Form CJ-43B



2019 CENSUS OF STATE AND FEDERAL ADULT CORRECTIONAL FACILITIES COMMUNITY-BASED CORRECTIONAL FACILITIES

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

	411132				
DATA SUPPLIED BY					
Name		Title			
Official Address		Telephone			
City		FAX			
State	Zip E-mail				

GENERAL INFORMATION

FACILITY INFORMATION

Please complete this questionnaire before **[DATE]** using one of the following methods:

Online: [Survey Web Link TBD]

Mail: RTI International, 2019 CCF, Attn: Christian Genesky 3040 Cornwallis Road, PO Box 12194, Research Triangle

Park, NC 27709-2194

Fax: 1-866-354-4993

If you have any questions, contact Christian Genesky of RTI International at 1-866-354-4993

or bjs-prisoncensus@rti.org.

MERGED INFORMATION ON FACILITY

FACILITY ELIGIBILITY

The census includes all correctional facilities administered by state departments of corrections (DOC) or the Federal Bureau of Prisons (BOP) or operated under contract to hold inmates primarily for state correctional authorities or the BOP. These facilities are intended for adults but sometimes hold juveniles. For this data collection, each individual correctional facility or unit holding inmates under your jurisdiction is included, even if that facility shares budget or staff with other facilities.

The CJ-43B is intended to collect data on community-based correctional facilities administered by the state DOC or operated under contract to primarily house inmates for state correctional authorities or the BOP.

As you complete the survey, please provide a response to each question:

- If the answer to a question is "**none**" or "**zero**" \longrightarrow Write "0" in the space provided.
- If an exact numeric answer is **not available** Provide an estimate and check the box labeled "Check if estimate."
- If an exact numeric answer is not available
 and you cannot provide an estimate
 Write "DK" (don't know) in the space provided.
- If you do not know the answer to a question \bigsim Write "DK" (don't know) in the space provided.
- If the question does not apply to your agency or those you are reporting for
 Write "NA" (not applicable) in the space provided.

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 45 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 — FACILITY CHARACTERISTICS

As of June 30, 2019, what were the functions of this facility? Mark (X) all that apply.
a. Facility functions
☐ General adult population confinement
☐ Alcohol/drug treatment confinement
☐ Reception/diagnosis/classification
☐ Medical treatment/hospitalization confinement
☐ Mental health/psychiatric confinement
☐ Community corrections/work release/prerelease
□ Boot camp
□ Primarily for persons returned to custody (e.g., parole violators)
☐ Primarily for confinement of youthful offenders
☐ Geriatric care
□ Other — Specify:
b. Which facility function selected in question 2 applies to the largest number of inmates? Mark (X) only ONE box.
☐ General adult population confinement
☐ Alcohol/drug treatment confinement
☐ Reception/diagnosis/classification
☐ Medical treatment/hospitalization confinement
☐ Mental health/psychiatric confinement
□ Community corrections/work release/prerelease
□ Boot camp
☐ Primarily for persons returned to custody (e.g., parole violators)
☐ Primarily for confinement of youthful offenders
☐ Geriatric care
☐ Other — Specify:
As of June 30, 2019, what percentage of the inmates in this facility were regularly permitted to leave the facility unaccompanied to work release, study release, rehabilitation? <i>Mark</i> (X) <i>only ONE box</i> . □ 50% or more □ Less than 50% □ None
 Please review your answers to Question 1b and Question 2. If you did not respond "Community corrections/work release/prerelease" to Question 1b and answered "Less than 50%" or "None" to Question 2, DO NOT complete this form. Please contact RTI at 1-866-354-4993 or bis-prisoncensus@rti.org to receive the appropriate form for this facility. Otherwise, please continue completing this form.

	☐ Yes — a. What are the nam	nes of the facilities?
	☐ No → Go to question 4	
	As of June 30, 2019, who operated this facili	ity? Mark (X) only ONE box.
	☐ Federal authority	
	☐ State authority	
	☐ Local authority	
	☐ Joint state and local authority	
	☐ Private contractor	
	As of June 30, 2019, was this facility authori	ized to house — Mark (X) only ONE box.
	☐ Males only	
	☐ Females only	
	$\ \square$ Both males and females	
	ection II — INMATE COUNTS	
	TOUGHT IN INTIMATE COOKING	
	On June 30, 2019, what was the total number	er of inmates in this facility?
		m this facility (e.g., for court appearances, brief furloughs, and
	medical leave).EXCLUDE all inmates who were on escape	or absent without leave (AWOL)
	EXCLUDE all littlates who were on escape	of absent without leave (Avvoc).
	a. Males	☐ Check if estimate
	b. Females	☐ Check if estimate
	c. TOTAL (Sum of questions 6a and 6b)	☐ Check if estimate
	, , ,	
	On June 30, 2019, how many inmates in this	facility were —
-		
' .	a. Males under age 18	Check if estimate
7 .	a. Males under age 18b. Females under age 18	☐ Check if estimate
•	-	
	b. Females under age 18	☐ ☐ Check if estimate
•	b. Females under age 18	☐ ☐ Check if estimate
7.	b. Females under age 18	☐ ☐ Check if estimate
	b. Females under age 18	☐ ☐ Check if estimate

