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**Governments Division**  
**Washington Plaza Bldg. 2,**  
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**Washington, DC 20233-6800**

FORM **CJ-43**  
 (6-1-2000)

**2000 CENSUS OF STATE AND FEDERAL ADULT CORRECTIONAL FACILITIES**

U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT  
 U.S. DEPARTMENT OF COMMERCE  
 ECONOMICS AND STATISTICS ADMINISTRATION  
 U.S. CENSUS BUREAU

**DATA SUPPLIED BY**

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**GENERAL INFORMATION**

- If you need assistance, call the **U.S. Census Bureau** toll-free at **1-800-253-2078**, or e-mail [prisons2000@census.gov](mailto:prisons2000@census.gov).
- Please mail your completed questionnaire to the **U.S. Census Bureau** in the enclosed envelope before **August 24, 2000**, or **FAX** all pages toll-free to **1-888-891-2099**.

**What facilities are included in this census?**

The census includes all confinement facilities administered by State or Federal governments or by private corporations primarily for State or Federal governments, which are intended for adults but sometimes hold juveniles.

- **INCLUDE** prisons, penitentiaries, and correctional institutions; boot camps; community corrections; prison farms; reception, diagnostic, and classification centers; road camps; forestry and conservation camps; youthful offender facilities (except in California); vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners.
- **INCLUDE** State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont.
- **EXCLUDE** privately-operated facilities that do not primarily house State or Federal inmates.
- **EXCLUDE** facilities operated and administered by local governments that are not contracted to exclusively house State prisoners.
- **EXCLUDE** facilities that hold only juveniles.

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

**Section I — FACILITY CHARACTERISTICS**

**1. Who operates this facility? Mark (X) only ONE box.**

- 01  Federal authority
- 02  State authority
- 03  District of Columbia government
- 04  Joint State and local authority
- 05  Private contractor

**2. Is this facility authorized to house — Mark (X) only ONE box.**

- 01  Males only
- 02  Females only
- 03  Both males and females

**3. What is the physical security of this facility?**

Mark (X) the ONE box that best describes the physical security of this facility.

- 01  Super maximum
- 02  Maximum/close/high
- 03  Medium
- 04  Minimum/low
- 05  Administrative (e.g., Federal medical facilities)

- 06  Other — Specify
- 07  None

**4. What are the functions of this facility?**

Mark (X) all that apply.

**a. Facility functions**

- 01  General adult population confinement
- 02  Boot camp
- 03  Reception/diagnosis/classification
- 04  Medical treatment/hospitalization confinement
- 05  Mental health/psychiatric confinement
- 06  Alcohol/drug treatment confinement
- 07  Primarily for confinement of youthful offenders
- 08  Community corrections, work release, prerelease
- 09  Primarily for persons returned to custody (e.g., parole violators)
- 10  Geriatric care
- 11  Other — Specify

**b. Which category in Item 4a applies to the largest number of inmates?**

Category number

**5. What percentage of the inmates in this facility are regularly permitted to depart unaccompanied (e.g., work release, study release, rehabilitation)?**

Mark (X) only ONE box.

- 01  50% or more of the inmates
- 02  Less than 50% of the inmates
- 03  None

**6. On June 30, 2000, what was the rated capacity of this facility?**

- Rated capacity is the maximum number of beds or inmates assigned by a rating official to this facility.

Rated capacity

**7. On June 30, 2000, what was the design capacity of this facility?**

- Design capacity is the number of inmates that planners or architects intended for this facility.

Design capacity

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

- If more than one building, provide the year for the oldest building currently used to house inmates.

Year of original construction

**9. Are there any definite plans to add to this facility, close this facility, or renovate the existing facility between July 1, 2000, and June 30, 2003?**

Mark (X) all that apply.

- Report all plans that have received final administrative approval, even though the necessary funds may not have been authorized.

