

**Appendix E:**

**NSCC Prison Form Web Format**

# Correctional Contraband and Interdiction Modalities - State Prison Form

**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 in your state, including facilities operated directly by your agency and those privately operated but contracted to house inmates on behalf of your agency. 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 surveys 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** or call the toll-free NSCC helpline at **(844) 288-4427**.

### Data Supplied by

Name

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Title

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Official/Work Address

	Street Number/PO Box	City	State	Zip Code

Telephone Number

	Phone Number (xxx-xxx-xxxx)	Extension

Email Address

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### Facility Information

Facility Name

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Facility Address

	Street Number/PO Box	City	State	Zip Code

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

This survey includes all correctional facilities administered by State governments or by private corporations primarily for State governments, which are intended for adults but may sometimes hold juveniles. For purposes of this survey, a facility has a separate budget and administrator. Facilities that share budgets or administrators should be reported as a single facility.

- INCLUDE prisons, penitentiaries, and correctional institutions; boot camps; residential community correction centers; prison farms; reception, diagnostic, and classification centers; road camps; forestry and conservation camps; youthful offender facilities (except in California); vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners
- INCLUDE State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont
- EXCLUDE privately-operated facilities that do not primarily house State inmates
- EXCLUDE facilities operated and administered by local governments that do not primarily house State prisoners
- EXCLUDE facilities that hold only persons under the jurisdiction of juvenile correctional authorities

**I. Facility Characteristics****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 ☐

**Q1. Who operates this facility?**

*Select only one option.*

- ☐ State authority (1)
- ☐ Local authority (2)
- ☐ Joint state and local authority (3)
- ☐ Private contractor (4)

**Q2. What is the primary level of physical security of this facility?**

*Select only one option.*

- ☐ None (e.g. jail without a security classification) (1)
- ☐ Super maximum (2)
- ☐ Maximum/close/high (3)
- ☐ Medium (4)
- ☐ Minimum/low (5)
- ☐ Administrative (e.g. medical facilities) (6)
- ☐ Other: specify (7) \_\_\_\_\_

**Q3. What type of area is this facility located?**

*Select only one option.*

- ☐ Urban (1)
- ☐ Suburban (2)
- ☐ Rural/Frontier (3)

**Q4. 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.

- ☐ Yes (1)
- ☐ No (2)

**Q5. What type of architectural design does this facility look most like?**

*Select only one option.*

- ☐ **Radial** — a linear-like design with many cells in a row straight through each cell block (1)

- ☐ **Telephone-pole** — a linear design in which inmates and staff move along the main corridor (2)
- ☐ **Campus** — a design made up of several buildings spread across a large area (3)
- ☐ **Courtyard** — a mix of telephone-pole and campus design, in which a building is built around a center (e.g., a courtyard) (4)
- ☐ Other (5) \_\_\_\_\_

**Q6. Does this facility have a secure perimeter or barrier, such as walls, to keep inmates from leaving?**

- ☐ Yes (1)
- ☐ No (2)

**Q7. On December 31, 2016, 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.*

*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.*

	Total	Estimate Please select if your response is an estimate
Design capacity (1)		<input type="checkbox"/>
Rated capacity (2)		<input type="checkbox"/>

**Q8. 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	Estimate Please select if your response is an estimate
		<input type="checkbox"/>

## II. Inmate and Staff Counts

### 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 ☐

### Q9. 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 January 1, 2017, and December 31, 2017, and divide the result by 365.*

	Average daily population	Estimate Please select if your response is an estimate
		<input type="checkbox"/>

### Q10. On December 31, 2017, how many inmates in this facility were:

	Number of Inmates	Estimate Please select if your response is an estimate
Unsentenced (i.e., pretrial) (1)		<input type="checkbox"/>
Sentenced less than 1 year (2)		<input type="checkbox"/>
Sentenced 1 year or more (3)		<input type="checkbox"/>
Total (4)		<input type="checkbox"/>

**Q11. 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).*

	Number of Inmates	Estimate Please select if your response is an estimate
Males under age 18 (1)		<input type="checkbox"/>
Females under age 18 (2)		<input type="checkbox"/>
Males age 18 or older (3)		<input type="checkbox"/>
Females age 18 or older (4)		<input type="checkbox"/>
Total (5)		<input type="checkbox"/>

