

<b>RETURN TO</b>	Cynthia Helba Survey of Jails in Indian Country RA1100 Westat 1650 Research Boulevard Rockville, MD 20850		FORM <b>CJ-5B</b> (05-06-09)		<b>2009 ANNUAL SURVEY OF JAILS IN INDIAN COUNTRY</b>		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT 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 ADDRESS</b>								

PLEASE CORRECT ANY ERROR IN NAME, MAILING ADDRESS, AND ZIP CODE.

#### GENERAL INFORMATION

- If you have any questions about completing this form, please contact **Cynthia Helba** of Westat at **1-888-675-7330** or BJS Statistician, **Todd Minton** at **202-305-9630**.
- Please mail your completed questionnaire to **Westat** before **September 30, 2009** or FAX (all) pages to **301-315-5912**.
- Please retain a copy of the completed form for your records.

#### 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 1 1/4 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.

**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 (x)

**SECTION I — INMATE COUNTS AND MOVEMENTS**

**1. On June 30, 2009, how many persons were CONFINED in this facility?**

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

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

**2. On June 30, 2009, how many persons CONFINED in this 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 2a to 2d should equal item 1) .....

**3. Of all male and female juveniles CONFINED in this facility on June 30, 2009, how many were tried or awaiting trial in ADULT court?**

Number of juveniles (under age 18) held as adults \_\_\_\_\_

**4. Of all persons CONFINED in this facility on June 30, 2009, how many were —**

- For persons with more than one status, report The status with the most serious offense.
- For convicted inmates, include probation and parole violators with no new sentence.

- a. **Convicted** .....
- b. **Unconvicted** .....
- c. **TOTAL** (Sum of items 4a and 4b should equal item 1) .....

**5. On June 30, 2009, how many persons CONFINED in this facility, regardless of conviction status, had an offense type of —**

- For persons with more than one offense, report the most serious type of offense.

- a. **Felony** .....
- b. **Misdemeanor** .....
- c. **Other** — *Specify* \_\_\_\_\_
- d. **TOTAL** (Sum of items 5a to 5c should equal item 1) .....

**6. On June 30, 2009, how many persons CONFINED in this facility, regardless of conviction status, had as their most serious offense —**

- a. **Domestic violence offense** ..... 
  - INCLUDE assault, abuse, cruelty, or threat to a spouse, intimate, or a dependent child.
- b. **Assault** ..... 
  - INCLUDE aggravated and simple assault.
  - EXCLUDE domestic violence offenses and rape/sexual assault.
- c. **Rape/sexual assault** ..... 
  - EXCLUDE domestic violence offenses and assaults reported in item 6b.
- d. **Other violent offenses** ..... 
  - EXCLUDE domestic violence offenses, assaults, and rape/sexual assault.
- e. **A drug law violation** ..... 
  - INCLUDE offenses relating to the unlawful possession, distribution, sale, use, growing, or manufacturing of narcotic drugs.
- f. **Driving while intoxicated or driving under the influence of alcohol or drugs** .....
- g. **Other offenses** .....
- h. **TOTAL** (Sum of items 6a to 6g should equal item 1) .....

**7. During the 30 day period from June 1, 2009, to June 30, 2009 —**

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

- To calculate the average daily population, add the number of persons confined in your facility for each day during the period June 1-30, 2009, and divide the results by 30.

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

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

June \_\_\_\_\_, 2009

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

Number that day \_\_\_\_\_

**8. During the 30 day period from June 1, 2009, to June 30, 2009, how many persons were —**

**a. New admissions to this jail facility**

- INCLUDE persons officially booked into and housed in your 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, bail and court appearances.