- 01  Add housing space on to existing facility
- 02  Construct a new facility
- 03  Close this facility
- 04  Renovate existing housing space
- 05  No change planned — SKIP to item 11

**10. What will be the net effect of these planned changes on this facility? Mark (X) only ONE box.**

- 01  No change in bed capacity
- 02  An increase in capacity of   beds
- 03  A decrease in capacity of   beds

**11. On June 30, 2000, was this facility under a State or Federal court order or consent decree to limit the number of inmates it can house?**

- 01  Yes — **a. What is the maximum number of inmates this facility is allowed to house?**

Inmates

**b. In what year did this order or decree take effect?**

Year

- 02  No

**12. On June 30, 2000, was this facility under a State or Federal court order or consent decree for specific conditions of confinement?**

- 01  Yes — **a. What were the specific conditions?**  
*Mark (X) all conditions that apply.*
- 01  Crowding
  - 02  Administrative segregation procedures or policies
  - 03  Disciplinary procedures or policies
  - 04  Grievance procedures or policies
  - 05  Search policies or practices
  - 06  Staffing
  - 07  Food services/nutrition/cleanliness
  - 08  Medical facilities or services
  - 09  Mental health services/treatment
  - 10  Visiting/mail/telephone policies
  - 11  Recreation/exercise
  - 12  Fire hazards
  - 13  Counseling programs
  - 14  Inmate classification
  - 15  Library services
  - 16  Religious practices
  - 17  Education
  - 18  Accommodation of disabled
  - 19  Other — *Specify* ↘

**b. Was this facility under court order or consent decree for the totality of conditions (the cumulative effect of several conditions)?**

- 01  Yes  
 02  No

**c. In what year did this order or decree take effect?**

Year

- 02  No

**Section II — INMATE COUNTS**

**13. As of the last count of the day on June 30, 2000, 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).

Inmates

**14. On June 30, 2000, how many inmates in this facility were —**

- Report current age.

- 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 14a to 14d should equal item 13)

**15. Does this facility have a geriatric unit specifically designed for inmates of advanced age?**

- 01  Yes — **On June 30, 2000, how many inmates were housed in this unit?**  
  Inmates

- 02  No

**16. On June 30, 2000, how many inmates confined in this facility were —**

	Adults	Juveniles (under age 18)
a. White, not of Hispanic origin . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
b. Black or African American, not of Hispanic origin . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
c. Hispanic or Latino	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
d. American Indian/Alaska Native . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
e. Asian . . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
f. Native Hawaiian or Other Pacific Islander . . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
g. Other racial categories in your information system — <i>Specify</i> ↘	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
h. TOTAL (Sum of items 16a to 16g should equal item 13) . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>

**17. On June 30, 2000, how many inmates in this facility were held in —**

	Males	Females
a. Maximum/close/high custody . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
b. Medium custody . . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
c. Minimum/low custody . . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
d. Not classified/other (e.g., unsentenced or sentenced and awaiting classification) . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>
e. TOTAL (Sum of lines 17a to 17d should equal item 13) . . . .	<input style="width: 50px;" type="text"/> <input type="checkbox"/>	<input style="width: 50px;" type="text"/> <input type="checkbox"/>

**18. Between July 1, 1999, and June 30, 2000, what was the average daily population (ADP) of this facility?**

- To calculate the average daily population, add the number of persons for each day during the period July 1, 1999, to June 30, 2000, and divide the result by 365.

	Males	Females
Average daily population	<input type="text"/>	<input type="text"/>

**19. On June 30, 2000, how many inmates confined in this facility were —**

- a. Sentenced to more than one year
- b. Sentenced to 1 year or less
- c. Unsentenced
- d. **TOTAL** (Sum of item 19a to 19c should equal item 13)

**20. On June 30, 2000, how many inmates confined in this facility were sentenced to death?**

Inmates

**21. On June 30, 2000, did this facility house any inmates who were not citizens of the United States?**

01  Yes — **How many inmates were not citizens of the United States?**

Non-U.S. citizens

02  No

**22. On June 30, 2000, how many inmates confined in this facility were being held for authorities in other jurisdictions?**

- a. Inmates under Federal authority
- b. Inmates for other State prison authorities
- c. Inmates held for local jail authorities
- d. Inmates held for tribal authorities
- e. **TOTAL** (Sum of items 22a to 22d)

**23. Of all inmates held for Federal authorities in item 22a, how many were held for —**

- If item 22a equals 0 (zero), enter "0" in items 23a to 23f.

- a. Federal Bureau of Prisons
- b. Immigration and Naturalization Service
- c. U.S. Marshals Service
- d. Bureau of Indian Affairs
- e. Other — Specify
- f. **TOTAL** (Sum of items 23a to 23e should equal item 22a)

**Section III — FACILITY STAFF**

**24. On June 30, 2000, how many staff employed by this facility were —**

- Exclude community volunteers.

