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**CJ-5B**

OMB No. 1121-0364 Approval Expires XX/XX/20XX

|                           |   |        |                                      |  |        |          |  |
|---------------------------|---|--------|--------------------------------------|--|--------|----------|--|
| <b>RETURN TO</b>          | Nathan Lowe<br>Survey of Jails in Indian Country<br>Westat<br>1600 Research Boulevard<br>Rockville, MD 20850<br>RB 3243 |        | <b>FORM<br/>CJ-5B<br/>(05-12-26)</b> | <b>2026 ANNUAL<br/>SURVEY OF JAILS<br/>IN INDIAN COUNTRY</b> |        |          | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS AND ACTING<br>AS COLLECTION AGENT<br>WESTAT |
| <b>DATA SUPPLIED BY</b>   |   |        |                                      |  |        |          |  |
| <b>NAME</b>               |   |        | <b>TITLE</b>                         |  |        |          |  |
| <b>ADDRESS</b>            | Number and street or P.O. box/Route   |        | City                                 |  | State  | ZIP Code |  |
| <b>TELEPHONE</b>          | Area Code   | Number | <b>FAX NUMBER</b>                    | Area Code  | Number |          |  |
| <b>E-MAIL<br/>ADDRESS</b> |   |        |                                      |  |        |          |  |

**GENERAL INFORMATION**

- If you have any questions about completing this form, please contact **Tim McKelvey** of Westat at **240-267-0898** or BJS Program Manager, **Carol Ann Sharo** at **202-826-4278**, [Carol.Ann.Sharo@usdoj.gov](mailto:Carol.Ann.Sharo@usdoj.gov)

**Who does this survey cover?**

All confinement facilities, including detention centers, jails, and other correctional facilities operated by tribal authorities or the Bureau of Indian Affairs.

INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).

**All persons under your jail supervision.**

INCLUDE all confined adults and juveniles (i.e., persons under age 18).

INCLUDE persons on transfer to treatment facilities but who remain under your legal jurisdiction.

INCLUDE persons held for other jurisdictions.

**What data are to be excluded from this survey?**

EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.

EXCLUDE any persons housed in a correctional facility not operated by your jurisdiction.

**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 40 minutes per form, 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, 999 North Capitol Street, NE, Washington, DC 20531.

- 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 exact numeric answers are not available, provide estimates and mark  in the box beside each figure that is estimated. For example, 1,234

## **SECTION 1 – INMATE COUNTS AND MOVEMENT**

### **1. On June 30, 2026, how many persons were CONFINED in this facility?**

**INCLUDE—**

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

**EXCLUDE—**

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

Number confined \_\_\_\_\_

### **2. On June 30, 2026, how many persons CONFINED in this facility were—**

- Males age 18 or older** .....
- Females age 18 or older** .....
- Males under age 18** .....
- Females under age 18** .....
- TOTAL (Sum of items 2a to 2d should equal item 1)** .....

### **3. Of all male and female adults CONFINED in this facility on June 30, 2026, how many were ages—**

- 18-24** .....
- 25-34** .....
- 35-44** .....
- 45-54** .....
- 55-64** .....
- 65 or older** .....
- TOTAL (Sum of items 3a to 3f should equal the sum of items 2a and 2b)** .....

Questions 4 and 5 ask about the conviction status and offense seriousness of inmates. For inmates with more than one charge/offense/hold, report the most serious charge/offense/hold and the associated conviction status. For persons held for probation, parole, and other conditional release violations, report the most serious original or new charge/offense. The most serious charge/offense is the one crime for which the person could receive the longest jail/prison sentence. Alternatively, it can be determined by your jail system's offense severity code.

