



Conducted by
 U.S. DEPARTMENT OF COMMERCE
 ECONOMICS AND STATISTICS ADMINISTRATION
 U.S. CENSUS BUREAU
 FOR
 OFFICE OF JUVENILE JUSTICE AND
 DELINQUENCY PREVENTION
 U.S. DEPARTMENT OF JUSTICE

Census of Juveniles in Residential Placement

QUESTIONNAIRE FOR

This questionnaire asks about persons who had assigned beds in this facility on Wednesday, October 27, 1999.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 29, 1999

**Return the completed form to: U.S. Census Bureau
 Governments Division
 Washington, DC 20233-6800
 Fax: 1-888-891-2099
 EMAIL: CJRP@census.gov**

If you have any questions, call Ms. Peggy Ferguson or Ms. Regina Yates, Bureau of the Census, 1-800-352-7229.

1. PERSON COMPLETING THIS QUESTIONNAIRE

Name		Title		Telephone		
				Area code	Number	Extension
Business address – Number and street/or P.O. Box/Route number						
City						
Fax Number						
				Area code	Number	
State			ZIP Code			

Section I – GENERAL INFORMATION

IMPORTANT INSTRUCTIONS

Complete this questionnaire for just the one facility listed on the cover. If additional questionnaires are needed for other facilities for which you report, call 1-800-352-7229 to request more forms.

1. Are the PREPRINTED facility name and mailing address correct on the BACK cover page or do they need to be corrected?

- 01 Preprinted facility name and address are correct on the back cover page
- 02 Preprinted facility name and/or address needs to be corrected – *Make necessary corrections to facility name and/or mail address on the BACK COVER PAGE.*

2a. Is this facility part of a larger agency?

- 01 Yes
- 02 No → **SKIP to Question 3**

b. What is the name of this agency?

3a. Does this facility provide ON-SITE RESIDENTIAL TREATMENT?

- 01 Yes
- 02 No → **SKIP to Question 4**

b. What kind of treatment is provided INSIDE this facility? Mark (X) those that apply.

- 01 Mental health treatment
- 02 Substance abuse treatment
- 03 Sex offender treatment
- 04 Treatment for arsonists
- 05 Treatment specifically for violent offenders
- 06 Other – *Specify* ↘

4. Does this facility provide foster care?

- 01 Yes, for all young persons
- 02 Yes, for some but not all young persons
- 03 No

5. Does this facility provide independent living arrangements for any young persons?

- 01 Yes
- 02 No

6. What type of residential facility is the one listed on the front cover? Mark (X) those that apply.

- 01 Detention center
- 02 Training school/Long-term secure facility
- 03 Reception or diagnostic center
- 04 Halfway house
- 05 Group home
- 06 Boot camp
- 07 Ranch, forestry camp, wilderness or marine program, or farm
- 08 Runaway and homeless shelter
- 09 Other type of shelter
- 10 Other – *Specify* ↘

Section I – GENERAL INFORMATION – Continued

7a. Does this facility have one or more living/sleeping units, such as wings, floors, dorms, barracks, or cottages, designed to keep any young persons separate in housing and activities from other residents for specialized care or security? Do NOT include time-out rooms, isolation rooms or infirmaries.

If the only reason for separate housing and activities is gender, answer **NO**.

01 Yes

02 No → **SKIP to Question 10**

b. Do any of these separate living/sleeping units differ in terms of —

Mark (X) those that apply.

01 average length of stay of young persons?

02 physical security and/or monitoring of young persons?

03 number of staff per young person?

04 type of treatment program

05 characteristics of young persons?

06 specialized criteria for staff selection?

07 Other? – Specify ↘

c. What is the purpose for having separate living/sleeping units? Mark (X) those that apply.

01 To provide two or more types of specialized care in separate living/sleeping units

02 To provide a series of separate living/sleeping units with different specialized care that ALL young persons move through from the time they enter until the time they leave

03 Some other reason – Specify ↘

d. Do the separate living/sleeping units within this facility share any of the following –

Mark (X) those that apply.

