



U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Statistics



State and Federal Corrections Information Systems

*An Inventory of Data Elements and
an Assessment of Reporting
Capabilities*

A joint project:

**Association of State Correctional Administrators
Corrections Program Office, OJP
Bureau of Justice Statistics
National Institute of Justice**



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August 1998, NCJ 170016



**Inventory of Data Elements
in
State and Federal
Corrections Information Systems**

January 1998

A joint project of the:

Association of State Correctional Administrators
Bureau of Justice Statistics
Corrections Program Office
National Institute of Justice

General Information

- If you need assistance in completing the questionnaire, please call **Barbara Parthasarathy at The Urban Institute, (202) 857-8630.**
- Please return your completed questionnaire to the Urban Institute using the enclosed envelope before **January 30, 1998.**

Instructions

What this survey covers

- This survey is about the information system in your jurisdiction that contains data on **sentenced adult prisoners.**
- If your jurisdiction has an integrated system that tracks both adults and juveniles, inmates in jails or prisons, or offenders while in prison and following release, respond to all items only for inmates held in your adult State/Federal prisons.
- Sections I through XII refer to your jurisdiction's offender-based information system. Section XIII, *Facility and Program Issues*, refers to information systems that contain data elements on prison programs, staffing, facility questions, and costs.

How to complete the questionnaire

- For each data element, you will be asked three questions.
 - If your answer to the first question is “No,” check the box and proceed to the next data element.
 - If your answer to the first question is “Yes,” check the box and mark the appropriate boxes for the next two questions before proceeding.
- For some data elements, you will be asked for additional details provided in a checklist. Check all of the items that apply to your system.
- Additional items, designated by an arrow (>), ask about the design of your information system and its capacity for storage and retrieval. Mark the appropriate box.

Information on Persons Completing the Survey

Name and Title of Survey Respondent

Phone Number of Respondent

1998 Inventory of State and Federal Corrections Information Systems

Section I. Individual Characteristics

Is this data element in your information system?	If yes:		
	Yes	No	How is it stored?
			% of offenders for whom data are collected?
			In Electron-ically paper form Less than 50% 50% to 75% More than 75%

A. Demographic characteristics at admission

1. Sex	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
2. Race	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
3. Hispanic origin	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
4. Religious affiliation	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
5. Date of birth	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
6. Age at commitment	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
7. Citizenship	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
8. If illegal alien	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
9. State of birth if U.S. citizen	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
10. Country of birth	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
11. Address: city, state, country	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

B. Family characteristics and living arrangements prior to admission

12. Marital status	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
13. Number of children	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
14. Number of dependents	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
15. Relationship of persons living in household	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
16. Residential status (e.g., own, rent, homeless)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

C. Other characteristics

17. Education level prior to admission	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
--	---	---	--

If yes, can you identify the offender's education as: (check all that apply)

- a. Number of years of high school completed
- b. High school dropout
- c. High school graduate
- d. GED
- e. Years of college or other post-secondary education
- f. College graduate

Military service

18. Ever served in the U.S. Armed Forces	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
19. Branch(es) served	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
20. Length of service	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
21. Type of discharge (for last discharge)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Is this data element in your information system?		If yes:				
		How is it stored?	% of offenders for whom data are collected?			
Yes	No	Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%

Employment

22. Employment status prior to arrest leading to current commitment 1 2 1 2 1 2 3

If yes, can you identify offenders who were: (check all that apply)

- a. Employed full time
- b. Employed part time
- c. Unemployed
- d. Not employed but not looking for work

23. Length of employment prior to current commitment 1 2 1 2 1 2 3

24. Length of unemployment prior to current commitment 1 2 1 2 1 2 3

25. Occupation prior to current commitment 1 2 1 2 1 2 3

Criminal justice status

26. Criminal justice status at the time of arrest leading to current commitment 1 2 1 2 1 2 3

If yes, can you identify offenders who were: (check all that apply)

- a. First time offender
- b. On parole
- c. On probation
- d. On other form of supervision
- e. Currently in prison
- f. Escapee/Absconder

D. Income and financial obligations prior to arrest leading to current admission

27. Sources of income 1 2 1 2 1 2 3

If yes, can you identify offenders receiving: (check all that apply)

- a. Earned income (e.g., salary, wages)
- b. Alimony, child support
- c. Public assistance (e.g., AFDC, food stamps, SSI)
- d. Illegal income
- e. Other