4. Of all persons **CONFINED** in this facility on June 30, 2026, how many were—

- For persons with more than one charge/offense/hold, report the status associated with the most serious charge/offense/hold.

a. **Convicted** ..... \_\_\_\_\_

- ✓ *INCLUDE persons held for probation and parole violations with no new sentence.*
- ✓ *INCLUDE sentenced inmates or inmates awaiting sentencing on a conviction.*

b. **Unconvicted** ..... \_\_\_\_\_

- ✓ *INCLUDE inmates awaiting trial/arraignment or unconvicted inmates awaiting transfer/hold for other authorities.*

c. **TOTAL** (*Sum of items 4a and 4b should equal the sum of item 1*) . . . \_\_\_\_\_

5. On June 30, 2026, how many persons CONFINED in this facility, regardless of conviction status, had as their most serious charge/offense/hold—

- For persons with more than one charge/offense/hold, report the status associated with the most serious charge/offense/hold.

a. Rape/sexual assault ..... \_\_\_\_\_

b. Domestic violence offense ..... \_\_\_\_\_

✓ INCLUDE assault, abuse, cruelty, or threat to a spouse, intimate, or a dependent child.

X EXCLUDE rape/sexual assault reported in item 5a.

c. Assault ..... \_\_\_\_\_

✓ INCLUDE aggravated and simple assault.

X EXCLUDE rape/sexual assault reported in item 5a and domestic violence offenses reported in item 5b.

d. Other violent offenses ..... \_\_\_\_\_

X EXCLUDE rape/sexual assault, domestic violence offenses, and assault reported in items 5a to 5c.

e. Malicious destruction of property/vandalism ..... \_\_\_\_\_

f. Burglary ..... \_\_\_\_\_

- Also known as breaking and entering.

g. Motor-vehicle theft ..... \_\_\_\_\_

h. Larceny-theft ..... \_\_\_\_\_

X EXCLUDE motor-vehicle theft reported in item 5g.

i. A drug law violation ..... \_\_\_\_\_

✓ INCLUDE offenses relating to the unlawful possession, distribution, sale, use, growing, or manufacturing of narcotic drugs.

j. Driving while intoxicated or driving under the influence of alcohol or drugs. .... \_\_\_\_\_

k. Public intoxication ..... \_\_\_\_\_

- Also known as “drunk and disorderly.”

l. Status offenses ..... \_\_\_\_\_

- Noncriminal act that is considered a law violation only because of a youth's status as a minor.

✓ INCLUDE truancy, running away from home, violating curfew, underage use of alcohol, and general ungovernability.

m. Warrant, offense unspecified ..... \_\_\_\_\_

n. Mental health/civil commitment holds ..... \_\_\_\_\_

o. Other offenses/reasons ..... \_\_\_\_\_

✓ INCLUDE criminal offenses, noncriminal acts, and other holds not reported in items 5a to 5n.

p. TOTAL (Sum of items 5a to 5o should equal the sum of item 1) ..... \_\_\_\_\_

**6. During the 30 day period from June 1, 2026 to June 30, 2026 —**

**a. What was the average daily population of this facility?**

- To calculate the average daily population, add the number of persons confined in this facility for each day during the period June 1-30, 2026, and divide the results by 30.

Average daily population \_\_\_\_\_

**b. On what day did this facility hold the greatest number of persons?**

June \_\_\_\_\_, 2026

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

Number confined \_\_\_\_\_

**7. During the 30 day period from June 1, 2026 to June 30, 2026, how many persons were—**

**a. New admissions to this facility**

*INCLUDE persons officially booked into and housed in this facility by formal legal document or by the authority of the courts or some other official agency.*

*EXCLUDE returns from escape, work release, medical appointments/treatment facilities, and bail and court appearances.*

New admissions \_\_\_\_\_

**b. Final discharges from this facility**

*INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond, other pretrial release, transfers to other jurisdictions, and death).*

*EXCLUDE temporary discharges (e.g., work releases, medical appointments/treatment facilities, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction).*

Final discharges \_\_\_\_\_

**8. During the 30 day period from June 1, 2026 to June 30, 2026, were any persons with a new admission to this facility, regardless of conviction status, held for—**

**INCLUDE—**

- ✓ *Persons officially booked into and housed in this facility by formal legal document or by the authority of the courts or some other official agency.*
- ✓ *Inmates being held for human trafficking, kidnapping, or elder abuse as their most serious or least serious offense.*

**EXCLUDE—**

*X Returns from escape, work release, medical appointments/treatment facilities, and bail and court appearances.*

