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

For purposes of this census, a facility has a separate budget and administration. Facilities that share budgets or administrators should be reported as a single facility.

The census includes all correctional 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; residential community correction centers; 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 do not primarily house State or Federal prisoners.
- EXCLUDE facilities that hold only persons under the jurisdiction of juvenile correctional authorities.

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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 govs.prisons@census.gov.
- Please mail your completed questionnaire to the U.S. Census Bureau in the enclosed envelope before March 15, 2006, or FAX all pages toll-free to 1–888–891–2099.

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**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

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**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.
**Section I – FACILITY CHARACTERISTICS**

1. **Who operates this facility?** *Mark (X) only ONE box.*
   - [ ] Federal authority
   - [ ] State authority
   - [ ] Local authority
   - [ ] Joint State and Local authority
   - [ ] Private contractor

2. **Is this facility authorized to house —** *Mark (X) only ONE box.*
   - [ ] Males only
   - [ ] Females only
   - [ ] 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. (See page 8, Item 1.)*
   - [ ] Super maximum
   - [ ] Maximum/close/high
   - [ ] Medium
   - [ ] Minimum/low
   - [ ] Administrative (e.g., Federal medical facilities)
   - [ ] Other — Specify
   - [ ] None

4. **What are the functions of this facility?** *Mark (X) all that apply.*
   **a. Facility functions**
   - [ ] General adult population confinement
   - [ ] Alcohol/drug treatment confinement
   - [ ] Reception/diagnosis/classification
   - [ ] Medical treatment/hospitalization confinement
   - [ ] Mental health/psychiatric confinement
   - [ ] Community corrections/work release/prerelease
   - [ ] Boot camp
   - [ ] Primarily for persons returned to custody (e.g., parole violators)
   - [ ] Primarily for confinement of youthful offenders
   - [ ] Geriatric care
   - [ ] Other — Specify

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

5. **What percentage of the inmates in this facility are regularly permitted to leave the facility unaccompanied to work release, study release, rehabilitation?** *Mark (X) only ONE box.*
   - [ ] 50% or more of the inmates
   - [ ] Less than 50% of the inmates
   - [ ] None

6. **On December 30, 2005, what was the rated capacity of this facility?** *(See page 8, Item 2)*
   - Rated capacity is the maximum number of beds or inmates authorized by a rating official for safe and efficient operation of this facility.
   - [ ]
   - [ ] Rated capacity

7. **On December 30, 2005, 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 that includes a sleeping area for inmates.
   - [ ]
   - [ ] Year of original construction

9. **Are there any definite plans to add to this facility, close this facility, renovate this existing facility, or construct a new facility between January 1, 2006, and December 31, 2009?** *Mark (X) all that apply.*
   - [ ] Add on to existing facility
   - [ ] Close this facility
   - [ ] Renovate existing housing space
   - [ ] Construct a new facility
   - [ ] 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
    - [ ] An increase in capacity of . . .
    - [ ] A decrease in capacity of . . .

11. **On December 30, 2005, was this facility under a State or Federal court order or consent decree to limit the number of inmates it can house?**
    - [ ] 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
    - [ ] No
12. On December 30, 2005, was this facility under a State or Federal court order or consent decree for specific conditions of confinement?
   a. What were the specific conditions?
      Mark [X] all conditions that apply.
      01 Crowding
      02 Visiting/mail/telephone policy
      03 Accommodation of disabled
      04 Religious practices
      05 Mental health services/treatment
      06 Search policies or practices
      07 Fire hazards
      08 Medical facilities or services
      09 Disciplinary procedures or policies
      10 Grievance procedures or policies
      11 Staffing
      12 Administrative segregation procedures or policies
      13 Library services
      14 Recreation/exercise
      15 Inmate classification
      16 Food services/nutrition/cleanliness
      17 Counseling programs
      18 Education
      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

13. Between January 1, 2005, and December 30, 2005, 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 January 1, 2005, to December 30, 2005, and divide the result by 364.

   Males   Females
   Average daily population __________  □  ________  □

14. As of the last count of the day on December 30, 2005, 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

15. On December 30, 2005, how many inmates 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 15a to 15d should equal item 14) ..............

16. On December 30, 2005, how many inmates confined in this facility were —

   a. White, not of Hispanic origin ........
   b. Black or African American, not of Hispanic origin ...........
   c. Hispanic or Latino ...............
   d. American Indian/Alaska Native ...........
   e. Asian ...............
   f. Native Hawaiian or Other Pacific Islander ...........
   g. Two or more races ...............
   h. Additional categories in your information system — Specify
   i. TOTAL (Sum of items 16a to 16h should equal item 14) ..............

