Form CJ-9A

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 ANNUAL SUMMARY ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

	ORM COMPLETED BY—		
Eva Banner	Title	Depu	ıty
100 Dolhonde Street	Telephone	504	374-7710
Gretna	FAX	504	374-7769
LA zip 70053	Email banner	em@j	pso.com

Instructions for completion and submission

FOR EACH ITEM-

- 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 checkbox beside each **number** that is estimated. For example 1,234 ⋈

You may submit your annual summary in one of these ways:

ONLINE: https://bjsmci.rti.org

EMAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at 1-800-344-1387 or bismci@rti.org.

What to include and exclude in this data collection

INCLUDE-

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities that are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

EXCLUDE-

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

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 15 minutes 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.

INMATE COUNTS AND DEATHS

						enteres de la companya	000000000000000000000000000000000000000		
supervisi	on of your jail	how many per jurisdiction w	rsons under the ere CONFINED in		mber 31, 2019, facilities were l			ıs CONF	INED in
your jail f	acilities?				CLUDE contracti		orary, cou	ırtesy, or	ad hoc
	Persons on tran		nt facilities but who	■ Cou	ds for other age unt persons with ng federal, state	multiple		y once w	ith priority
✓ F		r other jurisdicti	ons rograms (e.g., work		mmigration and oms Enforceme		35		Estimate
n	eturn to jail at n	ight	cohol treatment) who er your jurisdiction.	b. U.S. N	larshals Servic	:e:	0		Estimate
EXCLU					ner holds (state al prison, Burea				
X F	Persons under y	our jurisdiction	who are housed	Indian	Affairs, or any	holds	62	\neg \vdash	
е	Isewhere		ed, or on long-term	for oth	ner jall jurisdic	tions):	02	— Ш	Estimate
tr X F	ansfer to other Persons in comr	jurisdictions munity-based p	rograms run by your		January 1, 201 verage daily p				
c	ommunity servi	onic monitoring ice, day reportir urn to jail at nig	ng, or work programs)	prog	LUDE inmates grams that allow onlinement only	offende	rs to serve	e their se	ntences
Inmates on December 31	Males:	865	Estimate	■ To o	calculate the avi	erage da for each	ily populat day betwe	tion, add een Janu	the ary 1,
2019	, Females:	116	☐ Estimate	365	9 and Decembe aily counts are n				
		ler the supervi TED to your ja	sion of your jail ail facilities	daily on t 12. • If av dire	y population by he same day of verage daily pop cted above, the	adding the each module of the ea	ne number onth and d cannot be de te the typic	r of perso ivide the calculated cal numb	ons held result by d as er of
during 20	197			pers	sons held in you	<u> </u>	finement f	acilities e	ach day.
INCLUD	E			Average daily population	y Males:	865		✓ Esti	mate
		y booked into a al legal docume	nd housed in your jail ent and by the	during 2019	Females:	115		✓ Esti	mate
✓ R ✓ P	epeat offender	s booked on ne a weekend ser	other official agency w charges ntence coming into the		January 1, 201 sons died while ies?				
EXCLU				INCLUE	E deaths of ALI	L person	s—		
a re	ppointments/treeleases, and co	cape, work rele eatment facilities ourt appearance	s, furloughs, bail/bond es.	✓ U o h	CONFINED in you UNDER THE SU out to court or in cospice, or nursi esidential comm or facility-based	PERVIS special f ng home unity cer	ION of you acilities (e treatmenter; residenter; residenter;	.g., hosp nt facility; ential wo	ital, rk release
New ANNUAL admissions			✓ Estimate	С	enter)		7		
during 2019	Females:	2016	✓ Estimate		VHILE IN TRAN Inder your supei		from you	јан тасш	ties while
				EXCLU	DE—				
				а	eaths of persor gency if they ha acilities.				
				Number of inmate	Males:	4			
				deaths during 2019	Females:	0			



2019 CENSUS OF JAILS

SINGLE-FACILITY JAIL FORM

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL

Data Supplied By							
Name	Eva Banner		Title Deputy				
Official	Street or P.O. Box	^{City} Gretna		State	от политической п		
Address	s 100 Dolhonde Street			LA	70053		
Phone	Area Code Number 504-374-7710	Extension	Area Code Fax	Number	All quarter films (1944-1940) (1944-1944) (1944-1944) (1945-1944) (1944-1944) (1944-1944) (1944-1944) (1944-1944)		
Email	banner_em@jpso.com			FOR LONG REPORT CONTRACTOR AND	November entre		

General Information

- IMPORTANT: Please use this form as a reference and submit your data at http://jailcensus.rti.org. If you are unable to submit data online, please return your completed form to us by email (jailcensus@rti.org), fax (1-866-800-9179), or mail (RTI International, Attn: Data Capture, Census of Jails (0216663), 5265 Capital Boulevard, Raleigh, NC 27690-1652).
- For assistance, please contact RTI International at 1-866-354-4992 or jailcensus@rti.org.