**Yes      No**

**a. Human Trafficking .....**

- ✓ *INCLUDE commercial sex acts and involuntary servitude.*

**b. Kidnapping .....**

**c. Elder abuse .....**

- Elder abuse refers to mistreatment committed by someone with whom the Elder has a special relationship, such as a spouse, sibling, child, friend, or caregiver.
- ✓ *INCLUDE physical, emotional or psychological, sexual, financial or material exploitation, neglect, self-neglect, abandonment, soul-wounding or spiritual abuse.*

**9. During the 11-month period from July 2025 to May 2026, how many persons were CONFINED in this facility on the last weekday of each month—**

**Number of inmates —**

**a. July 31, 2025 .....** \_\_\_\_\_

**b. August 29, 2025 .....** \_\_\_\_\_

**c. September 30, 2025 .....** \_\_\_\_\_

**d. October 31, 2025 .....** \_\_\_\_\_

**e. November 28, 2025 .....** \_\_\_\_\_

**f. December 31, 2025.....** \_\_\_\_\_

**g. January 30, 2026 .....** \_\_\_\_\_

**h. February 27, 2026 .....** \_\_\_\_\_

**i. March 31, 2026.....** \_\_\_\_\_

**j. April 30, 2026.....** \_\_\_\_\_

**k. May 29, 2026 .....** \_\_\_\_\_

**10. During the 12-month period from July 1, 2025 to June 30, 2026—****a. How many inmates died while under the supervision of this**

*facility? INCLUDE all deaths of persons—*

*CONFINED in this facility.*

*UNDER YOUR JAIL JURISDICTION but out to court or in special facilities (e.g., at hospitals, halfway houses, work farms, and medical/treatment/ release centers).*

*WHILE IN-TRANSIT to or from this facility while under your supervision.*

*EXCLUDE—*

*Persons who were NOT admitted into this facility, and died during the INTAKE process.*

Enter 0 if no deaths.

Number of deaths \_\_\_\_\_

**b. Of those who died, how many committed suicide?**

Number of completed suicides \_\_\_\_\_

**c. How many persons ATTEMPTED suicide while CONFINED in this facility?**

Number of attempted suicides \_\_\_\_\_

## SECTION II-FACILITY STAFF AND CAPACITY

For items 11 and 12, please respond based on the inclusionary and exclusionary instructions below.

**INCLUDE—**

- ✓ *Full-time and part-time staff, payroll staff that are tribal or BIA direct-funded staff (e.g., 638 contract and self-governance).*
- ✓ *Nonpayroll staff employed by other tribal/governmental agencies (staff provided by IHS, education, or other human service departments or courts).*
- ✓ *Contract nonpayroll staff paid through private service contracts (e.g., food service, healthcare, maintenance, transportation).*

**EXCLUDE—**

- ✗ *Community volunteers and unpaid interns.*

**11. Of the total number of CORRECTIONAL employees on June 30, 2026, how many were in—**

- Count each employee only once. Classify employees with multiple functions by the function performed most frequently.
- Count employees **ON and OFF shift**.

a. **Jail operations** ..... \_\_\_\_\_

- ✓ *INCLUDE correctional officers, guards, and other staff who spend more than 50% of their time supervising inmates.*

b. **Administration** ..... \_\_\_\_\_

- ✓ *INCLUDE the jail administrators, assistants and other personnel who work in an administrative capacity more than 50% of the time.*

c. **Educational staff** ..... \_\_\_\_\_

- ✓ *INCLUDE academic and vocational staff.*

d. **Technical/professional staff** ..... \_\_\_\_\_

**INCLUDE—**

- ✓ *Counselors, psychiatrists, psychologists, social workers, dentists, medical staff, and other professional staff.*
- ✓ *Dispatchers with no inmate supervision duties.*

e. **Clerical, maintenance, and food service** ..... \_\_\_\_\_

f. **Other-Specify** ↗ \_\_\_\_\_

g. **TOTAL** (Sum of items 11a to 11f) ..... \_\_\_\_\_

**12. Of the total number of CORRECTIONAL employees on June 30, 2026, how many—**

- Count employees **ON and OFF shift.**

(1) Jail operation staff (item 11a) were—

a. **Male** ..... \_\_\_\_\_

b. **Female** ..... \_\_\_\_\_

(2) Other staff (sum of items 11b to 11f) were—

a. **Male** ..... \_\_\_\_\_

b. **Female** ..... \_\_\_\_\_

**13. On June 30, 2026, what was the total rated capacity of this facility?**

*X EXCLUDE temporary spaces such as tents, trailers, and other temporary space.*

- Rated capacity is the maximum number of beds or inmates assigned by a rating official to this facility.
- If rated capacity is not available, estimate by using the design capacity and mark the box.

