

**Appendix B:**

**Jail Survey Form**

# National Survey of Correctional Contraband

**National Survey of Correctional Contraband:** With funding from the *National Institute of Justice* and in partnership with the *American Correctional Association*, the *Urban Institute* is working on a project to better understand contraband and contraband interdiction. As part of this effort, your agency was selected to participate in the National Survey of Correctional Contraband (NSCC). The NSCC is being administered to all state prisons and a sample of jails across the country.

The NSCC has four objectives:

- ◆ To estimate *the prevalence and types of contraband* known to administrators.
- ◆ To determine the *methods by which contraband is introduced to inmates* (e.g., through visitation, mail, or correctional staff; by modifying items found in the facility; etc.).
- ◆ To quantify *the occurrence of contraband-related violence and misconduct* in correctional facilities.
- ◆ To understand *the types of interdiction modalities* used in these facilities and what kinds of contraband these modalities target.

**Why participate in the NSCC?** At its conclusion, this project will provide clear and practical information to correctional agencies about the prevalence of contraband in the U.S., the methods by which contraband enters correctional facilities, which interdiction modalities are used to prevent and remove contraband, how administrators can select and implement these interdiction modalities, and lessons learned related to the cost, implementation challenges, and efficacy of these modalities.

**Survey instructions:** We are seeking one survey response per facility. For example, if your agency operates multiple jails in your county or jurisdiction, including privately operated jails, please provide one response for each jail facility. This survey should be completed by the person or persons in your agency most knowledgeable about your data and/or your current practices and policies regarding contraband. This may require the input of multiple people across multiple departments within your agency. We ask that you complete the survey by September 30, 2018.

**Burden statement:** The survey takes approximately 90 minutes to complete.

**Research protections:** Your participation in this survey is voluntary and the name of the responding individual(s) will be confidential. By providing answers to these survey questions, you consent to participate in this study. However, you may stop at any time or decline to answer any question.

Once all surveys have been collected, we will archive survey responses with the Interuniversity Consortium for Political and Social Research's National Archive of Criminal Justice Data. These data will not be made available to the public and through data use requests to ICPSR.

**Disclaimer:** This project was supported by Award No. 2015-IJ-CX-K001, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this survey are those of the author(s) and do not necessarily reflect those of the Department of Justice.

Thank you in advance for your participation. If you have any questions about the survey, please contact the [NSCC@urban.org](mailto:NSCC@urban.org) or call the toll-free NSCC helpline at (844) 288-4427.

RETURN TO

**Urban Institute**  
**2100 M St NW**  
**Washington, DC 20037**

## **National Survey of Correctional Contraband Local Jail Form**

### **DATA SUPPLIED BY**

|                         |                             |        |      |           |
|-------------------------|-----------------------------|--------|------|-----------|
| Name                    |                             | Title  |      |           |
|                         |                             |        |      |           |
| <b>OFFICIAL ADDRESS</b> | Number and Street or PO Box |        | City | State     |
|                         |                             |        |      |           |
| <b>TELEPHONE</b>        | Area Code                   | Number |      | Extension |
|                         |                             |        |      |           |
| <b>E-MAIL ADDRESS</b>   |                             |        |      |           |
|                         |                             |        |      |           |

### **FACILITY INFORMATION**

|                         |                             |  |      |       |
|-------------------------|-----------------------------|--|------|-------|
| Facility Name           |                             |  |      |       |
|                         |                             |  |      |       |
| <b>FACILITY ADDRESS</b> | Number and Street or PO Box |  | City | State |
|                         |                             |  |      |       |

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

Confinement facilities, detention centers, jails, and other correctional facilities administered by a local law enforcement agency, by one or more local governments, or by a private organization through a contract with the locality, intended for adults but may sometimes holding juveniles.

- ◆ INCLUDE city/county/regional jails or detention centers
- ◆ INCLUDE privately owned or operated jails or detention centers
- ◆ INCLUDE special jail facilities (e.g., medical/treatment/release centers or halfway houses)
- ◆ INCLUDE temporary holding or lockup facilities if they are part of your combined function
- ◆ EXCLUDE temporary holding or lockup 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.