What types of facilities are included in the census?

The census includes all confinement facilities administered by a local or regional law enforcement agency. The facilities are intended for adults but sometimes hold juveniles.

INCLUDES-

- Jails and city/county or regional correctional centers
- Special jail facilities operated under the authority of local or regional correctional authorities, including medical, treatment, or release centers; halfway houses; work farms; and private facilities operated under contract to local, regional, or federal correctional authorities
- Temporary holding or lockup facilities if they are a part of your combined jail function.

EXCLUDES—

 Temporary holding or lockup facilities, from which inmates are usually transferred within 72 hours and not held beyond arraignment. If your only function is as a temporary holding or lockup facility, please contact us.

Reporting instructions:

- Please complete this CJ-3 form on information pertaining to your entire jail jurisdiction.
- 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 number that is estimated, e.g., 1.234 ☒.

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 2 hours and 30 minutes per form, 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. For which of the following purposes do your jail facilities hold inmates?

		Yes	No
a.	Detention facility with authority to hold persons facing criminal charges for more than 72 hours	0	0
b.	Correctional facility for persons convicted of offenses with sentences usually of one year or less	•	0
C.	Correctional facility for persons convicted of felonies with sentences of more than one year	•	0
d.	Temporary holding or lockup facility in which arrestees are usually detained for up to 72 hours, excluding holidays and weekends, pending arraignment	•	0

2. As a matter of practice, what type of inmates do your jail facilities house?

Mark	only	ONE	choice.
------	------	-----	---------

○Males only

OFemales only

Both males and females

3. What are the functions of your jail facilities?

		Yes	No
a.	General adult population confinement	•	0
b.	Persons returned to custody (e.g., probation, parole, and bail bond violators)	•	0
C.	Work release/prerelease	0	•
d.	Reception/diagnosis/classification	•	0
е.	Confinement of juveniles	0	0
f.	Medical treatment/hospitalization confinement	•	0
g.	Mental health/psychiatric care	•	0
h.	Alcohol treatment confinement	•	0
i.	Drug treatment confinement	0	0
j.	Boot camp	0	•
k.	Protective Custody	0	0
I.	Other 7		
	Specify		

4.	Or	On June 28, 2019, what was the total capacity of your jail facilities?						
	a.	Rated capacity ① The maximum number separate temporary	ber of beds or inmates assigned by a rating officia holding areas.	I to your jail facilities, excluding				
				1065				
	b.	Design capacity						
		The number of inma	tes intended for your jail facilities by planners or a	architects.				
				1193				
5.			re any of your jail facilities under a fe limit the number of inmates that can l					
		○Yes —go on to 6						
		●No—skip to 7						
6.	If `	Yes to 5 (under a co	ourt order or consent decree to limit th	e number of inmates)—				
	a.	What was the maximum house?	mum number of inmates your jail facilitie	es were allowed to				
				0				
	b.	_	s order or decree take effect? the year for the longest order or decree in effect.					
				0				
7.			re any of your jail facilities under a fed specific conditions of confinement?	deral or state court order				
		◯Yes —go on to 8						
		●No—skip to 9						

8. If Yes to 7 (under a court order or consent decree for specific conditions of confinement), what were those specific conditions?

		Yes	No
a.	Crowding	0	0
b.	Recreation/exercise	0	0
C.	Staffing	0	0
d.	Medical facilities or services	0	0
е.	Visiting/mail/telephone policy	0	0
f.	Food services/nutrition/cleanliness	0	0
g.	Library services	0	0
h.	Grievance procedures or policies	0	0
i.	Fire hazards	0	0
j.	Disciplinary procedures or policies	0	0
k.	Administrative segregation procedures or policies	0	0
I.	Religious practices	0	0
m.	Search policies or practices	0	0
n.	Education or training programs	0	0
Ο.	Counseling programs	0	0
p.	Inmate classification	0	0
q.	Other Specify	0	0

SECTION II. **SUPERVISED POPULATION AND INMATE COUNTS**

9.	On June 28, 2019, how many persons under the supervision of your jail jurisdiction
	were—

a.	CONFINED	in	your jail	facilities?
a.	CONFINED	111	your jan	racinties?

INCLUDE-

- ✓ Inmates held for other jurisdictions
- ✓ Persons in community-based programs who RETURN to your jail facilities at night.
 - ① Community-based programs include electronic monitoring, home detention, community service, day reporting, other pre-trial supervision, other alternative work programs, alcohol/drug treatment programs, and other programs where offenders are supervised outside of jail.
- ✓ Persons on transfer to treatment facilities but who remain under the jurisdiction of your jail facilities
- ✓ Persons out to court while under the jurisdiction of your jail facilities.

