

RETURN TO	Bureau of the Census Governments Division Washington Plaza Bldg. 2, Room 509 Washington, DC 20233-6800		FORM CJ-3C (6-21-99)		1999 CENSUS OF JAILS PRIVATE FACILITY		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE	
	DATA SUPPLIED BY							
Name				Title				
OFFICIAL ADDRESS	Number and street or P.O. box/Route number			City		State	ZIP Code	
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GENERAL INFORMATION

- If you have any questions, call the Bureau of the Census toll-free at 1-800-253-2078.
- Please mail your completed questionnaire to the Bureau of the Census in the enclosed envelope before July 24, 1999, or FAX all pages toll free to 1-888-891-2099.
- Please retain a copy of the completed form for your records.

Who does this survey cover?

All privately owned or operated confinement facilities including detention centers, jails, and other correctional facilities, intended for adults but sometimes holding juveniles.

- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
Inmates held during the period July 1, 1998, to June 30, 1999.
- INCLUDE inmates in special programs administered by your facilities (e.g., electronic monitoring, house arrest, and day reporting).

What data are to be excluded from this survey?

- EXCLUDE temporary holding or lockup facilities from which inmates are usually transferred within 72 hours and not held beyond arraignment. If your only function is a temporary holding or lockup facility, DO NOT complete this form – contact Lisa McNelis or Pamela Butler at 1-800-253-2078.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.

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 3 hours 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.

REPORTING INSTRUCTIONS

- 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 (X) in the box beside each figure that is estimated. For example 1,234 ☒

1. Is this facility a privately owned or operated jail?

a. ☐ Yes – (1) What is the name of the entity that owns this facility?

(2) What is the name of the entity that operates this facility?

b. ☐ No – Do not complete this form — Contact Lisa McNelis or Pamela Butler at 1-800-253-2078.

Section I — SUPERVISED POPULATION

2. On June 30, 1999, how many persons under the supervision of your jail were —

a. CONFINED in your private jail facility?

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction
- EXCLUDE inmates on AWOL escape, or long-term transfer to other jurisdictions

 ☐

b. Under jail supervision but NOT CONFINED?

- INCLUDE all persons in community-based programs run by your jail (e.g., electronic monitoring, house arrest, community service, day reporting, work programs, etc.).
- EXCLUDE persons on pretrial release who are not in a community based program run by your jail.
- EXCLUDE persons under supervision of probation, parole or other agencies.
- EXCLUDE inmates on weekend programs. Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).

 ☐

c. Total (Sum of items 2a and 2b)

 ☐

3. Of all persons under your jail supervision reported in item 2c, how many were not U.S. citizens?

Non-US citizens ☐

4. On the weekend prior to June 30, 1999, did your jail facility have a weekend program?

- Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).

1 ☐ Yes – How many inmates participated? ☐

2 ☐ No

Section II — INMATE COUNTS AND MOVEMENTS

5. On June 30, 1999, how many persons CONFINED in your jail facility were —

a. Males age 18 or older ☐

b. Females age 18 or older . . . ☐

c. Males under age 18 ☐

d. Females under age 18 ☐

e. TOTAL (Sum of items 5a to 5d should equal item 2a) ☐

6. Of all male and female juveniles CONFINED in your jail facility on June 30, 1999, how many were tried, or awaiting trial, in adult court?

Number of juveniles (under age 18) held as adults ☐

7. Of all persons CONFINED in your jail facility on June 30, 1999, how many were —

- | | Adults | Juveniles
(under age 18) |
|---|----------------------|-----------------------------|
| a. Convicted males
(include probation and
parole violators with no
new sentence) | <input type="text"/> | <input type="text"/> |
| b. Convicted females . . | <input type="text"/> | <input type="text"/> |
| c. Unconvicted males . | <input type="text"/> | <input type="text"/> |
| d. Unconvicted females | <input type="text"/> | <input type="text"/> |
| e. TOTAL (<i>Sum of items
7a to 7d should equal
item 2a</i>) | <input type="text"/> | <input type="text"/> |