### Reporting instructions

- ◆ Please provide one survey response for each facility in your jurisdiction.
- ◆ 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 the exact numeric answers are not available, provide estimates and check the box beside each figure that is estimated. For example: 789 ☒

## Section I—Facility Characteristics

### 1. Who operates this facility?

Select only one option.

01. ☐ Law enforcement agency (e.g., Sheriff)
02. ☐ Other city or county agency
03. ☐ Regional authority
04. ☐ Joint state and local authority
05. ☐ Private contractor

### 2. What is the primary level of physical security for this facility?

Select only one option.

01. ☐ None (e.g., jail without a security classification)
02. ☐ Super maximum
03. ☐ Maximum/close/high
04. ☐ Medium
05. ☐ Minimum/low
06. ☐ Administrative (e.g., medical facilities)
07. ☐ Other: specify \_\_\_\_\_

### 3. What type of area is this facility located?

Select only one option.

01. ☐ Urban
02. ☐ Suburban
03. ☐ Rural/Frontier

### 4. Are the majority of housing units or inmates in this facility under direct supervision?

*Direct supervision occurs when correctional staff are physically stationed inside a housing unit and directly observing inmates.*

01. ☐ Yes
02. ☐ No

### 5. What type of architectural design does this facility look most like?

Select only one option.

01. ☐ **Radial**—a linear-like design with many cells in a row straight through each cell block
02. ☐ **Telephone-pole**—a linear design in which inmates and staff move along the main corridor
03. ☐ **Campus**—a design made up of several buildings spread across a large area
04. ☐ **Courtyard**—a mix of telephone-pole and campus design, in which a building is built around a center (e.g., a courtyard)
05. ☐ **Other:** Specify \_\_\_\_\_



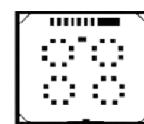
Radial



Telephone-pole



Courtyard



Campus

### 6. Does this facility have a secure perimeter or barrier, such as walls, to keep inmates from leaving the facility?

01. ☐ Yes
02. ☐ No

### 7. On December 31, 2017, what was the design capacity and rated capacity of this facility?

*Design capacity is number of inmates that planners or architects intended for this facility.*

A. Design Capacity \_\_\_\_\_ ☐

*Rated capacity is the maximum number of beds or inmates authorized by a rating official for safe and efficient operation. It may exceed design capacity due to double bunking. However, beds in an area not designed as sleeping space, such as day rooms and multipurpose rooms, should not be included in rated capacity.*

B. Rated Capacity \_\_\_\_\_ ☐

**8. In what year was the original construction completed on this facility?**

*If more than one building, provide the year for the oldest building that includes a sleeping area for inmates.*

Year of original construction \_\_\_\_\_ ☐

## Section II—Inmate and Staff Counts

**9. Between January 1, 2017, and December 31, 2017, what was the average daily population of this facility?**

*To calculate the average daily population, add the number of persons for each day during the period between January 1, 2017, and December 31, 2017, and divide the result by 365.*

Average daily population \_\_\_\_\_ ☐

**10. On December 31, 2017, how many inmates in this facility were:**

- A. Unsented (i.e., pretrial) \_\_\_\_\_ ☐  
 B. Sentenced less than 1 year \_\_\_\_\_ ☐  
 C. Sentenced 1 year or more \_\_\_\_\_ ☐  
 D. Total \_\_\_\_\_ ☐

**11. On December 31, 2017, how many inmates in this facility were:**

*Include all inmates temporarily absent from this facility (e.g., for court appearances, brief furloughs, and medical leave.*

*Exclude all inmates who were on escape or absent without leave (AWOL).*

- A. Males under age 18 \_\_\_\_\_ ☐  
 B. Females under age 18 \_\_\_\_\_ ☐  
 C. Males age 18 or older \_\_\_\_\_ ☐  
 D. Females age 18 or older \_\_\_\_\_ ☐  
 E. Total \_\_\_\_\_ ☐

**12. Between January 1, 2017, and December 31, 2017, how many volunteers were allowed into this facility?**

*Count each volunteer only once.*

*Volunteers may include service providers, educators, religious/ministry leaders, etc.*

