b. Unconvicted** . . . . .

How many were —

1. Awaiting trial/arrestment. . . . .

2. Awaiting transfer/hold for other authorities. . . . .

3. Other. . . . .

**c. TOTAL** (Sum of items II.3a and II.3b should equal item I.1a)

**II.4. On June 30, 2014, how many persons CONFINED in your jail facilities were —**

**a. White**, not of Hispanic origin . . . . .

**b. Black or African American**, not of Hispanic origin. . . . .

**c. Hispanic or Latino** . . . . .

**d. American Indian/Alaska Native**, not of Hispanic origin . . . . .

**e. Asian**, not of Hispanic origin . . . . .

**f. Native Hawaiian or Other Pacific Islander**, not of Hispanic origin . . . . .

**g. Two or more races**, not of Hispanic origin . . . . .

**h. Additional categories in your information system — Specify**

**i. Not known** . . . . .

**j. TOTAL** (Sum of items II.4a to II.4i should equal item I.1a) . . . . .

**II.5. On June 30, 2014, how many persons CONFINED in your jail facilities were held for —**

- For persons with a multiple hold, count them only once with priority being Federal, State, and local.

**a. Federal authorities**

**1. U.S. Marshals Service** . . . . .

**2. Federal Bureau of Prisons**

**3. U.S. Immigration and Customs Enforcement (I.C.E.)** . . . . .

**4. Bureau of Indian Affairs** . . . . .

**5. Other — Specify**

**b. State prison authorities**

**1. For your state** . . . . .

**2. For other states** . . . . .

**c. Other local jail jurisdictions**

- EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates).

**1. Within your state** . . . . .

**2. Outside your state** . . . . .

**d. TOTAL** (Sum of items II.5a to II.5c) . . . . .

**II.6. a. During the 30-DAY period from June 1 to June 30, 2014, on what day did your facility hold the greatest number of inmates?**

- Peak population should be equal to or greater than the confined inmate population reported in item I.1a.

June , 2014

**b. How many persons were CONFINED on that day?**

Number that day

**Section III — POPULATION SUPERVISED IN THE COMMUNITY**

**II.7. Between July 1, 2013, and June 30, 2014, what was the average daily population of all jail confinement facilities operated by your jurisdiction?**

- Include inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday-Sunday).
- To calculate the average daily population, add the number of persons for each day during the period July 1, 2013, through June 30, 2014, and divide the result by 365.

Average daily population

**II.8. On June 30, 2014, what was the total jail capacity of your jail facilities?**

**a. Rated capacity**  
 (The maximum number of beds or inmates assigned by a rating official to a facility, excluding separate temporary holding areas.)

~~**b. Operational capacity**  
 (The number of inmates that can be accommodated based on staff, existing programs and services in institutions within your jurisdiction. Also known as "budget" capacity.)~~

~~**c. Design capacity**  
 (The number of inmate's planners or architects intended for all jail facilities in your jurisdiction.)~~

**II.9. During the WEEK of June 24 to June 30, 2014, how many persons were —**

**a. New admissions to your jail facilities?**

- INCLUDE persons officially booked into and housed in your facility by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE those persons serving a weekend sentence coming into the facility for the first time.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail and court appearances.

New admissions

**b. Final discharges from your jail facilities?**

- INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, and deaths).
- INCLUDE those persons completing their weekend sentence leaving the facility for the last time.
- EXCLUDE temporary discharges (e.g., work releases, medical appointments/treatment, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction).

Final discharges

**If item I.1b equals 0 (zero), STOP HERE.**

**III.1. On June 30, 2014, how many persons under your jail supervision who were NOT CONFINED, participated in —**

- EXCLUDE inmates on weekend programs.

**a. Electronic monitoring** . . . . .

**b. Home detention without electronic monitoring** . . . . .

**c. Community service** . . . . .

**d. Day reporting** . . . . .

**e. Other pretrial supervision**

**f. Other alternative work programs** . . . . .

- EXCLUDE inmates participating in work release programs who return to the jail at night.

**g. Alcohol/drug treatment programs** . . . . .

- EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in the jail.

**h. Other programs outside of jail facilities - Specify** ↘

**i. TOTAL (Sum of items III.1a to III.1h should equal item I.1b)** .

**III.2. On June 30, 2014, how many persons under your jail supervision who were NOT CONFINED were —**

~~**a. Adult males** (age 18 or older) . . . . .~~

~~**b. Adult females** (age 18 or older) . . . . .~~

~~**c. Males under age 18** . . . . .~~

~~**d. Females under age 18** . . . . .~~

~~**e. TOTAL (Sum of items III.2a to III.2d should equal item I.1b)** . .~~

**III.3. Of all persons under your jail supervision who were NOT CONFINED on June 30, 2014, how many were —**

**a. Convicted** . . . . .

**b. Unconvicted** . . . . .

**c. TOTAL (Sum of items III.3a and III.3b should equal item I.1b)** . .

<b>RETURN TO</b>	<b>U.S. Census Bureau Governments Division Washington, DC 20233-6800</b>		FORM <b>CJ-5D</b> (3-7-2014)	<b>2014 ANNUAL SURVEY OF JAILS</b>			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		
	<b>DATA SUPPLIED BY</b>								
Name					Title				
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. box/Route number				City			State	ZIP Code
<b>TELEPHONE</b>	Area code	Number	Extension		<b>FAX NUMBER</b>	Area Code		Number	
<b>E-MAIL ADDRESS</b>									

*(Please correct any error in name, mailing address, and ZIP Code)*

### GENERAL INFORMATION

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### What types of facilities are included in this survey?

Confinement facilities in jurisdictions included with certainty in the Annual Survey of Jails. Confinement facilities are usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.

#### Confinement facilities

- INCLUDE jails and city/county correctional centers.
- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- INCLUDE temporary holding or lockup facilities if they are part of your combined function.
- EXCLUDE temporary holding or lockup facilities that are not part of your combined function from which inmates are usually transferred within 72 hours and not held beyond arraignment. If your only function is a temporary holding or lockup facility, DO NOT complete this form – contact Leslie Miller at 1-800-253-2078.

#### Certainty jurisdictions

- INCLUDE facilities in jail jurisdictions that held juvenile inmates at the time of the 2005 Census of Jail Inmates and had an average daily population of 500 or more inmates during the 12 months ending June 30, 2005.
- INCLUDE facilities in jail jurisdictions that held only adult inmates and had an average daily population of 750 or more at the time of the 2005 Census of Jail Inmates.

### Burden statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 2 hours per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.



**REPORTING INSTRUCTIONS**

- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
  - If the answer to a question is "not applicable," write "NA" in the space provided.
  - If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure that is estimated. For example 1,234

**Section I — SUPERVISED POPULATION**

**I.1. On June 30, 2014, how many persons under the supervision of your jail jurisdiction were —**

**a. CONFINED in your jail facilities?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- INCLUDE persons in community-based programs (e.g., work release, day release, drug/alcohol treatment) who return to jail at night.
- EXCLUDE any persons housed in facilities operated by two or more jurisdictions or those housed in privately operated jails.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE inmates being boarded out to another county or held in another facility not operated by your jail jurisdiction.

\_\_\_\_\_

**b. Under jail supervision but NOT CONFINED?**

- INCLUDE all persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, and work programs).
- EXCLUDE persons on pretrial release who are not in a community based program run by your jails.
- EXCLUDE persons under supervision of probation, parole or other agencies.
- EXCLUDE inmates on weekend programs. Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- EXCLUDE inmates participating in work release programs who return to the jail at night.

\_\_\_\_\_

**c. Total** (Sum of items I.1a and I.1b) . . . . . \_\_\_\_\_

**I.2. Of all persons under your jail supervision reported in item I.1c, how many were not U.S. citizens?**

Non-US citizens \_\_\_\_\_

**I.3. On the weekend prior to June 30, 2014, did your jail jurisdiction have a weekend program?**

- Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).

1  Yes – **How many inmates participated?** \_\_\_\_\_

2  No

**Section II — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION**

**II.1. On June 30, 2014, how many persons CONFINED in your jail facilities were —**

**a. Adult males** (age 18 or older) . . . . . \_\_\_\_\_

**b. Adult females** (age 18 or older) . . . . . \_\_\_\_\_

**c. Males under age 18** . . . . . \_\_\_\_\_

**d. Females under age 18** . . . . . \_\_\_\_\_

**e. TOTAL** (Sum of items II.1a to II.1d should equal item I.1a) . . . . . \_\_\_\_\_

**II.2. Of all persons under the age of 18 CONFINED in your jail facilities on June 30, 2014 (items II.1c and II.1d), how many were tried, or awaiting trial, in adult court?**

Number of persons under age 18 held as adults . . . . . \_\_\_\_\_

**II.3. Of all persons CONFINED in your jail facilities on June 30, 2014, how many were —**

- For persons with more than one status, report the status with the most serious offense.
- For convicted inmates include probation and parole violators with no new sentence.

**a. Convicted** .....

How many were —

- ~~1. Unsented inmates or awaiting sentencing . . .~~
- ~~2. Sentenced inmates . . . . .~~

**b. Unconvicted** .....

How many were —

- ~~1. Awaiting trial/arraignment . . . . .~~
- ~~2. Awaiting transfer/hold for other authorities. . . . .~~
- ~~3. Other . . . . .~~

**c. TOTAL** (Sum of items II.3a and II.3b should equal item I.1a)

**II.4. On June 30, 2014, how many persons CONFINED in your jail facilities were —**

**a. White**, not of Hispanic origin .....

**b. Black or African American**, not of Hispanic origin. . . . .


**c. Hispanic or Latino** . . . . .

**d. American Indian/Alaska Native**, not of Hispanic origin . . . . .

**e. Asian**, not of Hispanic origin . . . . .

**f. Native Hawaiian or Other Pacific Islander**, not of Hispanic origin . . . . .

**g. Two or more races**, not of Hispanic origin . . . . .

**h. Additional categories in your information system — Specify** 

**i. Not known** . . . . .

**j. TOTAL** (Sum of items II.4a to II.4i should equal item I.1a) . . . . .

**II.5. On June 30, 2014, how many persons CONFINED in your jail facilities were held for —**

- For persons with a multiple hold, count them only once with priority being Federal, State, and local.


**a. Federal authorities**

**1. U.S. Marshals Service** . . .

**2. Federal Bureau of Prisons**

**3. U.S. Immigration and Customs Enforcement (I.C.E.)** . . . . .

**4. Bureau of Indian Affairs** . . . . .

**5. Other — Specify** 

**b. State prison authorities**

**1. For your state** . . . . .

**2. For other states** . . . . .

**c. Other local jail jurisdictions**

- EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates).

**1. Within your state** . . . . .

**2. Outside your state** . . . . .

**d. TOTAL** (Sum of items II.5a to II.5c) . . . . .

**II.6. a. During the 30-DAY period from June 1 to June 30, 2014, on what day did your facility hold the greatest number of inmates?**

- Peak population should be equal to or greater than the confined inmate population reported in item I.1a.

June , 2014

**b. How many persons were CONFINED on that day?**

Number that day

**II.7. Between July 1, 2013, and June 30, 2014, what was the average daily population of all jail confinement facilities operated by your jurisdiction?**

- Include inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday-Sunday).
- To calculate the average daily population, add the number of persons for each day during the period July 1, 2013, through June 30, 2014, and divide the result by 365.