	EX	CLUDE—	
	X X X	Persons under the jurisdiction of your jail facilities who are boarded else Inmates who are AWOL, have escaped, or are on long-term transfer to Persons in community-based programs run by your jail who do NOT ret	other jurisdictions
	^	night.	1081
b.	Un	nder jail supervision, but NOT CONFINED?	
	INC	CLUDE—	
	✓	Persons in community-based programs run by your jail who do NOT retunight.	urn to your jail facilities at
	EX	CLUDE—	
	X X	Persons on pre-trial release who are not in a community-based program Persons under the supervision of probation, parole, or other agencies	n run by your jail facilities
	X	Inmates on weekend programs that allow offenders to serve their senter weekends (e.g., Friday–Sunday)	nces of confinement only on
	X	Inmates participating in community-based programs who RETURN to yo	our jail facilities at night.
			0
c.	TO	OTAL (Sum of items 9a and 9b)	1081

10. On the weekend prior to June 28, 2019, did your jail facilities have a weekend program?

	○Yes—How many inmates participated?	0
Œ	Weekend programs allow offenders to serve their sentences of confidences. Friday—Sunday).	onfinement only on weekends (e.g.,

No

11. Or	n June 28, 2019, how many persons CONFINED in your jail facil	ities were—
a.	Adult males (age 18 or older)	936
b.	Adult females (age 18 or older)	133
c.	Males age 17 or younger	12
d.	Females age 17 or younger	0
e.	TOTAL (Sum of items 11a through 11d should equal item 9a)	1081
	all the persons age 17 or younger CONFINED in your jail facilit 19 (sum of items 11c and 11d), how many were tried or awaiting tri	·
		0
13. On	June 28, 2019, how many persons CONFINED in your jail facil	ities were—
a.	White (not of Hispanic origin)	0
b.	Black or African American (not of Hispanic origin)	0
c.	Hispanic or Latino	0
d.	American Indian or Alaska Native (not of Hispanic origin)	0
e.	Asian (not of Hispanic origin)	0
f.	Native Hawaiian or Other Pacific Islander (not of Hispanic origin)	0
g.	Two or more races (not of Hispanic origin)	0
h.	Additional categories in your jail information system \neg	0
	Specify	
i.	Not known	0
	TOTAL (Sum of items 13a to 13i should equal item 9a)	

✓ INCLUDE persons adjudicated or awaiting revocation hearing.	
a. Probation violators	119
b. Parole violators	120
c. TOTAL (Sum of items 14a and 14b)	239
Questions 15, 16, and 18 ask about the offense seriousness and conviction stamore than one charge/offense, report the most serious charge/offense and the probation and parole violators, report the most serious original or new charge/offense is the one crime for which the person could receive the longest it can be determined by your jail system's offense severity code.	associated conviction status. For offense. The most serious jail/prison sentence. Alternatively,
15. On June 28, 2019, how many persons CONFINED in your j of conviction status, had a charge/offense type of—	jail facilities, regardless
a. Felony	1003
b. Misdemeanor	46
c. Other ¬	32
fugitive, probabtion, municiple attach	nments,
d. TOTAL (Sum of items 15a to 15c should equal item 9a)	1081
16. Of all persons CONFINED in your jail facilities on June 28, For persons with more than one charge/offense, report the status associated.	•
charge/offense. For convicted inmates, include probation and parole violators with no ne	
To convicted inflates, include probation and parole violators with no he	93
a. Convicted	
b. Unconvicted	988
c. TOTAL (Sum of items 16a and 16b should equal item 9a)	1081

14. On June 28, 2019, how many persons CONFINED in your jail facilities were—

17. On June 28, 2019, how many persons CONFINED in your jail facilities were—				
a. U.S. citizens	0			
b. Not U.S. citizens	0			
c. Of unknown citizenship status	1081			
d. TOTAL (Sum of items 17a to 17c should equal item 9a)	1081			
18.On June 28, 2019, how many non-U.S. citizens in item 17l	b were—			
a. Convicted	0			
b. Unconvicted	0			
c. Of unknown conviction status	0			
d. TOTAL (Sum of items 18a to 18c should equal item 17b)	0			

19. On June 28, 2019, how many persons CONFINED in your jail facilities were held for—

- Count persons with multiple holds only once with priority being federal, state, tribal, and local.
- ✓ INCLUDE contractual, temporary, courtesy, or ad hoc holds for other agencies.

a.	Federal authorities	
	(1) U.S. Marshals Service	0
	(2) Federal Bureau of Prisons	0
	(3) U.S. Immigration and Customs Enforcement (ICE)	0
	(4) Bureau of Indian Affairs (BIA)	0
	X EXCLUDE inmates being housed for tribal governments in item 19c belo	ow.
	(5) Other FEDERAL authorities ¬	0
	Specify	
b.	State prison authorities	
	(1) For your state	52
	(2) For other states	0
c.	American Indian or Alaska Native tribal governments X EXCLUDE inmates being housed for the BIA in item 19a4.	0
d.	Other local jail jurisdictions EXCLUDE— Y Inmetes being boused for your own jail jurisdiction (i.e., your own county/site)	r inmete al
	 Inmates being housed for your own jail jurisdiction (i.e., your own county/city Inmates being housed for tribal governments in item 19c. 	IIIIIates)
	(1) Within your state	0
	(2) Outside your state	0
e.	TOTAL (Sum of items 19a to 19d)	52

20. a.	During the	30-day perio	d from Jun	e 1 to Jui	ne 30,	2019, on	what da	y did	your	jail
fa	cilities hol	d the greates	t number o	f inmates	?					