8.	On June 30, 2019, how many inmates in this facility were —	`
o.	a. White, not of Hispanic origin	☐ Check if estimate
	b. Black or African American, not of Hispanic origin	☐ Check if estimate
	c. Hispanic or Latino	☐ Check if estimate
	d. American Indian/Alaska Native, not of Hispanic origin	☐ Check if estimate
	e. Asian, not of Hispanic origin	☐ Check if estimate
	f. Native Hawaiian or Other Pacific Islander, not of Hispanic origin	☐ Check if estimate
	g. Two or more races, not of Hispanic origin	☐ Check if estimate
	h. Additional categories in your information system — Specify:	☐ Check if estimate
	i. TOTAL (Sum of questions 8a to 8h should equal question 6c)	☐ Check if estimate
9.	On June 30, 2019, how many inmates in this facility were —	
	a. U.S. citizens	☐ Check if estimate
	b. Not U.S. citizens	☐ Check if estimate
	c. Of unknown citizenship status	☐ Check if estimate
	d. Total (Sum of questions 9a to 9h should equal question 6c)	☐ Check if estimate
10.	On June 30, 2019, how many inmates in this facility were being held for	· <u> </u>
	a. Federal authorities	
	Number of inmates Check if estim	ate
	If zero, skip to question 10b. If greater than zero: Of all the inmates held for federal authorities, how	many were held for —
	Federal Bureau of Prisons	☐ Check if estimate
	2. U.S. Immigration and Customs Enforcement (I.C.E.)	☐ ☐ Check if estimate
	3. U.S. Marshals Service	☐ Check if estimate
	4. Bureau of Indian Affairs	☐ ☐ Check if estimate
	5. Other — Specify:	☐ Check if estimate
	6. TOTAL (Sum of questions 10a1 to 10a5 should equal question 10a)	☐ Check if estimate

☐ Check if e	stimate
held for state prison authori	
	☐ Check if estimate
es below:	☐ Check if estimate
d 10b2 should equal	☐ Check if estimate
☐ Check if e	estimate
☐ Check if e	estimate
☐ Check if e	estimate
ease, or furlough and, as a	d away while on work detail, medical consequence, were officially
	s AWOL. Inmates who return late from
☐ ☐ Check if estir	mate
	held for state prison author es below: d 10b2 should equal Check if e Check if e Check if e AND SECURITY how many inmates walked ase, or furlough and, as a cryision outside a secure insiderance and are recorded as d be counted as walkaways

Section IV — FACILITY PROGRAMS 12. As of June 30, 2019, what types of counseling or special programs were available to inmates in this facility? Mark (X) all that apply. ☐ Drug dependency/counseling/awareness ☐ Alcohol dependency/counseling/awareness ☐ Psychological/psychiatric counseling ☐ HIV/AIDS counseling □ Sex offender counseling ☐ Anger management ☐ Employment (e.g., job seeking and interviewing skills) ☐ Life skills and community adjustment (including personal finance, conflict resolution, etc.) □ Parenting/child-rearing skills □ Canine training ☐ Victim services (provided to inmates who have been victims of crime prior to or during their incarceration) ☐ Other — *Specify*: □ None 13. As of June 30, 2019, what types of educational programs were available to inmates in this facility? INCLUDE only formal programs. EXCLUDE unscheduled activities and informal programs. Mark (X) all that apply. ☐ Literacy training or other lower adult basic education (ABE) — first- to fourth-grade level ☐ Upper basic adult education — fifth- to eighth-grade level ☐ Secondary education or High School Equivalency/GED ☐ Special education (e.g., programs for inmates with learning disabilities) ☐ English as a second language (ESL) ☐ Vocational training (e.g., auto repair, drafting, and data processing) □ College courses ☐ Study release programs (i.e., release to community to attend school) ☐ Other — *Specify*: □ None