8. Of the total number of CONVICTED and CONFINED inmates in items 7a and 7b, how many were —

- | | | |
|---|----------------------|--------------------------|
| a. Serving a sentence | <input type="text"/> | ☐ |
| b. Awaiting sentencing | <input type="text"/> | ☐ |
| c. Awaiting transportation to
State or Federal prison | <input type="text"/> | ☐ |
| d. Other — <i>Specify</i>
<input type="text"/> | <input type="text"/> | ☐ |
| e. TOTAL (<i>Sum of items 8a to 8d
should equal sum of items 7a
and 7b</i>) | <input type="text"/> | ☐ |

9. On June 30, 1999, how many persons CONFINED in your jail facility were —

- | | Adults | Juveniles
(under age 18) |
|--|----------------------|-----------------------------|
| a. White, not of Hispanic
origin | <input type="text"/> | <input type="text"/> |
| b. Black or African
American, not of
Hispanic origin | <input type="text"/> | <input type="text"/> |
| c. Hispanic or Latino . . . | <input type="text"/> | <input type="text"/> |
| d. American Indian/
Alaska Native | <input type="text"/> | <input type="text"/> |
| e. Asian | <input type="text"/> | <input type="text"/> |
| f. Native Hawaiian or
Other Pacific Islander | <input type="text"/> | <input type="text"/> |
| g. Other — <i>Specify</i>
<input type="text"/> | <input type="text"/> | <input type="text"/> |
| h. TOTAL (<i>Sum of
items 9a to 9g should
equal item 2a</i>) | <input type="text"/> | <input type="text"/> |

10. On June 30, 1999, how many persons CONFINED in your jail facility were held for —

- For persons with a multiple hold, count them only once with the order of priority being Federal, State, and local.

- | | | |
|---|----------------------|--------------------------|
| a. Federal authorities | <input type="text"/> | ☐ |
| b. State authorities | | |
| 1. For your state | <input type="text"/> | ☐ |
| 2. For other states | <input type="text"/> | ☐ |
| c. Local authorities | | |
| 1. Within your state | <input type="text"/> | ☐ |
| 2. Outside your state | <input type="text"/> | ☐ |
| d. TOTAL (<i>Sum of items
10a to 10c</i>) | <input type="text"/> | ☐ |

If zero (0) in item 10a, SKIP TO ITEM 12.

11. Of all inmates held for FEDERAL authorities in item 10a, how many were held for —

- | | | |
|---|----------------------|--------------------------|
| a. U.S. Marshals Service | <input type="text"/> | ☐ |
| b. Federal Bureau of Prisons . | <input type="text"/> | ☐ |
| c. Immigration and
Naturalization Service | <input type="text"/> | ☐ |
| d. Bureau of Indian Affairs . . . | <input type="text"/> | ☐ |
| e. Other — <i>Specify</i>
<input type="text"/> | <input type="text"/> | ☐ |
| f. TOTAL (<i>Sum of items 11a to
11e should equal item 10a</i>) . . . | <input type="text"/> | ☐ |

12. During the WEEK of June 24 to June 30, 1999, how many persons were —

a. New admissions to your jail facility?

- INCLUDE persons officially booked into and housed in your facility by formal legal document and by the authority of the courts or some other official agency.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail and court appearances.

New admissions ☐

b. Final discharges from your jail facility?

- INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, and deaths.)
- 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 ☐

13a. During the 30-DAY period from June 1 to June 30, 1999, on what day did your facility hold the greatest number of inmates?

June , 1999

b. How many persons were CONFINED on that day?

Number that day ☐

14. Between July 1, 1998, and June 30, 1999, what was the average daily population CONFINED in your facility?

- To calculate the average daily population, add the number of persons for each day during the period July 1, 1998, through June 30, 1999, and divide the result by 365.

Average daily population ☐

15. On June 30, 1999, what was the total rated capacity of your jail facility, excluding separate temporary holding areas?

- 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 ☐

16. On June 30, 1999, was your jail facility under a Federal, State, or local court order or consent decree to limit the number of inmates it can house?

1 ☐ Yes — a. What is the maximum number of inmates this facility is allowed to house? ☐

b. In what year did this order take effect? If more than one, report the year for the longest in effect.

1 9

2 ☐ No

17. On June 30, 1999, was your jail facility under a Federal, State, or local court order or consent decree for specific conditions of confinement?

1 ☐ Yes — Mark (☒) all that apply.