Peak population shou	uld be equal to d	r greater than the	contined inmate bo	pulation reported :	ın item 9a.

	June 4, 2019
b. How many persons were CONFINED on that day?	1139

21. Between July 1, 2018, and June 30, 2019, what was the average daily population of all jail confinement facilities operated by your jail jurisdiction?

- ✓ INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day during the period July
 1, 2018, through June 30, 2019, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If the average daily population cannot be calculated as directed above, estimate the typical number of persons held in your jail facilities each day.

a.	Males	808
b.	Females	109
c.	TOTAL (Sum of items 21a and 21b)	917

22. How many persons under the supervision of your jail facilities were-

a.	ADMITTED	to vour	iail facilities	between July	v 1.	2018.	and June	30, 2019?
C	ADIMILIED	to you.	jan iacintics	Detricen our	y .,	~v : v,	and vune	JU; EU 1J:

INCLUDE-

- ✓ Persons officially booked into and housed in your jail facilities by a formal legal document and the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges

(3) **TOTAL** (Sum of items 22b1 and 22b2)

✓ Persons serving a weekend sentence coming into jail for the FIRST time only. (Do not count subsequent admissions for the same weekend sentences.)

EV	\sim 1	11	7	F
-		.,	,,	

b.

Χ	Returns from escape, work release, medical appointments/treatment facilities, furloughs,	bail/bond
	releases, and court appearances.	

(1) Males	12663
(2) Females	4301 🗆
(3) TOTAL (Sum of items 22a1 and 22a2)	16964
DISCHARGED from your jail facilities between July 1, 2018, a INCLUDE—	nd June 30, 2019?
 ✓ Persons released after a period of confinement (e.g., sentence complete pre-trial releases, transfers to other jurisdictions, or deaths) ✓ Persons completing their weekend sentence who are leaving jail for the 	
EXCLUDE—	
X Temporary discharges (e.g., work releases, medical appointments/treat day reporters, or transfers to other facilities within your jail jurisdiction).	ment, out to courts, furloughs,
(1) Males	7511
(2) Females	3460
(3) TOTAL (Sum of items 22b1 and 22b2)	10971

SECTION III. FACILITY STAFFING

c. TOTAL (Sum of items 23a3 and 23b3)

23. On June 28, 2019, how many staff employed in your jail facilities were—

- Count each employee only once. Classify employees with multiple functions by the function performed most frequently.
- ✓ INCLUDE payroll staff, non-payroll staff on the payroll of other government agencies (e.g., health department, school district, or court), and unpaid interns.
- X EXCLUDE staff paid through contractual agreements and community volunteers.

_	Correctional officers	
a.	✓ INCLUDE deputies, monitors, and other custody staff who spend more the incarcerated population.	han 50% of their time with the
	(1) Males	81
	(2) Females	126
	(3) TOTAL (Sum of items 23a1 and 23a2)	207
b.	All other staff ✓ INCLUDE administrators, clerical and maintenance staff, educational sta staff, and other staff who spend more than 50% of their time in your jail.	ff, professional and technical
	(1) Males	47
	(2) Females	48
	(3) TOTAL (Sum of items 23b1 and 23b2)	95
c.	TOTAL (Sum of items 23a3 and 23b3)	302

SECTION IV. PROGRAMS ON OPIOID TESTING, SCREENING, AND TREATMENT

The following questions are about opioids. Opioids are a class of drug that include heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, and morphine.

24. As a matter of practice, do any jail confinement facilities operated by your jail jurisdiction—

✓ INCLUDE testing, screening, and treatment that are conducted either on or off facility grounds.

