



# 2019 CENSUS OF JAILS

## FACILITY FORM

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

Data Supplied By								
Name				Title				
Official Address		Street or P. O. Box	city		State	Zip		
Phone		Area Code	Number	Extension	Fax		Area Code	Number
E-mail								

Complete this addendum for each jail facility in your jurisdiction that has both a separate administrator and a separate staff.  
 <Facility name and address>

### SECTION I. FACILITY CHARACTERISTICS

**1. For which of the following purposes [does this jail facility | do your jail facilities] hold offenders?**

	Yes	No
a. Detention [facility   facilities] with authority to hold persons facing criminal charges beyond 72 hours	<input type="radio"/>	<input type="radio"/>
b. Correctional [facility   facilities] for persons convicted of offenses with sentences usually of a year or less	<input type="radio"/>	<input type="radio"/>
c. Correctional [facility   facilities] for persons convicted of felonies with sentences of more than year	<input type="radio"/>	<input type="radio"/>
d. Temporary holding or lockup [facility   facilities] in which arrestees are usually detained up to 72 hours, excluding holidays and weekends, pending arraignment	<input type="radio"/>	<input type="radio"/>

**2. As a matter of practice, what type of inmates [does this jail facility | do your jail facilities] house?**

Mark only ONE choice.

- Males only
- Females only
- Both males and females

**3. What are the functions of [this jail facility | your jail facilities]?**

	<b>Yes</b>	<b>No</b>
a. General adult population confinement	<input type="radio"/>	<input type="radio"/>
b. Persons returned to custody (e.g. probation, parole, and bail bond violators)	<input type="radio"/>	<input type="radio"/>
c. Work release/prerelease	<input type="radio"/>	<input type="radio"/>
d. Reception/diagnosis/classification	<input type="radio"/>	<input type="radio"/>
e. Confinement of juveniles	<input type="radio"/>	<input type="radio"/>
f. Medical treatment/hospitalization confinement	<input type="radio"/>	<input type="radio"/>
g. Mental health/psychiatric care	<input type="radio"/>	<input type="radio"/>
h. Alcohol treatment confinement	<input type="radio"/>	<input type="radio"/>
i. Drug treatment confinement	<input type="radio"/>	<input type="radio"/>
j. Boot camp	<input type="radio"/>	<input type="radio"/>
k. Protective Custody	<input type="radio"/>	<input type="radio"/>
l. Other	<input type="radio"/>	<input type="radio"/>

*Specify*

**4. On June 28, 2019, what was the total capacity of [this jail facility | your jail facilities]?**

**a. Rated Capacity**

① *The maximum number of beds or inmates assigned by a rating official to [this jail facility | your jail facilities], excluding separate temporary holding areas.*

**b. Design capacity**

① *The number of inmates planners or architects intended for [this jail facility | your jail facilities].*

**5. On June 28, 2019, [was this jail facility | were your jail facilities] under a federal, state or local court order or consent decree to limit the number of inmates that can be housed?**

- Yes—go on to 6**
- No—skip to 7**

**6. If Yes to 5 (under a court order or consent decree to limit the number of inmates),**

**a. What was the maximum number of inmates [this jail facility was | your jail facilities were] allowed to house?**

 

**b. In what year did this order or decree take effect?**

*If more than one, report the year for the longest decree in effect.*

 

**7. On June 28, 2019, [was this jail facility | were your jail facilities] under a federal, state or local court order or consent decree for specific conditions of confinement?**

**Yes—go on to 8**

**No—skip to 9**

**8. If Yes to 7 (under a court order or consent decree for specific conditions of confinement), what were those specific conditions?**

	<b>Yes</b>	<b>No</b>
a. Crowding	<input type="radio"/>	<input type="radio"/>
b. Recreation/exercise	<input type="radio"/>	<input type="radio"/>
c. Staffing	<input type="radio"/>	<input type="radio"/>
d. Medical facilities or services	<input type="radio"/>	<input type="radio"/>
e. Visiting/mail/telephone policy	<input type="radio"/>	<input type="radio"/>
f. Food services/nutrition/cleanliness	<input type="radio"/>	<input type="radio"/>
g. Library services	<input type="radio"/>	<input type="radio"/>
h. Grievance procedures or policies	<input type="radio"/>	<input type="radio"/>
i. Fire hazards	<input type="radio"/>	<input type="radio"/>
j. Disciplinary procedures or policies	<input type="radio"/>	<input type="radio"/>
k. Administrative segregation procedures or policies	<input type="radio"/>	<input type="radio"/>
l. Religious practices	<input type="radio"/>	<input type="radio"/>
m. Search policies or practices	<input type="radio"/>	<input type="radio"/>
n. Education or training programs	<input type="radio"/>	<input type="radio"/>
o. Counseling programs	<input type="radio"/>	<input type="radio"/>

- p. Inmate classification O O
- q. Other O O

Specify

**SECTION II. SUPERVISED POPULATION AND INMATE COUNTS**

**9. On June 28, 2019, how many persons CONFINED in [this jail facility | 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**

**10. Of all the persons age 17 or younger CONFINED in [this jail facility | your jail facilities] on June 28, 2019 (sum of 9c and 9d), how many were tried or awaiting trial in adult court?**

**11. a. During the 30-day period from June 1 to June 30, 2019, on what day did [this jail facility | 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 9e.*

June , 2019

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