- 1 ☐ Crowding
- 2 ☐ Medical facilities or services
- 3 ☐ Administrative segregation procedures or policies
- 4 ☐ Staffing
- 5 ☐ Food services/nutrition/cleanliness
- 6 ☐ Education or training programs
- 7 ☐ Disciplinary procedures or policies
- 8 ☐ Recreation/exercise
- 9 ☐ Visiting/mail/telephone policies
- 10 ☐ Fire hazards
- 11 ☐ Counseling programs
- 12 ☐ Inmate classification
- 13 ☐ Library services
- 14 ☐ Grievance procedures or policies
- 15 ☐ Religious practices
- 16 ☐ Search policies or practices
- 17 ☐ Other — Specify

2 ☐ No

Section III — POPULATION SUPERVISED IN THE COMMUNITY

If item 2b equals 0 (zero), SKIP to Section IV.

18. On June 30, 1999, how many persons under your jail supervision who were NOT CONFINED participated in —

- EXCLUDE inmates on weekend programs

a. Electronic monitoring ☐

b. Home detention without electronic monitoring ☐

c. Community service ☐

d. Day reporting ☐

e. Other pretrial supervision . . ☐

f. Other alternative work programs ☐

g. Alcohol/drug treatment programs ☐

h. Other programs outside of jail facility — Specify ☐

i. TOTAL (Sum of items 18a to 18h should equal item 2b) ☐

19. On June 30, 1999, how many persons under your jail supervision who were NOT CONFINED were —

a. Male ☐

b. Female ☐

c. TOTAL (*Sum of items 19a and 19b should equal item 2b*) ☐

20. On June 30, 1999, how many persons under your jail supervision who were NOT CONFINED were —

a. Adult (age 18 or older) ☐

b. Juvenile (under age 18) ☐

c. TOTAL (*Sum of items 20a and 20b should equal item 2b*) ☐

21. On June 30, 1999, how many persons under your jail supervision who were NOT CONFINED were —

a. Convicted ☐

b. Unconvicted ☐

c. TOTAL (*Sum of items 21a and 21b should equal item 2b*) ☐

Section IV — STAFF

22. On June 30, 1999, how many staff employed by your jail facility were —

- EXCLUDE staff paid through contractual agreements and community volunteers.

a. Payroll staff

Full-time	
Part-time	

☐ ☐

b. Nonpayroll staff

- INCLUDE staff on the payroll of government agencies (e.g., health department, school district, court, and unpaid interns.)

Full-time	
Part-time	

☐ ☐

c. Total staff (*Sum of items 22a and 22b*)

Full-time	
Part-time	

☐ ☐

23. On June 30, 1999, how many staff employed by your jail facility were —

- Count each employee only once. Classify employees with multiple functions by the function performed most frequently.
- INCLUDE payroll and nonpayroll staff only.
- EXCLUDE contractual staff and community volunteers.

a. Administrators

• Administrators, department heads, and assistants

Male	
Female	

☐ ☐

b. Correctional officers

• Custody staff or other staff who spend any time with inmates

Male	
Female	

☐ ☐

c. Clerical and maintenance staff

• Typists, secretaries, records clerks, janitors, cooks, groundskeepers, etc.

Male	
Female	

☐ ☐

d. Educational staff

• Academic and, vocational teachers, etc.

Male	
Female	

☐ ☐

e. Professional and technical staff

• Counselors, psychiatrists, psychologists, social workers, doctors, dentists, nurses, chaplains, etc.

Male	
Female	

☐ ☐

f. Other staff — *Specify*

Male	
Female	

☐ ☐

g. TOTAL (*Sum of items 23a to 23f should equal sum of item 22c*)

Male	
Female	

☐ ☐

24. On June 30, 1999, how many staff employed by your jail 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 ☐
- e. Asian ☐
- f. Native Hawaiian or Other Pacific Islander ☐
- g. Other — *Specify* ☐
- h. TOTAL (*Sum of items 24a to 24g should equal sum of item 22c*) ☐

25. Of all CORRECTIONAL OFFICERS reported in item 23b, how many 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 ☐
- e. Asian ☐
- f. Native Hawaiian or Other Pacific Islander ☐
- g. Other — *Specify* ☐
- h. TOTAL (*Sum of items 25a to 25g should equal sum of item 23b*) ☐

26. Did your jail facility have any staff paid through contractual agreements on June 30, 1999?

- 1 ☐ Yes — How many? ☐

Which of the following categories include the contractual staff? *Mark (X) all that apply.*

- ☐ Administrators
- ☐ Correctional officers
- ☐ Clerical and maintenance staff
- ☐ Educational staff
- ☐ Professional and technical staff
- ☐ Other staff

- 2 ☐ No

27. Between July 1, 1998, and June 30, 1999, were there any inmate inflicted physical or sexual assaults on facility staff?

