

Attachment C: Facility Questionnaire Expert Review Materials

- NIS-4 Jails – BJS Introduction Email
- NIS-4 Jails – BJS Facility Questionnaire Feedback Form
- NIS-4 Jails – BJS Reminder Email
- NIS-4 Jails – BJS Thank you Email

SUBJECT: National Inmate Survey Jails Facility Questionnaire – Request for Your Input

I am writing to request your help in reviewing the Facility Questionnaire that will be used in the upcoming National Inmate Survey (NIS-4) in jails.

NIS-4 is part of the Bureau of Justice Statistics' National Prison Rape Statistics Program, which gathers data on the incidence and prevalence of sexual assault in correctional facilities. Collection of these data is mandated under the Prison Rape Elimination Act of 2003 and the fourth data collection is scheduled to be conducted in selected jail facilities nationwide in 2023.

Please do not answer the survey questions in the attachment, rather, we would like you to review it and provide us with your feedback on whether the questions would make sense in your jail facility. We welcome any suggestions you have to improve the items by typing your comments directly into the grey boxes throughout the questionnaire.

BJS is working with Westat to conduct the NIS-4 Jails Facility Questionnaire. Please complete and submit the attached review form to <NAME>, a Westat employee, via email no later than <date>. <NAME> can be reached at <EMAIL ADDRESS> or by phone <xxx-xxx-xxxx>. Please let us know if you are unable to respond by this date and we will work to find a time that fits your schedule. If you think you will not be able to respond at all, please do let us know that, too.

If you have any questions, feel free to contact me at (202) 307-0711 or Amy.Lauger@usdoj.gov. Jessica Taylor, the Project Director from Westat, is also available to address questions and comments at (240) 314-5852 or JessicaTaylor@Westat.com.

Sincerely,

Amy Lauger
PREA Program Manager
Bureau of Justice Statistics

National Inmate Survey 4 in Jails Facility Questionnaire Feedback Form

Updated: 03-18-2022

REVIEWER INSTRUCTIONS:

- Please review this questionnaire. **Do not answer the survey questions.**
- Provide comments and feedback in the grey text boxes for the 8 selected questions, and provide any additional feedback on page 9.
- Return the completed form to Monica Basena at MonicaBasena@westat.com by {DATE}

The National Inmate Survey (NIS) is a study designed to measure the prevalence of and circumstances contributing to sexual victimization in U.S. jails and prisons. This study is mandated by Congress under the Prison Rape Elimination Act (PREA) of 2003. This Facility Questionnaire collects information regarding facility characteristics associated with sexual victimization in jails.

Person Completing this Questionnaire:	
Name:	
Title:	
Email:	
Telephone:	
Facility Name:	
Facility Address:	
Facility City, State ZIP	

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 is estimated to average 1 hour 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 aspect of this collection of information including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531; and to the Office of Management and Budget, OMB No. XXXX-xxxx, Washington, DC 20503

1. What are the functions of [FACILITY NAME]? Please mark Yes or No for each function.

	Yes	No
1a. General adult population confinement		
1b. Persons returned to custody (e.g., probation, parole, and bail bond violators)		
1c. Work release/prerelease		
1d. Reception/diagnosis/classification		
1e. Confinement of juveniles		
1f. Medical treatment/hospitalization confinement		
1g. Mental health/psychiatric care		
1h. Alcohol treatment confinement		
1i. Drug treatment confinement		
1j. Boot camp		
1k. Protective custody		
1l. Other (specify) _____		

Question 1 Feedback

Is this list of functions clear and reasonable for jail facilities? If so, write “OK” below. Otherwise, please provide suggestions for improving the wording and include the item number.

2. What is the rated operational bed capacity of [FACILITY NAME]? By rated operational bed capacity, we mean the number of beds or inmates assigned by a rating official.

RATED OPERATIONAL BED CAPACITY: _____

Question 2 Feedback

Is there anything confusing about the way this question is worded?

Does this definition agree with your understanding of “operational bed capacity?”