Rated capacity \_\_\_\_\_

**NOTES**

## Annual Survey of Jails in Indian Country (SJIC)

### Facility Questionnaire

To enter the questionnaire, please type your PIN into the box below, then click Sign in. If you are unable to sign in please click the 'Forgot Your PIN?' link and follow the directions to reset your PIN.

 PIN (required) [Show PIN](#)[Forgot Your PIN?](#)

#### Disclaimer

This Web site is funded through a grant from the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided).

Facility: [FACILITY NAME]

Click the links below to navigate directly to the desired question. If you wish to navigate back to this screen at any point, click the 'Menu' link located at the top-right corner of your screen or click the 'Save & Go to Menu' link at the bottom of your screen.

Once all questions have been completed, the 'Submit Questionnaire' button will appear below the panels.

**Alert!**

Please click 'Go to Alert Screen' link below to view the items that are either not fully answered or inconsistent.

[Go to Alert Screen](#)**CONTACT INFORMATION**[Contact Information](#)[Complete](#)**SECTION I — INMATE COUNTS AND MOVEMENT**[1. Total Number Confined](#)[Complete](#)[2. Age of Persons Confined](#)[Complete](#)[3. Age Categories of Adults Confined](#)[Skipped](#)[4. Conviction Status](#)[Complete](#)[5. Most Serious Offense Status](#)[Complete](#)[6. Average Daily Population](#)[Complete](#)[7. New Admissions/Final Discharges](#)[Complete](#)[8. Held for Human Trafficking, Kidnapping, or Elder Abuse](#)[Complete](#)[9. Monthly Confined Population](#)[Complete](#)[10. Inmate Deaths](#)[Complete](#)**SECTION II — FACILITY STAFF AND CAPACITY**[11. Type of Correctional Employee](#)[Complete](#)[12. Correctional Employees by Sex](#)[Complete](#)[13. Total Rated Capacity](#)[Complete](#)**NOTES**[Notes](#)[Complete](#)

Please click the 'Submit Questionnaire' button below to submit your responses. You will not be able to edit your responses once the questionnaire is submitted.

After you click 'Submit Questionnaire', you will be able to save and/or print a completed copy of your questionnaire responses.

[Back](#)[Submit Questionnaire](#)

Facility: [FACILITY NAME]

## Navigation Instructions

Please do not use your browser's 'Forward' and 'Back' buttons to navigate through the questionnaire. Navigating through the questionnaire this way may cause your data to be lost. Please use the following buttons that appear at the bottom of each page to ensure that your data are captured accurately:

**Back:** saves entered response(s) and navigates to the previous screen

**Save & Exit:** saves all entered responses and logs out

**Save & Go to Menu:** saves all entered responses and navigates to the Menu screen

**Forward:** saves entered response(s) and navigates to the next screen

If you have any questions related to the questionnaire or encounter any technical issues, please click the 'Help' link at the top-right corner of the page. This link will appear on every page and clicking it will open a new screen with our SJIC support team contact information.

Your participation in the 2026 survey is voluntary; however, we ask for your assistance in conducting this survey. While we would like you to answer all of the questions that pertain to your facility, you may skip any items that you do not wish to answer. Even if you feel that you must skip a question, your answers to the other questions will still be important.

If you wish to exit the questionnaire at any time, simply click the 'Save & Exit' button at the bottom of your screen. All entered responses will be saved.

**If you are inactive for longer than 30 minutes, you will be logged out of the survey and any response(s) on the current page will be lost.** Any response(s) entered on previous pages will be saved.