Male \_\_\_\_\_ ☐ Female \_\_\_\_\_ ☐

**13. On December 31, 2017, how many full-time and part-time staff employed or contracted by this facility were:**

*Count each employee only once.*

*Classify employees with multiple functions by the one performed most frequently.*

**A. Security staff**

*Officers of all ranks and other uniformed staff who, regardless of their staff title, are in direct contact with inmates, and involved in their daily custody, care, supervision or monitoring. Includes correctional officers, line staff, and supervisors.*

Male \_\_\_\_\_ ☐ Female \_\_\_\_\_ ☐

**B. Other/non-security staff**

*All non-uniformed/civilian employees, such as treatment staff, educational staff, clerical staff, maintenance staff, medical personnel, and other professional and technical staff.*

Male \_\_\_\_\_ ☐ Female \_\_\_\_\_ ☐

**C. Total**

Male \_\_\_\_\_ ☐ Female \_\_\_\_\_ ☐

## Section III—Facility Programs

**14. How many inmates in this facility were participating in each type of work assignment on December 31, 2017?**

*Include all that apply. For example, if an inmate is involved in prison industries as well as farming/agriculture, he/she should be counted once under each category.*

- A. Prison industries (e.g. license plates, wood product, textiles, etc.) \_\_\_\_\_ ☐  
 B. Facility support services (e.g. office/administrative work, food services, building maintenance, etc.) \_\_\_\_\_ ☐  
 C. Farming/agriculture \_\_\_\_\_ ☐  
 D. Public works assignments (inmates work outside the facility and perform road, park, or other public maintenance work) \_\_\_\_\_ ☐  
 E. Other: specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ ☐

**15. How many inmates in this facility were enrolled in or receiving the following types of treatment programming or services on December 31, 2017?**

*Include all that apply. For example, if an inmate is involved in substance abuse/addiction program as well as mental health services/treatment, he/she should be counted once under each category.*

- A. Substance abuse/addiction treatment \_\_\_\_\_ ☐
- B. Alcohol abuse/addiction treatment \_\_\_\_\_ ☐
- C. Mental health services/treatment \_\_\_\_\_ ☐
- D. Other: specify \_\_\_\_\_ ☐

**16. Does this facility operate work release, educational release, and/or treatment release programs that allow inmates to work in the community unsupervised by facility staff, but require them to return to the facility at night?**

01. ☐ Yes—How many inmates were participating on December 31, 2017? \_\_\_\_\_ ☐
02. ☐ No

## Section IV—Contraband Recoveries

**17. Please report the total number of contraband recoveries in this facility between January 1, 2017 and December 31, 2017, and indicate what items were included in this number**

*Contraband is defined as any item that is (a) not approved for possession by an inmate or for admission into the institution, and/or (b) presents a threat to security or its condition or excessive quantities of it present a health, fire, or housekeeping hazard.*

*Contraband recoveries include any incident where staff found or recovered contraband items, regardless of whether an inmate was disciplined for the infraction or not. Please count each type of contraband recovered as a single recovery. For example, if a weapon and cell phone were recovered during the same cell search, mark this as two recoveries. But, if two cell phones were recovered, mark this as one recovery. If your agency calculates or defines "recoveries" differently, please include the total number of recoveries as they are recorded in your system and fill out sub-question A below.*

- A. Provide any additional detail on how recoveries are calculated (optional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Total contraband recoveries \_\_\_\_\_ ☐

C. Which types of contraband were included in this number?

*Select all that apply.*

01. ☐ **Controlled substances** — illegal narcotics and unauthorized prescription medications, such as cocaine, amphetamines, heroin, methadone, suboxone, marijuana, etc.
02. ☐ **Tobacco**
03. ☐ **Alcohol** — alcohol from outside the facility and alcohol made inside the facility such as hooch, pruno, prison wine, etc.
04. ☐ **Weapons** — explosives, ammunitions, chemical compounds, shivs, shanks, zipguns, etc.
05. ☐ **Cell phones**
06. ☐ **Cash or other moneys** — checks, credit cards, debit cards, etc.
07. ☐ **Property with gang identifiers** — gang signs, symbols, language, or information
08. ☐ **Modified or altered property** — not including weapons
09. ☐ **Excessive property** — food or commissary items, pictures, etc.
10. ☐ **Other:** specify \_\_\_\_\_  
 \_\_\_\_\_