- INCLUDE assaults resulting in deaths.

- 1 ☐ Yes — Number of assaults on staff ☐
- 2 ☐ No assaults on staff

28. Between July 1, 1998, and June 30, 1999, how many facility staff deaths occurred as a result of physical or sexual assaults inflicted by inmates?

Facility staff deaths inflicted by inmates ☐

Section V — INMATE DEATHS

29. Between July 1, 1998, and June 30, 1999, how many persons died while under the supervision of your jail facility?

- INCLUDE deaths of persons CONFINED in your jail facility or in special facilities while under your supervision (e.g., hospitals, medical/treatment/release centers, halfway houses, and work farms).

Number of deaths ☐

If no deaths reported in item 29, SKIP to item 31.

30. Of the total number of inmate deaths reported in item 29, how many inmates died as a result of —

- | | | |
|--|---------------------------|-----------------------------|
| | Male <input type="text"/> | Female <input type="text"/> |
| a. Illness/natural cause | ☐ | ☐ |
| • EXCLUDE AIDS-related deaths | | |
| b. Acquired Immune Deficiency Syndrome (AIDS) | Male <input type="text"/> | Female <input type="text"/> |
| | ☐ | ☐ |
| • The immediate cause may be Pneumocystis Carinii Pneumonia, Kaposi's Sarcoma, or other AIDS related diseases. | | |
| c. Suicide | Male <input type="text"/> | Female <input type="text"/> |
| | ☐ | ☐ |
| d. Homicide committed by other inmate(s) | Male <input type="text"/> | Female <input type="text"/> |
| | ☐ | ☐ |
| e. Other homicide | Male <input type="text"/> | Female <input type="text"/> |
| | ☐ | ☐ |
| f. Other causes — <i>Specify</i> <input type="text"/> | Male <input type="text"/> | Female <input type="text"/> |
| | ☐ | ☐ |
| g. TOTAL (<i>Sum of items 30a to 30f should equal item 29</i>) | Male <input type="text"/> | Female <input type="text"/> |
| | ☐ | ☐ |

31. Does your jail facility have specific procedures for suicide prevention?

a. 1 ☐ Yes — *Mark (X) all that apply.*

- 1 ☐ Assessment of risk at intake
 2 ☐ Staff training in risk assessment/suicide prevention
 3 ☐ Special inmate counseling or psychiatric services
 4 ☐ Live or remote monitoring of high risk inmates
 5 ☐ Suicide watch cell or special location
 6 ☐ Inmate suicide prevention teams
 7 ☐ Other — *Specify*

b. 2 ☐ No

Section VI — INMATE HEALTH

- All items in this section refer to your jail facility's CONFINED population.

32. How does your jail facility provide health services to inmates? *Mark (X) all that apply.*

- 1 ☐ On-site staff physicians and other medical employees of the jail
 2 ☐ Through a fee-for-service system with medical care billed by a contractor on a per-visit basis
 3 ☐ Through a managed care system with medical care billed by a contractor on a per-inmate or retainer basis
 4 ☐ On-site physician services provided by local government
 5 ☐ Other health delivery system — *Specify*

33. Does your jail facility charge inmates for health care services?

- EXCLUDE initial medical assessment at time of admission.

a. 1 ☐ Yes — For which services?

Mark (X) all that apply.

