FORM APPROVED

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National Inmate Survey in Jails

Facility Questionnaire

The National Inmate Survey in Jails (NIS) is a study designed to help Congress and the Department of Justice understand more about sexual victimization in U.S. jails and prisons. This study is mandated by Congress under the Prison Rape Elimination Act (PREA) of 2003. The NIS also seeks to gain valuable information on facilities through the NIS Facility Questionnaire. The purpose of the Facility Questionnaire is to gather administrative data about the facilities sampled for the National Inmate Survey in Jails that will allow the Bureau of Justice Statistics to better understand facility characteristics associated with sexual victimization in jails.

Help is available

If you have any questions, need help completing the form, or prefer an alternate submission option, please contact the NIS-4J Logistics Manager, [NAME], at [PHONE NUMBER] or [EMAIL ADDRESS].

Person Completing this Questionnaire:	
Respondent Information	**Facility Information**
Name:	Name:
Title:	Address 1:
Email:	Address 2:
Telephone:	City:
	State:
	Zip Code:

1. What are the functions of [FACILITY NAME]? Please mark Yes or No for each function.

	Yes	No
1a. General adult population confinement		
1b. Persons returned to custody (e.g., probation, parole, and bail bond violators)		
1c. Work release or prerelease		
1d. Reception, diagnosis or classification		
1e. Confinement of juveniles		
1f. Medical treatment or hospitalization confinement (including infirmary)		
1g. Mental health or psychiatric care		
1h. Alcohol treatment		
1i. Drug treatment		
1j. Boot camp		
1k. Protective custody		
1l. Other (specify) _____		

2. What is the rated operational bed capacity of [FACILITY NAME]? By rated operational bed capacity, we mean the number of beds or inmates assigned by a rating official.

   RATED OPERATIONAL BED CAPACITY: _____

3. How many persons are currently CONFINED in this facility?

INCLUDE—

- ✓ *Persons on transfer to treatment facilities but who remain under your jurisdiction.*
- ✓ *Persons held for other jurisdictions.*

EXCLUDE—

✗ *Inmates on AWOL escape, or long-term transfer to other jurisdictions.*

NUMBER CONFINED: _____

4. Of all persons currently CONFINED in this facility, how many are—

   - *For persons with more than one charge/offense, report the status associated with the most serious charge/offense.*
   - *For convicted inmates, include probation and parole violators with no new sentence.*
   - *If none, enter a zero.*

☐ Check here and provide estimates if exact counts are not available.

	Number of Inmates
4a. Convicted	
4b. Unconvicted	
4c. Unknown conviction status	
4d. TOTAL (Sum of items 4a to 4d should equal item 3) [WILL DYNAMICALLY FILL AS RESPONSES ARE ENTERED IN THE ROWS ABOVE]	

5. Of the total number of inmates held at [FACILITY NAME], approximately how many…

   - *If none, enter a zero.*

☐ Check here and provide estimates if exact counts are not available.

	Number of Inmates
5a. have been identified as currently having a serious and persistent mental illness? Please include inmates whether or not they are in a mental health unit or receiving medication.	
5b. have been identified as having a cognitive impairment or intellectual disability?	
5c. are currently assigned to administrative segregation?	
5d. are currently assigned to disciplinary segregation?	
5e. are currently affiliated with a gang or Security Threat Group?	
5f. speak little or no English?	
5g. self-identify as LGBTQ?	

6. Do inmates at [FACILITY NAME] have access to a language line that provides on-demand language interpretation or translation services?

   1 Yes
   2 No

7. During the past 12 months, that is since this date last year, was this facility operating under a court-ordered corrective action plan or consent decree?

   1 Yes
   2 No

For questions 8-16, please think about <u>paid</u> staff at [FACILITY NAME] who are <u>not</u> contractors.

8. Regardless of the source of the funding used to cover the positions, how many Full-Time Equivalency (FTE) positions for jail employees does [FACILITY NAME] currently have? Please include both uniformed and non-uniformed staff.

   NUMBER OF FTEs: _____

9. Of the [Q8 FILL] FTE positions allocated to [FACILITY NAME], how many are **currently** vacant? Please do not include positions that are temporarily vacant because the staff person is on medical leave, military leave, maternity leave, etc.

   NUMBER VACANT FTE POSITIONS: _____

10. Is a hiring freeze currently in place at [FACILITY NAME]?

    1 Yes
    2 No

11. Please provide the number of staff employed at [FACILITY NAME] in each of the listed age and gender categories.
    - *If none, enter a zero.*

☐ Check here and provide estimates if exact counts are not available.

