

Form CJ-43B



**2024 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

**DATA SUPPLIED BY**

Name

Title

Official  
Address

Telephone



City

FAX



State

Zip

E-mail

**GENERAL INFORMATION**

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

**Online:** <https://bjs-prisoncensus.org>

**Mail:** [ADDRESS]

If you have any questions, contact the CCF Helpdesk at 1-877-254-1806 or [bjs-prisoncensus@rti.org](mailto:bjs-prisoncensus@rti.org).

**FACILITY INFORMATION**

**PLEASE PROVIDE FACILITY-IDENTIFYING INFORMATION  
IN THIS SPACE:**

**FACILITY ELIGIBILITY**

The census includes all correctional facilities administered by state departments of corrections (DOC) or the Federal Bureau of Prisons (BOP) or operated by private companies contracted to primarily house inmates 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 by private companies contracted 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"** → Write **"0"** in the space provided.
- If an exact numeric answer is **not available** → Provide estimates, and mark X in the box beside each number that is estimated.
- 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 → Write **"DK"** (don't know) in the space provided.
- If the question **does not apply** to your facility 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. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, Washington, DC 20531; and to the Office of Management and Budget, OMB No. 1121-xxxx, Washington, DC 20503.

## Section I — FACILITY CHARACTERISTICS

1. As of June 30, 2024, 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 1a 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:

2. As of June 30, 2024, what percentage of the inmates in this facility were regularly permitted to leave the facility unaccompanied to work release, study release, rehabilitation? Mark (X) only ONE box.

- 50% or more
- Less than 50%
- None

# STOP

Please review your answers to Question 1b and Question 2.

- If you answered “Community corrections/work release/prerelease” to Question 1b or “50% or more” to Question 2, please continue completing this form.
- Otherwise, DO NOT complete this form. Please contact RTI at 1-877-254-1806 or [bjs-prisoncensus@rti.org](mailto:bjs-prisoncensus@rti.org) to receive the appropriate form for this facility.

3. Is this facility administratively linked to any other facility? Facilities that share budgets or administrators are administratively linked.

Yes → a. What are the names of the facilities?

No → Go to question 4

4. As of June 30, 2024, who operated this facility? Mark (X) only ONE box.

- Federal authority
- State authority
- Local authority
- Joint state and local authority
- Private contractor

5. As of June 30, 2024, was this facility authorized to house — Mark (X) only ONE box.

- Males only
- Females only
- Both males and females

## Section II — INMATE COUNTS

6. On June 30, 2024, what was the total number of inmates in this facility?

- 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

b. Females

c. TOTAL (Sum of questions 6a and 6b)

7. On June 30, 2024, how many inmates in this facility were —

a. Males under age 18

b. Females under age 18

c. TOTAL (Sum of questions 7a and 7b)

**8. On June 30, 2024, how many inmates 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/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. TOTAL (Sum of questions 8a to 8h should equal question 6c)

**9. On June 30, 2024, how many inmates in this facility were —**

- a. U.S. citizens
- b. Not U.S. citizens
- c. Of unknown citizenship status
- d. Total (Sum of questions 9a to 9c should equal question 6c)

**10. On June 30, 2024, how many inmates in this facility were being held for —**

- a. Federal authorities  
Number of inmates

If zero, skip to question 10b.

If greater than zero: Of all the inmates held for federal authorities, how many were held for —

- 1. Federal Bureau of Prisons
- 2. U.S. Immigration and Customs Enforcement (I.C.E.)
- 3. U.S. Marshals Service
- 4. Bureau of Indian Affairs
- 5. Other — Specify:
- 6. TOTAL (Sum of questions 10a1 to 10a5 should equal question 10a)

b. State prison authorities

Number of inmates

If zero, skip to question 10c.

If greater than zero: Of all the inmates held for state prison authorities, how many were held for —

1. Your state

2. Some other state(s) — *Specify states below:*

3. TOTAL (*Sum of questions 10b1 and 10b2 should equal question 10b*)

c. Local authorities

Number of inmates

d. Tribal authorities

Number of inmates

e. TOTAL (*Sum of questions 10a to 10d should equal 6c*)

Number of inmates

### Section III — FACILITY OPERATIONS AND SECURITY

11. **Between July 1, 2023, and June 30, 2024, how many inmates walked away while on work detail, medical appointment, court appearance, work release, or furlough and, as a consequence, were officially recorded as AWOL?**

- *Walkaway prisoners* leave custodial supervision outside a secure institution while on detail, during transportation, medical visit, or court appearance and are recorded as AWOL. Inmates who return late from furlough or other temporary release should be counted as walkaways, not escapees.

Number of walkaways

## Section IV — FACILITY PROGRAMS

### 12. As of June 30, 2024, what types of counseling or special programs were available to inmates in this facility?

- EXCLUDE formal education programs.

Mark (X) all that apply.

- "Alcohol dependency/counseling/awareness"
- "Psychological/psychiatric counseling"
- "Victim services (provided to inmates who have been victims of crime prior to or during their incarceration)"
- Other — Specify:
- None

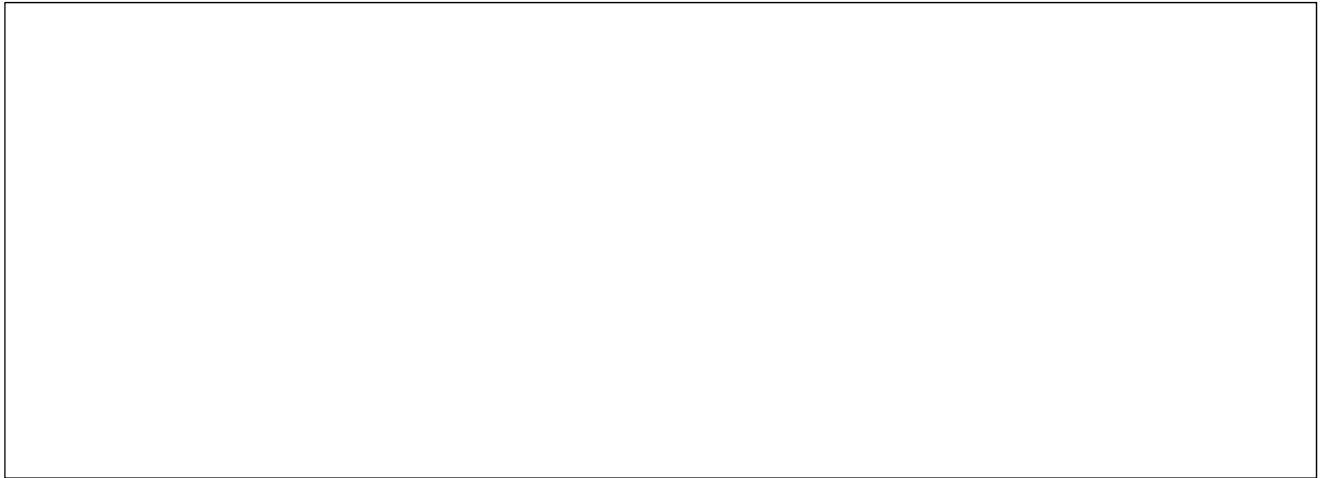
### 13. As of June 30, 2024, what types of educational programs were available to inmates in this facility?

- INCLUDE only formal programs.
- EXCLUDE unscheduled activities and informal programs.

Mark (X) all that apply.

- Literacy training or other lower basic adult 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

**Please use the following space to provide any comments to clarify any of your responses or describe any challenges you had in providing a response.**

A large, empty rectangular box with a thin black border, intended for the user to provide comments or describe challenges. It occupies the upper half of the page below the instruction text.