		Yes	No
a.	Conduct routine urinalysis tests on inmates during intake for the detection of opioids	0	0
b.	Screen inmates during intake for opioid use disorder with a questionnaire or interview	•	0
C.	Provide overdose education to inmates identified as having opioid use disorders	0	0
d.	Initiate behavioral or psychological treatment for inmates identified as having opioid use disorders	0	•
e.	Provide medications to inmates for the treatment of opioid withdrawal symptoms, such as clonidine, lofexidine, methadone, or buprenorphine (e.g., Suboxone) X Exclude non-prescription or over-the-counter medication.	•	0
f.	Provide medication-assisted treatment (MAT) to inmates for treatment of opioid use disorder		
lf I	Medication-assisted treatment (MAT) refers to the use of FDA-approved medications, such as methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol), in the treatment of substance use disorders. NO to 24f, SKIP to 24g.	•	0
lf	medications, such as methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol), in the treatment of substance use disorders.	O	•
lf	medications, such as methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol), in the treatment of substance use disorders. NO to 24f, SKIP to 24g. (1) Continue MAT for inmates who are admitted with a current prescription for buprenorphine (e.g., Suboxone) or naltrexone (e.g., Vivitrol) or were getting		OO
<u>lf </u>	medications, such as methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol), in the treatment of substance use disorders. NO to 24f, SKIP to 24g. (1) Continue MAT for inmates who are admitted with a current prescription for buprenorphine (e.g., Suboxone) or naltrexone (e.g., Vivitrol) or were getting services from a methadone clinic prior to admission	0	OOOO
	medications, such as methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol), in the treatment of substance use disorders. NO to 24f, SKIP to 24g. (1) Continue MAT for inmates who are admitted with a current prescription for buprenorphine (e.g., Suboxone) or naltrexone (e.g., Vivitrol) or were getting services from a methadone clinic prior to admission (2) Initiate MAT for those identified as having opioid use disorders Continue providing prescription opioids to inmates with acute or chronic pain admitted to your jail facilities with a current prescription from a health care professional prior to	0	0
g.	medications, such as methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol), in the treatment of substance use disorders. NO to 24f, SKIP to 24g. (1) Continue MAT for inmates who are admitted with a current prescription for buprenorphine (e.g., Suboxone) or naltrexone (e.g., Vivitrol) or were getting services from a methadone clinic prior to admission (2) Initiate MAT for those identified as having opioid use disorders Continue providing prescription opioids to inmates with acute or chronic pain admitted to your jail facilities with a current prescription from a health care professional prior to admission	0	OO

If YES to 24b or 24e, go on to 25.

If NO to 24b and 24e, SKIP to 26.

25. During the 30-day period from June 1 to June 30, 2019-

a. How many persons were admitted to your jail facilities? INCLUDE-✓ Persons officially booked into and housed in your jail facilities by a formal legal document and the authority of the courts or some other official agency ✓ Repeat offenders booked on new charges ✓ Persons serving a weekend sentence coming into jail for the FIRST time only. (Do not count subsequent admissions for the same weekend sentences.) EXCLUDE-X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances. 1336 If NO to 24b, SKIP to 25c. b. Of the admissions reported in item 25a, how many were screened with a questionnaire or interview (24b) for opioid use disorder? (1) How many screened positive for opioid use disorders? (2) How many of those screened positive (25b1) were unique individuals (i.e., count multiple positive results for the same individual only once)? If NO to 24e, SKIP to 26. c. Of the admissions reported in item 25a, how many did your jail facilities treat for opioid withdrawal (24e)? (1) How many treated for opioid withdrawal were unique individuals (i.e., count multiple treatments for the same individual only once)?

If NO to 24f, END SURVEY.

0

26. On June 28, 2019	, how many persons	CONFINED in 1	your jail facilitie	s were receiving
medication-assist	ted treatment for op	ioid use disord	ers?	

✓ INCLUDE persons on transfer to treatment facilities but who remain under the jurisdiction of your jail facilities.

	0	
--	---	--

END OF SURVEY

Form CJ-9

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS** AND ACTING AS COLLECTION AGENT: **RTI INTERNATIONAL**

		FORM COMPLE	TED BY:			
Eva	Eva Banner		Title	Deputy		
100 Dolhonde Street			Telephone	504	374-7710	
Gretna			FAX	504	374-7769	
LA	Zip 70053	E-mail	banner_ei	n@jps	o.com	

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Proiect #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bismci@rti.org.

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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 30 minutes per each reported death, 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.