- |  |   |   |
|--|---|---|
|  | Full-time                                     | Part-time                                     |
| a. Payroll staff   | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| <b>b. Nonpayroll staff employed by other governmental agencies</b>                           |   |   |
|  | Full-time                                     | Part-time                                     |
| • Include staff provided by health, education, or other human service departments or courts. | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| <b>c. Other nonpayroll staff</b>   |   |   |
| • Include unpaid interns.  |   |   |
| • Include staff paid through private service contracts (e.g., food service, health care).    | Full-time                                     | Part-time                                     |
|  | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |
| d. <b>TOTAL staff</b> (Sum of items 24a to 24c)  | Full-time                                     | Part-time                                     |
|  | <input type="text"/> <input type="checkbox"/> | <input type="text"/> <input type="checkbox"/> |

**25. On June 30, 2000, how many staff employed by this facility were —**

- Count each employee only once.
- Classify employees with multiple functions by the one performed most frequently.

**a. Administrators**

- Wardens, superintendents, administrators, and others in administrative positions . . . . .

Males	Females
[ ] [ ]	[ ] [ ]

**b. Correctional officers**

- Correctional officers, classification officers, line staff, and their supervisors who were not administrators . .

Males	Females
[ ] [ ]	[ ] [ ]

**c. Clerical and maintenance staff**

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

Males	Females
[ ] [ ]	[ ] [ ]

**d. Educational staff**

- Academic and vocational staff, etc.

Males	Females
[ ] [ ]	[ ] [ ]

**e. Professional and technical staff**

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

Males	Females
[ ] [ ]	[ ] [ ]

**f. Other staff — Specify ↘**

[ ]	Males	Females
	[ ] [ ]	[ ] [ ]

**g. TOTAL (Sum of items 25a to 25f should equal sum of item 24d) . . . . .**

Males	Females
[ ] [ ]	[ ] [ ]

**26. On June 30, 2000, how many FULL-TIME and PART-TIME PAYROLL staff (sum of item 24a) in the 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 racial categories in your information system — Specify ↘**  
 [ ] [ ]

**h. TOTAL (Sum of items 26a to 26g should equal item 24a) . . . . .** [ ] [ ]

**27. Of all male and female CORRECTIONAL officers reported in item 25b, 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 racial categories in your information system — Specify ↘**  
 [ ] [ ]

**h. TOTAL (Sum of items 27a to 27g should equal sum of item 25b) . . . .** [ ] [ ]

**Section IV — FACILITY OPERATIONS AND SECURITY**

**28. Between July 1, 1999, and June 30, 2000, how many misconduct/disciplinary reports were filed on inmates in this facility.**

- Include major infractions, such as drug and alcohol violations; possession of stolen property, contraband, or weapons; verbal or physical assaults, work slow downs, food strikes, setting fires, and escapes.
- Exclude minor violations relating to facility order, such as use of abusive language, horseplay, smoking, failure to attend classes or complete work assignments, failure to follow sanitary or other facility regulations.

Reports

**29. Between July 1, 1999, and June 30, 2000, were there any inmate-inflicted physical or sexual assaults on facility staff?**

- Include assaults resulting in deaths.

01  Yes — **How many assaults on staff were reported?**

02  No

**30. Between July 1, 1999, and June 30, 2000, how many facility staff deaths occurred as a result of physical or sexual assaults inflicted by inmates?**

Staff deaths inflicted by inmates

**31. Between July 1, 1999, and June 30, 2000, how many inmate-inflicted physical or sexual assaults on other inmates were reported in this facility?**

Assaults

**32. Between July 1, 1999, and June 30, 2000, how many reported disturbances at this facility were —**

**a. Major disturbances** (incidents involving 5 or more inmates which resulted in serious injury to anyone or significant property damage)

**b. Fires** (which were deliberately set or suspicious and resulted in damage exceeding \$200)

**c. Other disruptions** (such as hunger strikes and work slow-downs) —  
*Specify* ↴

**33. Between July 1, 1999, and June 30, 2000, how many inmates escaped or attempted to escape from this facility?**

- Exclude inmates who walked away from community custody or fled while on work release or furlough.

Escapes or attempted escapes

**34. Between July 1, 1999, and June 30, 2000, how many inmates walked away from community custody or fled while on work release or furlough from this facility?**

Inmates

**35. Does this facility have a restricted population unit?**

01  Yes — **On June 30, 2000, how many inmates were housed for —**

**a. Administrative segregation** . . .   Inmates

**b. Disciplinary action** . . . . .   Inmates

**c. Protective custody** . . . . .   Inmates

**d. Total** . . . . .   Inmates

02  No

**Section V — INMATE HEALTH**

**36. Between July 1, 1999, and June 30, 2000, how many inmates died while under the jurisdiction of this facility?**

- Include deaths of inmates confined in this facility or in special facilities while under your jurisdiction (e.g., hospitals, medical/treatment/release centers, halfway houses, and work farms).