Please continue by clicking on the 'Forward' button below.

Thank you!

Back

Forward

## 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 60 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.

Facility: [FACILITY NAME]

## SECTION I — INMATE COUNTS AND MOVEMENT

## 1. On June 30, 2026 how many persons were CONFINED in this facility?

## INCLUDE —

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

## EXCLUDE —

- ✗ Inmates on AWOL escape, or long-term transfer to other jurisdictions.

Number confined

Actual



◀ Back

Next ▶

Save &amp; Exit

Save &amp; Go to Menu

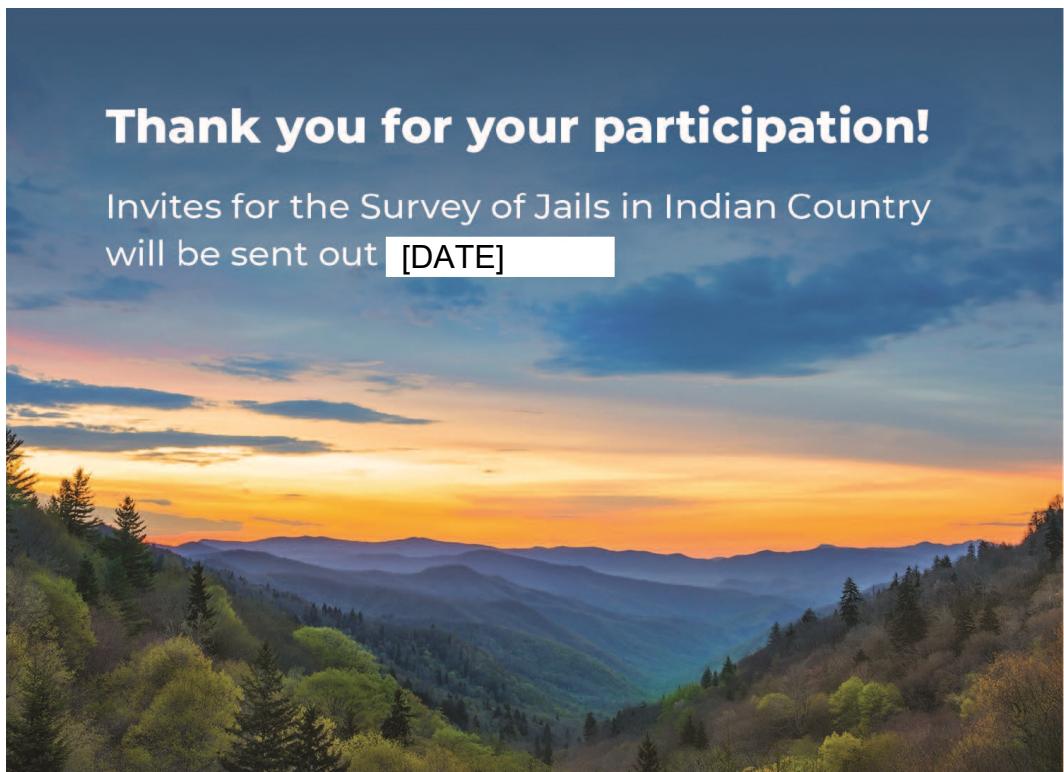
### Attachment 3

Bureau of Justice Statistics  
c/o Westat  
1600 Research Blvd., RC B16  
Rockville, MD 20850-3129

 123456 <Seq Num> <Mail Num>  
<Facility Name>  
<ADDRESS 1>  
<CITY>, <STATE> <ZIP>

**Thank you for your participation!**

Invites for the Survey of Jails in Indian Country  
will be sent out [DATE]



## **Thank you for all you do!**

We truly appreciate your ongoing support of the Survey of Jails in Indian Country — one of the longest-running efforts to gather important tribal data. Your participation helps:

- Gather critical information on the challenges in Indian Country Jails
- Identify critical changes in jail populations
- Support documentation of changes over time

## **Coming Soon**

Survey invites will be sent out [DATE]

## **Can you help us with a quick update?**

Please scan the QR code below to confirm your facility and contact information. It only takes a minute!