Average daily population

**II.8. On June 30, 2014, what was the total jail capacity of your jail facilities?**

**a. Rated capacity**

(The maximum number of beds or inmates assigned by a rating official to a facility, excluding separate temporary holding areas.)

**b. Operational capacity**

(The number of inmates that can be accommodated based on staff, existing programs and services in institutions within your jurisdiction. Also known as "budget" capacity.)

**c. Design capacity**

(The number of inmate's planners or architects intended for all jail facilities in your jurisdiction.)

**II.9. During the WEEK of June 24 to June 30, 2014, how many persons were —**

**a. New admissions to your jail facilities?**

- INCLUDE persons officially booked into and housed in your facility by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE those persons serving a weekend sentence coming into the facility for the first time.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail and court appearances.

New admissions

**b. Final discharges from your jail facilities?**

- INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, and deaths).
- INCLUDE those persons completing their weekend sentence leaving the facility for the last time.
- EXCLUDE temporary discharges (e.g., work releases, medical appointments/treatment, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction).

Final discharges

**II.10. During the WEEK of June 24 to June 30, 2014, how many persons discharged from your jail jurisdiction were confined —**

- Report time served, not sentence length, for discharged person.

	Convicted	Unconvicted
<b>a. Less than 1 day</b>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<b>b. 1 to 2 days</b>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<b>c. 3 to 7 days</b>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<b>d. 8 to 30 days</b>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<b>e. 31 to 180 days</b>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<b>f. More than 180 days</b>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<b>g. TOTAL</b> (Sum of items II.10a to II.10f should equal item II.9b)	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>

**Section III — POPULATION SUPERVISED IN THE COMMUNITY**

If item I.1b equals 0 (zero), SKIP to item IV.1

**III.1. On June 30, 2014, how many persons under your jail supervision who were NOT CONFINED, participated in —**

- EXCLUDE inmates on weekend programs.

- a. Electronic monitoring**
- b. Home detention without electronic monitoring**
- c. Community service**
- d. Day reporting**
- e. Other pretrial supervision**
- f. Other alternative work programs**  
  - EXCLUDE inmates participating in work release programs who return to the jail at night.
- g. Alcohol/drug treatment programs**  
  - EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in the jail.
- h. Other programs outside of jail facilities – Specify**
- i. TOTAL** (Sum of items III.1a to III.1h should equal item I.1b)

**III.2. On June 30, 2014, how many persons under your jail supervision who were NOT CONFINED were —**

- a. **Adult males** (age 18 or older) . . . . .
- b. **Adult females** (age 18 or older) . . . . .
- c. **Males under age 18** . . . . .
- d. **Females under age 18** . . . . .
- e. **TOTAL** (Sum of items III.2a to III.2d should equal item I.1b) . . . . .

**III.3. Of all persons under your jail supervision who were NOT CONFINED on June 30, 2014, how many were —**

- a. **Convicted** . . . . .
- b. **Unconvicted** . . . . .
- c. **TOTAL** (Sum of items III.3a and III.3b should equal item I.1b) . . . . .

**Section IV — STAFF SAFETY AND SECURITY**

**IV.1. On June 30, 2014, how many staff employed by your jail jurisdiction were —**

- Count each employee only once. Classify employees with multiple functions by the function performed most frequently.
- INCLUDE only payroll and nonpayroll staff.
- EXCLUDE staff paid through contractual agreements and community volunteers.

- a. **Correctional Officers**  
(Deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.) . . . . .
- b. **All other staff**  
(Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff unspecified.) . . . . .
- c. **Total** (sum of items IV.1a and IV.1b) . . . . .

**IV.2. During the 365-DAY period from July 1, 2013 to June 30, 2014, were there any inmate-inflicted physical or sexual assaults on facility staff in your jail jurisdiction?**

- Report any assaults that involved a weapon or serious injury requiring immediate medical attention more extensive than first aid.

- 1  Yes –  
Number of assaults on –  
a. Correctional Officers . . . . .    
b. All other staff . . . . .
- 2  No assaults

**IV.3. During the 365-DAY period from July 1, 2013 to June 30, 2014, were there any staff deaths as a result of assaults by inmates?**

- 1  Yes –  
Number of deaths –  
a. Correctional Officer deaths inflicted by inmates . . . . .    
b. All other staff deaths inflicted by inmates . . . . .
- 2  No deaths

**IV.4. During the 365-DAY period from July 1, 2013 to June 30, 2014, how many persons CONFINED in your jail jurisdiction were written up or found guilty of —**

- a. **Physical assault on another inmate** . . . . .
- b. **A drug violation, such as use, possession, or dealing drugs** . . . . .
- c. **An alcohol violation, including unauthorized possession, use, or sale** . . . . .
- d. **Possession of a weapon** . . . . .
- e. **Possession of stolen property** . . . . .
- f. **Escape or attempted escape** . . . . .
- g. **Any other major violation, including work slowdowns, food strikes, setting fire, rioting, etc.** . . . . .

<b>RETURN TO</b>	<b>U.S. Census Bureau Governments Division Washington, DC 20233-6800</b>		FORM <b>CJ-5DA</b> (3-7-2014)		<b>2014 ANNUAL SURVEY OF JAILS MULTI-JURISDICTION OR PRIVATE FACILITY</b>		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	
	<b>DATA SUPPLIED BY</b>							
Name					Title			
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. box/Route number				City		State	ZIP Code
	<b>TELEPHONE</b>	Area Code	Number	Extension	<b>FAX NUMBER</b>	Area Code	Number	
<b>E-MAIL ADDRESS</b>								

*(Please correct any error in name, mailing address, and ZIP Code)*

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### What types of facilities are included in this survey?

Multi-Jurisdiction facilities and privately operated facilities in jurisdictions included with certainty in the Annual Survey of Jails. These facilities are intended for adults but sometimes hold juveniles.

#### For Multi-Jurisdiction facility

Confinement facilities including detention centers, jails, and other correctional facilities administered by two or more governments (or a board composed of representatives from two or more governments) included with certainty in the Annual Survey of Jails.

- INCLUDE regional jails or city/county correctional centers.
- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- INCLUDE inmates held for jurisdictions, other than the participating jurisdictions.

#### For Privately Operated facility

Privately owned or operated confinement facilities in jurisdictions included with certainty in the Annual Survey of Jails, including detention centers, jails, and other correctional facilities.

- INCLUDE temporary holding or lockup facilities if they are part of your combined function.
- EXCLUDE temporary holding or lockup facilities that are not part of your combined function from which inmates are usually transferred within 72 hours and not held beyond arraignment. If your only function is a temporary holding or lockup facility, DO NOT complete this form – contact Leslie Miller at 1-800-253-2078.

#### Certainty facilities

- INCLUDE private facilities in jail jurisdictions that held juvenile inmates at the time of the 2005 Census of Jail Inmates and had an average daily population of 500 or more inmates during the 12 months ending June 30, 2005.
- INCLUDE private facilities in jail jurisdictions that held only adult inmates and had an average daily population of 750 or more at the time of the 2005 Census of Jail Inmates.

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- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.

- When exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure that is estimated. For example 1,234

**Section I — SUPERVISED POPULATION**

**I.1. On June 30, 2014, how many persons under the supervision of your jail were —**

**a. CONFINED in your jail facility?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons held for jurisdictions other than the participating jurisdictions.
- INCLUDE persons in community-based programs (e.g., work release, day release, drug/alcohol treatment) who return to jail at night.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE inmates being boarded out to another county or held in another facility not operated by your jail jurisdiction.

\_\_\_\_\_

**b. Under jail supervision but NOT CONFINED?**

- INCLUDE all persons in community-based programs run by your jail (e.g., electronic monitoring, house arrest, community service, day reporting, and work programs).
- EXCLUDE persons on pretrial release who are not in a community based program run by your jail.
- EXCLUDE persons under supervision of probation, parole or other agencies.
- EXCLUDE inmates on weekend programs. Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday — Sunday).
- EXCLUDE inmates participating in work release programs who return to the jail at night.

\_\_\_\_\_

**c. TOTAL** (Sum of items I.1a and I.1b). . . . . \_\_\_\_\_

**I.2. Of all persons under your jail supervision reported in item I.1c, how many were not U.S. citizens?**

Non-US citizens \_\_\_\_\_

**I.3. On the weekend prior to June 30, 2014, did your jail facility have a weekend program?**

- Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday — Sunday).

1  Yes — **How many inmates participated?** \_\_\_\_\_

2  No

**Section II — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION**

**II.1. On June 30, 2014, how many persons CONFINED in your jail facility were —**

**a. Adult males** (age 18 or older) . . . . . \_\_\_\_\_

**b. Adult females** (age 18 or older). . . . . \_\_\_\_\_

**c. Males under age 18.** . . . . . \_\_\_\_\_

**d. Females under age 18.** . . . . . \_\_\_\_\_

**e. TOTAL** (Sum of items II.1a to II.1d should equal item I.1a). . . . . \_\_\_\_\_

**II.2. Of all persons under the age of 18 CONFINED in your jail facility on June 30, 2014 (items II.1c and II.1d), how many were tried, or awaiting trial, in adult court?**

Number of persons under age 18 held as adults. . . . . \_\_\_\_\_

**II.3. Of all persons CONFINED in your jail facility on June 30, 2014, how many were —**

- For persons with more than one status, report the status with the most serious offense.
- For convicted inmates include probation and parole violators with no new sentence.

**a. Convicted** .....

How many were —

1. Unsented inmates or awaiting sentencing. . . .

2. Sentenced inmates . . . . .

**b. Unconvicted** . . . . .

How many were —

1. Awaiting trial/arraignment. . . . .

2. Awaiting transfer/hold for other authorities. . . . .

3. Other . . . . .

**c. TOTAL** (Sum of items II.3a and II.3b should equal item I.1a)

**II.4. On June 30, 2014, how many persons CONFINED in your jail facility were —**

**a. White**, not of Hispanic origin . . . . .

**b. Black or African American**, not of Hispanic origin. . . . .

**c. Hispanic or Latino** . . . . .

**d. American Indian/Alaska Native**, not of Hispanic origin

**e. Asian**, not of Hispanic origin

**f. Native Hawaiian or Other Pacific Islander**, not of Hispanic origin . . . . .

**g. Two or more races**, not of Hispanic origin . . . . .

**h. Additional categories in your information system — Specify**

**i. Not known** . . . . .

**j. TOTAL** (Sum of items II.4a to II.4i should equal item I.1a) .

**II.5. On June 30, 2014, how many persons CONFINED in your jail facility were held for —**

- For persons with a multiple hold, count them only once with priority being Federal, State, and local.

**a. Federal authorities**

**1. U.S. Marshals Service** . . .

**2. Federal Bureau of Prisons**

**3. U.S. Immigration and Customs Enforcement (I.C.E.)** . . . . .

**4. Bureau of Indian Affairs** .

**5. Other — Specify**

**b. State prison authorities**

**1. For your state** . . . . .

**2. For other states** . . . . .

**c. Other local jail jurisdictions**

- EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates).

**1. Within your state** . . . . .

**2. Outside your state** . . . . .

**d. TOTAL** (Sum of items II.5a to II.5c) . . . . .

**II.6. a. During the 30-DAY period from June 1 to June 30, 2014, on what day did your facility hold the greatest number of inmates?**

- Peak population should be equal to or greater than the confined inmate population reported in item I.1a.