- 1 ☐ Initial visits to a nurse or physician
 2 ☐ All visits to a nurse or physician
 3 ☐ Any prescription drugs
 4 ☐ Optometry or other eye care
 5 ☐ Visits to a dentist
 6 ☐ Off-site visits only
 7 ☐ Other — *Specify*

b. 2 ☐ No

34. Between July 1, 1998, and June 30, 1999, were any persons CONFINED in your jail facility tested for the HIV virus that causes AIDS?

a. 1 ☐ Yes — *Mark (X) all that apply.*

- 1 ☐ All inmates at some time during custody
 2 ☐ All convicted inmates at admission
 3 ☐ All convicted inmates at release
 4 ☐ Random samples of inmates while in custody
 5 ☐ High risk groups — *Specify*

- 6 ☐ Upon inmate request
 7 ☐ Upon court order
 8 ☐ Upon involvement in incident
 9 ☐ Upon clinical indication of need
 10 ☐ Other — *Specify*

b. 2 ☐ No

35. Of all persons CONFINED in your jail facility on June 30, 1999, how many were —

a. Asymptomatic HIV positive

Male

Female

☐
☐

- Persons who are HIV positive but have no HIV-related symptoms.

b. Infected with lesser form of symptomatic HIV disease

Male

Female

☐
☐

- Persons with symptoms of HIV infection but without a confirmed AIDS diagnosis.

c. Confirmed to have AIDS

Male

Female

☐
☐

d. TOTAL (*Sum of items 35a to 35c*) . .

Male

Female

☐
☐

36. What are the policies of your jail facility for screening inmates and staff for tuberculosis infection?

Mark (X) at least one box in each row.

- | | Inmates | Staff | No policy |
|--|--------------------------|--------------------------|--------------------------|
| a. At admission/time of hiring . . . | ☐ | ☐ | ☐ |
| b. Annually or at regular intervals | ☐ | ☐ | ☐ |
| c. Persons testing HIV positive . . | ☐ | ☐ | ☐ |
| d. Persons with no history of vaccination | ☐ | ☐ | ☐ |
| e. After possible exposure to active TB disease | ☐ | ☐ | ☐ |
| • Active TB disease, either confirmed by sputum culture or suspected with culture pending. | | | |
| f. Upon request | ☐ | ☐ | ☐ |
| g. At release/termination of employment | ☐ | ☐ | ☐ |
| h. Other — <i>Specify</i> | ☐ | ☐ | ☐ |

37. Of all persons CONFINED in your jail facility on June 30, 1999, how many —

- If persons were tested prior to June 30, 1999 and results are pending, count them as suspected.

- | | | |
|---|----------------------|--------------------------|
| a. Were suspected to have TB | <input type="text"/> | ☐ |
| b. Had a positive skin test for TB | <input type="text"/> | ☐ |
| c. Had confirmed TB disease | <input type="text"/> | ☐ |
| • Active tuberculosis confirmed by sputum culture. | | |
| d. TOTAL (<i>Sum of items 37a to 37c</i>) | <input type="text"/> | ☐ |

38. As a matter of policy, does your jail facility —

Mark (X) all that apply.

- 1 ☐ Screen inmates at intake for mental disorders (excluding screening for suicide)
- 2 ☐ Conduct psychiatric or psychological evaluations and assessments (other than at time of intake) to determine inmate mental health or emotional status
- 3 ☐ Provide 24-hour mental health care to inmates either on or off jail grounds
- 4 ☐ Provide therapy/counseling by a trained mental health professional on a routine basis
- 5 ☐ Prescribe, distribute or monitor the use of psychotropic medications to inmates
- 6 ☐ Provide assistance to released inmates to obtain community mental health services
- 7 ☐ Other — *Specify*

- 8 ☐ Provides no mental health services to inmates

39. Of all persons CONFINED in your jail facility on June 30, 1999, how many were receiving —

- Persons may be counted in more than 1 category.

- a. 24-hour mental health care (in special housing or a psychiatric unit on or off jail grounds). ☐
- b. Mental health therapy or counseling services ☐
- c. Psychotropic medications ☐
 - Drugs having a mind-altering effect, (e.g., antidepressants, stimulants, sedatives, tranquilizers, and other anti-psychotic drugs)

Section VII — JAIL PROGRAMS

40. On June 30, 1999, what types of work assignments were available to persons CONFINED in your jail facility?

- EXCLUDE work release programs.

Mark (X) all that apply.

- 1 ☐ Correctional industries (e.g., wood products, textiles, manufacturing, services, etc.)
 - 2 ☐ Facility support services (e.g., office and administrative work, food service, building maintenance, etc.)
 - 3 ☐ Farming/agriculture
 - 4 ☐ Public works assignments — inmates work outside the facility and perform road, park, or other public maintenance work
 - 5 ☐ Other — *Specify*
-
- 6 ☐ None

41. On June 30, 1999, how many persons CONFINED in your jail facility had work assignments?

- EXCLUDE work release programs.