28. Amount of income 1 2 1 2 1 2 3

29. Types of financial obligations (e.g., child support, alimony) 1 2 1 2 1 2 3

30. Amount of financial obligations 1 2 1 2 1 2 3

Is this data element in your information system?	If yes:		
	How is it stored?		% of offenders for whom data are collected?
	Electron-ically	In paper form	Less than 50% 50% More than 75%
Yes	No		

Section II. Current Commitment

A. Reason for commitment

31. Type of commitment 1 2 1 2 1 2 3

If yes, can you identify offenders who were: (check all that apply)

- a. New court commitment
- b. Returned from bond or appeal
- c. Transferred from another jurisdiction
- d. Parole violator
- e. Probation violator
- f. Returned escapee
- g. Returned AWOL/absconder
- h. Detained before sentencing or transfer to another jurisdiction

32. Date of current commitment 1 2 1 2 1 2 3

33. Agency having the authority to release the offender from custody 1 2 1 2 1 2 3

➤ For offenders who have multiple commitments for a single sentencing, such as parole violators, do you maintain all records of their commitments on-line? 1 Yes 2 No

➤ Do you archive records of offenders' multiple commitments? 1 Yes 2 No

If yes, continue; if no, skip to question 34.

➤ Can you electronically retrieve archived records? 1 Yes 2 No

B. Sentencing court

34. County in which the sentencing court was located 1 2 1 2 1 2 3

35. Sentencing judge 1 2 1 2 1 2 3

C. Conviction offenses

36. The number of conviction offenses 1 2 1 2 1 2 3

37. The type of conviction offense 1 2 1 2 1 2 3

38. Title and section of the state or Federal penal code 1 2 1 2 1 2 3

39. Written description of the offense 1 2 1 2 1 2 3

40. Charges as specified on the indictment 1 2 1 2 1 2 3

41. Charges as specified on the commitment order 1 2 1 2 1 2 3

42. Offense severity level (e.g., felony, misdemeanor) 1 2 1 2 1 2 3

D. Criminal incident leading to the conviction offense

43. Date of incident 1 2 1 2 1 2 3

44. Location of incident 1 2 1 2 1 2 3

45. Number of victims 1 2 1 2 1 2 3

	Is this data element in your information system?		If yes:				
			How is it stored?		% of offenders for whom data are collected?		
	Yes	No	Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%
46. Sex of victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
47. Race of victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
48. Age of victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
49. If victim knew offender	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
50. Relationship to offender (e.g., spouse, friend)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
51. Weapon involved	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
52. If so, type of weapon	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
53. Victim injury information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
54. Extent of property damage/loss by victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
55. Amount of restitution due victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
56. Address of victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

E. Sentences imposed

57. The date of sentencing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
58. The number of sentences imposed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
59. Whether sentences are concurrent or consecutive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
60. The total length of sentence imposed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
61. The length of sentence imposed for each offense	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
62. Whether a sentence was a mandatory minimum sentence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
63. The reason for the mandatory sentence (e.g., drugs, weapon involvement)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
64. Whether the sentence is a split or mixed sentence (a combination of prison plus supervision in the community)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
65. The length of the community supervision component of the sentence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
66. Whether monetary sanctions were imposed in addition to the prison term	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
67. If so, the amount of the monetary sanction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

F. Confinement characteristics

68. Type of facility housing the offender	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
If yes, can you identify offenders in: (check all that apply)							
a. Adult correctional facility, prison	<input type="checkbox"/>						
b. Youthful offender facility	<input type="checkbox"/>						
c. Juvenile facility	<input type="checkbox"/>						
d. Federal prison	<input type="checkbox"/>						
e. County jail	<input type="checkbox"/>						
f. Boot camp	<input type="checkbox"/>						
g. Pre-release center	<input type="checkbox"/>						
h. Halfway house	<input type="checkbox"/>						

Is this data element in your information system?	If yes:		
	How is it stored?		% of offenders for whom data are collected?
	Electron-ically	In paper form	Less than 50% 50% to 75% More than 75%
Yes	No		

Type of facility housing the offender (continued)

- i. Treatment facility
- j. Hospital

69. Type of housing unit in which offender is placed 1 2 1 2 1 2 3

If yes, can you identify offenders in: (check all that apply)

- a. a dormitory
- b. a unit with cells/rooms
- c. an area not originally intended for housing (e.g., gym, hallway, classroom)

70. Special unit housing the offender 1 2 1 2 1 2 3

If yes, can you identify offenders in: (check all that apply)

- a. medical unit
- b. special treatment unit (e.g., drug/alcohol program)
- c. disciplinary segregation
- d. administrative segregation
- e. protective custody
- f. pre-release/work release

Section III. Expected Time To Be Served

The data elements in this section refer to the offender's expected length of stay in prison.

