### DATA SUPPLIED BY

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Number and street or P.O. box/Route</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
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<tr>
<td>Zip Code</td>
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<tr>
<td>Telephone</td>
<td>Area Code Number</td>
</tr>
<tr>
<td>Fax Number</td>
<td>Area Code Number</td>
</tr>
</tbody>
</table>

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

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### GENERAL INFORMATION

- If you have any questions about completing this form, please call **Todd Minton** at (202) 305-9630.
- Please **FAX** your completed questionnaire to the Bureau of Justice Statistics at (202) 514-1757 before **October 29, 2004**.
- Please retain a copy of the completed form for your records.

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### 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)
25. How does this facility provide health services to inmates? Mark (x) all that apply.

1. On-site staff physicians or other medical employees of the jails
2. On-site physicians or other medical services provided by IHS
3. Off-site medical services provided by IHS
4. Off-site medical services provided by privately run facilities (e.g., private practice, hospital, etc.)
5. Other — Specify

26. Does this facility detoxify CONFINED persons from drugs or alcohol?

- Detox is the managed withdrawal from alcohol or drugs by medical or other trained professionals.

1. Yes — On June 30, 2004, how many inmates were being detoxified?
   Inmates ____________

2. No

27. As a matter of policy, does this facility test inmates for TUBERCULOSIS infection?

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

a. At admission
b. Annually or at regular interval
c. Random sample
d. Person with no history of vaccination
e. Upon request
f. Upon clinical indication of need
g. After possible exposure to active TB disease
   - Active TB disease, either confirmed by sputum culture or suspected with culture pending
h. At release
i. Other — Specify

28. As a matter of policy, does this facility test inmates for HEPATITIS B infection?

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

a. At admission
b. Annually or at regular interval
c. Random sample
d. Person with no history of vaccination
e. Upon request
f. Upon clinical indication of need
g. After possible exposure to active Hepatitis B
   - Active Hepatitis B confirmed by positive testing of serology
h. At release
i. Other — Specify

29. As a matter of policy, does this facility test inmates for HEPATITIS C infection?

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

a. At admission
b. Annually or at regular interval
c. Random sample
d. Person with no history of vaccination
e. Upon request
f. Upon clinical indication of need
g. After possible exposure to active Hepatitis C
   - Active Hepatitis C confirmed by positive testing of anti-HCV
h. At release
i. Other — Specify
30. As a matter of policy, does this facility screen inmates for the antibody to the Human Immunodeficiency Virus (HIV) that causes aids?
Mark (x) at least one box in each row.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. At admission</td>
<td>□</td>
</tr>
<tr>
<td>b. Random sample</td>
<td>□</td>
</tr>
<tr>
<td>c. Upon request</td>
<td>□</td>
</tr>
<tr>
<td>d. Upon clinical indication of need</td>
<td>□</td>
</tr>
<tr>
<td>e. Upon involvement in incident</td>
<td>□</td>
</tr>
<tr>
<td>f. At release</td>
<td>□</td>
</tr>
<tr>
<td>g. Other — Specify</td>
<td>□</td>
</tr>
</tbody>
</table>

31. As a matter of policy, does this facility —
Mark (x) all that apply.

- □ Screen inmates at intake for mental disorders
  - EXCLUDE screening for suicide.
- □ Conduct psychiatric or psychological evaluation and assessments (other than at time of intake) to determine inmate mental health or emotional status
- □ Provide 24-hour mental health care to inmates either on or off facility grounds
- □ Provide therapy/counseling by a trained mental health professional on a routine basis
- □ Prescribe, distribute, or monitor the use of psychotropic medications to inmates
  - Drugs having a mind-altering effect (e.g., antidepressants, stimulants, sedatives, tranquilizers, and other anti-psychotic drugs)
- □ Provide assistance to release inmates to obtain community mental health services
- □ Other — Specify
- □ Does not provide mental health services to inmates

32. What specific procedures for suicide prevention does this facility follow?
Mark (x) all that apply.

- □ Assessment of risk at intake
- □ Staff training in risk assessment/suicide prevention
- □ Special inmate counseling or psychiatric services
- □ Live or remote monitoring of high risk inmates
- □ Suicide watch cell or special location
- □ Inmate suicide prevention teams
- □ Other — Specify

33. Between July 1, 2003 and June 30, 2004, what type of work assignments were available to persons CONFINED in this facility?
Mark (x) all that apply.

- □ Correctional industries (e.g., wood products, textiles, manufacturing, services, etc.)
- □ Facility support services (e.g., office and administrative work, food service, building maintenance, etc.)
- □ Farming/agriculture
- □ Public works assignments — inmates work outside the facility and perform road, park, or other public maintenance work
- □ Other — Specify

34. Does not provide mental health services to inmates

SECTION VI — FACILITY PROGRAMS
34. Between July 1, 2003 and June 30, 2004, did this facility provide counseling or special programs to persons CONFINED in this facility?  
*Mark (x) at least one box in each row.*

<table>
<thead>
<tr>
<th>On facility grounds</th>
<th>Off facility grounds</th>
<th>No program</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Drug dependency/ counseling/awareness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Alcohol dependency/ counseling/awareness</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Sex offender treatment</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Vocational training</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Employment (e.g., job seeking and interviewing skills)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Life skills and community adjustment (including personal finance, conflict resolution, etc.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Domestic violence counseling</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Parenting/child rearing skills</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Religious/spiritual counseling</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

35. Between July 1, 2003 and June 30, 2004, what type of educational programs were offered to persons confined in this facility?  
*Mark (x) at least one box in each row.*

<table>
<thead>
<tr>
<th>On facility grounds</th>
<th>Off facility grounds</th>
<th>No program</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Accredited education program (e.g., basic and high school classes)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. GED program</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Special education needs program (e.g., programs for inmates with learning disabilities)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. College level classes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Provide tutors</td>
<td>☐</td>
<td>☐</td>
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