June , 2014

**b. How many persons were CONFINED on that day?**

Number that day

**II.7. Between July 1, 2013, and June 30, 2014, what was the average daily population confined in your facility?**

- Include inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday-Sunday).
- To calculate the average daily population, add the number of persons for each day during the period July 1, 2013, through June 30, 2014, and divide the result by 365.

Average daily population

**II.8. On June 30, 2014, what was the total jail capacity of your jail facility?**

**a. Rated capacity**

(The maximum number of beds or inmates assigned by a rating official to a facility, excluding separate temporary holding areas.) . . . . .

~~**b. Operational capacity**~~

~~(The number of inmates that can be accommodated based on staff, existing programs and services in institutions within your jurisdiction. Also known as "budget" capacity.) . . . . .~~

~~**c. Design capacity**~~

~~(The number of inmate's planners or architects intended for all jail facilities in your jurisdiction.) . . . . .~~

**II.9. During the WEEK of June 24 to June 30, 2014, how many persons were —**

**a. New admissions to your jail facility?**

- INCLUDE persons officially booked into and housed in your facility by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE those persons serving a weekend sentence coming into the facility for the first time.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail and court appearances.

New admissions

**b. Final discharges from your jail facility?**

- INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, and deaths).
- INCLUDE those persons completing their weekend sentence leaving the facility for the last time.
- EXCLUDE temporary discharges (e.g., work releases, medical appointments/treatment, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction).

Final discharges

**II.10. During the WEEK of June 24 to June 30, 2014, how many persons discharged from your jail facility were confined —**

- Report time served, not sentence length, for discharged person.

	Convicted	Unconvicted
<del>a. Less than 1 day. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>b. 1 to 2 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>c. 3 to 7 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>d. 8 to 30 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>e. 31 to 180 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>f. More than 180 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>g. TOTAL (Sum of items II.10a to II.10f should equal item II.9b). . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>

**Section III — POPULATION SUPERVISED IN THE COMMUNITY**

*If item I.1b equals 0 (zero), SKIP to item IV.1*

**III.1. On June 30, 2014, how many persons under your jail supervision who were NOT CONFINED, participated in —**

- EXCLUDE inmates on weekend programs.

- a. Electronic monitoring. . . . .
- b. Home detention without electronic monitoring. . . . .
- c. Community service. . . . .
- d. Day reporting. . . . .
- e. Other pretrial supervision. . . . .
- f. Other alternative work programs. . . . .
- EXCLUDE inmates participating in work release programs who return to the jail at night.
- g. Alcohol/drug treatment programs. . . . .
- EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in the jail.
- h. Other programs outside of jail facilities – Specify  $\nearrow$
- i. TOTAL (Sum of items III.1a to III.1h should equal item I.1b). . . . .



**III.2. On June 30, 2014, how many persons under your jail supervision who were NOT CONFINED were —**

- a. ~~Adult males~~ (age 18 or older) . . . . .
- b. ~~Adult females~~ (age 18 or older) . . . . .
- c. ~~Males under age 18~~ . . . . .
- d. ~~Females under age 18~~ . . . . .
- e. ~~TOTAL~~ (Sum of items III.2a to III.2d should equal item I.1b) . . .

**III.3. Of all persons under your jail supervision who were NOT CONFINED on June 30, 2014, how many were —**

- a. **Convicted** . . . . .
- b. **Unconvicted** . . . . .
- c. **TOTAL** (Sum of items III.3a and III.3b should equal item I.1b) . . .

**Section IV — STAFF SAFETY AND SECURITY**

**IV.1. On June 30, 2014, how many staff employed by your jail were —**

- Count each employee only once. Classify employees with multiple functions by the function performed most frequently.
- INCLUDE only payroll and nonpayroll staff.
- EXCLUDE staff paid through contractual agreements and community volunteers.

- a. **Correctional Officers**  
(Deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.) . . . . .
- b. **All other staff**  
(Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff unspecified.) . . . . .
- c. **Total** (sum of items IV.1a and IV.1b) . . . . .

**IV.2. During the 365-DAY period from July 1, 2013 to June 30, 2014, were there any inmate-inflicted physical or sexual assaults on facility staff in your jail?**

- Report any assaults that involved a weapon or serious injury requiring immediate medical attention more extensive than first aid.

- 1  Yes –  
Number of assaults on—  
a. Correctional Officers . . . . .    
b. All other staff . . . . .
- 2  No assaults

**IV.3. During the 365-DAY period from July 1, 2013 to June 30, 2014, were there any staff deaths as a result of assaults by inmates?**

- 1  Yes –  
Number of deaths—  
a. Correctional Officer deaths inflicted by inmates . . . . .    
b. All other staff deaths inflicted by inmates . . . . .
- 2  No deaths

**IV.4. During the 365-DAY period from July 1, 2013 to June 30, 2014, how many persons CONFINED in your jail were written up or found guilty of —**

- a. **Physical assault on another inmate** . . . . .
- b. **A drug violation, such as use, possession, or dealing drugs** . . . . .
- c. **An alcohol violation, including unauthorized possession, use, or sale** . . . . .
- d. **Possession of a weapon** . . . . .
- e. **Possession of stolen property** . . . . .
- f. **Escape or attempted escape** . . . . .
- g. **Any other major violation, including work slowdowns, food strikes, setting fire, rioting, etc.** . . . . .

<b>RETURN TO</b>	<b>U.S. Census Bureau Governments Division Washington, DC 20233-6800</b>		FORM <b>CJ-5DA</b> (3-7-2014)		<b>2014 ANNUAL SURVEY OF JAILS MULTI-JURISDICTION OR PRIVATE FACILITY</b>		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	
	<b>DATA SUPPLIED BY</b>							
Name				Title				
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. box/Route number			City		State	ZIP Code	
	<b>TELEPHONE</b>	Area Code	Number	Extension	<b>FAX NUMBER</b>	Area Code	Number	
<b>E-MAIL ADDRESS</b>								

*(Please correct any error in name, mailing address, and ZIP Code)*

### GENERAL INFORMATION

- If you have any questions, call the **U.S. Census Bureau** at **1-800-253-2078**, or e-mail **govs.asj@census.gov**.
- Please complete the questionnaire before **July 31, 2014** using the web-reporting option (see the web flyer for details), by mailing the completed form to the **U.S. Census Bureau** in the enclosed envelope, or by **FAXing** all pages to **1-888-262-3974**.
- Please retain a copy of the completed form for your records.

### What types of facilities are included in this survey?

Multi-Jurisdiction facilities and privately operated facilities in jurisdictions included with certainty in the Annual Survey of Jails. These facilities are intended for adults but sometimes hold juveniles.

#### For Multi-Jurisdiction facility

Confinement facilities including detention centers, jails, and other correctional facilities administered by two or more governments (or a board composed of representatives from two or more governments) included with certainty in the Annual Survey of Jails.

- INCLUDE regional jails or city/county correctional centers.
- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- INCLUDE inmates held for jurisdictions, other than the participating jurisdictions.

#### For Privately Operated facility

Privately owned or operated confinement facilities in jurisdictions included with certainty in the Annual Survey of Jails, including detention centers, jails, and other correctional facilities.

- INCLUDE temporary holding or lockup facilities if they are part of your combined function.
- EXCLUDE temporary holding or lockup facilities that are not part of your combined function from which inmates are usually transferred within 72 hours and not held beyond arraignment. If your only function is a temporary holding or lockup facility, DO NOT complete this form – contact Leslie Miller at 1-800-253-2078.

#### Certainty facilities

- INCLUDE private facilities in jail jurisdictions that held juvenile inmates at the time of the 2005 Census of Jail Inmates and had an average daily population of 500 or more inmates during the 12 months ending June 30, 2005.
- INCLUDE private facilities in jail jurisdictions that held only adult inmates and had an average daily population of 750 or more at the time of the 2005 Census of Jail Inmates.

### Burden statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 2 hours per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

**REPORTING INSTRUCTIONS**

- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.

- When exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure that is estimated. For example 1,234

**Section I — SUPERVISED POPULATION**

**I.1. On June 30, 2014, how many persons under the supervision of your jail were —**

**a. CONFINED in your jail facility?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons held for jurisdictions other than the participating jurisdictions.
- INCLUDE persons in community-based programs (e.g., work release, day release, drug/alcohol treatment) who return to jail at night.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE inmates being boarded out to another county or held in another facility not operated by your jail jurisdiction.

\_\_\_\_\_

**b. Under jail supervision but NOT CONFINED?**

- INCLUDE all persons in community-based programs run by your jail (e.g., electronic monitoring, house arrest, community service, day reporting, and work programs).
- EXCLUDE persons on pretrial release who are not in a community based program run by your jail.
- EXCLUDE persons under supervision of probation, parole or other agencies.
- EXCLUDE inmates on weekend programs. Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday — Sunday).
- EXCLUDE inmates participating in work release programs who return to the jail at night.

\_\_\_\_\_

**c. TOTAL** (Sum of items I.1a and I.1b). . . . . \_\_\_\_\_

**I.2. Of all persons under your jail supervision reported in item I.1c, how many were not U.S. citizens?**

Non-US citizens \_\_\_\_\_

**I.3. On the weekend prior to June 30, 2014, did your jail facility have a weekend program?**

- Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday — Sunday).

1  Yes — **How many inmates participated?** \_\_\_\_\_

2  No

**Section II — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION**

**II.1. On June 30, 2014, how many persons CONFINED in your jail facility were —**

**a. Adult males** (age 18 or older) . . . . . \_\_\_\_\_

**b. Adult females** (age 18 or older). . . . . \_\_\_\_\_

**c. Males under age 18.** . . . . . \_\_\_\_\_

**d. Females under age 18.** . . . . . \_\_\_\_\_

**e. TOTAL** (Sum of items II.1a to II.1d should equal item I.1a). . . . . \_\_\_\_\_

**II.2. Of all persons under the age of 18 CONFINED in your jail facility on June 30, 2014 (items II.1c and II.1d), how many were tried, or awaiting trial, in adult court?**

Number of persons under age 18 held as adults. . . . . \_\_\_\_\_

**II.3. Of all persons CONFINED in your jail facility on June 30, 2014, how many were —**

- For persons with more than one status, report the status with the most serious offense.
- For convicted inmates include probation and parole violators with no new sentence.

**a. Convicted** .....

How many were —

1. Unsensenced inmates or awaiting sentencing. . . .
2. Sentenced inmates . . . . .

**b. Unconvicted** . . . . .

How many were —

1. Awaiting trial/arraignment. . . . .
2. Awaiting transfer/hold for other authorities. . . . .
3. Other . . . . .

**c. TOTAL** (Sum of items II.3a and II.3b should equal item I.1a)

**II.4. On June 30, 2014, how many persons CONFINED in your jail facility were —**

**a. White**, not of Hispanic origin . . . . .

**b. Black or African American**, not of Hispanic origin . . . . .

**c. Hispanic or Latino** . . . . .

**d. American Indian/Alaska Native**, not of Hispanic origin

**e. Asian**, not of Hispanic origin

**f. Native Hawaiian or Other Pacific Islander**, not of Hispanic origin . . . . .

**g. Two or more races**, not of Hispanic origin . . . . .

**h. Additional categories in your information system — Specify**

**i. Not known** . . . . .

**j. TOTAL** (Sum of items II.4a to II.4i should equal item I.1a) .

**II.5. On June 30, 2014, how many persons CONFINED in your jail facility were held for —**

- For persons with a multiple hold, count them only once with priority being Federal, State, and local.