01 The same agency affiliation

02 The same mailing address

03 The same on-site administrators

04 One or more staff directly caring for the young persons

05 One or more security staff

06 The same school rooms

07 The same dining room at the same time

08 The same recreational areas at the same time

09 The same laundry services

10 None of the above services are shared

8. Which of the following best describes the physical layout of this facility?

Mark (X) one response.

This facility is –

01 a part of one building

02 all of one building

03 more than one building at a single site or on one campus

04 Other → Specify ↘

9. Are there any other buildings with living/sleeping units that are associated with this facility that are not next to this facility building or on the same campus?

01 Yes

02 No

10. On Wednesday, October 27, 1999, did this facility house any overflow detention population? "Overflow detention population" refers to those young persons who, because of the unavailability of beds in a detention center, are placed temporarily in a non-detention facility.

If this facility is a detention center, answer **NO**.

If this facility is a detention center, answer **NO**.

01 Yes

02 No

Section I – GENERAL INFORMATION – Continued

IMPORTANT INSTRUCTIONS

The following items ask you to use your records to provide counts of persons who had assigned beds in this facility at the end of the day on Wednesday, October 27, 1999. This date has been chosen carefully to give a standardized count of persons in facilities like yours across the country. You will be asked to classify your facility population into two age groups:

- 1. those persons under age 21; and
2. those persons age 21 and older.

You will then be asked to classify each person UNDER THE AGE OF 21 into one of the two following categories:

- 1. those here because they have been charged with or court-adjudicated for an offense. An offense is any behavior that is illegal in your state for underage persons alone or for both underage persons and adults.
2. those here for reasons other than offenses

Please classify each person under age 21 into just one of these categories. Detailed descriptions of the above categories are provided in the questions themselves and on the Offense Code Card included with this questionnaire packet.

Please use your records for October 27, 1999, to answer the following questions.

11a. According to your records, at the end of the day on October 27, 1999, did ANY persons have assigned beds in this facility? Include persons who were temporarily away, but had assigned beds on October 27. Do NOT include staff.

- 01 Yes
02 No -> STOP HERE and mail this form

b. According to your records, at the end of the day on October 27, 1999, how many persons had assigned beds in this facility?

[Blank box] Persons

12. How many of the persons who had assigned beds at the end of the day on Wednesday, October 27, 1999 were AGE 21 or older? Include persons who were temporarily away, but had assigned beds on October 27.

Do NOT include staff. Please write "0" if there are NO persons age 21 or older.

[Blank box] Persons 21 or older

13a. At the end of the day on Wednesday, October 27, 1999, did ANY persons UNDER AGE 21 have assigned beds in this facility? INCLUDE juveniles being tried as adults in criminal court. Do NOT include staff.

- 01 Yes
02 No -> STOP HERE and mail this form

b. According to your records for the end of day on Wednesday, October 27, 1999, how many persons (under age 21) had assigned beds in this facility? Include persons who were temporarily away but had assigned beds on October 27. Do NOT include staff.

[Blank box] Persons under the age of 21

NOTE: As a check, the sum of question 12 (persons 21 and older) and 13b (persons under age 21) should equal the sum reported in question 11b (number of persons assigned beds in the facility).

14a. At the end of the day on Wednesday, October 27, 1999, did ANY of the persons UNDER AGE 21 have assigned beds in this facility SPECIFICALLY BECAUSE they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE? An offense is any behavior that is illegal in your state for underage persons alone or for both underage persons and adults. See the Offense Code Card included in this package for a list of offenses.

INCLUDE in your count persons UNDER AGE 21 here BECAUSE THEY WERE CHARGED WITH OR ADJUDICATED FOR:

- ANY offense that is illegal for both adults and underage persons.