If we don't hear from you, we'll give you a call in June to check in before the survey is launched.



Thanks again for being such an important part of this work!

## **Need Help? Have questions before you get started?**

Call us at 240-267-0898, or email us at  
[surveyofjails@westat.com](mailto:surveyofjails@westat.com).

# Attachment 4



## Contact and Facility Verification

### [Facility Name]

Thank you for visiting the verification page.

This page is designed to help us prepare for the upcoming Annual Survey of Jails in Indian Country launching [DATE]. Please take a moment to:

1. Confirm or update your facility's information
2. Confirm or update the best contact person for this year's survey
3. Let us know if your facility is eligible to participate in this year's survey

Once you've reviewed, confirmed, or updated the information, submit the form by clicking the Submit button at the bottom of the page. We appreciate your time and continued participation in the Annual Survey of Jails in Indian Country!

#### Facility Information

Confirm or update your facility's name, address, and other key details.

Facility Name

Facility XX

#### Mailing Address

Address 1

P.O. Box 123

Address 2

City

Rockville

State

MD

Zip

20850

#### Physical Address

Address 1

1600 Research Blvd

Address 2

City

Rockville

State

MD

Zip

20850

[Edit Facility Information](#)

#### Contact Information

Confirm or update the best point of contact for this year's survey (we've pre-filled the contact from your last response).

First Name

John

Last Name

Doe

Email

Johndoe@gmail.com

Phone

555-555-5555

[Edit Contact Information](#)

#### Eligibility Confirmation

Does your facility hold individuals for 24 hours or more and provide overnight supervision? (required)

Yes

No

Unsure

[Confirm & Submit](#)

### **Survey of Jails in Indian Country (SJIC) Contact Verification Script**

**VM:** Hello, my name is xxxxx xxxxxx and I am calling from DATA COLLECTION AGENT in regards to the Annual Survey of Jails in Indian Country for the Bureau of Justice Statistics (BJS). We are preparing for the 2026 survey and want to make sure we have the most accurate contact information for your facility. When you receive this message, please call me back at xxx-xxx-xxxx. Thanks!

**REACH LIVE PERSON:** Hello, my name is xxxxx xxxxxx and I am calling from DATA COLLECTION AGENT in regards to the Annual Survey of Jails in Indian Country for the Bureau of Justice Statistics (BJS). Thank you for your participation in this survey. We are preparing for the 2026 survey and want to make sure we have the most accurate contact information possible. I also want to inform you that the survey will continue to be web-based. You will be granted access to the secure website and will be issued a unique PIN to login on the survey invite email. I just have a few questions regarding your facility:

- 1) Will (NAME OF FACILITY) be in operation on June 30<sup>th</sup> of this year (2026)? By operational, we mean is your facility able to confine persons overnight on June 30<sup>th</sup> of this year.** [If facility states they temporarily are closed, not open or unable to hold/confine persons on June 30th, 2026, GO TO Q2. If facility indicates they are only a holding facility or you're unclear of their status, SKIP TO NEXT PAGE. ELSE, SKIP to Q4.]
  
- 2) [IF POC STATES THAT FACILITY IS CLOSED OR NON OPERATIONAL, ASK]: May I ask why your facility is not in operation?**
  
- 3) [POC STATES THAT FACILITY IS CLOSED, ASK]: Is the facility permanently closed with no plans to reopen or is it temporarily closed?**
  
- 4) Are you still the person to contact with questions about (NAME OF FACILITY)?**  
[IF NO, ASK 5]  
[IF YES, ASK 6]
  
- 5) Can you please provide me with the name, email, and telephone number, of the person who you believe is our best contact? [If NEW POC IS IDENTIFIED, ASK TO SPEAK WITH THEM. IF UNAVAILABLE, CALL BACK LATER TO GET THEIR MOST UP TO DATE INFORMATION.]**
  
- 6) CONFIRM OR OBTAIN CONTACT INFO SUCH AS EMAIL ADDRESS, BEST REACHED PHONE NUMBERS, AND FAX NUMBER. [COMPARE AGAINST SPREADSHEET]**
  
- 7) In regards to your preferred method of contact with the survey, do you prefer fax, mail, or email?**

Thank you for your time! [You will receive an invite to the 2026 survey via email the week of July X.]