**a. Federal authorities**

**1. U.S. Marshals Service** . . .

**2. Federal Bureau of Prisons**

**3. U.S. Immigration and Customs Enforcement (I.C.E.)** . . . . .

**4. Bureau of Indian Affairs** .

**5. Other — Specify**

**b. State prison authorities**

**1. For your state** . . . . .

**2. For other states** . . . . .

**c. Other local jail jurisdictions**

- EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates).

**1. Within your state** . . . . .

**2. Outside your state** . . . . .

**d. TOTAL** (Sum of items II.5a to II.5c) . . . . .

**II.6. a. During the 30-DAY period from June 1 to June 30, 2014, on what day did your facility hold the greatest number of inmates?**

- Peak population should be equal to or greater than the confined inmate population reported in item I.1a.

June , 2014

**b. How many persons were CONFINED on that day?**

Number that day

**II.7. Between July 1, 2013, and June 30, 2014, what was the average daily population confined in your facility?**

- Include inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday-Sunday).
- To calculate the average daily population, add the number of persons for each day during the period July 1, 2013, through June 30, 2014, and divide the result by 365.

Average daily population

**II.8. On June 30, 2014, what was the total jail capacity of your jail facility?**

**a. Rated capacity**

(The maximum number of beds or inmates assigned by a rating official to a facility, excluding separate temporary holding areas.) . . . . .

~~**b. Operational capacity**~~

~~(The number of inmates that can be accommodated based on staff, existing programs and services in institutions within your jurisdiction. Also known as "budget" capacity.) . . . . .~~

~~**c. Design capacity**~~

~~(The number of inmate's planners or architects intended for all jail facilities in your jurisdiction.) . . . . .~~

**II.9. During the WEEK of June 24 to June 30, 2014, how many persons were —**

**a. New admissions to your jail facility?**

- INCLUDE persons officially booked into and housed in your facility by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE those persons serving a weekend sentence coming into the facility for the first time.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail and court appearances.

New admissions

**b. Final discharges from your jail facility?**

- INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, and deaths).
- INCLUDE those persons completing their weekend sentence leaving the facility for the last time.
- EXCLUDE temporary discharges (e.g., work releases, medical appointments/treatment, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction).

Final discharges

**II.10. During the WEEK of June 24 to June 30, 2014, how many persons discharged from your jail facility were confined —**

- Report time served, not sentence length, for discharged person.

	Convicted	Unconvicted
<del>a. Less than 1 day. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>b. 1 to 2 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>c. 3 to 7 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>d. 8 to 30 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>e. 31 to 180 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>f. More than 180 days. . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>
<del>g. TOTAL (Sum of items II.10a to II.10f should equal item II.9b). . . . .</del>	<del><input type="text"/> <input type="checkbox"/></del>	<del><input type="text"/> <input type="checkbox"/></del>

**Section III — POPULATION SUPERVISED IN THE COMMUNITY**

*If item I.1b equals 0 (zero), SKIP to item IV.1*

**III.1. On June 30, 2014, how many persons under your jail supervision who were NOT CONFINED, participated in —**

- EXCLUDE inmates on weekend programs.

- a. Electronic monitoring. . . . .
- b. Home detention without electronic monitoring. . . . .
- c. Community service. . . . .
- d. Day reporting. . . . .
- e. Other pretrial supervision. . . . .
- f. Other alternative work programs. . . . .
- EXCLUDE inmates participating in work release programs who return to the jail at night.
- g. Alcohol/drug treatment programs. . . . .
- EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in the jail.
- h. Other programs outside of jail facilities – Specify  $\nearrow$
- i. TOTAL (Sum of items III.1a to III.1h should equal item I.1b). . . . .

**III.2. On June 30, 2014, how many persons under your jail supervision who were NOT CONFINED were —**

- a. **Adult males** (age 18 or older) . . . . .
- b. **Adult females** (age 18 or older) . . . . .
- c. **Males under age 18** . . . . .
- d. **Females under age 18** . . . . .
- e. **TOTAL** (Sum of items III.2a to III.2d should equal item I.1b) . . . . .

**III.3. Of all persons under your jail supervision who were NOT CONFINED on June 30, 2014, how many were —**

- a. **Convicted** . . . . .
- b. **Unconvicted** . . . . .
- c. **TOTAL** (Sum of items III.3a and III.3b should equal item I.1b) . . . . .

**Section IV — STAFF SAFETY AND SECURITY**

**IV.1. On June 30, 2014, how many staff employed by your jail were —**

- Count each employee only once. Classify employees with multiple functions by the function performed most frequently.
- INCLUDE only payroll and nonpayroll staff.
- EXCLUDE staff paid through contractual agreements and community volunteers.

- a. **Correctional Officers** (Deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.) . . . . .
- b. **All other staff** (Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff unspecified.) . . . . .
- c. **Total** (sum of items IV.1a and IV.1b) . . . . .

**IV.2. During the 365-DAY period from July 1, 2013 to June 30, 2014, were there any inmate-inflicted physical or sexual assaults on facility staff in your jail?**

• Report any assaults that involved a weapon or serious injury requiring immediate medical attention more extensive than first aid.

- 1  Yes —  
Number of assaults on—  
a. Correctional Officers . . . . .    
b. All other staff . . . . .
- 2  No assaults

**IV.3. During the 365-DAY period from July 1, 2013 to June 30, 2014, were there any staff deaths as a result of assaults by inmates?**

- 1  Yes —  
Number of deaths —  
a. Correctional Officer deaths inflicted by inmates . . . . .    
b. All other staff deaths inflicted by inmates . . . . .
- 2  No deaths

**IV.4. During the 365-DAY period from July 1, 2013 to June 30, 2014, how many persons CONFINED in your jail were written up or found guilty of —**

- a. **Physical assault on another inmate** . . . . .
- b. **A drug violation, such as use, possession, or dealing drugs** . . . . .
- c. **An alcohol violation, including unauthorized possession, use, or sale** . . . . .
- d. **Possession of a weapon** . . . . .
- e. **Possession of stolen property** . . . . .
- f. **Escape or attempted escape** . . . . .
- g. **Any other major violation, including work slowdowns, food strikes, setting fire, rioting, etc.** . . . . .

# Attachment J. Survey form CJ5B

<b>RETURN TO</b>	Melissa Wilson Survey of Jails in Indian Country Westat 1500 Research Boulevard Rockville, MD 20850 TB 371		<b>FORM CJ-5B</b> (06-22-15)		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT WESTAT	
	<b>2015 ANNUAL SURVEY OF JAILS IN INDIAN COUNTRY</b>					
<b>DATA SUPPLIED BY</b>						
<b>NAME</b>			<b>TITLE</b>			
<b>ADDRESS</b>	Number and street or P.O. box/Route		City		State	Zip Code
<b>TELEPHONE</b>	Area Code	Number	<b>FAX NUMBER</b>	Area Code	Number	
<b>E-MAIL ADDRESS</b>						

**GENERAL INFORMATION**

- If you have any questions about completing this form, please contact **Karla Eisen** of Westat at **1-888-675-7330** or BJS Statistician, **Todd Minton** at **202-305-9630**.
- Please mail your completed questionnaire to **Westat** before **August 1, 2015** or FAX (all) pages to **301-610-4950**.
- Please retain a copy of the completed form for your records.

**Who does this survey cover?**

All confinement facilities, including detention centers, jails, and other correctional facilities operated by tribal authorities or the Bureau of Indian Affairs.

- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).

**All persons under your jail supervision.**

- INCLUDE all confined adults and juveniles (i.e., persons under age 18).
- INCLUDE persons on transfer to treatment facilities but who remain under your legal jurisdiction.
- INCLUDE persons held for other jurisdictions.

**What data are to be excluded from this survey?**

- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE any persons housed in a correctional facility not operated by your jurisdiction.

**Burden statement**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 1 1/4 hours per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531.



### INSTRUCTIONS

- If the answer to a question is “not available” or “unknown,” write “DK” in the space provided.
- If the answer to a question is “not applicable,” write “NA” in the space provided.
- If the answer to a question is “none” or “zero,” write “0” in the space provided.
- When exact numeric answers are not available, provide estimates and mark  in the box beside each figure that is estimated. For example, 1,234

#### SECTION I—INMATE COUNTS AND MOVEMENT

**1. On June 30, 2015, how many persons were CONFINED in this facility?**

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE inmates on AWOL escape, or long-term transfer to other jurisdictions.

Number confined \_\_\_\_\_

**2. On June 30, 2015, how many persons CONFINED in this facility were —**

- a. Males age 18 or older . . . . . \_\_\_\_\_
- b. Females age 18 or older . . . . . \_\_\_\_\_
- c. Males under age 18 . . . . . \_\_\_\_\_
- d. Females under age 18 . . . . . \_\_\_\_\_
- e. TOTAL (Sum of items 2a to 2d should equal item 1) . . . . . \_\_\_\_\_

**3. Of all male and female juveniles CONFINED in this facility on June 30, 2015, how many were tried or awaiting trial in ADULT court?**

Number of juveniles  
(under age 18) held as adults \_\_\_\_\_

**4. Of all persons CONFINED in this facility on June 30, 2015, how many were —**

- For persons with more than one status, report the status with the most serious offense.
- For convicted inmates, include probation and parole violators with no new sentence.

- a. Convicted . . . . . \_\_\_\_\_
- b. Unconvicted . . . . . \_\_\_\_\_
- c. TOTAL (Sum of items 4a and 4b should equal item 1) . . . . . \_\_\_\_\_

**5. On June 30, 2015, how many persons CONFINED in this facility, regardless of conviction status, had as their most serious offense —**

**a. Domestic violence offense . . . . . \_\_\_\_\_**

- INCLUDE assault, abuse, cruelty, or threat to a spouse, intimate, or a dependent child.

**b. Assault . . . . . \_\_\_\_\_**

- INCLUDE aggravated and simple assault.
- EXCLUDE domestic violence offenses and rape/sexual assault.

**c. Rape/sexual assault . . . . . \_\_\_\_\_**

- EXCLUDE domestic violence offenses and assaults reported in item 5b.

**d. Other violent offenses . . . . . \_\_\_\_\_**

- EXCLUDE domestic violence offenses, assaults, and rape/sexual assault.

**e. Burglary . . . . . \_\_\_\_\_**

- Also known as breaking and entering.

**f. Larceny-theft . . . . . \_\_\_\_\_**

- EXCLUDE motor-vehicle theft.

**g. A drug law violation . . . . . \_\_\_\_\_**

- INCLUDE offenses relating to the unlawful possession, distribution, sale, use, growing, or manufacturing of narcotic drugs.

**h. Driving while intoxicated or driving under the influence of alcohol or drugs . . . . . \_\_\_\_\_**

**i. Public intoxication . . . . . \_\_\_\_\_**

- Also known as “drunk and disorderly.”