Section I – GENERAL INFORMATION – Continued

- AN offense that is ILLEGAL IN YOUR STATE for underage persons but not for adults. Examples are running away, truancy, incorrigibility, curfew violation, and underage liquor violations. Count persons with these behaviors here ONLY IF THE BEHAVIORS ARE ILLEGAL IN YOUR STATE. This includes those CHINS (Children in Need of Services) and PINS (Persons in Need of Services) who are here BECAUSE of an offense.
- ANY offense being adjudicated in juvenile or criminal court, including a probation or parole violation.

DO NOT INCLUDE here:

- Persons under age 21 who have committed one or more offenses in the past, BUT HAVE ASSIGNED BEDS ON OCTOBER 27 FOR REASONS OTHER THAN OFFENSES.
- Persons under 21 assigned beds here BECAUSE OF REASONS OTHER THAN OFFENSES, such as neglect, abuse, dependency, abandonment, mental health problems, substance abuse problems. These persons will be counted in questions 15a and 15b.
- Persons under 21 who have run away, been truant or incorrigible, or violated curfew, IF THESE BEHAVIORS ARE NOT CONSIDERED ILLEGAL IN YOUR STATE. These young persons will be counted in question 15a and 15b.
- Those persons who are PINS (Persons in Need of Services) or CHINS (Children in Need of Services) who have assigned beds because of REASONS OTHER THAN OFFENSES.

01 Yes

02 No → **SKIP to Question 15a**

14b. According to your records for the end of the day on Wednesday, October 27, 1999, HOW MANY PERSONS UNDER AGE 21 had assigned beds in the facility SPECIFICALLY BECAUSE they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE, as defined in question 14a?

Later you will be asked to provide information about each of these persons. Include persons who were temporarily away but had assigned beds on October 27. Do NOT include staff.

Persons under age 21 here because they were charged with or court-adjudicated for an offense.

15a. At the end of the day on Wednesday, October 27, 1999, did ANY of the persons UNDER AGE 21 have assigned beds in this facility FOR REASONS OTHER THAN OFFENSES? Do NOT include staff.

INCLUDE here:

- Persons under age 21 assigned beds here for NON-OFFENSE REASONS, such as neglect, abuse, dependency, abandonment, mental health problems, substance abuse problems, or another non-offense reason
- Persons under age 21 who have committed one or more offenses in the past, BUT ARE ASSIGNED BEDS HERE ON OCTOBER 27 FOR REASONS OTHER THAN THESE OFFENSES
- Persons under age 21 who have run away, been truant or incorrigible, or violated curfew, IF THESE BEHAVIORS ARE NOT CONSIDERED ILLEGAL IN YOUR STATE.
- Persons assigned beds here due to voluntary or non-offense related admissions.

Do NOT INCLUDE:

- Persons assigned beds here BECAUSE THEY WERE CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE. These persons are counted in questions 14a and 14b.

01 Yes

02 No → **SKIP to note below**

b. According to your records for the end of the day on Wednesday, October 27, 1999, HOW MANY PERSONS UNDER AGE 21 had assigned beds in this facility FOR REASONS OTHER THAN OFFENSES, AS DEFINED IN 15a?

Include persons who were temporarily away but had assigned beds on October 27. Do NOT include staff.

Persons under age 21 here because of non-offense reasons.

NOTE: As a check, the sum of questions 14b (persons under 21 with offenses) and 15b (persons under 21 with reasons other than offenses) should equal 13b (the number of persons under age 21)

**IMPORTANT INSTRUCTIONS
FOR SECTION II**

- 1.** Please record individual-level information in Section II on the young persons you included in **Section I, question 14b.**

- 2.** You may choose one of two ways to record this information:
 - a.** Continue to write information on this form.

or

 - b.** Provide a data file. The acceptable formats are text file, spreadsheet, or data base file. Data may be sent on diskette. If you choose this method, please send the diskette along with the questionnaire with Section I completed, to:
U.S. Census Bureau
Governments Division, CJSB
Washington, DC 20233-6800

For further information on electronic submissions, call 1-800-352-7229.