	Male	Female
Total number of staff employed at this facility *INCLUDE all paid staff at the facility who are not contractors.*		
Total number of staff under 30 years of age		
Total number of staff 30-44 years of age		
Total number of staff 45 years of age or older		
Number of **correctional officers** employed at this facility *INCLUDE deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.*		
Number of **correctional officers** under 30 years of age		
Number of **correctional officers** 30-44 years of age		
Number of **correctional officers** 45 years of age or older		

12. During the past 12 months, that is since this date last year, how many staff were new to their current position at [FACILITY NAME]? That is, how many staff were either new hires to the facility or who moved into positions they had not worked in before?

    NUMBER OF STAFF IN NEW POSITIONS: _____

13. During the past 12 months, that is since this date last year, how many **correctional officers** were separated from employment at [FACILITY NAME]?
    - ✓ INCLUDE quits, layoffs, discharges, retirements, deaths, transfers, and other separations

    NUMBER OF CORRECTIONAL OFFICERS WHO SEPARATED: _____

14. How many **correctional officers** who are currently employed at [FACILITY NAME] have:
    - *If none, enter a zero.*

☐ Check here and provide estimates if exact counts are not available.

	Number
14a. Less than 1 year of service at the facility	
14b. 1-2 years of service at the facility	
14c. 3-5 years of service at the facility	
14d. More than 5 years of service at the facility	
14e. Total number of correctional officers [WILL DYNAMICALLY FILL AS RESPONSES ARE ENTERED IN THE ROWS ABOVE]	

15. What is the total number of PREA-related training hours entry level **correctional officers** are required to complete from their date of hire through their first year of employment?

    NUMBER OF HOURS: _____

16. When does a new **correctional officer** who begins employment at [FACILITY NAME] have to complete all required PREA-related trainings?

    1 From date of hire until cleared to work with inmates (prior to starting position)
    2 Within first 24 hours of starting position
    3 After first 24 hours but within first week (7 days) of starting position
    4 After first week but within first month (30 days) of starting position
    5 After first month but within first six months (180 days) of starting position
    6 After first six months but within first year (365 days) of starting position
    7 Some other timeframe; please explain: _____

17. Which of the following methods are used at [FACILITY NAME] to educate inmates about the fact that sexual activity is not allowed at the facility? Please mark Yes or No for each method.

Procedure	Yes	No
17a. Facility staff		
17b. Posters/signs		
17c. Brochures/flyers/pamphlets		
17d. Handbook that describes facility rules and policies		
17e. Video		
17f. Peer Educator		
17g. New Inmate Orientation		
17h. Some other way; please describe:		

18. Is there a Sexual Assault Nurse Examiner (SANE) onsite at [FACILITY NAME] if an inmate needs to be seen?

    1 Yes
    2 No

Questions 19 to 20 are about misconduct at [FACILITY NAME].

19. During the past 12 months, that is since this date last year, about how many violations of facility rules were reported and resulted in a guilty finding? Please include less serious violations such as use of abusive language or failure to attend class, as well as more significant violations such as possession of contraband and physical assaults.

    NUMBER OF GUILTY FINDINGS: _____

20. During what part of the day do most **violations that result in a guilty finding** occur in this facility?

    1 After midnight but before 6:00 AM
    2 Between 6:00 AM and noon
    3 After noon but before 6:00 PM
    4 Between 6:00 PM and midnight

PREA-related Allegations and Investigations

21. During the past 12 months, that is since this date last year, how many allegations of sexual abuse or sexual harassment were made by inmates against other inmates, staff, or volunteers at [FACILITY NAME]?

    NUMBER OF ALLEGATIONS: _____

22. [IF Q21 > 0] During the past 12 months, that is since this date last year, were allegations of sexual abuse or sexual harassment at [FACILITY NAME] investigated by staff at the facility, referred to staff working outside of the facility, or referred to a separate organization? (Mark all that apply.)

    1 Staff at the facility investigated
    2 Referred to staff working outside the facility
    3 Referred to a separate organization

23. Does [FACILITY NAME] have a policy that an inmate who makes an allegation of sexual abuse or sexual harassment must be notified of the outcome of the investigation?

    1 Yes
    2 No

Impact of COVID on Facility Practices

24. During the past 12 months, that is since this date last year, how did COVID-19 affect each of these practices?

Practice	Increased a lot	Increased a little	No change	Decreased a little	Decreased a lot
24a. Number of inmates released early					
24b. Amount of time Correctional Officers spent in the housing units					
24c. Amount of inmate movement within the facility					
24d. Inmate participation in recreational activities					
24e. Inmate participation in employment opportunities					
24f. Number of visitors inside the facility					
24g. Number of volunteers inside the facility					

Thank you for providing this important information about [FACILITY NAME]!