**j. Other offenses . . . . . \_\_\_\_\_**

**k. TOTAL (Sum of items 5a to 5j should equal item 1) . . . . . \_\_\_\_\_**

6. On June 30, 2015, how many persons CONFINED in this facility, regardless of conviction status, had an offense type of —
- For persons with more than one offense, report the most serious type of offense.
- a. Felony .....
- b. Misdemeanor .....
- c. Other—Specify \_\_\_\_\_
- d. TOTAL (Sum of items 6a to 6c should equal item 1) .....

7. During the 30 day period from June 1, 2015, to June 30, 2015 —
- a. What was the average daily population of your facility?
- To calculate the average daily population, add the number of persons confined in your facility for each day during the period June 1-30, 2015, and divide the results by 30.
- Average daily population \_\_\_\_\_
- b. On what day did this facility hold the greatest number of persons?
- June \_\_\_\_\_, 2015
- c. How many persons were CONFINED on that day?
- Number that day \_\_\_\_\_

8. During the 30 day period from June 1, 2015, to June 30, 2015, how many persons were —
- a. New admissions to this jail facility
- INCLUDE persons officially booked into and housed in your facility by formal legal document or by the authority of the courts or some other official agency.
  - EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail and court appearances.
- New admissions \_\_\_\_\_
- b. Final discharges from this jail facility?
- INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond, other pretrial release, transfers to other jurisdictions, and death).
  - EXCLUDE temporary discharges (e.g., work releases, medical appointments/treatment facilities, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction).
- Final discharges \_\_\_\_\_

9. Between July 1, 2014, and June 30, 2015 —
- a. How many persons died while CONFINED in this facility?
- Enter 0 if no deaths.
- Number of deaths \_\_\_\_\_
- b. Of those who died, how many committed suicide?
- Number of completed suicides \_\_\_\_\_
- c. How many persons ATTEMPTED suicide while CONFINED in this facility?
- Number of attempted suicides \_\_\_\_\_

**SECTION II—FACILITY OPERATIONS AND STAFF**

*For items 10 and 11, please respond based on the inclusionary and exclusionary instructions below.*

**INCLUDE**

- full-time and part-time staff, payroll staff that are tribal or BIA direct-funded staff (e.g., 638 contract and self-governance).
- nonpayroll staff employed by other tribal/governmental agencies (staff provided by IHS, education, or other human service departments or courts).
- contract nonpayroll staff paid through private service contracts (e.g., food service, healthcare, maintenance, transportation).
- EXCLUDE community volunteers and unpaid interns.

10. Of the total number of CORRECTIONAL employees on June 30, 2015, how many were in—

- Count each employee only once. Classify employees with multiple functions by the function performed most frequently.

**a. Administration**

- INCLUDE the jail administrators, assistants and other personnel who work in an administrative capacity more than 50% of the time. ....

**b. Jail operations**

- INCLUDE correctional officers, guards, and other staff who spend more than 50% of their time supervising inmates. ....

**c. Educational staff**

- INCLUDE academic and vocational staff. ....

**d. Technical/professional staff**

- INCLUDE counselors, psychiatrists, psychologists, social workers, dentists, medical staff, and other professional staff
- INCLUDE dispatchers with no inmate supervision duties .....

**e. Clerical, maintenance, and food service** .....

**f. Other—Specify**  \_\_\_\_\_

- g. TOTAL (Sum of items 10a to 10f)** .....

**11. Of the total number of JAIL OPERATION employees reported in item 10b, how many had received —**

**a. The basic detention officer certification?** . . . . .

- INCLUDE BIA or State certification.

**b. 40 hours of in-service training?** . . .

**12. On June 30, 2015, what was the total rated capacity of this facility?**

- EXCLUDE temporary spaces such as tents, trailers, and other temporary space.
- Rated capacity is the maximum number of beds or inmates assigned by a rating official to this facility.
- If rated capacity is not available, estimate by using the design capacity and mark the box.

Rated capacity \_\_\_\_\_

**NOTES**

Attachment K. 42 USC 3735

## EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

## § 3735. Use of data

Data collected by the Bureau shall be used only for statistical or research purposes, and shall be gathered in a manner that precludes their use for law enforcement or any purpose relating to a private person or public agency other than statistical or research purposes.

(Pub. L. 90-351, title I, § 304, formerly § 305, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1179; renumbered § 304, Pub. L. 98-473, title II, § 605(d), Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 109-162, title XI, § 1115(b), Jan. 5, 2006, 119 Stat. 3104.)

## PRIOR PROVISIONS

A prior section 304 of Pub. L. 90-351, as added by Pub. L. 96-157, was classified to section 3734 of this title prior to repeal by Pub. L. 98-473, title II, § 605(c), Oct. 12, 1984, 98 Stat. 2080.

Prior sections 3735 to 3739 were omitted in the general amendment of this chapter by Pub. L. 96-157.

Section 3735, Pub. L. 90-351, title I, § 305, June 19, 1968, 82 Stat. 202; Pub. L. 91-644, title I, § 4(7), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 203, related to reallocation of funds.

Section 3736, Pub. L. 90-351, title I, § 306, June 19, 1968, 82 Stat. 202; Pub. L. 91-644, title I, § 4(8), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 203; Pub. L. 94-503, title I, § 113, Oct. 15, 1976, 90 Stat. 2415, related to allocation of funds.

Section 3737, Pub. L. 90-351, title I, § 307, June 19, 1968, 82 Stat. 202; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 204; Pub. L. 94-503, title I, § 114, Oct. 15, 1976, 90 Stat. 2415, related to priority programs and projects.

Section 3738, Pub. L. 90-351, title I, § 308, as added Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 204; amended Pub. L. 94-503, title I, § 115, Oct. 15, 1976, 90 Stat. 2415, related to Administration action upon State plans within prescribed time after date of submission.

Section 3739, Pub. L. 90-351, title I, § 309, as added Pub. L. 94-503, title I, § 116, Oct. 15, 1976, 90 Stat. 2415, related to assistance and grants to aid State antitrust enforcement.

## AMENDMENTS

2006—Pub. L. 109-162 substituted "private person or public agency" for "particular individual".

## SUBCHAPTER IV—ESTABLISHMENT OF BUREAU OF JUSTICE ASSISTANCE

## PRIOR PROVISIONS

A prior subchapter IV, consisting of sections 3741 to 3748, related to block grants by Bureau of Justice Assistance, prior to repeal by Pub. L. 100-690, title VI, § 6091(a), Nov. 18, 1988, 102 Stat. 4328. For similar provisions, see part A (§ 3750 et seq.) of subchapter V of this chapter.

Section 3741, Pub. L. 90-351, title I, § 401, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 99-570, title I, § 1552(b)(1), Oct. 27, 1986, 100 Stat. 3207-46, related to establishment of Bureau of Justice Assistance, appointment of Director, and authority and restrictions with regard to Director.

Section 3742, Pub. L. 90-351, title I, § 402, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2080, related to duties and functions of Director.

Section 3743, Pub. L. 90-351, title I, § 403, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2081, described grant program.

Section 3744, Pub. L. 90-351, title I, § 404, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2082,

authorized Bureau to make financial assistance under this subchapter available to States.

Section 3745, Pub. L. 90-351, title I, § 405, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2082, related to applications for assistance and contents of applications.

Section 3746, Pub. L. 90-351, title I, § 406, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2084, related to review of applications.

Section 3747, Pub. L. 90-351, title I, § 407, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2084, related to allocation and distribution of funds.

Section 3748, Pub. L. 90-351, title I, § 408, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2085, related to designation of a State office to prepare applications and administer funds.

Another prior subchapter IV, consisting of sections 3741 to 3745, related to formula grant program, prior to the general amendment of this subchapter by Pub. L. 98-473.

Section 3741, Pub. L. 90-351, title I, § 401, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1179, described formula grant program.

Section 3742, Pub. L. 90-351, title I, § 402, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1181, related to eligibility provisions for formula grants.

Section 3743, Pub. L. 90-351, title I, § 403, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1187, concerned application requirements for formula grants.

Section 3744, Pub. L. 90-351, title I, § 404, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1188, provided for review of applications for formula grants.

Section 3745, Pub. L. 90-351, title I, § 405, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1189, provided for allocation and distribution of funds for formula grants.

Another prior subchapter IV, consisting of sections 3741 to 3748 and 3750 to 3750d, related to training, education, research, demonstration, and special grants prior to the general amendment of this chapter by Pub. L. 96-157.

Section 3741, Pub. L. 90-351, title I, § 401, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 205, set out the Congressional statement of purposes in making provision for training, education, research, demonstration, and special grants.

Section 3742, Pub. L. 90-351, title I, § 402, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 205; Pub. L. 94-503, title I, § 117, Oct. 15, 1976, 90 Stat. 2416, provided for creation of a National Institute of Law Enforcement and Criminal Justice.

Section 3743, Pub. L. 90-351, title I, § 403, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 206, related to limitations on size of grants and contributions requirements for grants.

Section 3744, Pub. L. 90-351, title I, § 404, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, provided for Federal Bureau of Investigation law enforcement training programs.

Section 3745, Pub. L. 90-351, title I, § 405, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, repealed Law Enforcement Assistance Act of 1965 and provided for funds to continue projects started thereunder.

Section 3746, Pub. L. 90-351, title I, § 406, June 19, 1968, 82 Stat. 204; Pub. L. 91-644, title I, § 5(1), Jan. 2, 1971, 84 Stat. 1884; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, provided for academic educational assistance.

Section 3747, Pub. L. 90-351, title I, § 407, formerly § 408, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885; renumbered § 407, Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 209, related to administration of training programs for prosecuting attorneys.

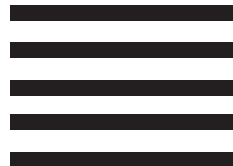
Another prior section 3747, Pub. L. 90-351, title I, § 407, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885, related to Administration law enforcement training program for enforcement personnel, prior to the general amendment of this chapter by section 2 of Pub. L. 93-83.

Section 3748, Pub. L. 90-351, title I, § 408, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885,

# Attachment L. Mailing Packet



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 405 RALEIGH, NC

POSTAGE WILL BE PAID BY ADDRESSEE



RTI INTERNATIONAL  
ATTN: DATA CAPTURE (0213149.001.400.402.100)  
5265 CAPITAL BOULEVARD  
RALEIGH NC 27690-1652

Decoded IMb : 00708901102319000000276901652 Mailpiece Size : (#10) 4-1/8x9-1/2 Letter

Do not modify the size or change the placement of either the FIM or IMb.

QBRM pieces that are non-automation compatible and/or contain the incorrect ZIP+4 code are ineligible for QBRM prices and will be charged the non-QBRM High Volume postage and fees.





3040 Cornwallis Road ■ PO Box 12194  
Research Triangle Park, NC 27709-2194

ATTN: Matt Bensen 0213149.001.400.402.100

**DCRP** *Deaths in Custody*  

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*Reporting Program*



## **Bureau of Justice Statistics (Bureau) – Confidentiality Assurances**

### **42 USC § 3735 - Use of Data**

Data collected by the Bureau shall be used only for statistical or research purposes, and shall be gathered in a manner that precludes their use for law enforcement or any purpose relating to a private person or public agency other than statistical or research purposes.