**Q12. 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	Estimate Please select if your response is an estimate	Female	Estimate Please select if your response is an estimate
Volunteers		<input type="checkbox"/>		<input type="checkbox"/>



**Q13. 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.*

*Security staff include 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.*

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

	Male	Estimate Please select if your response is an estimate	Female	Estimate Please select if your response is an estimate
Security staff (1)		<input type="checkbox"/>		<input type="checkbox"/>
Other/non-security staff (2)		<input type="checkbox"/>		<input type="checkbox"/>
Total (3)		<input type="checkbox"/>		<input type="checkbox"/>

### **III. Facility Programs**

#### **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 ☐

**Q14. 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.*

	Number of Inmates	Estimate Please select if your response is an estimate
Prison industries (e.g. license plates, wood product, textiles, etc.) (1)		<input type="checkbox"/>
Facility support services (e.g. office/administrative work, food services, building maintenance, etc.) (2)		<input type="checkbox"/>
Farming/agriculture (3)		<input type="checkbox"/>
Public works assignments (inmates work outside the facility and perform road, park, or other public maintenance work) (4)		<input type="checkbox"/>
Other: specify (5)		<input type="checkbox"/>

**Q15. 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 the substance abuse/addiction program as well as the mental health services/treatment program, he/she should be counted once under each category.*

	Number of Inmates	Estimate Please select if your response is an estimate
Substance abuse/addiction treatment (1)		<input type="checkbox"/>
Alcohol abuse/addiction treatment (2)		<input type="checkbox"/>
Mental health services/treatment (3)		<input type="checkbox"/>
Other: specify (4)		<input type="checkbox"/>

**Q16(A). 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?**

☐ Yes (1)

☐ No (2)

**Q16(B). How many inmates were participating in these unsupervised release programs listed above in Q16(A) on December 31, 2016?**

	Number of Inmates Participating	Estimate Please select if your response is an estimate
		<input type="checkbox"/>

#### **IV. Contraband Recoveries**

##### **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 ☐

**Q17. Please report the total number of contraband recoveries in this facility between January 1, 2017, and December 31, 2017.**

*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.*

**Q17(A). Provide any additional detail on how recoveries are calculated.**

*Optional.*

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**Q17(B).** Please report the total number of contraband recoveries in this facility between January 1, 2017, and December 31, 2017.

	Number of Recoveries	Estimate Please select if your response is an estimate
Total		<input type="checkbox"/>

**Q17(C).** Which types of contraband were included in the number provided above in Q17(B)?  
Select all that apply.

☐ Controlled substances — illegal narcotics and unauthorized prescription medications, such as cocaine, amphetamines, heroin, methadone, suboxone, marijuana, etc. (1)

☐ Tobacco (2)

☐ Alcohol — alcohol from outside the facility and alcohol made inside the facility such as hooch, pruno, prison wine, etc. (3)

☐ Weapons — explosives, ammunitions, chemical compounds, shivs, shanks, zipguns, etc. (4)

☐ Cell phones (5)

☐ Cash or other moneys — checks, credit cards, debit cards , etc. (6)

☐ Property with gang identifiers — gang signs, symbols, language, or information (7)

☐ Modified or altered property — not including weapons (8)

☐ Excessive property — food or commissary items, pictures, etc. (9)

☐ Other: specify (10) \_\_\_\_\_

**Q18.** Please report the number of recoveries between January 1, 2017, and December 31, 2017, for each type of contraband.

	Number of Recoveries	Estimate Please select if your response is an estimate
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Controlled substances (1)		<input type="checkbox"/>
Tobacco (2)		<input type="checkbox"/>
Alcohol (3)		<input type="checkbox"/>
Weapons (4)		<input type="checkbox"/>
If different than the above, how many total weapons were seized in 2017? (5)		<input type="checkbox"/>
Cell phones (6)		<input type="checkbox"/>
If different than the above, how many total cell phones were seized in 2017? (7)		<input type="checkbox"/>
Cash or other moneys (8)		<input type="checkbox"/>
Property with gang identifiers (9)		<input type="checkbox"/>
Modified or altered property (10)		<input type="checkbox"/>
Excessive property (11)		<input type="checkbox"/>
Other: specify (12)		<input type="checkbox"/>