3. How many inmates are currently CONFINED in this facility?

INCLUDE—

- ✓ *Inmates on transfer to treatment facilities but who remain under your jurisdiction.*
- ✓ *Inmates held for other jurisdictions.*

EXCLUDE—

- X *Inmates on AWOL escape or long-term transfer to other jurisdictions.*

NUMBER OF CONFINED INMATES: _____

4. Of all inmates currently CONFINED in this facility, how many have each of the following conviction statuses?

- *For inmates with more than one charge/offense, report the status associated with the most serious charge/offense.*
- *For convicted inmates, include probation and parole violators with no new sentence.*
- *If none, enter a zero.*
- *If exact numeric answers are not available, please provide estimates.*

	Number of Inmates
4a. Convicted	
4b. Unconvicted, but arraigned	
4c. Unconvicted and not arraigned	
4d. Unknown conviction status	
4e. TOTAL (Sum of items 4a to 4d should equal item 3)	

Question 4 Feedback

Are the response options clear and reasonable for jail facilities? If so, write “OK” below. Otherwise, please provide feedback on the question wording or the way the response categories are worded. Include the item number in your comments.

5. Of the total number of inmates confined at [FACILITY NAME], approximately how many fit into each of the following categories?
- *If none, enter a zero.*
 - *If exact numeric answers are not available, please provide estimates.*

	Number of Inmates
5a. Have been identified as currently having a serious and persistent mental illness? Please include inmates whether or not they are currently receiving medication for their mental illness.	
5b. Have been identified as having a cognitive impairment or intellectual disability?	
5c. Are currently assigned to disciplinary restrictive housing such as administrative segregation or disciplinary segregation?	
5d. Are currently affiliated with a gang or Security Threat Group?	
5e. Speak a language other than English as their primary language?	
5f. Self-identify as LGBTQ?	

Question 5 Feedback

Is there anything confusing about any of the response categories? Please also comment on whether “serious and persistent mental illness” in item 5a needs a definition.

6. If an inmate self-identifies as LGBTQ, is that self-identification taken into account when making housing assignments at this facility?

- 1 Yes
2 No

7. Do inmates at [FACILITY NAME] have access to a language line that provides on-demand language interpretation or translation services?

- 1 Yes
2 No

8. During the past 12 months, that is since this date last year, was this facility operating under a court-ordered corrective action plan or consent decree?

- 1 Yes
- 2 No

Question 8 Feedback

Please comment on which wording you prefer for question 8: “*court-ordered corrective action plan or consent decree*” or “*federal or state court order or consent decree.*” (Or indicate if other wording would make more sense.)

For questions 9-17, please think about paid staff at [FACILITY NAME] who are not contractors.

9. Regardless of the source of the funding used to cover the positions, how many Full-Time Equivalency (FTE) positions for [county/city] jail employees does [FACILITY NAME] currently have? Please include both uniformed and non-uniformed staff.

NUMBER OF FTEs: _____

10. Of the [Q9 FILL] FTE [county/city positions] allocated to [FACILITY NAME], how many are **currently** vacant? Please do not include positions that are temporarily vacant because the staff person is on medical leave, military leave, maternity leave, etc.

NUMBER VACANT FTE POSITIONS: _____

11. Is a hiring freeze currently in place at [FACILITY NAME]?

- 1 Yes
- 2 No

12. Please provide the number of male and female staff, both full-time and part-time, at [FACILITY NAME] who are in each job classification below. If a staff person works in more than one job class, please include them in the job class where they work the largest portion of their time.

- If none, enter a zero.
- If exact numeric answers are not available, please provide estimates.