### **42 USC § 3789g - Confidentiality of information**

#### **(a) Research or statistical information; immunity from process; prohibition against admission as evidence or use in any proceedings**

No officer or employee of the Federal Government, and no recipient of assistance under the provisions of this chapter shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained in accordance with this chapter. Such information and copies thereof shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceedings.

#### **(b) Criminal history information; disposition and arrest data; procedures for collection, storage, dissemination, and current status; security and privacy; availability for law enforcement, criminal justice, and other lawful purposes; automated systems: review, challenge, and correction of information**

All criminal history information collected, stored, or disseminated through support under this chapter shall contain, to the maximum extent feasible, disposition as well as arrest data where arrest data is included therein.

The collection, storage, and dissemination of such information shall take place under procedures reasonably designed to insure that all such information is kept current therein; the Office of Justice Programs shall assure that the security and privacy of all information is adequately provided for and that information shall only be used for law enforcement and criminal justice and other lawful purposes. In addition, an individual who believes that criminal history information concerning him contained in an automated system is inaccurate, incomplete, or maintained in violation of this chapter, shall, upon satisfactory verification of his identity, be entitled to review such information and to obtain a copy of it for the purpose of challenge or correction.

#### **(c) Criminal intelligence systems and information; prohibition against violation of privacy and constitutional rights of individuals**

All criminal intelligence systems operating through support under this chapter shall collect, maintain, and disseminate criminal intelligence information in conformance with policy standards which are prescribed by the Office of Justice Programs and which are written to assure that the funding and operation of these systems furthers the purpose of this chapter and to assure that such systems are not utilized in violation of the privacy and constitutional rights of individuals.

#### **(d) Violations; fine as additional penalty**

Any person violating the provisions of this section, or of any rule, regulation, or order issued there under, shall be fined not to exceed \$10,000, in addition to any other penalty imposed by law.

January 12, 2015

«Salutation» «ContactFirstName» «ContactLastName»  
«Agency Name»  
«ContactAddress1» «ContactAddress2»  
«ContactCity», «ContactState», «ContactZip»

Dear «Salutation»«ContactLastName»:

Thanks to the efforts of jail administrators nationwide, the Bureau of Justice Statistics' (BJS) Deaths in Custody Reporting Program (DCRP) has been a great success since its inception in 2000. We appreciate your continued support of this important program, which typically enjoys a 97% or better response rate across all jail jurisdictions in the country. This letter marks the beginning of the 2015 DCRP data collection cycle.

BJS will use the data collected under this Program only for research and statistical purposes, as described in Title 42, USC §3735 and 3789g (enclosed). BJS will not report any death or population data at the facility or jurisdiction level.

**Using the enclosed year-specific instructions, please complete all applicable 2014 and 2015 forms online by logging onto the DCRP Web site (<https://bjsdcrp.rti.org>) and using the following login credentials:**

USERNAME: «username»  
PASSWORD: «password»

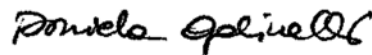
If you prefer to use paper, you may access 2014 and 2015 forms by visiting the DCRP Web site (<https://bjsdcrp.rti.org>). Specifically, you may print and complete the *Annual Summary on Inmates in Private and Multi-Jurisdiction Jails* form (CJ-10A) for 2014, a *Death Report on Inmates in Private and Multi-Jurisdictional Jails* form (CJ-10) for 2014, and a *Death Report on Inmates in Private and Multi-Jurisdictional Jails* form (CJ-10) for 2015.

We request that you submit all remaining 2014 data, including the CJ-10A, by **February 28, 2015**. If you have questions about the DCRP, please contact Matt Bensen, the RTI data collection task leader, via phone or e-mail at **(800) 344-1387** or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org). We thank you in advance for your participation and look forward to our continued work together.

Sincerely,



Margaret E. Noonan, Program Manager  
Deaths in Custody Reporting Program  
(202) 353-2060  
[margaret.noonan@usdoj.gov](mailto:margaret.noonan@usdoj.gov)



Daniela Golinelli, Chief  
Corrections Unit  
(202) 616-5164  
[daniela.golinelli@usdoj.gov](mailto:daniela.golinelli@usdoj.gov)

Enclosures: DCRP Update, 2014 Reporting Instructions, 2015 Reporting Instructions, Confidentiality Assurances

January 12, 2015

«Salutation» «ContactFirstName» «ContactLastName»  
«Agency Name»  
«ContactAddress1» «ContactAddress2»  
«ContactCity», «ContactState», «ContactZip»

Dear «Salutation»«ContactLastName»:

Thanks to the efforts of jail administrators nationwide, the Bureau of Justice Statistics' (BJS) Deaths in Custody Reporting Program (DCRP) has been a great success since its inception in 2000. We appreciate your continued support of this important program, which typically enjoys a 97% or better response rate across all jail jurisdictions in the country. This letter marks the beginning of the 2015 DCRP data collection cycle.

BJS will use the data collected under this Program only for research and statistical purposes, as described in Title 42, USC §3735 and 3789g (enclosed). BJS will not report any death or population data at the facility or jurisdiction level.

**Using the enclosed year-specific instructions, please complete all applicable 2014 and 2015 forms online by logging onto the DCRP Web site (<https://bjsdcrp.rti.org>) and using the following login credentials:**

USERNAME: << username>>  
PASSWORD: << password>>

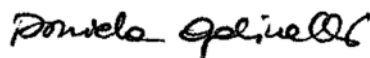
If you prefer to use paper, you may access 2014 and 2015 forms by visiting the DCRP Web site (<https://bjsdcrp.rti.org>). Specifically, you may print and complete the *Annual Summary on Inmates under Jail Jurisdiction* form (CJ-9A) for 2014, a *Death Report on Inmates under Jail Jurisdiction* form (CJ-9) for 2014, and a *Death Report on Inmates under Jail Jurisdiction* form (CJ-9) for 2015.

We request that you submit all remaining 2014 data, including the CJ-9A, by **February 28, 2015**. If you have questions about the DCRP, please contact Matt Bensen, the RTI data collection task leader, via phone or e-mail at **(800) 344-1387** or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org). We thank you in advance for your participation and look forward to our continued work together.

Sincerely,



Margaret E. Noonan, Program Manager  
Deaths in Custody Reporting Program  
(202) 353-2060  
[margaret.noonan@usdoj.gov](mailto:margaret.noonan@usdoj.gov)



Daniela Golinelli, Chief  
Corrections Unit  
(202) 616-5164  
[daniela.golinelli@usdoj.gov](mailto:daniela.golinelli@usdoj.gov)

Enclosures: DCRP Update, 2014 Reporting Instructions, 2015 Reporting Instructions, Confidentiality Assurances

## **ACTION REQUESTED**

### **2014 Reporting Instructions for Private and Multi-Jurisdictional Agencies**

- **All agencies** should submit a 2014 CJ-10A Annual Summary form, **even if no deaths occurred** in your agency's custody during 2014. The Annual Summary form has five questions and takes about **15 minutes** to complete.
- Please submit a 2014 CJ-10 Death Report form for each death occurring in your agency's custody during 2014. Please be sure that the total number of deaths you report on the 2014 Annual Summary form matches the number of individual death reports you submit for 2014.
- Please submit your data online by logging onto the Deaths in Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) using the login credentials in your cover letter.
- To submit via paper, access the 2014 CJ-10A and the 2014 CJ-10 forms on the DCRP Web site (<https://bjsdcrp.rti.org>), and print them. Please mail or fax these according to the form instructions.

## **What's New in 2014?**

- The content of the 2014 Annual Summary form has returned to that in the 2012 version
- Multi-facility jurisdictions only need to fill out 1 ASF for 2014
- There are some formatting and guidance language differences in the 2014 Annual Summary form. These changes are designed to increase accurate and full reporting

## **ACTION REQUESTED**

### **2014 Reporting Instructions for Locally-Run, Single Jurisdiction Agencies**

- **All agencies** should submit a 2014 CJ-9A Annual Summary form, **even if no deaths occurred** in your agency's custody during 2014. The Annual Summary form has five questions and takes about **15 minutes** to complete.
- Please submit a 2014 CJ-9 Death Report form for each death occurring in your agency's custody during 2014. Please be sure that the total number of deaths you report on the 2014 Annual Summary form matches the number of individual death reports you submit for 2014.
- Please submit your data online by logging onto the Deaths in Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) using the login credentials in your cover letter.
- To submit via paper, access the 2014 CJ-9A and the 2014 CJ-9 forms on the DCRP Web site (<https://bjsdcrp.rti.org>) and print them. Please mail or

fax these according to the form instructions.

## **What's New in 2014?**

- The content of the 2014 Annual Summary form has returned to that in the 2012 version
- Multi-facility jurisdictions only need to fill out 1 ASF for 2014
- There are some formatting and guidance language differences in the 2014 Annual Summary form. These changes are designed to increase accurate and full reporting

# FOR FUTURE REFERENCE

## 2015 Reporting Instructions

- If **no deaths have occurred** in your agency's custody to date in 2015, do not report anything at this time.
- Please submit a 2015 CJ-10 Death Report form for any deaths that occur in your agency's custody in 2015 as soon as the autopsy or other official death investigation results are available.
- Please provide an answer for ALL questions on the form, including "Specify" fields, if applicable.
- Please submit your data online by logging onto the Deaths and Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) using the login credentials in your cover letter.
- To submit via paper, access the 2015 CJ-10 Death Report form on the DCRP Web site (<https://bjsdcrp.rti.org>), and print the appropriate number of copies. Please mail or fax these according to the form instructions.



# FOR FUTURE REFERENCE

## 2015 Reporting Instructions

- If **no deaths have occurred** in your agency's custody to date in 2015, do not report anything at this time.
- Please submit a 2015 CJ-9 Death Report form for any deaths that occur in your agency's custody in 2015 as soon as the autopsy or other official death investigation results are available.
- Please provide an answer for ALL questions on the form, including "Specify" fields, if applicable.
- Please submit your data online by logging onto the Deaths and Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) using the login credentials in your cover letter.
- To submit via paper, access the 2015 CJ-9 Death Report form on the DCRP Web site (<https://bjsdcrp.rti.org>), and print the appropriate number of copies. Please mail or fax these according to the form instructions.

## Attachment M. Data quality follow-up scripts

# Call Scripts & Voicemail Messages:

## Agencies that have submitted their ASF

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Your calls with POCs need to be flexible and conversational, so there will be no script to read verbatim. However, each conversation should contain some basic elements. We have provided an example for each basic conversational element below.