LOCAL JAIL INMATE DEATH REPORT

1.	What was the inmate's name?	On what date was the inmate admitted to a facility
	Jordan christopher	under your jurisdiction?
	LAST FIRST MI	0 5 2 1 2 0 1 9
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 5 2 5 2 0 1 9	Was the inmate being confined in your jail facility
	MONTH DAY YEAR	on behalf of any of the following?
		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3.	What was the name and location of the correctional	DON'T YES NO KNOW
	facility involved?	a. U.S. Immigration and
	Facility Name:	Customs Enforcement
	Jefferson Parish Jail	c. State or federal prison,
		Bureau of Indian Affairs,
	Facility City: Facility State:	or any other jail jurisdiction
	Gretna LA	
		10. For what offense(s) was the inmate being held?
		a. possession of marijuana
4.	What was the inmate's date of birth?	u. possession of manjuaria
	0 9 0 1 1 9 7 0	b. possession with intenent to distribute coca
	MONTH DAY YEAR	c. juveline court attach: child support
		c. juveime court attach. child support
5.	What was the inmate's sex?	d
	☑ Male	
	☐ Female	e. [
6.	Was the inmate of Hispanic, Latino, or Spanish	11. What was the inmate's legal status at time of
	origin?	death? (For inmates with more than one status, report
	☐ Yes ☑ No	the status associated with the most serious offense.)
	☑ No	☐ Convicted—new court commitment
		☐ Convicted—returned probation/parole violator ☐ Unconvicted
7.	In addition, what was the inmate's race? Please	Other
	select one or more of the following racial categories:	Please Specify:
	☐ White	
	☐ Black or African American	
	American Indian or Alaska Native	12. Since admission, did the inmate ever stay
	☐ Asian ☐ Native Hawaiian or Pacific Islander	overnight in a mental health observation unit or an
	□ Some other race	outside mental health facility?
	Please Specify:	☐ Yes
		☑ No
		☐ Don't Know

13. When	e did the inmate die?
	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
	YES —— CONTINUE TO Q15 Evaluation complete—results are pending SKIR PENALUNIC OUESTIONS AND SURPLY THIS FORM, YOU WILL BE CONTACTED AT A LATER
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify] ——
	Acquired Immune Deficiency Syndrome (AIDS)
Ø	Accidental alcohol/drug intoxication [Describe] acute myocardial infarction due to drugs, meth &
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
16 Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the jail facility or on the jail grounds
	│
[PLEASE	
SPECIFY	In a special medical unit/infirmary In a special mental health services unit
	Elsewhere within the jail facility
	Please Specify: Outside the jail facility (e.g., while on work release or on work detail)
	Elsewhere
	Please Specify:

17. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
 ☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)
18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
☑ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
YES NO DON'T KNOW a. Evaluation by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit. YES NO DON'T KNOW PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) 19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition
after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
☑ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined
Please add any additional notes regarding this death here:

Form CJ-9

Name Official

Address City

State



Eva Banner

Gretna

100 Dolhonde Street

Zip

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

FORM COMPLETED BY:			
Title	Deput	у	
Telephone	504	374-7710	
FAX	504	374-7769	1

banner em@jpso.com

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

Make copies of this form for each additional death.

70053

- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org.

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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 30 minutes per each reported death, 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.

LOCAL JAIL INMATE DEATH REPORT

Guillot	Marshall		HIEROPOPO MATA	our jur	THE CONTRACTOR	1	T - 1	I		
LAST	FIRST	- II L	0 5		6	2		1	9	
n vibat data did	the investe die 2		IONTH	DAY		YEA	Т			
0 6 0 9	the inmate die?	9 W	las the	inmat	e hei	na co	nfined	in v	/AUT	jail facility
INTH DAY	YEAR			ilf of ar						jan raomi,
		Pi	EASE	PROVII	DE A	RESPO	NSE F	OR I	EACH	i ITEM (a-c
hat was the nan	ne and location of the cor	rectional								DON
ility involved?		a. l		migrati						NO KNO
ility Name:		(b. (Custom J.S. Ma	is Enfo arshals	rcem Serv	ent ice		[]	9
fferson Parish	n Jail	c. 9	State o	r federa	ıl pris	on,		_	-	Ы П
cility City:	Facil						٦	E]	□
retna	LA									
		10. F	or wha	t offen	se(s)	was 1	he inn	nate	beir	ng held?
hat was the inm	ate's date of birth?	a	Do	mestic	Abı	ıse B	attery			
) 2 2 7		b	The	eft						
ONTH DAY	YEAR		1000							
		°C.	Wit	ness i	ntimi	datio	n			
at was the inm	ate's sex?	d.	una	author	ized	entry	•			
☑ Male ☑ Female		e.							Park Street	
of Telliale			-							
as the inmate of	f Hispanic, Latino, or Spa	nish	L . 4							
rigin?		de	eath?		nates	with n	nore th	an o	ne s	tatus, repo
☐ Yes ☑ No		th								s offense.)
					d—re			Contraction of the Contraction o	NAMES OF TAXABLE PARTY.	ole violator
	was the inmate's race? Pl	ease		nconvio	cted					
	e of the following racial		L		Please	Specify	;		tenana sesse	
egories:				L						
tegories: White										
☐ Black or Afri	ican American dian or Alaska Native									
☑ White □ Black or Afri □ American In □ Asian	dian or Alaska Native			lmissio						
☑ White □ Black or Afri □ American In □ Asian	dian or Alaska Native aiian or Pacific Islander	ov	ernigl		nent	al hea	lth obs			
☑ White ☐ Black or Afri ☐ American In ☐ Asian ☐ Native Hawa ☐ Some other	dian or Alaska Native aiian or Pacific Islander	ov	ernigl Itside	nt in a i mental es	nent	al hea	lth obs			ay n unit or a