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IF:

1. FACILITY INDICATES THEY ARE ONLY A HOLDING FACILITY
2. WE ARE UNCLEAR OF THEIR OPERATIONAL STATUS AND ELIGIBILITY,

THEN:

- ASK THE FOLLOWING QUESTIONS TO HELP US DETERMINE ELIGIBILITY. PLEASE ASK EACH QUESTION AND DOCUMENT THE RESPONSES.

*[HOLDING OVERNIGHT AND/OR HOLDING FOR 24 HOURS OR MORE = ELIGIBLE.]*

*[FACILITY DOES NOT HOLD OVERNIGHT AS A MATTER OF POLICY = INELIGIBLE/OUT OF SCOPE.]*

*[HOWEVER NOTE THAT BJS WILL BE REVIEWING ALL OF THESE FACILITIES ON A CASE BY CASE BASIS AND THEY MAY BE INCLUDED ANYWAY.]*

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A. How many hours do you hold someone for? (For example, just a few; until the end of the day, overnight?) IF THE ANSWER IS NOT CLEAR, ASK a1.

1. *Is the person being confined under your supervision overnight or for more than 24 hours?*

B. (ASK ONLY IF NEEDED TO CLARIFY STATUS OF “HOLDING” UNDER THEIR SUPERVISION) *Are persons considered officially booked into and housed in your facility by formal legal document or by the authority of the courts or some other official agency?*

C. What is your protocol for transferring the arrested person?

(NOTE ASKING ABOUT A FACILITY’S TRANSFER PROTOCOL MAY HELP PROVIDE MORE CLARITY INTO HOW LONG THEY HOLD A PERSON AND IF THEY ARE HELD EVER OVERNIGHT)

D. Do you have a jail operations staff for this facility? *(The answer to staffing may help provide insight into eligibility. Most temporary holding facilities that are not eligible for the SJIC will have ONLY a police dispatcher or some other person from another department watching over the held person. If they actually have a jail operations staff member, they are more likely to hold overnight and be eligible.)*

**Subject:** 2026 Survey of Jails in Indian Country

Dear «CurrContFName» «CurrContLName»,

This email is to inform you that the Bureau of Justice Statistics (BJS) has initiated the collection of the 2026 Survey of Jails in Indian Country. We request your assistance in completing this survey. The information you provide is very important in helping the BJS identify critical changes in jail populations and to track these changes over time. The official invitation letter from BJS appears as an attachment to this email.

- You can complete the survey at <https://www.sjicannualsurvey.org/>
- Your unique PIN is «PIN» (case-sensitive)

Please submit the completed survey via the website by <<DATE>>. Once you submit your survey, you will be able to download a copy of your submitted survey.

If you have any questions or encounter any technical issues, please contact us at 240-267-0898 or [SurveyofJails@westat.com](mailto:SurveyofJails@westat.com). If you have any questions or concerns as a research participant, please contact us at 1-888-675-7330. If you have any general questions about the data collection, please contact Carol Ann Sharo, BJS Program Manager, at 202-826-4278 or [carol.ann.sharo@usdoj.gov](mailto:carol.ann.sharo@usdoj.gov).

Sincerely,

[NAME]  
Program Manager  
Survey of Jails in Indian Country

## Attachment 7



### U.S. Department of Justice

#### Office of Justice Programs

#### *Bureau of Justice Statistics*

Washington, DC 20531

«Date»

«Salutation» «ContactFirstName» «ContactLastName»  
«Agency Name»  
«ContactAddress1»  
«ContactAddress2»  
«ContactCity», «ContactState», «ContactZip»

Dear «Salutation»«ContactLastName»,

I am writing to invite you to participate in the 2026 Survey of Jails in Indian Country (SJIC). Since 1998, the SJIC has been one of the Bureau of Justice Statistics' (BJS) core data collections, allowing BJS to produce statistics on these jails and their correctional populations to inform policy and programs. Westat will continue as the BJS data collection agent for the SJIC this year. Participation in the 2026 survey is voluntary; however, we ask for your assistance in conducting this survey.