## V. Contraband Incidents

### 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 ☐

**Q19. Please report the number of contraband-related injuries between January 1, 2017, and December 31, 2017.**

	Number of Incidents	Estimate Please select if your response is an estimate
Number of inmate-on-staff assaults with weapons (1)		<input type="checkbox"/>
Number of inmate-on-inmate assaults with weapons (2)		<input type="checkbox"/>
Number of inmate hospitalizations or other medical interventions for drug overdoses (3)		<input type="checkbox"/>
Number of inmate hospitalizations or other medical interventions for weapons-related injuries (4)		<input type="checkbox"/>

**Q20. Please report the number of punitive actions taken against inmates for contraband-related infractions between January 1, 2017, and December 31, 2017.**

	Number of Punitive Actions	Estimate Please select if your response is an estimate
Number of contraband-related infractions that resulted in new charges (1)		<input type="checkbox"/>
Number of contraband-related infractions that resulted in placement in restricted housing (2)		<input type="checkbox"/>
Number of contraband-related infractions that resulted in disciplinary reports (3)		<input type="checkbox"/>

**Q21. Please report the number of punitive actions taken against staff for contraband-related violations between January 1, 2017, and December 31, 2017.**

	Number of Punitive Actions	Estimate Please select if your response is an estimate
Number of contraband-related staff arrests (1)		<input type="checkbox"/>
Number of contraband-related staff terminations (2)		<input type="checkbox"/>
Number of contraband-related staff suspensions (3)		<input type="checkbox"/>
Total number of contraband-related staff violations (4)		<input type="checkbox"/>

**Q22. Please report the number of punitive actions taken against visitors for contraband-related infractions between January 1, 2017, and December 31, 2017.**

	Number of Punitive Actions	Estimate Please select if your response is an estimate
Number of contraband-related visitor arrests (1)		<input type="checkbox"/>
Number of contraband-related visitor violations (2)		<input type="checkbox"/>

## VI. Contraband Interdiction

### 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 ☐

**Q23. Which of the following does this facility use on security staff for detecting/confiscating/removing contraband?**

*Select all that apply.*

- ☐ Walk-through metal detector (1)
- ☐ X-Ray conveyor/x-ray inspection system (2)
- ☐ Whole-body scanner/wave scanner (3)
- ☐ Regular pat search (4)
- ☐ Random pat search (5)
- ☐ Random drug test (6)
- ☐ Statewide contraband interdiction team (7)
- ☐ Contraband interdiction team at facility (8)
- ☐ K-9 unit for contraband detection (9)
- ☐ Surveillance cameras (10)
- ☐ Mass spectrometry/hand swabs (11)
- ☐ Staff-initiated investigation and intelligence (12)
- ☐ None (13)
- ☐ Other: specify (14) \_\_\_\_\_



**Q24. 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.*

- ☐ Walk-through metal detector (1)
- ☐ X-Ray conveyor/x-ray inspection system (2)
- ☐ Whole-body scanner/wave scanner (3)
- ☐ Regular pat search (4)
- ☐ Random pat search (5)
- ☐ Random drug test (6)
- ☐ Statewide contraband interdiction team (7)
- ☐ Contraband interdiction team at facility (8)
- ☐ K-9 unit for contraband detection (9)
- ☐ Surveillance cameras (10)
- ☐ Mass spectrometry/hand swabs (11)
- ☐ Staff-initiated investigation and intelligence (12)
- ☐ None (13)
- ☐ Other: specify (14) \_\_\_\_\_

**Q25. Which of the following does this facility use on visitors for detecting/confiscating/removing contraband?**

*Select all that apply.*

- ☐ Walk-through metal detector (1)
- ☐ X-Ray conveyor/x-ray inspection system (2)
- ☐ Whole-body scanner/wave scanner (3)
- ☐ Regular pat search (4)
- ☐ Random pat search (5)
- ☐ Random drug test (6)
- ☐ Statewide contraband interdiction team (7)
- ☐ Contraband interdiction team at facility (8)
- ☐ K-9 unit for contraband detection (9)
- ☐ Surveillance cameras (10)
- ☐ Mass spectrometry/hand swabs (11)
- ☐ Staff-initiated investigation and intelligence (12)
- ☐ None (13)
- ☐ Other: specify (14) \_\_\_\_\_