A. Expected length of stay

71. Expected date of release 1 2 1 2 1 2 3

72. Expected parole release date 1 2 1 2 1 2 3

73. Date of expiration of sentence, if a full term were to be served 1 2 1 2 1 2 3

74. Change in sentence length due to modifications 1 2 1 2 1 2 3

75. Reason for change in the sentence length 1 2 1 2 1 2 3

If yes, can you identify offenders who: (check all that apply)

- a. Committed a new crime
- b. Were re-sentenced
- c. Had a sentence correction
- d. Had a change because of appeal
- e. Received executive clemency
- f. Other

76. Amount of change in sentence length 1 2 1 2 1 2 3

77. Amount of change to expected release date 1 2 1 2 1 2 3

B. Good time credits

78. Total amount of good time credit available 1 2 1 2 1 2 3

	If yes:						
	Is this data element in your information system?		How is it stored?		% of offenders for whom data are collected?		
	Yes	No	Electron-ically	In paper form	Less than 50%	50% to 75% More than 75%	
79. Actual amount of good time credit accrued	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
80. Special credits (e.g., housing credits)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
81. Change in available good time credits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
82. Date of good time credit calculation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
83. Reason for change in good time credits (e.g., infraction, new crime)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section IV. Post-Commitment Movements

This section asks about movements and transfers of sentenced prisoners after they have been committed. The data elements refer to the most recent movement.

84. Transfer to another correctional facility within your jurisdiction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
85. Who authorized the transfer to another facility within your jurisdiction (e.g., administrator, medical authority, policy directive)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
86. Date of transfer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
87. Movements within a facility (e.g., between units)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
88. Who authorized the internal movement (e.g., administrator, warden, medical authority)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
89. Date of internal movement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
90. Reason for transfer/internal movement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

If yes, can you identify offenders who were transferred or moved because of: (check all that apply)

- a. Parole board hearing
- b. Court order (e.g., overcrowding)
- c. Change in security level
- d. Temporary transfer
- e. Protective administrative segregation
- f. HIV/AIDS
- g. Other medical condition
- h. Psychiatric referral
- i. Request by offender
- j. Other

➤ Does your system maintain an on-line history of an offender's transfers and internal movements? 1 Yes 2 No

➤ Do you archive records of offender transfers and internal movements? 1 Yes 2 No

If yes, continue; if no, skip to Section V.

Is this data element in your information system?		If yes:				
		How is it stored?	% of offenders for whom data are collected?			
Yes	No	Electronically	In paper form	Less than 50%	50% to 75%	More than 75%

➤ Can you retrieve and link electronically the archived records with the current transfer and internal movement records?

1 Yes 2 No

Section V. Classification Issues

The data elements in this section refer to the classification of offenders for the purposes of placement and treatment.

A. Risk assessment at admission

- | | | | |
|--------------------------------|---|---|--|
| 91. Weapon used during offense | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 92. History of violence | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 93. Gang membership | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 94. History of escape/AWOL | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |

B. Needs assessment at admission

- | | | | |
|------------------|---|---|--|
| 95. Type of need | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
|------------------|---|---|--|

If yes, can you identify offenders who are: (check all that apply)

- a. Sex offenders
- b. Drug users
- c. Alcohol abusers
- d. Special needs (e.g., youth, medical, psychiatric)

- | | | | |
|-------------------------------------|---|---|--|
| 96. Psychological history | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 97. Medical conditions at admission | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |

If yes, can you identify offenders with: (check all that apply)

- a. HIV/AIDS
- b. Tuberculosis
- c. Hepatitis
- d. Physical disabilities
- e. Mental/emotional conditions
- f. Specialized medical conditions

- | | | | |
|---|---|---|--|
| 98. Participation in programs prior to commitment (e.g., drug/alcohol treatment, education, training) | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 99. Tested for drug use at admission | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 100. If yes, results of drug test at admission | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |

C. Classification at admission

- | | | | |
|---|---|---|--|
| 101. Security level at admission | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 102. Agency responsible for classification of offenders | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 103. Date of initial classification | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| 104. Classification index or score | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |

