

**CORRECTIONAL FACILITY
FACTS SHEET**

DATE: _____

LOCATION: _____

NAME OF FACILITY: _____

TYPE OF FACILITY: _____

POPULATION: MALE _____ **FEMALE** _____

BLACK _____ **HISPANIC** _____ **WHITE** _____ **YOUTH** _____

AVERAGE LENGTH OF STAY

ESTIMATED POPULATION WITH A DRINKING PROBLEM _____

ANY POPULATION THAT SHOULD BE EXCLUDED FROM MEETINGS

**MEETING SPACE AVAILABLE WITHIN THE FACILITY AND
LOCATION** _____

**SCHEDULE
OPTIONS:** _____

CRITERIA FOR CFC REPRESENTATIVES TO ENTER THE FACILITY

NUMBER OF VOLUNTEERS PER MEETING: _____

**PROCEDURES FOR ENTERING THE
FACILITY:** _____

SPECIAL RESTRICTIONS (I.E. KEYS, WALLETS, PURSES, ETC.)

**CFC CONTACT FOR WOMEN (NAME AND PHONE
#)**_____

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**INSTITUTIONS CONTACT FOR WOMEN (NAME AND PHONE
#)**_____

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**CFC CONTACT FOR MEN (NAME AND PHONE
#)**_____

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**INSTITUTIONS CONTACT FOR MEN (NAME AND PHONE
#)**_____

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**MATERIALS AND SUPPLIES THAT MAY BE USED AT THE
MEETINGS:**_____

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RESTRICTIONS:_____

**SPECIAL
CONSIDERATIONS:** _____

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COMMENTS: _____

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PROGRAM PLAN OR FOLLOW UP WILL BE SUBMITTED

BY _____

NO LATER

THAN _____

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