	Male	Female
12a. Administration <i>INCLUDE jail administrators, assistants, and other personnel who work in an administrative capacity.</i>		
12b. Jail operations <i>INCLUDE correctional officers, guards, and other staff.</i>		
12c. Education <i>INCLUDE academic and vocational staff.</i>		
12d. Technical and professional services <i>INCLUDE counselors, psychiatrists, psychologists, social workers, dentists, medical staff, and other professional staff.</i> <i>INCLUDE dispatchers with no inmate supervision duties.</i>		
12e. Clerical, maintenance, and food services		
12f. Other functions , specify: _____		
12g. TOTAL (Sum of items 12a to 12f)		

Question 12 Feedback

If the above wording is clear and reasonable for jail facilities, write "OK" below. Otherwise, please provide suggestions for the wording of any of the job classification descriptions. Include the item number in your comments.

13. During the past 12 months, that is since this date last year, how many staff were new to their current position at [FACILITY NAME]? That is, how many staff were either new hires to the facility or who moved into positions they had not worked in before?

NUMBER OF STAFF IN NEW POSITIONS: _____

14. During the past 12 months, that is since this date last year, how many **jail operations staff** were separated from employment at [FACILITY NAME]?

✓ *INCLUDE quits, layoffs, discharges, retirements, deaths, transfers, and other separations*

NUMBER OF JAIL OPERATIONS STAFF WHO SEPARATED: _____

Question 14 Feedback

If the above wording is clear and reasonable for jail facilities, write “OK” below. Otherwise, please provide any suggestions for improving the wording of question 14.

15. How many **jail operations staff** who are currently employed at [FACILITY NAME] have:

- *If none, enter a zero.*
- *If exact numeric answers are not available, please provide estimates.*

	Number
15a. Less than 1 year of service	
15b. 1 – 2 years of service	
15c. 3 – 4 years of service	
15d. 5 – 9 years of service	
15e. 10 or more years of service	
15f. Total number of jail operations staff (sum of items 15a to 15e)	

Question 15 Feedback

What is your understanding of this question about years of service? Is it asking for just the number of years of service AT THIS FACILITY, or is it asking to include years of service PRIOR TO working at this facility?

16. What is the total number of PREA-related training hours that entry-level Correctional Officers are required to complete prior to starting the position?

NUMBER OF HOURS: _____

17. When does a new Correctional Officer who begins employment at [FACILITY NAME] have to complete all required PREA-related trainings?

- 1 Prior to starting the position
- 2 Within first 24 hours of starting position
- 3 After first 24 hours but within first week (7 days) of starting position
- 4 After first week but within first month (30 days) of starting position
- 5 After first month but within first six months (180 days) of starting position
- 6 After first six months but with first year (365 days) of starting position
- 7 Some other timeframe; please explain: _____

18. Which of the following methods are used at [FACILITY NAME] to educate inmates about the fact that sexual activity is not allowed at the facility? Please mark Yes or No for each method.

Procedure	Yes	No
18a. Facility staff		
18b. Posters/signs		
18c. Brochures/flyers/pamphlets		
18d. Handbook that describes facility rules and policies		
18e. Video		
18f. Peer Educator		
18g. New Inmate Orientation		
18h. Some other way; please describe:		

19. Does [FACILITY NAME] have a Sexual Assault Nurse Examiner (SANE) onsite?

- 1 Yes
- 2 No → If an inmate needs to see a SANE, what steps are taken to arrange the visit?

Question 19 Feedback

If the follow-up wording (“If an inmate needs to see a SANE, what steps are taken to arrange the visit”) is clear and reasonable for jail facilities, write “OK” below. Otherwise, please provide any suggestions for improving the wording of this follow-up question.

Questions 20 to 21 are about misconduct at [FACILITY NAME].

20. During the past 12 months, that is since this date last year, about how many violations of facility rules were reported and resulted in a guilty finding? Please include less serious violations such as use of abusive language or failure to attend class, as well as more significant violations such as possession of contraband and physical assaults.

NUMBER OF GUILTY FINDINGS: _____

21. During what part of the day do most **violations that result in a guilty finding** occur in this facility?

- 1 After midnight but before 6:00 AM
- 2 Between 6:00 AM and noon
- 3 After noon but before 6:00 PM
- 4 Between 6:00 PM and midnight

PREA-related Allegations and Investigations

22. During the past 12 months, that is since this date last year, how many allegations of sexual abuse or sexual harassment were made by inmates at [FACILITY NAME]? Please only include allegations that were made against other inmates or staff at [FACILITY NAME].