	Is this data element in your information system?		How is it stored?		If yes: % of offenders for whom data are collected?		
	Yes	No	Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%
105. Risk assessment index or score	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
106. Psychological index or score	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
107. Medical classification index or score	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
If classification changes:							
108. Reason for change of classification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
109. Date of classification change	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section VI. Offender Criminal History

110. Offender's record of prior arrests and convictions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
If yes, can you identify offenders with a history of: (check all that apply)							
a. Drug offenses	<input type="checkbox"/>						
b. Weapons offenses	<input type="checkbox"/>						
c. Violent offenses	<input type="checkbox"/>						
d. Sexual offenses	<input type="checkbox"/>						
111. Severity level of prior offenses (e.g., felony, misdemeanor)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
112. Number of prior arrests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
113. Number of prior convictions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
114. Date of prior arrests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
115. Date of prior convictions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
116. Habitual offender	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section VII. Behavior in Custody

These data elements describe offenders' behavior while in custody and the response to misconduct or infractions.

A. Misconduct/Infractions

117. Tested for drug use since admission	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
118. If yes, date of last drug test	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
119. If yes, results of last drug test	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
120. For the most recent infraction, type of misconduct/infraction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

If yes, can you identify offenders who: (check all that apply)

- a. Committed an assault (non-sexual)
- b. Committed a sexual assault
- c. Committed homicide

Is this data element in your information system?	If yes:		
	How is it stored?		% of offenders for whom data are collected?
	Electron-ically	In paper form	Less than 50% 50% to 75% More than 75%
Yes	No		

For the most recent infraction, type of misconduct/infraction (continued)

- d. Attempted suicide
- e. Escaped
- f. Had possession of drugs
- g. Had possession of a weapon
- h. Were involved in gang-related activity
- i. Other

121. Date of event	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
122. Location of event	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
123. People involved in event (e.g., inmates, staff)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
124. Whom the injury was sustained by	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
125. Type of injury sustained	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
126. If injury sustained, were drugs/alcohol involved	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
127. If injury sustained, were weapons involved	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
128. Property damage in dollars	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
129. History of behavior in custody, including no misconduct/infractions	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

B. Official response to misconduct in custody

130. Type of immediate response (e.g., shakedown, lockdown, restraint)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
131. Date of immediate response	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
132. Result of response (e.g., restriction of privileges, segregation, transfer)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

C. Legal proceedings against offenders as a result of misconduct in custody

133. Type of legal procedure (e.g., grievance, investigation, hearing)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
134. Entity/person that initiated the legal procedure	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
135. Date of legal procedure	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
136. Charges filed	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
137. Disposition of charges	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

If yes, can you identify offenders who: (check all that apply)

- a. Received detention
- b. Received a new sentence
- c. Received a sentence modification
- d. Had good time modified
- e. Had forfeitures imposed
- f. Had a change in classification
- g. Had a grievance upheld or denied

Is this data element in your information system?	If yes:				
	How is it stored?		% of offenders for whom data are collected?		
	Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%
Yes	No				

➤ Does your system maintain an on-line history of an offender's misconduct/infractions? 1 Yes 2 No

➤ Do you archive records of an offender's misconduct/infractions? 1 Yes 2 No

If yes, continue; if no, skip to Section VIII.

➤ Can you electronically retrieve and link the archived records with the current misconduct/infraction records? 1 Yes 2 No

Section VIII. Program Participation

A. Program participation

138. Offender is eligible to participate in prison programs 1 2 1 2 1 2 3

139. Type of program in which the offender participated 1 2 1 2 1 2 3

If yes, can you identify offenders in: (check all that apply)

- a. Occupational/Vocational training
- b. Prison employment
- c. Employment outside prison
- d. Education program
- e. Substance abuse treatment
- f. Violence reduction treatment
- g. Mental health program
- h. Counseling

140. Reason for program participation 1 2 1 2 1 2 3

141. Authority that placed offender in the program 1 2 1 2 1 2 3

142. Regular ongoing in-prison program 1 2 1 2 1 2 3

143. Location of program 1 2 1 2 1 2 3

144. Program intensity (e.g., number of hours per week, days per week, month) 1 2 1 2 1 2 3

145. Length of program 1 2 1 2 1 2 3

146. Date offender began program 1 2 1 2 1 2 3

147. Date offender ended program 1 2 1 2 1 2 3

148. Outcome of offender's participation 1 2 1 2 1 2 3

If yes, can you identify offenders who: (check all that apply)

