<Instructions tab>

2023 NATIONAL INMATE SURVEY—PRISONS

U.S. DEPARTMENT OF JUSTICE

BUREAU OF JUSTICE STATISTICS

[STATE NAME] FACILITY QUESTIONNAIRE

General Information

The National Inmate Survey (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 that will allow the Bureau of Justice Statistics to better understand facility characteristics associated with sexual victimization in prisons.

Reporting Instructions

- Click on the blue tab at the bottom of this Instructions worksheet for the **Facility Questionnaire** worksheet
- On the **Facility Questionnaire** worksheet, each sampled facility appears in a column; questions appear on the rows. Please **complete all questions** for **each facility**.
- If the answer to a question is "not available" or "unknown," enter "DK" in the space provided.
- If the answer to a question is "not applicable," enter "NA" in the space provided.
- If the answer to a question is "none" or "zero," enter "0" in the space provided.
- When exact numeric answers are not available, please provide estimate.

Submission Instructions

Please email the completed file to: **LM-EMAIL@rti.org**.

Help Is Available

If you have any questions, need help completing the form, or prefer an alternate submission option, please contact your NIS in Prisons Logistics Manager, **LM NAME**, at **LM PHONE** or **LM-EMAIL@rti.org**.

BURDEN STATEMENT OMB No. 1121-0311 Approval Expires 01/31/26

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 30 minutes per facility, 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.

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<Facility Questionnaire tab>

Question **Facility A NAME** **Facility B NAME** **Facility C Name**

1. What are the functions of the facility? Please answer Yes or No for each function.

	Yes	No
1A. General adult population confinement		
1B. Alcohol / Drug treatment confinement		
1C. Reception / Diagnosis / Classification		
1D. Mental health treatment		
1E. Medical treatment / Hospitalization confinement		
1F. Primarily for persons returned to custody (e.g., parole violators)		
1G. Geriatric care		
1H. Youthful offenders		
1I. Close management / Administrative segregation / Disciplinary segregation / Solitary confinement		
1J. Faith and character-based		
1K. Re-entry		
1L. Some other function		

If you answered "Yes" to Question 1L above,
PLEASE DESCRIBE THIS OTHER FUNCTION:

2. What is the rated operational bed capacity of the facility? By rated operational bed capacity, we mean the number of beds or inmates assigned by a rating official.
ENTER RATED OPERATIONAL BED CAPACITY:

3. Please provide the current number of inmates held by custody security level. If this facility houses no inmates for a specific custody security level, enter 0. Please include any inmates who are temporarily absent from the facility (e.g., for court appearances, brief furloughs, and medical leave). Do **not** include inmates who are on escape or absent without leave (AWOL).

3A. Super maximum / Intensive Management Unit custody inmates / Restrictive housing	
3B. Maximum / Close / High custody inmates	

3C. Medium custody inmates	
3D. Minimum custody inmates	
3E. Administrative custody inmates (e.g., Federal medical facilities)	
3F. Not classified / Other (e.g., unsentenced or sentenced and awaiting classification)	
TOTAL NUMBER OF INMATES HELD (CALCULATED)	

4. Of the total number of inmates held at the facility, approximately how many…

		Check if Estimate
4A. have been identified as currently having a serious and persistent mental illness? Please include inmates whether or not they are currently receiving medication for their mental illness.		
4B. have been identified as having a cognitive impairment or intellectual disability?		
4C. are currently assigned to disciplinary restrictive housing such as administrative segregation or disciplinary segregation?		
4D. are currently affiliated with a gang or Security Threat Group?		
4E. speak little or no English?		
4F. self-identify as LGBTQ?		

5. Do inmates at the facility have access to a language line that provides on-demand language interpretation or translation services?

   - o Yes
   - o No

6. 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?

   - o Yes
   - o No

For Questions 7 – 13, please think only about <u>paid</u> staff who are <u>not</u> contractors.

7. Regardless of the source of the funding used to cover the positions, how many Full-Time Equivalency (FTE) positions for [state/federal] employees does the facility currently have? Please include both uniformed and non-uniformed staff.
   ENTER NUMBER OF FTEs:

8. How many of the FTE [state/federal] positions allocated to this facility 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.

   ENTER NUMBER OF VACANT FTE POSITIONS:

9. Is a hiring freeze currently in place at the facility?

   - Yes
   - No

10. Please provide the number of staff at the facility by the age and gender categories below.

	Male	**Female**	**Check if Estimate**
10A. **Total number** of staff employed at the facility			
10B. **Total number** of staff under 30 years of age			
10C. **Total number** of staff 30-44 years of age			
10D. **Total number** of staff 45 years of age or older			
10E. Number of **security staff** employed at the facility (INCLUDE 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)			
10F. Number of **security staff** under 30 years of age			
10G. Number of **security staff** 30-44 years of age			
10H. Number of **security staff** 45 years of age or older			

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

    ENTER NUMBER OF STAFF IN NEW POSITIONS:

12. During the past 12 months, that is since this date last year, how many **security staff** left, for whatever reason, and no longer work at the facility? Please include quits, layoffs, discharges, retirements, deaths, transfers, and other separations.

    ENTER NUMBER OF SECURITY STAFF WHO LEFT:

13. How many of the **security staff** have:

		Check if Estimate
13A. Less than 1 year of service with the DOC		
13B. 1-2 years of service with the DOC		
13C. 3-5 years of service with the DOC		
13D. More than 5 years of service with the DOC		
TOTAL NUMBER OF SECURITY STAFF (CALCULATED)		

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

    ENTER NUMBER OF HOURS:

15. When does a new **security staff** person who begins employment at the facility 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

    ENTER RESPONSE BY NUMBER:

    If you selected response #7 to Question 15 above,
    PLEASE DESCRIBE THE OTHER TIMEFRAME:

16. Which of the following methods are used at the facility to educate inmates about the fact that sexual activity is not allowed at the facility? Please select a Yes or No response for each method.

Procedure	**Yes**	**No**
16A. Facility staff		

16B. Posters / Signs		
16C. Brochures / Flyers / Pamphlets		
16D. Handbook that describes facility rules and policies		
16E. Video		
16F. Peer educator		
16G. New inmate orientation		
16H. Some other way		

If you answered 'Yes' to Questions 16H above,
PLEASE DESCRIBE THE OTHER METHOD USED TO EDUCATE INMATES:

17. Is there a Sexual Assault Nurse Examiner (SANE) onsite at the facility if an inmate needs to be seen?

    - Yes
    - No

18. 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.

    ENTER NUMBER OF GUILTY FINDINGS:

19. 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

    ENTER RESPONSE BY NUMBER:

20. 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 the facility?

    ENTER NUMBER OF ALLEGATIONS:

Please answer this question if your answer in Question 20 was "1" or more:

21. During the past 12 months, that is since this date last year, were allegations of sexual abuse or sexual harassment at the facility investigated by staff at the facility, referred to staff working outside of the facility, or referred to a separate organization? Please answer Yes or No for each.

	Yes	**No**
21A. Staff at the facility investigated		
21B. Referred to staff working outside the facility		
21C. Referred to a separate organization		

22. Does the facility 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?

    - Yes
    - No

Thank you for providing this important information!