This year's survey, covering the 12 months ending on June 30, 2026, represents a continued commitment by BJS to include jails in Indian country in its reports on correctional populations. Your participation in the program is vital in allowing BJS to identify critical changes in jail populations and to track these changes over time. The information you provided over the years results in the annual report *Jails in Indian Country*, available at <https://bjs.ojp.gov>.

Please submit your data online by «Date», at:

Website: <https://www.sjicannualsurvey.org/>  
Username: «username»  
Password: «password»

If you have any questions or encounter any technical issues, please contact us at 240-267-0898 or SurveyofJails@westat.com. If you have any questions or concerns as a research participant, please contact us at 1-888-675-7330, or Carol Ann Sharo, BJS Program Manager, at 202-826-4278 or carol.ann.sharo@usdoj.gov. Thank you in advance for your help.

Sincerely,

Kevin M. Scott, Ph.D.  
Acting Director, BJS

BJS is authorized to conduct this data collection under Title 34 United States Code Section 10132. By law, BJS will use the information you provide only for statistical or research purposes and must protect the confidentiality of information identifiable to a private person against unauthorized disclosure or misuse. [Title 34 U.S.C. Sections 10134 and 10231] Any person who violates these provisions may be punished by a fine up to \$10,000, in addition to any other penalties imposed by law. Per the Cybersecurity Enhancement Act of 2015, federal information systems are protected from malicious activities through cybersecurity screening of transmitted data. The [BJS Data Protection Guidelines](#) provide more detailed information on how BJS and Westat will use and protect data collected under BJS's authority.

## Attachment 8

Hi [RESPONDENT NAME],

I recently contacted you regarding the 2026 Survey of Jails in Indian Country. We have not received a submitted survey from your facility. The information you provide is very important in helping the Bureau of Justice Statistics (BJS) identify critical changes in jail populations and to track these changes over time.

- You can complete the survey at <https://www.sjicannualsurvey.org/>
- Your unique PIN is XXX-xxxxx### (case-sensitive)

Please submit the completed survey via the website at your earliest convenience. Once you submit your survey, you will be able to download a copy of your submitted survey.

If you have any questions or encounter any technical issues, please contact us at 240-267-0898 or SurveyofJails@westat.com. If you have any questions or concerns as a research participant, please contact us at 1-888-675-7330. If you have any general questions about the data collection, please contact Carol Ann Sharo, BJS Program Manager, at 202-826-4278 or carol.ann.sharo@usdoj.gov.

Thank you for your participation in this important effort.

Xxxxx Xxxxx

Survey of Jails in Indian Country (SJIC)

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## Attachment 9

### **SJIC Nonresponse Follow Up**

**REACH LIVE PERSON:** *Hello, my name is [NAME] and I am calling in regards to the 2026 Survey of Jails in Indian Country for the Bureau of Justice Statistics (BJS). We sent the survey invite to your facility via email on [LAST EMAIL DATE] and wanted to confirm that your facility received this. Did you receive the email?*

(IF NEEDED: *The email was sent from SurveyofJails@westat.com*).

- **If YES:** *Great, thank you so much. Do you have any questions? [If no]: Please complete the survey as soon as possible. Thank you!*
- **If NO:**
  - Confirm that the email address we have for the facility is correct. If they provide a new email address add to the contact spreadsheet. *Thank you for providing the correct email address. We will resend it shortly. Thank you!*
  - If the email address we have for the facility is correct: *It appears that is the email address we used to send the invite. Is there another email address we can use? Add this second email address to the contact spreadsheet. We will resend it shortly. Thank you!*
  - Try to determine if there is any other reason why the facility might not have received our email. Note this in the contact spreadsheet.

**Voice Mail:** *Hello, my name is XXX and I am calling in regards to the 2026 Survey of Jails in Indian Country for the Bureau of Justice Statistics (BJS). We sent the survey invite to your facility via email on [LAST EMAIL DATE] and wanted to confirm that your facility received this. If you did not receive our email please give us a call at [PHONE NUMBER]. If you did receive the email, please complete the survey at your earliest convenience. Thank you!*

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