**18. Please report the number of recoveries between January 1, 2017, and December 31, 2017, for each type of contraband.**

- A. Controlled substances \_\_\_\_\_ ☐
- B. Tobacco \_\_\_\_\_ ☐
- C. Alcohol \_\_\_\_\_ ☐
- D. Weapons \_\_\_\_\_ ☐

*If different than the above, how many total weapons were seized in 2017? \_\_\_\_\_ ☐*

- E. Cell phones \_\_\_\_\_ ☐

*If different than the above, how many total cell phones were seized in 2017? \_\_\_\_\_ ☐*

- F. Cash or other moneys \_\_\_\_\_ ☐
- G. Property with gang identifiers \_\_\_\_\_ ☐
- H. Modified or altered property \_\_\_\_\_ ☐
- I. Excessive property \_\_\_\_\_ ☐
- J. Other: specify \_\_\_\_\_  
 \_\_\_\_\_ ☐

## Section V—Contraband Incidents

**19. Please report the number of contraband-related injuries between January 1, 2017, and December 31, 2017.**

- A. Number of inmate-on-staff assaults with weapons \_\_\_\_\_ ☐
- B. Number of inmate-on-inmate assaults with weapons \_\_\_\_\_ ☐
- C. Number of inmate hospitalizations or other medical interventions for drug overdoses \_\_\_\_\_ ☐
- D. Number of inmate hospitalizations or other medical interventions for weapons-related injuries \_\_\_\_\_ ☐

**20. Please report the number of punitive actions taken against inmates for contraband-related infractions between January 1, 2017, and December 31, 2017.**

- A. Number of contraband-related infractions that resulted in new charges \_\_\_\_\_ ☐
- B. Number of contraband-related infractions that resulted in placement in restricted housing \_\_\_\_\_ ☐
- C. Number of contraband-related infractions that resulted in disciplinary reports \_\_\_\_\_ ☐

**21. Please report the number of punitive actions taken against staff for contraband-related violations between January 1, 2017, and December 31, 2017.**

- A. Number of contraband-related staff arrests \_\_\_\_\_ ☐
- B. Number of contraband-related staff terminations \_\_\_\_\_ ☐
- C. Number of contraband-related staff suspensions \_\_\_\_\_ ☐
- D. Total number of contraband-related staff violations \_\_\_\_\_ ☐

**22. Please report the number of punitive actions taken against visitors for contraband-related violations between January 1, 2017, and December 31, 2017.**

- A. Number of contraband-related visitor arrests \_\_\_\_\_ ☐
- B. Number of contraband-related visitor violations \_\_\_\_\_ ☐

## Section VI—Contraband Interdiction

**23. Which of the following does this facility use on security staff for detecting/confiscating/removing contraband?**

*Select all that apply.*

- 01. ☐ Walk-through metal detector
- 02. ☐ X-Ray conveyor /x-ray inspection system
- 03. ☐ Whole-body scanner/wave scanner
- 04. ☐ Regular pat search
- 05. ☐ Random pat search
- 06. ☐ Random drug test
- 07. ☐ Statewide contraband interdiction team
- 08. ☐ Contraband interdiction team at facility
- 09. ☐ K-9 unit for contraband detection
- 10. ☐ Surveillance cameras
- 11. ☐ Mass spectrometry/hand swabs
- 12. ☐ Staff-initiated investigation and intelligence
- 13. ☐ None
- 14. ☐ Other: specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**24. Which of the following does this facility use on non-security staff (including medical personnel, service providers, program staff, etc.) for detecting/confiscating/removing contraband?**

*Select all that apply.*

- 01. ☐ Walk-through metal detector
- 02. ☐ X-Ray conveyor /x-ray inspection system
- 03. ☐ Whole-body scanner/wave scanner
- 04. ☐ Regular pat search
- 05. ☐ Random pat search
- 06. ☐ Random drug test
- 07. ☐ Statewide contraband interdiction team
- 08. ☐ Contraband interdiction team at facility
- 09. ☐ K-9 unit for contraband detection
- 10. ☐ Surveillance cameras
- 11. ☐ Mass spectrometry/hand swabs
- 12. ☐ Staff-initiated investigation and intelligence
- 13. ☐ None
- 14. ☐ Other: specify \_\_\_\_\_