NUMBER OF ALLEGATIONS: _____

23. [IF Q22 > 0] During the past 12 months, that is since this date last year, were allegations of sexual abuse or sexual harassment at [FACILITY NAME] investigated by staff at the facility, referred to an organization outside the facility to investigate, or both?

- 1 Staff at the facility investigated
- 2 Referred to an organization outside the facility
- 3 Both

24. Does [FACILITY NAME] have a policy that an inmate who makes an allegation of sexual abuse or sexual harassment must be notified of the outcome of the investigation?

- 1 Yes
- 2 No

Impact of COVID on Facility Practices

21. During the past 12 months, that is since this date last year, how did COVID affect each of these practices?

Practice	Increased a lot	Increased a little	No change	Decreased a little	Decreased a lot
25a. Number of inmates released early					
25b. Amount of time Correctional Officers spend in the housing units					
25c. Amount of inmate movement within the facility					
25d. Inmate participation in recreational activities					
25e. Inmate participation in employment opportunities					
25f. Number of visitors inside the facility					
25g. Number of volunteers inside the facility					

Question 25 Feedback

If the above wording is clear and reasonable for jail facilities, write “OK” below. Otherwise, please provide any suggestions for improving the wording of question 25.

Additional Feedback

Please use this space to provide additional comments or suggestions that could help improve this questionnaire.

Additional Feedback

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Thank you for providing this important information about [FACILITY NAME].

DRAFT

SUBJECT: National Inmate Survey Jails Facility Questionnaire – Reminder Request

A few weeks ago, we asked for your help in reviewing items from the Facility Questionnaire that will be used in the upcoming National Inmate Survey (NIS-4) in jails. This email is a reminder that your input will help improve the data collected by this survey, and we would greatly appreciate your review by <date>.

Please let us know if you are unable to respond by this date and we will work to find a time that fits your schedule. If you think you will not be able to respond at all, please do let us know that, too.

I am re-attaching the questionnaire for your convenience. Please do not answer the survey questions; we are just seeking your comments and feedback (in the grey boxes throughout the questionnaire) on whether you think the questions would make sense in your jail facility.

BJs is working with Westat to conduct the NIS-4 Jails Facility Questionnaire. Please complete and submit the attached review form to <NAME>, a Westat employee, via email no later than <date>. <NAME> can be reached at <EMAIL ADDRESS> or by phone (xxx) xxx-xxxx.

If you have any questions, feel free to contact me at (202) 307-0711 or Amy.Lauger@usdoj.gov. Jessica Taylor, the Project Director from Westat, is also available to address questions and comments at (240) 301-5852 or JessicaTaylor@Westat.com.

Sincerely,

Amy Lauger
PREA Program Manager
Bureau of Justice Statistics

SUBJECT: National Inmate Survey Jails Facility Questionnaire – Thank you for your feedback!

Dear <Contact Name>:

I am writing to thank you for supporting the National Inmate Survey (NIS). We are grateful for your assistance with reviewing the Facility Questionnaire and providing your feedback. Your input has helped us finalize the survey and to begin our preparations for the upcoming fourth data collection of the NIS.

To assist the U.S. Department of Justice, Bureau of Justice Statistics (BJS) in carrying out the Prison Rape Elimination Act of 2003 (PREA, Public Law 108-79) mandate, Westat will survey inmates in jail facilities nationwide about the prevalence, characteristics, circumstances, correlates, and outcomes of sexual victimization while in facility custody. Data collection is planned for early 2023.

Within the following year, you should receive notice from BJS of the release of the study report. We recognize the contribution that you have made to the study and hope that you find the report useful.

If you have any questions about NIS or PREA, please contact me at <phone> or by email at Amy.Lauger@usdoj.gov.

Sincerely,

Amy D. Lauger
PREA Program Manager
Bureau of Justice Statistics