- a. Completed the program
- b. Quit the program
- c. Failed the program
- d. Violated program rules
- e. Escaped during program
- f. Terminated for medical reasons

Is this data element in your information system?		If yes:				
		How is it stored?		% of offenders for whom data are collected?		
Yes	No	Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%

Section IX. Releases

A. Releases from custody

149. Type of release from custody 1 2 1 2 1 2 3

If yes, can you identify offenders released by: (check all that apply)

- a. Expiration of sentence
- b. Commutation/pardon
- c. Court order/consent decree
- d. Probation
- e. Parole
- f. Supervised mandatory release
- g. Execution
- h. Illness/natural death
- i. AIDS
- j. Suicide
- k. Accidental injury to self
- l. Homicide
- m. Work release
- n. Absconder/AWOL
- o. Escape
- p. Transfer to another jurisdiction
- q. Released on appeal/bond
- r. Temporary release

150. Release date 1 2 1 2 1 2 3

151. Time served in custody 1 2 1 2 1 2 3

152. Agency gaining jurisdiction of offender when released 1 2 1 2 1 2 3

153. Type of facility released to (e.g., community corrections facility, work release center, treatment facility) 1 2 1 2 1 2 3

B. Offender registry

154. Offender is required to register as a sex offender under Megan's Law or a similar statute 1 2 1 2 1 2 3

155. Offender actually registered as a sex offender under Megan's Law or a similar statute 1 2 1 2 1 2 3

156. Victim notification is required when offender is to be released 1 2 1 2 1 2 3

C. Previously released offenders

➤ Does your system maintain the records of previously released offenders? 1 Yes 2 No

If yes, continue; if no, skip to Section X.

Is this data element in your information system?		If yes:				
		How is it stored?	% of offenders for whom data are collected?			
Yes	No	Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%

- Are these records permanently available on-line? 1 Yes 2 No
- Do you archive records of previously released offenders? 1 Yes 2 No
If yes, continue; if no, skip to Section X.
- Can you electronically retrieve archived records? 1 Yes 2 No
If yes, continue; if no, skip to Section X.
- Can you electronically link archived records with current records? 1 Yes 2 No

Section X. Behavior on Release

These data elements describe offenders' behavior upon their release from custody, including employment, residential status, length of supervision, behavior, and results of violations

- In your correction information system, do you maintain data elements about offenders after they are released from prison? (This includes offenders returned for violations, or committing new crimes.) 1 Yes 2 No
If yes, continue; if no, skip to Section XI.
- Do you maintain these records for all offenders released into the community? 1 Yes 2 No
- Do you maintain these records for offenders returned to prison for parole violations? 1 Yes 2 No
- Please indicate for which types of released offenders you collect these data elements: (check all that apply)
 - a. All released offenders
 - b. Released when sentence expired
 - c. Commuted sentence/pardoned
 - d. Released by court order
 - e. On probation
 - f. On parole
 - g. On supervised release
 - h. Work release
 - i. Transferred to another jurisdiction
 - j. Released on appeal/bond
 - k. On temporary release
 - l. Released sex offenders

A. Employment on release

- 157. Offender had a job arranged upon release 1 2 1 2 1 2 3
- 158. Type of employment 1 2 1 2 1 2 3

	If yes:						
	Is this data element in your information system?		How is it stored?		% of offenders for whom data are collected?		
			Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%
Yes	No						
159. Date employment was to begin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
160. Employer notified of offender's record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B. Personal information while on release

161. Address while on release	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
162. Residence status on release (e.g., offender owns, rents)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
163. Living arrangements on release (e.g., lives alone, with family, friends)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

C. Completion of release supervision

164. Type of supervision	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
165. Termination of supervision	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

- If yes, can you identify offenders who: (check all that apply)
- a. Completed with no violation
 - b. Committed violation
 - c. Committed new crime
 - d. Died
 - e. Discharged due to medical condition
 - f. Other

166. Actual length of time in supervision	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
167. Date supervision was completed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

D. Violation of release

168. Type of technical release violation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
169. Type of new crime committed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
170. Administrative closure due to health, death, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
171. Absconded while on release	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
172. Date of technical release violation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
173. Date of new crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
174. Date of administrative closure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
175. Date absconded	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

E. Responses to release violations

176. Offender arrested for violation/new crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
177. Violation/new crime adjudicated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
178. Offender convicted for violation/new crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
179. Offender sentenced for violation/new crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
180. Date offender arrested	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
181. Date violation/new crime adjudicated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
182. Date offender convicted for violation/new crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
183. Date offender sentenced for violation/new crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

	If yes:						
	Is this data element in your information system?		How is it stored?		% of offenders for whom data are collected?		
			Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%
Yes	No						
184. Offender's release status changed as a result of violation/new crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
185. Date offender returned to prison for violation/new crime	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section XI. Public Safety

These data elements address public safety issues, in particular, the harm caused by offenders supervised in the community.