**25. Which of the following does this facility use on visitors for detecting/confiscating/removing contraband?**

*Select all that apply.*

- 01. ☐ Walk-through metal detector
- 02. ☐ X-Ray conveyor /x-ray inspection system
- 03. ☐ Whole-body scanner/wave scanner
- 04. ☐ Regular pat search
- 05. ☐ Random pat search
- 06. ☐ Random drug test
- 07. ☐ Statewide contraband interdiction team
- 08. ☐ Contraband interdiction team at facility
- 09. ☐ K-9 unit for contraband detection
- 10. ☐ Surveillance cameras
- 11. ☐ Mass spectrometry/hand swabs
- 12. ☐ Staff-initiated investigation and intelligence
- 13. ☐ None
- 14. ☐ Other: specify \_\_\_\_\_

**26. Which of the following does this facility use on inmates for detecting/confiscating/removing contraband?**

*Select all that apply.*

- 01. ☐ Walk-through metal detector
- 02. ☐ X-Ray conveyor /x-ray inspection system
- 03. ☐ Whole-body scanner/wave scanner
- 04. ☐ Regular pat search
- 05. ☐ Random pat search
- 06. ☐ Regular strip search
- 07. ☐ Random strip search
- 08. ☐ Random drug test
- 09. ☐ Statewide contraband interdiction team
- 10. ☐ Contraband interdiction team at facility
- 11. ☐ K-9 unit for contraband detection
- 12. ☐ Surveillance cameras
- 13. ☐ Mass spectrometry/hand swabs
- 14. ☐ Cell shake downs/searches
- 15. ☐ Staff-initiated investigation and intelligence
- 16. ☐ BOSS (Body Orifice Scanning System) chairs
- 17. ☐ Other: specify \_\_\_\_\_

**27. Which of the following does this facility use for detecting/confiscating/removing cell phones?**

*Select all that apply.*

- 01. ☐ Generic metal detecting technologies or specialized/enhanced metal detectors that are specifically designed to detect cell phones and other types of correctional contraband
- 02. ☐ Cell phone specific detection technologies (devices used for locating, tracking, and identifying various sources of radio transmissions)
- 03. ☐ Cell phone detection canine teams (e.g., canine teams trained to sniff out cell phones)
- 04. ☐ Cell phone access management systems (systems that intercept calls in order to prevent inmates from accessing carrier networks)
- 11. ☐ None
- 12. ☐ Other: specify \_\_\_\_\_



**28. Which of the following best describes the inmate visitation policy in this facility?**

Contact visits (options 1 and 2) include visits where the inmate and visitor are allowed to hold hands with and/or hug their visitors for an extended period of time or at multiple times during the visit.

Note: If visits are in-person (e.g., inmates and visitors sit at a table together without a glass barrier between them) but inmates are not allowed to touch their visitors, or are allowed only a quick hug/kiss at the beginning or end of the visit, please select option 3.

Select all that apply.

01. ☐ All inmates are allowed contact visits (with the exception of inmates placed in restrictive housing for punitive purposes)
02. ☐ Some inmates, such as those in a special program (e.g., a family strengthening program), are allowed contact visits
03. ☐ Inmates are allowed in-person visits without contact (a visit without a glass barrier, but where inmates are not allowed to have contact with their visitors)
04. ☐ Inmates are allowed visits through a barrier (e.g., a glass wall)
05. ☐ Inmates are allowed video visitation
06. ☐ Drug sniffing dogs are kept in the visiting room or are available upon request
07. ☐ Visitors must complete a background check
08. ☐ Visitors with any criminal history are denied access
09. ☐ Visitors who were previously incarcerated are denied access
10. ☐ All visitors are subject to mass spectrometry/hand swabs
11. ☐ Some visitors are subject to mass spectrometry/hand swabs
12. ☐ Visiting rooms are under video surveillance
13. ☐ Other: specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**29. Which of the following describe the inmate legal mail policy in this facility?**

Legal mail includes correspondence relating to an open or closed legal case, including letters from lawyers, judges, probation or parole officers, or parole board.

Select all that apply.

