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

	Agusto.		
	DATA SUPPL	IED BY	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip E-mail		

GENERAL INFORMATION

FACILITY INFORMATION

Please complete this questionnaire before **October 25, 2019** using one of the following methods:

Online: https://bjs-prisoncensus.org

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

Park, NC 27709-2194

Fax: 919-541-7250

If you have any questions, contact the CCF Helpdesk at

1-866-354-4993 or bjs-prisoncensus@rti.org.

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 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**" → 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 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. 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

1.	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 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, 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 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 1-866-354-4993 or 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, 2019, 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, 2019, was this facility authorized to house — Mark (X) only ONE box.
	☐ Males only
	☐ Females only
	☐ Both males and females
Se	ection II — INMATE COUNTS
6.	On June 30, 2019, 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).
	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, 2019, 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)
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8.	On June 30, 2019, 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, 2019, 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, 2019, how many inmates in this facility were being held for a. Federal authorities	or —
	Number of inmates	
	If zero, skip to question 10b. If greater than zero: Of all the inmates held for federal authorities, how	w many were held for —
	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	a)

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 state	es below:
3. TOTAL (Sum of questions 10b1 and question 10b)	d 10b2 should equal
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, 2018, and June 30, 2019,	AND SECURITY how many inmates walked away while on work detail, medical ease, or furlough and, as a consequence, were officially
 11. Between July 1, 2018, and June 30, 2019, appointment, court appearance, work released recorded as AWOL? Walkaway prisoners leave custodial supertransportation, medical visit, or court appearance. 	how many inmates walked away while on work detail, medical
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Section IV — FACILITY PROGRAMS

12.	As of June 30, 2019, what types of counseling or special programs were available to inmates in this facility?		
	EXCLUDE formal education programs.		
	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 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		