13. Wher	e did the inmate die?	
	In a general housing unit within the jail facility or in In a segregation unit In a special medical unit/infirmary within the jail facilin a special mental health services unit within the jail in a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:	ility
14. Are th	ne results of a medical examiner's or coroner's ev w of medical records) available to establish an of	valuation (such as an autopsy, postmortem exam, or ficial cause of death?
<u> </u>	YES —— CONTINUE TO Q15 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMI	IT THIS FORM—YOU WILL BE CONTACTED AT A LATER
	TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q15	
15. What	was the cause of death? *** Please SPECIFY ca	ause of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify]	→
	Acquired Immune Deficiency Syndrome (AIDS)	
	Accidental alcohol/drug intoxication [Describe] ——	
	Accidental injury to self [Describe]	
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	→ Hypoxic-Ischemic Encephalopathy
	Homicide [Describe]	
	Other cause(s) [Specify]	-
16. Where	e did the <u>incident</u> (e.g., accident, suicide, or homi	cide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intox	cication, or AIDS-related
	In the jail facility or on the jail grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., ya	ard library cafeteria)
[PLEASE SPECIFY	· → 【□ In a segregation unit	au, initiary, carotoria)
	Outside the jail facility (e.g., while on work release or of Elsewhere Please Specify:	on work detail)
	Please Specify:	

17. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
□ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
 ✓ Morning (6 am to Noon) ✓ Afternoon (Noon to 6 pm) ✓ Evening (6 pm to Midnight) ✓ Overnight (Midnight to 6 am)
18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
☑ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
A. Evaluation by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit.
19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
☑ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined
Please add any additional notes regarding this death here:

Form CJ-9

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS** AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

Eva Banner	Title	Deputy		
100 Dolhonde Street	Telephone	504	374-7710 374-7769	
Gretna	FAX	504		

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

> 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org.

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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 30 minutes per each reported death, 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.

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?	On what date was the inmate admitted to a facility
Fullilove Willie	under your jurisdiction?
LAST FIRST	MI 0 3 2 2 2 0 1 9 MONTH DAY YEAR
2. On what date did the inmate die? 1 2 1 2 2 0 1 MONTH DAY YEAR	9. Was the inmate being confined in your jail facility on behalf of any of the following?
	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3. What was the name and location of facility involved? Facility Name:	DON'T YES NO KNOW a. U.S. Immigration and Customs Enforcement
Jefferson Parish Jail	Bureau of Indian Affairs,
Facility City:	Facility State: or any other jail jurisdiction
Gretna	LA
	10. For what offense(s) was the inmate being held?
4. What was the inmate's date of birth?	a lohecanity
0 1 0 4 1 9 5 MONTH DAY YEAR	b. theft c.
5. What was the inmate's sex?	d,
☑ Male □ Female	e.
6. Was the inmate of Hispanic, Latino, origin?Yes	or Spanish 11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)
No N	☐ Convicted—new court commitment ☐ Convicted—returned probation/parole violator ☐ Unconvicted
select one or more of the following r	CHICA
categories:	
 ☑ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islan ☐ Some other race 	12. Since admission, did the inmate ever stay
Please Specify:	☑ Yes □ No □ Don't Know

13. Where	In a general housing unit within the jail facility or in a ln a segregation unit In a special medical unit/infirmary within the jail facili ln a special mental health services unit within the jail in a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:	ity
reviev ☑	w of medical records) available to establish an offi YES ——> CONTINUE TO Q15 Evaluation complete—results are pending	aluation (such as an autopsy, postmortem exam, or icial cause of death? T THIS FORM—YOU WILL BE CONTACTED AT A LATER
15. What	was the cause of death? *** Please SPECIFY call	use of death—it is critical information ***
Ø	Illness—Exclude AIDS-related deaths [Specify]	Hypertensive Cardiovascular Disease
	Acquired Immune Deficiency Syndrome (AIDS)	
	Accidental alcohol/drug intoxication [Describe] ———	-
	Accidental injury to self [Describe]	>
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	-
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	- -
	Homicide [Describe]	*
	Other cause(s) [Specify]	>
16. Where		ication, or AIDS-related rd, library, cafeteria)

17. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
☑	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
吕	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)
18. Exclud service	ling emergency care provided at the time of death, did the inmate receive any of the following medical es for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluation by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit.
after a	e cause of death the result of a pre-existing medical condition or did the inmate develop the condition dmission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark xisting medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Please add	any additional notes regarding this death here:

Form CJ-9



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 DEATH REPORT ON INMATES **UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS** AND ACTING AS COLLECTION AGENT: **RTI INTERNATIONAL**

						B	

Name	Eva (Banner		Title	Deputy			
Official Address	100 [Dolhonde Street		Telephone	504	374-7710		
City	Gretr	na		FAX	504	374-7769		
State	LA	Zip 70053	E-mail	banner e	em@jpso.com			

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bismci@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

> 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org.