01. ☐ Staff open and search all inmate legal mail
02. ☐ Staff open and search some inmate legal mail based on intelligence
03. ☐ Staff open and search inmate legal mail at random
04. ☐ Staff only provide photocopies of original legal mail to inmates
05. ☐ Staff use mass spectrometry on all legal mail
06. ☐ Staff use mass spectrometry on some legal mail based on intelligence
07. ☐ Staff use mass spectrometry on legal mail at random
08. ☐ Other: specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**30. Which of the following describe the inmate social mail policy in this facility?**

Social mail includes any correspondence not relating to an open or closed legal case, including letters from friends, family, clergy members, etc.

Select all that apply.

01. ☐ Staff open and search all inmate social mail
02. ☐ Staff open and search some inmate social mail based on intelligence
03. ☐ Staff open and search inmate social mail at random
04. ☐ Staff only provide photocopies of original social mail to inmates
05. ☐ Staff use mass spectrometry on all social mail
06. ☐ Staff use mass spectrometry on some social mail based on intelligence
07. ☐ Staff use mass spectrometry on social mail at random
08. ☐ Other: specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section VII—Contraband Entry

### 31. Between January 1, 2017 and December 31, 2017, how much of a problem were the following entry points for contraband that was brought into the facility from the outside?

*Contraband entry points are the means by which contraband that originated outside the facility is brought into the facility.*

|  | Not a problem         | Somewhat of a problem | A big problem         |
|--|-----------------------|-----------------------|-----------------------|
| Inmates returning from work-release, medical appointments, court visits, transfers, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Security staff   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Non-security staff   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Volunteers   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vendors/contractors  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visitors   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Letters and packages   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Items being thrown over the facility's perimeter or flown over by drone                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

#### Definitions

1. **Facility security level—*Super maximum***—in addition to the characteristics of a maximum/close/high security facility (described below), “supermax” facilities are stand-alone units and are designated for violent or disruptive inmates. They typically involve placing inmates in singlecell confinement up to 23-hour per day for an indefinite period of time. Inmates in supermax housing have minimal contact with staff and other inmates.

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

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

**Minimum/low**—is characterized by a fenced or “posted” perimeter. Cell housing units are rooms or

dormitories. Normal entry and exit are under visual surveillance.

**Administrative**—facilities charged with special missions, such as treating or housing geriatric inmates or those with serious medical issues. In some states, reception, classification, diagnostic, or transfer centers may be administrative facilities.

2. **Design capacity**—the number of inmates that planners or architects intended for this facility.
3. **Rated capacity**—the maximum number of beds or inmates authorized by a rating official for safe and efficient operation. It may exceed design capacity due to double bunking. However, beds in an area not designed as sleeping space, such as day rooms and multipurpose, should not be included in rated capacity.
4. **Security staff**—correctional officers of all ranks and other uniformed staff who, regardless of their staff title, are in direct contact with inmates, and involved in their daily custody, care, supervision or monitoring. Includes correctional officers, line staff, and supervisors.
5. **Other/non-security staff**—all non-uniformed and civilian employees who work inside the correctional facility, such as treatment staff, educational staff, clerical staff, maintenance staff, medical personnel, and other professional and technical staff.
6. **Contraband**—any item that is (a) not approved for possession by an inmate or for admission into the institution, and/or (b) presents a threat to security or its condition or excessive quantities of it present a health, fire, or housekeeping hazard.
7. **Contraband recoveries**—any incident where staff found or recovered contraband items, regardless of whether an inmate was disciplined for the infraction or not.
8. **Assault**—is an attack that results in physical injury ranging from minor bruises or cuts needing no first-aid to death or serious harm requiring immediate hospitalization. *Inmate-on-inmate assaults* are perpetrated by inmates against other inmates, while *inmate-on-staff assaults* are perpetrated by inmates against any staff member.
9. **Contact visits**—visits where the inmate and visitor are allowed to hold hands with and/or hug their visitors for an extended period of time or at multiple times during the visit.
10. **Legal mail**—correspondence relating to an open or closed legal case, including letters from lawyers, judges, probation or parole officers, or parole board.
11. **Social mail**—any correspondence not relating to an open or closed legal case, including letters from friends, family, clergy members, etc.