- Do you collect data on crimes committed by offenders under supervision in the community? 1 Yes 2 No

If yes, continue; if no, skip to Section XII.

- When do you obtain these data on the crimes committed by these offenders: (check all that apply)
- a. Upon their arrest
 - b. Upon their conviction
 - c. Upon their return to prison
 - d. Other

Please indicate which of the following data elements you maintain.

A. About the criminal incident

186. Date of incident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
187. Location of incident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
188. Type of offense (e.g., rape, murder)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
189. Number of victims in criminal incident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
190. Victim impact statement or summary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
191. Victim injury information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
192. Extent of property damage/loss by victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
193. Amount of restitution due victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

B. About the victim

194. Sex of victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
195. Race of victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
196. Age of victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
197. If victim was a child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
198. If victim knew offender	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
199. Relationship to offender (e.g., spouse, friend)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
200. Address of victim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Is this data element in your information system?		If yes:				
		How is it stored?		% of offenders for whom data are collected?		
Yes	No	Electron-ically	In paper form	Less than 50%	50% to 75%	More than 75%

C. About the offender

201. If offender was under criminal justice supervision 1 2 1 2 1 2 3

If yes, can you identify offenders: (check all that apply)

- a. On parole
- b. On probation
- c. On supervised release
- d. On work release
- e. In community corrections
- f. Other

Section XII. Medical Care of Offenders

202. Type of medical treatment given in custody 1 2 1 2 1 2 3

203. Date medical treatment started 1 2 1 2 1 2 3

204. Date medical treatment ended 1 2 1 2 1 2 3

205. Cost of medical treatment 1 2 1 2 1 2 3

206. Current medical condition status 1 2 1 2 1 2 3

If yes, can you identify conditions: (check all that apply)

- a. Acquired before commitment
- b. Acquired after commitment

207. Conditions developed in custody 1 2 1 2 1 2 3

If yes, can you identify: (check all that apply)

- a. HIV/AIDS cases
- b. Tuberculosis cases
- c. Hepatitis cases
- d. Chronic medical conditions

Section XIII. Facility and Program Issues

This section requests information about data elements related to the overall operation of your prison system. In responding to questions about each data element, refer to any information systems that include data on programs, staffing, facility operations, or budgets.

A. Program issues

208. Types of programs offered to offenders 1 2 1 2

If yes, can you identify: (check all that apply)

- a. Number of offenders in program
- b. Number of program staff
- c. If program is accredited or certified
- d. Cost of program
- e. Source of program funds

	If yes:					
	Is this data element in your information system?		How is it stored?		% of offenders for whom data are collected?	
	Yes	No	Electron-ically	In paper form	Less than 50%	More than 50% to 75%
209. Program assessment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
<p>If yes, can you identify: (check all that apply)</p> <p>a. Number of offenders completing program <input type="checkbox"/></p> <p>b. Number of offenders entering but not completing program <input type="checkbox"/></p> <p>c. Impact on in-prison behavior <input type="checkbox"/></p> <p>d. Impact on post-prison behavior <input type="checkbox"/></p>						
210. Date of post-program assessment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
211. Number of medical staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
212. Qualifications of medical staff (e.g., certified, licensed)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
213. Availability of staff (e.g., hours per week, days per week)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		

B. Facility issues

214. Number of facilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
215. Number of beds in each facility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
216. Number of total staff in each facility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
217. Number of custodial staff in each facility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
218. Facilities that generate revenue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
219. Facility-generated revenue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
<p>If yes, can you identify revenue from: (check all that apply)</p> <p>a. Beds leased <input type="checkbox"/></p> <p>b. Labor contracts <input type="checkbox"/></p> <p>c. Room and board <input type="checkbox"/></p> <p>d. Other <input type="checkbox"/></p>						
220. Amount of facility-generated revenue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
221. Annual cost to operate facilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
222. Annual capital costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>		

Thank you for completing this questionnaire.

Your information will be used to define a common core of data elements among state and Federal information systems. If you have any questions or comments, please send them to us along with your completed questionnaire.