Deaths

*(If no deaths reported in item 36, enter 0 and SKIP to item 38.)*

**37. Of the total number of inmate deaths reported in item 36, how many inmates died as a result of —**

**a. Illness/natural cause . . . . .** Males   Females

- Exclude AIDS-related deaths.

**b. Acquired Immune Deficiency Syndrome (AIDS)** Males   Females

- The immediate cause may be Pneumocystis Carinii Pneumonia, Kaposi's Sarcoma, or other AIDS related diseases.

**c. Suicide . . . . .** Males   Females

**d. Homicide committed by other inmate(s) . . . . .** Males   Females

**e. Other homicide . . . . .** Males   Females

**f. Execution . . . . .** Males   Females

**g. Other causes — Specify ↴** Males   Females

**h. TOTAL (Sum of items 37a to 37g should equal item 36) . . . . .** Males   Females

**38. Does your facility have specific procedures for suicide prevention?**

01  Yes — **What procedures are followed?** *Mark (X) all that apply.*

- 01  Assessment of risk at intake
- 02  Staff training in risk assessment/suicide prevention
- 03  Special inmate counseling or psychiatric services
- 04  Live or remote monitoring of high risk inmates
- 05  Suicide watch cell or special location
- 06  Inmate suicide prevention teams
- 07  Other — *Specify ↴*

02  No

**39. Between July 1, 1999, and June 30, 2000, were any inmates confined to your facility tested for the antibody to the Hepatitis C Virus (HCV)?**

01  Yes — **a. Under what circumstances are inmates tested?** *Mark (X) all that apply.*

- 01  All inmates at some time during custody
- 02  All convicted inmates at admission
- 03  Random sample of inmates while in custody
- 04  High risk groups — *Specify ↴*
- 05  Upon inmate request
- 06  Upon clinical indication of need
- 07  Other — *Specify ↴*

**b. Between July 1, 1999, and June 30, 2000, how many tests for HCV were performed on inmates in your facility?**

Number of HCV tests

**c. How many of these tests were confirmed HCV positive?**

- Report only inmates whose serologic results were EIA-test positive and supplemental-test positive.

Number of positive tests

02  No

**40. Does your facility offer treatment to inmates who are Hepatitis C positive?**

01  Yes — **a. How does your facility determine who gets treated?**  
*Mark (X) all that apply.*

- 01  All inmates who are confirmed HCV positive
- 02  Only HCV positive inmates with the greatest risk for progression to cirrhosis
  - Based on the NIH consensus statement and characterized by persistently elevated ALT levels, detectable HCV RNA, and a liver biopsy indicating portal or bridging fibrosis or moderate inflammation and necrosis.
- 03  Only HCV inmates for whom treatment is recommended
  - Excluding inmates with major depressive illness, hyperthyroidism, renal transplantation, evidence of autoimmune disease, injection drug use, and excessive alcohol consumption.
- 04  Other criteria — *Specify* ↴

**b. Between July 1, 1999 and June 30, 2000, how many inmates in your facility were treated for Hepatitis C?**

Number of inmates treated

02  No

**41. Does your facility provide Hepatitis B vaccine to inmates?**

01  Yes — **a. Under what circumstances is vaccine for Hepatitis B provided?**  
*Mark (X) all that apply.*

- 01  To all inmates
- 02  Only to inmates treated for a sexually transmitted disease (STD)
- 03  Only to youth 18 years of age or younger who qualify for the Vaccines for Children (VFC) program
- 04  Only to inmates who request the vaccine
- 05  High risk groups — *Specify* ↴
- 06  Other — *Specify* ↴

**b. Between July 1, 1999 and June 30, 2000, how many 3-dose series of Hepatitis B vaccinations were completed on inmates in your facility?**

Number of completed 3-dose vaccinations

02  No

**42. Between July 1, 1999, and June 30, 2000, were any inmates confined to your facility tested for the antibody to the Human Immunodeficiency Virus (HIV) that causes AIDS?**