17. On December 30, 2005, how many inmates in this facility were held in —
   (See page 8, Item 3)

   a. Maximum/close/high custody ..........
   b. Medium custody ..................
   c. Minimum/low custody ...............
   d. Not classified/other (e.g., unsentenced or sentenced and awaiting classification) ..........
   e. TOTAL (Sum of lines 17a to 17d should equal item 14) ..............
18. On December 30, 2005, how many inmates confined in this facility were —

a. Sentenced to more than 1 year

b. Sentenced to 1 year or less

c. Unsentenced

d. TOTAL (Sum of item 18a to 18c should equal item 14)

19. On December 30, 2005, how many inmates confined in this facility were sentenced to death?

20. On December 30, 2005, did this facility house any inmates who were not citizens of the United States?

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

No

21. Does this facility have a geriatric unit specifically designed for inmates of advance age?

Yes — On December 30, 2005, how many inmates were housed in this unit?

No

22. On December 30, 2005, how many inmates confined in this facility were veterans of the U.S. military?

23. Does this facility have a restricted population unit?

Yes — On December 30, 2005, how many inmates were housed for —

a. Protective custody?

b. Disciplinary action?

c. Administrative segregation?

d. Death row?

e. Other — Specify

f. TOTAL (Sum of items 23a to 23e)

24. On December 30, 2005, how many inmates confined in this facility were being held for —

a. Federal authorities

b. State prison authorities —

(1) For your State

(2) For other States

c. For local authorities

d. For tribal authorities

e. TOTAL (Sum of items 24a to 24d)

25. Of all inmates held for Federal authorities in item 24a, how many were held for —

a. Federal Bureau of Prisons

b. U.S. Immigration and Customs Enforcement (I.C.E.) (formerly known as I.N.S.)

c. U.S. Marshals Service

d. Bureau of Indian Affairs

e. Other — Specify

f. TOTAL (Sum of items 25a to 25e should equal item 24a)

26. Do other authorities pay a per diem fee for their inmates held in your facility?

Yes — How much per day per inmate (in whole dollars) do Federal, State, and local authorities pay?

Federal

Bureau of Prisons

U.S. Marshals Service

U.S. Immigration and Customs Enforcement (I.C.E.)

State

This State

Other States

Local

This State

Other States

02 No – No fee is charged, or this facility holds no inmates for other authorities.
### SECTION III – FACILITY STAFF

**27. On December 30, 2005, how many staff employed by this facility were —**

- Exclude staff paid through contractual agreements and community volunteers.

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<th>Full-time</th>
<th>Part-time</th>
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a. **Payroll staff**  

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b. **Nonpayroll staff**

- Include staff on the payroll of other government agencies (e.g., health, human services, education, and court) and unpaid interns.

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<th>Full-time</th>
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c. **Total staff** (Sum of Items 27a and 27b)

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**28. On December 30, 2005, 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**

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<thead>
<tr>
<th>Male</th>
<th>Female</th>
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b. **Security staff**

(See page 8, item 5)

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c. **Clerical and maintenance staff**

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

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d. **Educational staff**

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e. **Professional and technical staff**

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

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f. **Other staff**

- Specify

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g. **TOTAL** (Sum of items 28a to 28f should equal sum of item 27c)

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<th>Part-time</th>
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**29. On December 30, 2005, how many FULL-TIME and PART-TIME PAYROLL staff (sum of item 27a) in the facility were —**

a. **White**, not of Hispanic origin.

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b. **Black or African American**, not of Hispanic origin.

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c. **Hispanic or Latino**

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d. **American Indian/Alaska Native**

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e. **Asian**

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f. **Native Hawaiian or Other Pacific Islander**

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g. **Two or more races**

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h. **Additional categories in your information system — Specify**

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i. **TOTAL** (Sum of items 29a to 29h should equal item 27c)

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**30. Of all male and female SECURITY STAFF reported in item 28b, how many were —**

a. **White**, not of Hispanic origin.

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b. **Black or African American**, not of Hispanic origin.

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c. **Hispanic or Latino**

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d. **American Indian/Alaska Native**

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e. **Asian**

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f. **Native Hawaiian or Other Pacific Islander**

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g. **Two or more races**

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h. **Additional categories in your information system — Specify**

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i. **TOTAL** (Sum of items 30a to 30g should equal item 28b)

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31. Between January 1, 2005, and December 30, 2005, how many misconduct/disciplinary reports for major infractions 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, escapes, and similar major violations.

- Exclude minor violations such as horseplay, failure to follow sanitary or other facility regulations, and chewing gum where prohibited.

32. Between January 1, 2005, and December 30, 2005, were there any inmate-inflicted physical or sexual assaults on facility staff that involved a weapon or a serious injury? (See page 8, items 4–7.)

- Include assaults resulting in deaths.