### IDENTIFY YOURSELF

*Hello, this is \_\_\_\_\_ calling on behalf of the U.S. Department of Justice regarding the Deaths in Custody Reporting Program. May I speak to \_\_\_\_\_?*

### IDENTIFY REASON FOR CALL

*Thank you for providing the 2014 DCRP data. We have a few questions regarding your data. Is now a good time for me to speak with you?*

- **IF ISSUES WITH ASF: EXPLAIN ERRORS AND ASK FOR CORRECTIONS**
  - *We have a few questions regarding the ASF you submitted...*
    - *If you have time, we can go over them on the phone now, or, I can e-mail the list of questions for your review.*
  - *If necessary, schedule a time to discuss/reconcile the issues by phone.*
  - *You may determine another way to provide data after discussions with the POC.*
- **IF MISSING DEATH REPORTS**
  - *You can log onto the DCRP Web site to complete the forms*
    - **OFFER TO SEND USERNAME AND PASSWORD VIA E-MAIL**
  - *You can also download the forms and e-mail, mail, or fax them to us.*
  - **(LEAST PREFERRED)** *I can mail you a copy of the form.*
- **IF ISSUES WITH SUBMITTED DEATH REPORTS**
  - *We have a few questions regarding the Death Reports you submitted...*
    - *If you have time, we can go over them on the phone now, or, I can e-mail the list of questions for your review.*
  - *If necessary, schedule a time to discuss/reconcile the issues by phone.*
  - *You may determine another way to provide data after discussions with the POC.*

### REMIND POC OF “ALWAYS-ON” DATA COLLECTION (UNLESS YOU FEEL THE POC IS JUST NOT READY TO HEAR IT.)

*If your agency has any deaths in-custody this year (in 2015), we ask that you submit a Death Report form on each individual’s death. You can submit Death Report forms at any time. These can be submitted online or via fax, e-mail, or mail.*

*In January 2016, we will contact you regarding the 2015 Annual Summary form. We ask all agencies to complete this form every year, regardless of whether they experienced a death during the previous year.*

### THANK RESPONDENT

*We really appreciate your participation in the Deaths in Custody Reporting Program. You can reach me via telephone toll-free at 1-800-334-8571 extension \_\_\_\_\_ or via e-mail at \_\_\_\_\_@rti.org.*

# Voicemail Messages

## General Mailbox

*Good {morning/ afternoon}. My name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Justice regarding the Deaths in Custody Reporting Program. I have a few questions regarding the 2014 Deaths in Custody data submitted by \_\_\_\_\_. I sent him/her an e-mail explaining what information we need. Should you have any questions, I can be reached, toll-free, at 1-800-334-8571 extension \_\_\_\_\_. Again, that number is 1-800-334-8571 extension \_\_\_\_\_. Thank you.*

## POC Mailbox

*Good {morning/ afternoon}. My name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Justice regarding the Deaths in Custody Reporting Program. I have a few questions regarding your 2014 Deaths in Custody data. I sent you an e-mail explaining what information we need. Should you have any questions, I can be reached, toll-free, at 1-800-334-8571 extension \_\_\_\_\_. Again, that number is 1-800-334-8571 extension \_\_\_\_\_. Thank you.*

# Call Script & Voicemail Messages:

## Agencies that have not submitted their ASF(s) but have submitted at least one DR

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### IDENTIFY YOURSELF

Hello, this is \_\_\_\_\_ calling on behalf of the U.S. Department of Justice regarding the Deaths in Custody Reporting Program. May I speak to \_\_\_\_\_?

### IF WE HAVE RECEIVED 1 OR MORE DEATH REPORTS AND NONE HAVE ERRORS:

*We received the Death Report(s) you submitted for \_\_\_\_\_. Thank you. We have not yet received your Annual Summary form. All agencies should complete an Annual Summary form. The form takes only a few minutes to complete and is critical for calculating mortality rates in all [JAILS or PRISONS] across the U.S. [SPEAK TO HOW THEY CAN PROVIDE DATA DRAWING ON YOUR NR EXPERIENCE.]*

### IF ANY OF THE DEATH REPORT FORMS HAVE ERRORS:

*We have a few questions regarding the Death Reports you submitted...*

- *If you have time, we can go over them on the phone now, or, I can e-mail the list of questions for your review.*
- *If necessary, schedule a time to discuss/reconcile the issues by phone.*
- *You may determine another way to provide data after discussions with the POC.*

*Also, we have not yet received your Annual Summary form. All agencies should complete an Annual Summary form. The form takes only a few minutes to complete and is critical for calculating mortality rates in all [JAILS or PRISONS] across the U.S. [SPEAK TO HOW THEY CAN PROVIDE DATA DRAWING ON YOUR NR EXPERIENCE.]*

### ALERT POC THAT YOU MAY CALL AGAIN

*After you submit new data, our project staff members will review your data and may contact you if they have any questions. Also, if we don't receive your data within the next couple of weeks, we'll probably call again to see if we can assist you further.*

### REMIND POC OF "ALWAYS-ON" DATA COLLECTION (UNLESS YOU FEEL THE POC IS JUST NOT READY TO HEAR IT)

*If your agency has any deaths in-custody this year (in 2015), we ask that you submit a Death Report on each individual's death. You can submit Death Reports at any time. These can be submitted online or via fax, e-mail, or mail.*

*In January 2016, we will contact you regarding the 2015 Annual Summary form. We ask all agencies to complete this form every year, regardless of whether they experienced a death during the previous year.*

### THANK RESPONDENT

*We really appreciate your participation in the Deaths in Custody Reporting Program. You can reach me via telephone toll-free at 1-800-334-8571 extension \_\_\_\_\_ or via e-mail at \_\_\_\_\_@rti.org.*

# Voicemail Messages (omit reference to needing to ask about submitted DRs if appropriate)

## General Mailbox

*Good {morning/ afternoon}. This message is for \_\_\_\_\_. My name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Justice regarding the Deaths in Custody Reporting Program. We have some follow-up questions regarding the Death Report form data your agency submitted. Also, we have not received your 2014 [CJ-9A, CJ-10A or NPS-4] Annual Summary form. I sent an e-mail to \_\_\_\_\_ explaining what information we need. Should you have any questions, I can be reached, toll-free, at 1-800-334-8571 extension \_\_\_\_\_. Again, that number is 1-800-334-8571 extension \_\_\_\_\_. Thank you.*

## POC Mailbox

*Good {morning/ afternoon}. My name is \_\_\_\_\_ and I'm calling on behalf of the U.S. Department of Justice regarding the Deaths in Custody Reporting Program. We have some follow-up questions regarding the Death Report form data your agency submitted. Also, we have not received your 2014 [CJ-9A, CJ-10A or NPS-4] Annual Summary form. I sent you an e-mail explaining what information we need. Should you have any questions, I can be reached, toll-free, at 1-800-334-8571 extension \_\_\_\_\_. Again, that number is 1-800-334-8571 extension \_\_\_\_\_. Thank you.*

# DQFU E-mails

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CJ-9, CJ-10, NPS-4A

## Case Status Code 1: Errors to DRs that need follow up (ASF fine)

SUBJECT: Following up on Data Quality Issues | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

Thank you for submitting the 2014 Deaths in Custody Reporting Program (DCRP) information for your agency earlier this year. We recently reviewed all of the DCRP submissions and wanted to follow up on the following Death Report form(s).

I've listed the name(s) of the inmate(s) for whom we have questions, as well as the specific information we need below:

- <<Inmate Name 1>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- <<Inmate Name 2>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- ..etc.

Any information you may have from a coroner's or medical examiner's report would be extremely helpful.

You may review or enter the above information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following log-in information:

Username: <<Username>>

Password: <<Password>>

I'd also be happy to take this information over the phone or via e-mail. I can be reached at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please let me know.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

## CJ-9A, CJ-10A

### Case Status Code 2: Errors to ASF that need follow up (DR fine)

SUBJECT: Following up on Data Quality Issues | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

Thank you for submitting the 2014 Deaths in Custody Reporting Program (DCRP) information for your agency earlier this year. We recently reviewed all of the DCRP submissions and wanted to follow up on the following item(s) from your Annual Summary form (ASF):

- <<ASF Error 1>>
- <<ASF Error 2>>
- ..etc.

You may review the above information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following log-in information:

Username: <<Username>>

Password: <<Password>>

Please note that you cannot revise or edit the ASF information online at this time. Please contact me via phone or e-mail to provide ASF information instead. I can be reached at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please let me know.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics



## NPS-4

### Case Status Code 2: Errors to ASF that need follow-up (DR fine)

SUBJECT: Following up on Data Quality Issues | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

Thank you for submitting the 2014 Deaths in Custody Reporting Program (DCRP) information for your agency earlier this year. We recently reviewed all of the DCRP submissions and wanted to follow up on the following item from your Annual Summary form:

- <<ASF Error>>

Please review this information and reply to this e-mail to confirm the correct number of deaths for 2014 or to provide updated information.

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please contact me at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

## CJ-9, CJ-9A, CJ-10, CJ-10A

### Case Status Code 3: Errors to ASF and DRs that need follow-up

SUBJECT: Following up on Data Quality Issues | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

Thank you for submitting the 2014 Deaths in Custody Reporting Program (DCRP) information for your agency earlier this year. We recently reviewed all of the DCRP submissions and wanted to follow up on the following item(s) from your Annual Summary form (ASF):

- <<ASF Error 1>>
- <<ASF Error 2>>
- ...etc.

We also wanted to follow up on the following Death Report form(s). I've listed the name(s) of the inmate(s) for whom we have questions, as well as the specific information we need below:

- <<Inmate Name 1>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- <<Inmate Name 2>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- ...etc.

Any information you may have from a coroner's or medical examiner's report would be extremely helpful.

You may review the above information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following log-in information:

Username: <<Username>>

Password: <<Password>>

Please note that you can only revise or edit Death Report form information online at this time. Please contact me via phone or e-mail to provide ASF information. I can be reached at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please let me know.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

## NPS-4, NPS-4A

### Case Status Code 3: Errors to ASF and DRs that need follow-up

SUBJECT: Following up on Data Quality Issues | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

Thank you for submitting the 2014 Deaths in Custody Reporting Program (DCRP) information for your agency earlier this year. We recently reviewed all of the DCRP submissions and wanted to follow up on the following item from your Annual Summary form (ASF):

- <<ASF Error>>

Please review this information and reply to this e-mail to confirm the correct number of deaths for 2014.

We also wanted to follow up on the following Death Report form(s). I've listed the name(s) of the inmate(s) for whom we have questions, as well as the specific information we need below:

- <<Inmate Name 1>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- <<Inmate Name 2>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- ...etc.

Any information you may have from a coroner's or medical examiner's report would be extremely helpful.

You may review the above information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following log-in information:

Username: <<Username>>

Password: <<Password>>

Please note that you can only revise or edit Death Report form information online at this time. Please contact me via phone or e-mail to provide ASF information. I can be reached at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please let me know.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

## CJ-9A, CJ-9

### Case Status Code 4: No-ASF – one or more DRs Submitted where at least one DR has an error

SUBJECT: Following up on Data Quality Issues | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

We recently reviewed all of the Deaths in Custody Reporting Program (DCRP) submissions and noticed that we are missing the 2014 Annual Summary form (ASF) from your agency.

I have included a copy of the ASF questions below. Please answer the questions by replying via email. Please note that we accept estimates for questions one through four if exact answers are unavailable.

#### 2014 ASF

1. How many males and females under the supervision of your jail jurisdiction were CONFINED in your jail facilities on December 31, 2014?
  - Males:
  - Females:
2. How many males and females under the supervision of your jail jurisdiction were ADMITTED to your jail facilities during 2014?
  - Males:
  - Females:
3. On December 31, 2014, how many persons were CONFINED in your jail facilities on behalf of any of the following:
  - U.S. Immigration and Customs Enforcement:
  - U.S. Marshals Service:
  - All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions):
4. Between January 1, 2014, and December 31, 2014, what was the average daily population of all jail confinement facilities operated by your jurisdiction?
  - Males:
  - Females:
5. Between January 1, 2014, and December 31, 2014, how many persons died while under the supervision of your jail jurisdiction?
  - Males:
  - Females:

We also wanted to follow up on the following Death Report form(s). I've listed the name(s) of the inmate(s) for whom we have questions, as well as the specific information we need below:

- <<Inmate Name 1>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- <<Inmate Name 2>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- ...etc.