01  Yes — **a. Under what circumstances are inmates tested?** *Mark (X) all that apply.*

- 01  All inmates at some time during custody
- 02  All convicted inmates at admission
- 03  All convicted inmates at release
- 04  Random sample of inmates while in custody
- 05  High risk groups — *Specify* ↴
- 06  Upon inmate request
- 07  Upon court order
- 08  Upon involvement in incident
- 09  Upon clinical indication of need
- 10  Other — *Specify* ↴

02  No

**43. Of all inmates confined in your facility on June 30, 2000, how many were —**

**a. Asymptomatic HIV positive . . . . .**      Males        Females

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

**b. Infected with lesser forms of symptomatic HIV disease. . . . .**      Males        Females

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

**c. Confirmed to have AIDS . . . . .**      Males        Females

**d. TOTAL (Sum of items 43a to 43c) . . . . .**      Males        Females



**44. What are the policies in your facility for screening inmates and facility staff for tuberculosis infection? Mark (X) at least one box in each row.**

	Inmates	Staff	No policy
<b>a. At admission/time of hiring</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Annually or at regular intervals</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Persons testing HIV positive</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Persons with no history of vaccination</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. After possible exposure to active TB disease</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Active tuberculosis confirmed by sputum culture or suspected with culture pending</li> </ul>			
<b>f. Upon request</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. At release/termination of employment</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Other — Specify</b> ↴			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**45. Of all inmates confined in your facility on June 30, 2000, how many —**

• If persons were tested prior to June 30, 2000, and results pending, count as suspected.

<b>a. Were suspected to have TB</b> . . . . .	<input type="text"/>	<input type="checkbox"/>
<b>b. Had a positive skin test for TB</b> . . . . .	<input type="text"/>	<input type="checkbox"/>
<b>c. Had confirmed TB disease</b> . . . . .	<input type="text"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Active tuberculosis confirmed by sputum culture.</li> </ul>		
<b>d. TOTAL (Sum of items 45a to 45c)</b> . . . . .	<input type="text"/>	<input type="checkbox"/>

**46. As a matter of policy, does your facility —**

Mark (X) all that apply.

- 01  Screen inmates at intake for mental disorders (excluding screening for suicide)
- 02  Conduct psychiatric or psychological evaluations and assessments (other than at time of intake) to determine inmate mental health or emotional status
- 03  Provide 24-hour mental health care to inmates either on or off facility grounds
- 04  Provide therapy/counseling by a trained mental health professional on a routine basis
- 05  Prescribe, distribute, or monitor the use of psychotropic medications to inmates
- 06  Provide assistance to release inmates to obtain community mental health services
- 07  Other — Specify ↴
- 08  Provides no mental health services to inmates

**47. Of all inmates confined in your facility on June 30, 2000, 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 facility 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 VI — FACILITY PROGRAMS**

**48. What types of work assignments are available to inmates in this facility?**

Mark (X) all that apply.

- 01  Prison industries (e.g., license plates, wood products, textiles)
- 02  Facility support services (e.g., office and administration work, food service, and building maintenance)
- 03  Farming/agriculture
- 04  Public works assignments —inmates work outside the facility and perform road, park, or other public maintenance work
- 05  Other — Specify
- 06  None

**49. On June 30, 2000, how many inmates in this facility had work assignments?**

Inmates

**50. Does this 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?**

- 01  Yes — **How many inmates were participating on June 30, 2000?**
- 02  No

**51. What types of educational programs are available to inmates in this facility?**

- Include only formal programs.
- Exclude unscheduled activities and informal programs.

Mark (X) all that apply.

- 01  Basic adult education (ABE)
- 02  Secondary education (GED)
- 03  Special education (e.g., programs for inmates with learning disabilities)
- 04  Vocational training (e.g., auto repair, drafting, and data processing)
- 05  College courses
- 06  Study release programs (i.e., release to community to attend school)
- 07  None

**52. Which types of counseling or special programs are available to inmates in this facility?**

Mark (X) all that apply.

- 01  Drug dependency/counseling/awareness
- 02  Alcohol dependency/counseling/awareness
- 03  Psychological/psychiatric counseling
- 04  HIV/AIDS counseling
- 05  Sex offender counseling
- 06  Employment (e.g., job seeking and interviewing skills)
- 07  Life skills and community adjustment (including personal finance, conflict resolution, etc.)
- 08  Parenting/Child rearing skills
- 09  Other — Specify
- 10  None

**53. Does this 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.
- If this facility is a boot camp facility, mark "Yes" and enter your population on June 30, 2000.

- 01  Yes — **How many inmates were participating on June 30, 2000?**   
   Inmates
- 02  No