01  □ Yes — How many assaults were on staff?

02  □ No

33. Between January 1, 2005, and December 30, 2005, how many facility staff deaths resulted from assaults by inmates?

□ Staff deaths inflicted by inmates

34. Between January 1, 2005, and December 30, 2005, how many inmate-inflicted physical or sexual assaults occurred on other inmates in this facility?

□ Assaults

35. Between January 1, 2005, and December 30, 2005, how many disturbances at this facility were — (See page 8, items 9 and 10.)

a. Major disturbances (incidents which resulted in serious injury or significant property damage and loss of control of a portion of the facility and required extraordinary measures to regain control).

□ Specify

b. Other disturbances (Include hunger strikes, work slowdowns, or other inmate disruptions which resulted in loss of control of a portion of the facility, and required extraordinary measures to regain control, but did not entail serious injury or significant property damage.)

□ Specify

36. Does this facility have a perimeter and barriers such as walls to keep prisoners from leaving? Or does it have surveillance methods such as guard towers, perimeter patrols and electronic monitoring devices to detect those attempting to escape? (See page 8, items 11 and 12.)

01  □ Yes — How many escapes occurred from this secure facility between January 1, 2005, and December 30, 2005?

□ Escapes

02  □ No

37. Between January 1, 2005, and December 30, 2005, how many inmates walked away from community custody or fled from this facility while on work detail, medical appointment, court appearance, work release, or furlough and as a consequence were officially recorded as AWOL? (See page 8, item 13.)

□ Walkaways
38. What types of work assignments are available to inmates in this facility?
Mark (✓) all that apply.

01 □ Prison industries (e.g., license plates, wood product, textiles, etc.)
02 □ Facility support services (e.g., office and administration work, food services, 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

39. On December 30, 2005, how many inmates in this facility had work assignments?


Inmates

40. Does this facility operate a work release program that allows inmates to work in the community unsupervised by facility staff, but requires them to return to the facility at night?

01 □ Yes — How many inmates were participating on December 30, 2005?


Inmates

02 □ No

41. What types of educational programs are available to inmates in this facility?
Include only formal programs.
Exclude unscheduled activities and informal programs.
Mark (✓) all that apply.

01 □ Literacy training or other Lower Basic adult education (ABE) - 1st to 4th grade level
02 □ Upper Basic adult education – 5th to 8th grade level
03 □ Secondary education or GED
04 □ Special education (e.g., programs for inmates with learning disabilities)
05 □ English as a second language (ESL)
06 □ Vocational training (e.g., auto repair, drafting, and data processing)
07 □ College courses
08 □ Study release programs (i.e., release to community to attend school)
09 □ Other — Specify

10 □ None

42. Which types of counseling or special programs are available to inmates in this facility?
Mark (✓) all that apply.

01 □ Drug dependency/counseling/awareness
02 □ Alcohol dependancy/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
4. **Assault** – is an attack that results in physical injury ranging from minor bruises or cuts needing no first-aid to death or serious harm requiring immediate hospitalization.

5. **Security staff** – are officers of all ranks and other uniformed staff who, regardless of their staff titles, are in direct contact with inmates, and involved in their daily custody, care, supervision or monitoring.

6. **Serious injury** – severely restricts the prisoner’s or staff member’s usual activity. This type of injury requires immediate medical attention more extensive than first-aid, and may include bandaging wounds, stitches, setting bones, and treatment of concussion.

7. **Weapons** – include guns, sharp objects, pointed objects, solid or blunt objects, and toxic or flammable substances.

8. **Significant property damage** – is loss of property valued at $1,000 or more.

9. **Major disturbances** – are actions with inmates resulting in serious injury or significant property damage and loss of control of a portion of the facility. Loss of control occurs when prisoners together disrupt facility operation and disobey lock down orders. Major disturbances require extraordinary measures to regain control of the facility.

10. **Other disturbances** – are actions such as hunger strikes, work slowdowns, or other inmate disruptions resulting in loss of control of a portion of the facility, and require extraordinary measures to regain control. Other disturbances do not entail serious injury or significant property damage.

11. **A secure facility** – has a perimeter and barriers such as walls to keep prisoners from leaving. Surveillance methods – guard towers, perimeter patrols and electronic monitoring devices – detect those attempting to escape.

12. **Escape from a secure facility** – occurs when a prisoner breaches the last line of security. If a prisoner clears the first fence of a double fenced facility but not the second, it is not an escape. Those who clear the second fence, even if apprehended on prison grounds, have escaped.

13. **Walkaway prisoners** – leave custodial supervision outside a secure institution while on detail, during transportation, medical visit, or court appearance and are recorded as AWOL. Inmates who do not return on time from furlough or other temporary release should not be counted as escapees.