**Q26. Which of the following does this facility use on inmates for detecting/confiscating/removing contraband?**

*Select all that apply.*

- ☐ Walk-through metal detector (1)
- ☐ X-Ray conveyor/x-ray inspection system (2)
- ☐ Whole-body scanner/wave scanner (3)
- ☐ Regular pat search (4)
- ☐ Random pat search (5)
- ☐ Regular strip search (6)
- ☐ Random strip search (7)
- ☐ Random drug test (8)
- ☐ Statewide contraband interdiction team (9)
- ☐ Contraband interdiction team at facility (10)
- ☐ K-9 unit for contraband detection (11)
- ☐ Surveillance cameras (12)
- ☐ Mass spectrometry/hand swabs (13)
- ☐ Cell shake downs/searches (14)
- ☐ Staff-initiated investigation and intelligence (15)
- ☐ BOSS (Body Orifice Scanning System) chairs (16)
- ☐ Other: specify (17) \_\_\_\_\_

**Q27. Which of the following does this facility use for detecting/confiscating/removing cell phones?**

*Select all that apply.*

- ☐ Generic metal detecting technologies or specialized/enhanced metal detectors that are specifically designed to detect cell phones and other types of correctional contraband (1)
- ☐ Cell phone specific detection technologies (devices used for locating, tracking, and identifying various sources of radio transmissions) (2)
- ☐ Cell phone detection canine teams (e.g., canine teams trained to sniff out cell phones) (3)
- ☐ Cell phone access management systems (systems that intercept calls in order to prevent inmates from accessing carrier networks) (4)
- ☐ None (5)
- ☐ Other: specify (6) \_\_\_\_\_

**Q28. Which of the following describes the inmate visitation policy in this facility?**

*Contact visits (the first two options) 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.*

- ☐ All inmates are allowed contact visits (with the exception of inmates placed in administrative segregation for punitive purposes) (1)
- ☐ Some inmates, such as those in a special program (e.g., a family strengthening program), are allowed contact visits (2)
- ☐ Inmates are allowed to have in-person visits without contact (a visit without a glass barrier, but where inmates are not allowed to have contact with their visitors) (3)
- ☐ Inmates are allowed visits through a barrier (e.g., a glass wall) (4)
- ☐ Inmates are allowed video visitation (5)
- ☐ Drug sniffing dogs are kept in the visiting room or are available upon request (6)
- ☐ Visitors must complete a background check (7)

- ☐ Visitors with any criminal history are denied access (8)
- ☐ Visitors who were previously incarcerated are denied access (9)
- ☐ All visitors are subject to mass spectrometry/hand swabs (10)
- ☐ Some visitors are subject to mass spectrometry/hand swabs (11)
- ☐ Visiting rooms are under video surveillance (12)
- ☐ Other: specify (13) \_\_\_\_\_

**Q29. 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.*

- ☐ Staff open and search all inmate legal mail (1)
- ☐ Staff open and search some inmate legal mail based on intelligence (2)
- ☐ Staff open and search inmate legal mail at random (3)
- ☐ Staff only provide photocopies of original legal mail to inmates (4)
- ☐ Staff use mass spectrometry on all legal mail (5)
- ☐ Staff use mass spectrometry on some legal mail based on intelligence (6)
- ☐ Staff use mass spectrometry on legal mail at random (7)
- ☐ Other: specify (8) \_\_\_\_\_

**Q30. 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.*

- ☐ Staff open and search all inmate social mail (1)
- ☐ Staff open and search some inmate social mail based on intelligence (2)
- ☐ Staff open and search inmate social mail at random (3)
- ☐ Staff only provide photocopies of original social mail to inmates (4)
- ☐ Staff use mass spectrometry on all social mail (5)
- ☐ Staff use mass spectrometry on some social mail based on intelligence (6)
- ☐ Staff use mass spectrometry on social mail at random (7)
- ☐ Other: specify (8) \_\_\_\_\_

**VII. Contraband Entry**

**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 ☐

**Q31. 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 originates outside the facility is brought into the facility.*

	Not a problem	Somewhat of a	A big problem
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		problem	
Inmates returning from work-release, medical appointments, court visits, transfers, etc. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Security staff (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-security staff (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteers (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vendors/contractors (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitors (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letters and packages (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Items being thrown over the facility's perimeter or flown over by drone (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### End of Survey

The survey will be submitted and this session will close once you hit the next button (">>") below. If you need to review your responses, now is a good time to do so. Thank you for your participation.