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

**b. Final discharges from this jail 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 \_\_\_\_\_

**9. Between July 1, 2008, and June 30, 2009 —**

**a. How many persons died while CONFINED in this facility?**

- 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 OPERATIONS AND STAFF**

**10. On June 30, 2009, what was the total rated capacity of this facility?**

- 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 \_\_\_\_\_

**11. On June 30, 2009, how many inmates were held in —**

**a. Single occupied cells or rooms** \_\_\_\_\_  Inmates

**b. Multiple occupied units originally designed for single occupancy** \_\_\_\_\_  Inmates

**c. Multiple occupied units designed for multiple occupancy** \_\_\_\_\_  Inmates

**d. Areas not originally designed for confinement**  
 • INCLUDE hallways, recreation areas, storage rooms, and other common spaces \_\_\_\_\_  Inmates

**e. Separate holding areas or other temporary detention units** \_\_\_\_\_  Inmates

**f. Other temporary space**  
 • INCLUDE tents, trailers, and other temporary space \_\_\_\_\_  Inmates

**g. Other — Specify** \_\_\_\_\_  Inmates

**h. Total (Sum of items 11a to 11g should equal item 1)** \_\_\_\_\_  Inmates

**12. On June 30, 2009, was this facility under a Tribal, State, or Federal COURT ORDER or CONSENT DECREE —**

**a. To limit the number of persons it can house?**

- Yes — What is the maximum number of persons this facility is allowed to house? \_\_\_\_\_
- No

**b. For conditions of confinement?**

- Yes — Specify \_\_\_\_\_
- No

**13. On June 30, 2009, how many male and female CORRECTIONAL STAFF employed by this facility were —**

- INCLUDE full-time and part-time staff.
- EXCLUDE community volunteers and unpaid interns.

	Male	Female
<b>a. Payroll staff</b>		
• INCLUDE tribal and BIA direct funded staff (e.g., 638 contract and self-governance) . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>b. Nonpayroll staff employed by other tribal/governmental agencies</b>		
• INCLUDE staff provided by IHS, education, or other human service departments or courts . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>c. Contract nonpayroll staff</b>		
• INCLUDE staff paid through private service contracts (e.g., food service, health care, maintenance, transportation) . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>d. Total staff (Sum of items 13a to 13c) . . . . .</b>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

**14. Of the total number of CORRECTIONAL employees on June 30, 2009, how many were in —**

- Count each employee only once.

<b>a. Administration</b>	_____ <input type="checkbox"/>
• INCLUDE the jail administrators, or sheriff, assistants, and other personnel who work in an administrative capacity more than 50% of the time.	
<b>b. Jail operations</b>	_____ <input type="checkbox"/>
• INCLUDE correctional officers, guards, and other staff who spend more than 50% of their time supervising inmates.	
<b>c. Educational staff</b>	_____ <input type="checkbox"/>
• INCLUDE academic and vocational staff.	
<b>d. Technical/professional staff</b>	_____ <input type="checkbox"/>
• INCLUDE counselors, psychiatrists, psychologists, social workers, dentists, medical staff, and other professional staff.	
• INCLUDE dispatchers with no inmate supervision duties.	_____ <input type="checkbox"/>
<b>e. Clerical, maintenance, and food service</b>	_____ <input type="checkbox"/>
<b>f. Other – Specify</b>	_____ <input type="checkbox"/>
_____	
<b>g. TOTAL (Sum of items 14a to 14f should equal item 13d)</b>	_____ <input type="checkbox"/>

**15. Of the total number of JAIL OPERATION employees reported in item 14b, how many had received —**

**a. The basic detention officer certification?** \_\_\_\_\_

- INCLUDE BIA or State certification.

**b. 40 hours of in-service training?** \_\_\_\_\_

**16. Between July 1, 2008, and June 30, 2009 —**

- INCLUDE full-time and part-time payroll staff.
- EXCLUDE nonpayroll staff.

**a. How many JAIL OPERATION employees did you HIRE for employment in this facility?**

- INCLUDE new, rehired, or recalled from layoff; permanent, short-term, or seasonal.

Number of hires \_\_\_\_\_

**b. How many JAIL OPERATION employees were separated from employment in this facility?**

- INCLUDE quits, layoffs, discharges, retirements, deaths, transfers, and other separations.

Number of separations \_\_\_\_\_

**17. On June 30, 2009, how many specific JAIL OPERATION employees positions were vacant in this facility?**

Number of vacancies \_\_\_\_\_

**NOTES**