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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 30 minutes per each reported death, 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.

LOCAL JAIL INMATE DEATH REPORT

Hall	Matthew		ınder yo	1	CONTRACTOR CONTRACTOR		1		
LAST	FIRST	MI [1 2	0	9	2		1	9
			MONTH	DAY		YEA	R		
On what date did th		Ш.,	\/ 4\						
1 2 1 3 MONTH DAY	2 0 1 9 YEAR		vas tne on behal						your jail facil
		F	PLEASE F	PROVIE)E A F	RESPO)NSE	FOR	EACH ITEM (&
What was the name acility involved?	and location of the cor		U.S. Imn	nigratio	on an	d		Y	ES NO KN
Escility Name:								·····-[3-:::::::::::::::::::::::::::::::::::::
Facility Name: Jefferson Parish	lail	c.	State or	federa	l priso	on,		······· !	
			Bureau o				n .	r	
Facility City:		ty State:	or arry or	aioi jai	, jurio	aictio	J.,,,,,,,		J
Gretna	J <u>[</u> LA			100					
		10. F	or what	offen	se(s)	was 1	he in	mate	e being held'
What was the inmat	e's date of birth?		a. Pos	sessi	on of	a so	hedu	ıle I	
1 2 2 2	1 9 8 6		pos	eessi	on w	ith in	tent	to d	istribute he
MONTH DAY	YEAR								
			E pos	sessi	on of	asc	nedu	ıle I	II
/hat was the inmat	te's sex?		j						
☑ Male									
☐ Female			"						
Was the inmate of Horigin? ☐ Yes ☑ No	lispanic, Latino, or Spar	11. V	leath? (Find the status	For inm : associ onvicte	nates ciated d—ne	with r with i	nore the mo	<i>han i</i> ost s mmit	at time of one status, re erious offense ment n/parole viola
n addition, what wa	as the inmate's race? Pl	ease	☑ Ur	convid					
select one or more	of the following racial		L	her → [/	Please	Specify	/:		
ategories:				L		, , ,			
					i C				
☐ White ☐ Black or Africa	an American								
☐ White ☐ Black or Africa ☐ American Indi	an American an or Alaska Native	12. S	ince adı	missic	n, di	d the	inma	te ev	ver stay
☐ White ☐ Black or Africa ☐ American Indi ☐ Asian ☐ Native Hawaii	an or Alaska Native an or Pacific Islander	0	vernigh	t in a r	nenta	al hea	ith ob		ver stay vation unit o
☐ White ☐ Black or Africa ☐ American Indi ☐ Asian ☐ Native Hawaii ☐ Some other ra	an or Alaska Native an or Pacific Islander ace	0	vernigh utside n	t in a r nental	nenta	al hea	ith ob		
☐ White ☐ Black or Africa ☐ American Indi ☐ Asian ☐ Native Hawaii	an or Alaska Native an or Pacific Islander ace	0	vernigh	t in a r nental s	nenta	al hea	ith ob		

13. Where	e did the inmate die?
000000	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or or of medical records) available to establish an official cause of death?
Ø	YES ——> CONTINUE TO Q15
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER
	TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify] ——>
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ——— Anoxic Brain injury; herion toxicity
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
16. Where	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
☑	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the <u>jail</u> facility or on the jail grounds
[PLEASE SPECIFY	In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
П	Please Specify: Outside the jail facility (e.g., while on work release or on work detail)
ä	Elsewhere Please Specify:
	гівазе эреспу.

Ø							J, J.	homicide	, ouus.	ng me	uou v			
	NO	Л АР	PLICA	BLE—	Sause c	of death	was illne	ess, intoxic	cation, c	or AIDS	i-related	ı		
	Afte Eve	ernoo ening	n (Noo (6 pm	to Nooi on to 6 p to Midr night to	pm) night)									
													the following morrectional facili	
								idental inju						•117
9. Was the	c. d. e. f.	Medi Treat Surg Conf	ications itment/o jery finemer	care oth	her than	edical u	ations	YE C C][tion or	did the]]]]] inmate	PLEASE PROV RESPONSE FO EACH ITEM (a-	OR -f)
after ac	dmi	issior	n? <i>(If n</i>	multiple	e condit	tions ca	aused th	e death a	nd <u>any</u>	of the	conditi	ions we	ere pre-existing,	mark
1	NO	T AP	PLICA	BLE—(Jause o	f death	was acci	idental inju	ury, into	xication	n, suicid	e, or ho	micide	
	Dec	cease	d deve				admissior							
lease add a	== an\		tional I	ootes re	narding	this dea	ath here:	()	PROBLEM CO.		A Section of the second	1550 State S		
	****	Www.	Oran	0.00	jui u	uno ac.	Itti iioi J.							