Number on work assignment ☐

42. Does your jail facility operate a work release program that allows CONFINED inmates to work in the community unsupervised by facility staff but return to the facility at night?

- 1 ☐ Yes — How many inmates were participating on June 30, 1999? ☐

- 2 ☐ No

43. Between July 1, 1998 and June 30, 1999, what types of educational programs were available to persons CONFINED in your jail facility?

- INCLUDE only formal programs.
- EXCLUDE programs for persons under your jail supervision but who were NOT CONFINED.

Mark (X) all that apply.

- 1 ☐ Basic adult education (ABE)
 2 ☐ Secondary education (GED)
 3 ☐ Special education (e.g., programs for inmates with learning disabilities)
 4 ☐ Vocational training (e.g., auto repair, drafting, data processing, etc.)
 5 ☐ College courses
 6 ☐ Study release programs (i.e., release to community to attend school)
 7 ☐ None

44. On June 30, 1999, how many persons CONFINED in your jail facility were enrolled in educational programs?

Number of persons enrolled ☐

45. Between July 1, 1998 and June 30, 1999, what types of counseling or special programs were available to persons CONFINED in your jail facility?

Mark (X) all that apply.

- 1 ☐ Drug dependency/counseling/awareness
 2 ☐ Alcohol dependency/counseling/awareness
 3 ☐ Sex offender treatment
 4 ☐ Psychological/psychiatric counseling
 5 ☐ Employment (e.g., job seeking and interviewing skills)
 6 ☐ Life skills and community adjustment (including personal finance, anger management, conflict resolution, etc.)
 7 ☐ Domestic violence counseling
 8 ☐ Parenting/child rearing skills
 9 ☐ Religious/spiritual counseling
 10 ☐ Pretrial services
 11 ☐ Other — Specify

12 ☐ None

46. On June 30, 1999, did your jail facility operate a program that approximates a "boot camp" environment?

- INCLUDE programs with a highly regimented activity schedule, drill and ceremony, physical challenge and fitness, discipline, and chain of command.

- 1 ☐ Yes — How many inmates were participating on June 30, 1999? ☐
 2 ☐ No

Section VIII — FACILITY CHARACTERISTICS

47. For which of the following purposes does your jail facility hold offenders? —

Mark (X) all that apply.

- 1 ☐ Detention facility with authority to hold persons facing criminal charges beyond 72 hours
 2 ☐ Correctional facility for persons convicted of offenses with sentences usually of a year or less
 3 ☐ Correctional facility for persons convicted of felonies with sentences of more than a year
 4 ☐ Temporary holding or lockup facility in which arrestees are usually detained up to 72 hours, excluding holidays and weekends, pending arraignment

48. As a matter of practice, does your jail facility house —

Mark (X) ONE box.

- 1 ☐ Males only
 2 ☐ Females only
 3 ☐ Both males and females

49. What are the functions of your jail facility?

Mark (X) all that apply and circle ONE box that applies to the largest number of inmates.

- 1 ☐ General adult population confinement
 2 ☐ Boot camp
 3 ☐ Reception/diagnosis/classification
 4 ☐ Medical treatment/hospitalization confinement
 5 ☐ Alcohol/drug treatment confinement
 6 ☐ Confinement of "youthful offenders"
 7 ☐ Work release/prerelease
 8 ☐ Persons returned to custody (e.g., parole violators)
 9 ☐ Other (e.g., psychiatric care, etc.) — Specify

50. Does your jail facility have a separate temporary holding area or lockup in which arrestees are usually detained up to 72 hours, excluding holidays and weekends, pending admission or arraignment?

- 1 ☐ Yes — What is the maximum number of inmates that can be held in these areas? ☐
 2 ☐ No

51. In what year was the original construction completed on this facility?

- If more than one building, use the age of the oldest building currently used to house inmates.

1 Year completed

52. Has this facility ever had a major renovation?

- INCLUDE only structural changes or improvements to cells, dormitories, and other inmate sleeping areas.
- INCLUDE structural restorations, new plumbing, fixtures, heating, air conditioning, etc.

1 ☐ Yes — In what year did the most recent renovation occur?

2 ☐ No

1

NOTES