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.
- 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.
- 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 X
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

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.
    • 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

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

   a. White, not of Hispanic origin . . . .
   □ Adults □ Juveniles (under age 18)

   b. Black or African American, not of Hispanic origin . . . .
   □ Adults □ Juveniles (under age 18)

   c. Hispanic or Latino
   □ Adults □ Juveniles (under age 18)

   d. American Indian/Alaska Native . . .
   □ Adults □ Juveniles (under age 18)

   e. Asian .........
   □ Adults □ Juveniles (under age 18)

   f. Native Hawaiian or Other Pacific Islander . . . .
   □ Adults □ Juveniles (under age 18)

   g. Other racial categories in your information system — Specify □
   □ Adults □ Juveniles (under age 18)

   h. TOTAL (Sum of items 16a to 16g should equal item 13) . . . .
   □ Adults □ Juveniles (under age 18)

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

   a. Maximum/close/high custody . . . .
   □ Males □ Females

   b. Medium custody .
   □ Males □ Females

   c. Minimum/low custody . . . .
   □ Males □ Females

   d. Not classified/other (e.g., unsentenced or sentenced and awaiting classification) . . . .
   □ Males □ Females

   e. TOTAL (Sum of lines 17a to 17d should equal item 13) . . . .
   □ Males □ Females
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.

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Average daily population

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. Unsentsended

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?

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

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

- Exclude community volunteers.

<table>
<thead>
<tr>
<th>Payroll staff</th>
<th>Nonpayroll staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>Part-time</td>
</tr>
<tr>
<td>a. Payroll</td>
<td>b. Nonpayroll</td>
</tr>
</tbody>
</table>

b. Nonpayroll staff employed by other governmental agencies

- Include staff provided by health, education, or other human service departments or courts.

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. Other nonpayroll staff

- Include unpaid interns.
- Include staff paid through private service contracts (e.g., food service, health care).

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. TOTAL staff (Sum of items 24a to 24c)
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.

<table>
<thead>
<tr>
<th>a. Administrators</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wardens, superintendents, administrators, and others in administrative positions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Correctional officers</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctional officers, classification officers, line staff, and their supervisors who were not administrators</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Clerical and maintenance staff</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typists, secretaries, records clerks, janitors, cooks, groundskeepers, etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Educational staff</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic and vocational staff, etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Professional and technical staff</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselors, psychiatrists, psychologists, social workers, doctors, dentists, nurses, chaplains, etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Other staff — Specify</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>g. TOTAL (Sum of items 25a to 25f should equal sum of item 24d)</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
</table>

26. On June 30, 2000, how many FULL-TIME and PART-TIME PAYROLL staff (sum of item 24a) in the facility were —

<table>
<thead>
<tr>
<th>a. White, not of Hispanic origin</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Black or African American, not of Hispanic origin</td>
<td></td>
</tr>
<tr>
<td>c. Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>d. American Indian/Alaska Native</td>
<td></td>
</tr>
<tr>
<td>e. Asian</td>
<td></td>
</tr>
<tr>
<td>f. Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>g. Other racial categories in your information system — Specify</td>
<td></td>
</tr>
</tbody>
</table>

| h. TOTAL (Sum of items 26a to 26g should equal sum of item 24a) |        |

27. Of all male and female CORRECTIONAL officers reported in item 25b, how many were —

<table>
<thead>
<tr>
<th>a. White, not of Hispanic origin</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Black or African American, not of Hispanic origin</td>
<td></td>
</tr>
<tr>
<td>c. Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>d. American Indian/Alaska Native</td>
<td></td>
</tr>
<tr>
<td>e. Asian</td>
<td></td>
</tr>
<tr>
<td>f. Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>g. Other racial categories in your information system — Specify</td>
<td></td>
</tr>
</tbody>
</table>

| 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 slowdowns, 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.

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.

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?

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?

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 slowdowns) — 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.

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?

35. Does this facility have a restricted population unit?
   - Yes
   - 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).

   (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
      - Exclude AIDS-related deaths.

   b. Acquired Immune Deficiency Syndrome (AIDS)
      - The immediate cause may be Pneumocystis Carinii Pneumonia, Kaposi’s Sarcoma, or other AIDS related diseases.

   c. Suicide

   d. Homicide committed by other inmate(s)

   e. Other homicide

   f. Execution

   g. Other causes — Specify

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

38. Does your facility have specific procedures for suicide prevention?
   - Yes — What procedures are followed?
     - 01 Yes — What procedures are followed?
       - 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

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)?
   - 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?

   c. How many of these tests were confirmed HCV positive?
      - Report only inmates whose serologic results were EIA-test positive and supplemental-test positive.
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, hypothyroidism, 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?

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?

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

b. Between July 1, 1999 and June 30, 2000, how many were —

   • Persons who are HIV positive but have no HIV-related symptoms
   01 □ Asymptomatic HIV positive
   02 □ Infected with lesser forms of symptomatic HIV disease
   03 □ Confirmed to have AIDS
   04 □ TOTAL (Sum of items 42a to 42c)

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.

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

### 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.

<table>
<thead>
<tr>
<th>Inmates</th>
<th>Staff</th>
<th>No policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Were suspected to have TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Had a positive skin test for TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Had confirmed TB disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Active tuberculosis confirmed by sputum culture.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. TOTAL (Sum of items 45a to 45c)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 one category.

<table>
<thead>
<tr>
<th>Inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 24-hour mental health care (in special housing or a psychiatric unit on or off facility grounds)</td>
</tr>
<tr>
<td>b. Mental health therapy or counseling services</td>
</tr>
<tr>
<td>c. Psychotropic medications</td>
</tr>
<tr>
<td>• Drugs having a mind-altering effect (e.g., antidepressants, stimulants, sedatives, tranquilizers, and other anti-psychotic drugs)</td>
</tr>
</tbody>
</table>
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?

☐ Inmates

02 ☐ No

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

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