Any information you may have from a coroner's or medical examiner's report would be extremely helpful.

You may review or enter the above information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following log-in information:

Username: <<Username>>

Password: <<Password>>

I'd also be happy to take this information over the phone or via e-mail. I can be reached at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please let me know.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

## CJ-10A, CJ-10

### Case Status Code 4: No-ASF – one or more DRs Submitted where at least one DR has an error

SUBJECT: Following up on Data Quality Issues | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

We recently reviewed all of the Deaths in Custody Reporting Program (DCRP) submissions and noticed that we are missing the 2014 Annual Summary form (ASF) from your agency.

I have included a copy of the ASF questions below. Please answer the questions by replying via email. Please note that we do accept estimates for questions one through four if exact answers are unavailable.

#### 2014 ASF

1. How many males and females under the supervision of your jail were CONFINED in your jail facility on December 31, 2014?
  - Males:
  - Females:
2. How many males and females under the supervision of your jail were ADMITTED to your jail facility during 2014?
  - Males:
  - Females:
3. On December 31, 2014, how many persons were CONFINED in your jail facility on behalf of any of the following:
  - U.S. Immigration and Customs Enforcement:
  - U.S. Marshals Service:
  - All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions):
4. Between January 1, 2014, and December 31, 2014, what was the average daily population of all jail confinement facilities operated by your jail?
  - Males:
  - Females:
5. Between January 1, 2014, and December 31, 2014, how many persons died while under the supervision of your jail?
  - Males:
  - Females:

We also wanted to follow up on the following Death Report form(s). I've listed the name(s) of the inmate(s) for whom we have questions, as well as the specific information we need below:

- <<Inmate Name 1>>
  - << DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- <<Inmate Name 2>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- ...etc.

Any information you may have from a coroner's or medical examiner's report would be extremely helpful.

You may review or enter the above information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following log-in information:

Username: <<Username>>

Password: <<Password>>

I'd also be happy to take this information over the phone or via e-mail. I can be reached at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please let me know.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

# NPS-4

## Case Status Code 4: No-ASF – one or more DRs Submitted where at least one DR has an error

SUBJECT: Following up on Data Quality Issues | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

We recently reviewed all of the Deaths in Custody Reporting Program (DCRP) submissions and noticed that we are missing the 2014 Annual Summary form (ASF) from your agency.

I have included a copy of the ASF question below. Please answer the question by replying via e-mail.

2014 ASF

1. During 2014, how many persons died while in the custody of your state correctional facilities?
  - Number of Deaths in 2014:

We also wanted to follow up on the following Death Report form(s). I've listed the name(s) of the inmate(s) for whom we have questions, as well as the specific information we need below:

- <<Inmate Name 1>>
  - << DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- <<Inmate Name 2>>
  - <<DR Error 1>>
  - <<DR Error 2>>
  - ...etc.
- ...etc.

Any information you may have from a coroner's or medical examiner's report would be extremely helpful.

You may review or enter the above information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following log-in information:

Username: <<Username>>

Password: <<Password>>

I'd also be happy to take this information over the phone or via e-mail. I can be reached at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please let me know.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

DQFU: Automated E-mail Text

Updated March 2015



## CJ-9A Case Status Code 5: True Non-responder

**Subject:** Deaths in Custody Reporting Program: Requesting 2014 Annual Summary Form | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

We recently reviewed all of the Deaths in Custody Reporting Program (DCRP) submissions and noticed that we are missing the 2014 Annual Summary form (ASF) from your agency.

I have included a copy of the ASF questions below. Please answer the questions by replying via e-mail. Please note that we accept estimates for questions one through four if exact answers are unavailable.

### 2014 ASF Questions

1. How many males and females under the supervision of your jail jurisdiction were CONFINED in your jail facilities on December 31, 2014?
  - Males:
  - Females:
2. How many males and females under the supervision of your jail jurisdiction were ADMITTED to your jail facilities during 2014?
  - Males:
  - Females:
3. On December 31, 2014, how many persons were CONFINED in your jail facilities on behalf of any of the following:
  - U.S. Immigration and Customs Enforcement:
  - U.S. Marshals Service:
  - All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions):
4. Between January 1, 2014, and December 31, 2014, what was the average daily population of all jail confinement facilities operated by your jurisdiction?
  - Males:
  - Females:
5. Between January 1, 2014, and December 31, 2014, how many persons died while under the supervision of your jail jurisdiction?
  - Males:
  - Females:

If any deaths occurred in your facility in 2014, you will also need to complete a Death Report form for each death. You may enter this information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following login information:

- Username: <<Agency Username>>
- Password: <<Agency Password>>

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please contact me at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

## CJ-10A Case Status Code 5: True Non-responder

**Subject:** Deaths in Custody Reporting Program: Requesting 2014 Annual Summary Form | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

We recently reviewed all of the Deaths in Custody Reporting Program (DCRP) submissions and noticed that we are missing the 2014 Annual Summary form (ASF) from your agency.

I have included a copy of the ASF questions below. Please answer the questions by replying via e-mail. Please note that we accept estimates for questions one through four if exact answers are unavailable.

### 2014 ASF Questions

1. How many males and females under the supervision of your jail were CONFINED in your jail facility on December 31, 2014?
  - Males:
  - Females:
2. How many males and females under the supervision of your jail were ADMITTED to your jail facility during 2014?
  - Males:
  - Females:
3. On December 31, 2014, how many persons were CONFINED in your jail facility on behalf of any of the following:
  - U.S. Immigration and Customs Enforcement:
  - U.S. Marshals Service:
  - All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions):
4. Between January 1, 2014, and December 31, 2014, what was the average daily population of all jail confinement facilities operated by your jail?
  - Males:
  - Females:
5. Between January 1, 2014, and December 31, 2014, how many persons died while under the supervision of your jail?
  - Males:
  - Females:

If any deaths occurred in your facility in 2014, you will also need to complete a Death Report form for each death. You may enter this information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following login information:

- Username: <<Agency Username>>
- Password: <<Agency Password>>

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please contact me at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

## NPS-4 Case Status Code 5: True Non-responder

**Subject:** Deaths in Custody Reporting Program: Requesting 2014 Annual Summary Form | <<Agency ID>>

Dear <<Salutation>> <<POC Last Name>>:

We recently reviewed all of the Deaths in Custody Reporting Program (DCRP) submissions and noticed that we are missing the 2014 Annual Summary form (ASF) from your agency.

I have included a copy of the ASF question below. Please answer the question by replying via e-mail.

### 2014 ASF Question

1. During 2014, how many persons died while in the custody of your state correctional facilities?
  - Number of Deaths in 2014:

If any deaths occurred within your facilities in 2014, you will also need to complete a Death Report form for each death. You may enter this information online by visiting the DCRP Web site at <https://bjsdcrp.rti.org> and using the following login information:

- Username: <<Agency Username>>
- Password: <<Agency Password>>

We appreciate your cooperation and look forward to our continued work together! If you have any questions or if there is anything else I can do to assist you, please contact me at (800) 334-8571 ext. <<AL Extension>> or <<AL E-mail>>.

Sincerely,

<<AL Name>>

Agency Liaison

RTI International

DCRP Data Collection Agent for the Bureau of Justice Statistics

# RY2015 Verification Call Script (DOCs)

## Introduction

Hello. My name is [FILL]. I am calling on behalf of the U.S. Department of Justice.

I am trying to reach [FILL] about the Deaths in Custody Reporting Program.

[OR]

I am trying to reach the person who is responsible for reporting your agency's data to the Deaths in Custody Reporting Program. (Last year, our primary contact was [FILL]).

### IF NAMED POC

--NO LONGER WORKS THERE:

--IS UNKNOWN TO THE PERSON:

--IS UNAVAILABLE:

ASK WHO MIGHT BE THE APPROPRIATE PERSON TO CONTACT ABOUT THE DEATHS IN CUSTODY REPORTING PROGRAM

IF NAMED POC IS AVAILABLE OR ANOTHER PERSON INDICATES WILLINGNESS TO HELP, EXPLAIN REASON FOR CALL

We appreciate your participation in the Deaths in Custody Reporting Program.

In preparation for sending the annual DCRP package to you in January, we would like to make sure that the information we have on file for your agency is still correct. We also have a population-based question. This should only take a few minutes.

IF "NO," FIND A GOOD TIME TO CALL BACK AND PRESS END CALL

IF "YES," PRESS CONTINUE

## Agency Information

First, I'd like to confirm that we have the correct name for your agency... **[FILL]** Is your agency name accurate?

**[IF "NO"]** What is the correct name of your agency?

We have the following as the physical address for your agency... **[FILL]**

**[IF ~"NOT RIGHT"]** What is the correct physical address for your agency?

## Point of Contact Information

Our files indicate that (**[FILL]** / YOU) should be the primary contact for providing us with death reports and agency-level summary data for the Deaths in Custody Reporting Program. Is this correct?

**[If "NO," GATHER INFORMATION FOR NEW POINT OF CONTACT, INCLUDING: Salutation/Title, First Name, Last Name, Mailing Address (Street, City, State, and Zip Code), Phone Number, E-mail Address]**

**[IF "YES"]** I would like to review the contact information we have on file for **[FILL]** / YOU.

**[REVIEW THE FOLLOWING: Salutation/Title, First Name, Last Name, Mailing Address (Street, City, State, and Zip Code), Phone Number, E-mail Address]**

## Agency Head Information

We would like to collect some information about the head of your agency. Our files indicate that **[FILL]** is the head of your agency. Is this correct?

**[If "NO," GATHER INFORMATION FOR NEW AGENCY HEAD, INCLUDING: Salutation/Title, First Name, Last Name, Mailing Address (Street, City, State, and Zip Code), Phone Number, E-mail Address]**

**[IF "YES"]** I would like to review the contact information we have on file for **[FILL]** / YOU.

**[REVIEW THE FOLLOWING: Salutation/Title, First Name, Last Name, Mailing Address (Street, City, State, and Zip Code), Phone Number, E-mail Address]**

## Data Submission Status

Thank you. Regarding 2014:

**[IF ALL PRIOR YEAR REPORTS WERE SUBMITTED]** Thank you for submitting all of your reports for 2014.

**[IF NO PRIOR YEAR REPORTS WERE SUBMITTED]** Our records show that we have not received your agency's 2014 Annual Summary form. All agencies should complete the Annual Summary form each year, even those that did not experience a death in custody.

**[IF MISSING PRIOR YEAR DEATH REPORTS, BUT ASF WAS SUBMITTED]** Our records show that we have received your agency's 2014 Annual Summary form. However, we are still expecting **[FILL]**

death report(s). ). A death report is expected for each death reported on the Annual Summary Form.

[IF MISSING PRIOR YEAR ASF, BUT DEATH REPORTS WERE SUBMITTED] Our records show that we have received [FILL] death report(s). However, we have not received your agency's 2014 Annual Summary form. All agencies should complete an Annual Summary form each year.

Also, please know that you can now submit 2015 death reports online, via mail, email or fax. Would you like me to provide you with your username and password so you can log in and submit your reports online?

Thank you for your help today. Do you have any questions for me?

DRAFT