- 3. Be sure to keep copies for your records of both the questionnaire and any diskette or printout you send.**

Section II - PERSON LEVEL DATA



Please COMPLETE a LINE on the table below for EACH person who on October 27, 1999, was

- A. UNDER age 21; AND
- B. assigned a bed in this facility at the end of the day on Wednesday, October 27, 1999; AND
- C. charged with an offense or court-adjudicated for an offense; AND
- D. assigned a bed here BECAUSE OF THE OFFENSE.

List below ONLY THOSE PERSONS WHO FULFILL ALL 4 REQUIREMENTS ABOVE (A, B, C and D). Do NOT list persons assigned beds here for reasons other than offenses, as described in Section I, 15a.

Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. Use an identifier that will allow YOU to reidentify each person 6 months from now, if a callback is needed.	2. What is this person's sex? Enter the code on the line. M - Male F - Female		3. What is this person's date of birth?			4. What is this person's race? Enter the code on the line. 1 - White, not of Hispanic origin 2 - Black or African American, not of Hispanic origin 3 - Hispanic or Latino (i.e., Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) 4 - American Indian/Alaskan Native 5 - Asian 6 - Native Hawaiian or other Pacific Islander 7 - Other - Specify on line For definitions of these categories, please refer to page 13.		5. Which one of the following placed this person at this facility? Enter the code on the line. 1 - Court, probation agency, or law enforcement agency 2 - Corrections or other justice agency not included in 1 3 - Social services agency 4 - School official, parent or guardian, or young person him/herself 5 - Other - Specify		6. Is this court, probation or law enforcement agency, or other agency at the federal, tribal, state, county, or municipal level? 1 - Federal 2 - A Native American Tribal Government 3 - State 4 - County 5 - Municipal (includes Washington, DC) 6 - Other - Specify		7. What was the most serious offense for which this person was assigned a bed here on October 27? Enter the code for the most serious offense resulting in this placement. If this person was assigned a bed for reasons other than offenses, ENTER code 00 below and SKIP to next line for next person. See Offense Code Card for the codes.		8. In which county and state did this person commit the offense? Please print the full county name. State name may be abbreviated. If county and/or state are not known, enter code 99 in the appropriate box(es) below. If this offense was committed in an independent city which is located outside of any "county" area, list the independent city name in the "county" box.		9. On October 27, what was this person's court adjudication status for the offense listed in item 7? "Adjudication" is the court process which determines whether or not the person committed the offense. 1 - Agreement not to adjudicate (diversion) 2 - Awaiting adjudication hearing in juvenile court 3 - Adjudicated, awaiting disposition by juvenile court 4 - Adjudicated and disposed in juvenile court and awaiting placement elsewhere 5 - Adjudicated and disposed in juvenile court, in placement here 6 - Awaiting transfer hearing to adult criminal court 7 - Awaiting hearing or trial in adult criminal court 8 - Convicted in adult criminal court 9 - Don't know 10 - Other - Specify		10. On what date was this person admitted to this facility for the offense listed in item 7? If more than one date applies, enter the earliest one for the offense listed in item 7.			11. How many locked doors and/or gates confined THIS young person within the facility and its grounds during the after-school, daytime hours on October 27? Count all doors and/or gates kept locked to separate this juvenile from the outside community, such as locked doors to: sleeping rooms, dayrooms, wings, floors, building doors, and gates in walls or fences. 0 - No locked door or gate to confine: can leave at will or with staff approval 1 - 1 locked door or gate to confine 2 - 2 locked doors or gates to confine 3 - 3 locked doors or gates to confine 4 - 4 locked doors or gates to confine 5 - 5 or more locked doors or gates to confine		Line number
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Section II - PERSON LEVEL DATA



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Line number	1.	2.	3.			4.		5.		6.		7.	8.		9.		10.			11.	Line number			
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List below ONLY THOSE PERSONS WHO FULFILL ALL 4 REQUIREMENTS ABOVE (A, B, C and D). Do NOT list persons assigned beds here for reasons other than offenses, as described in Section I, 15a.

Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. Use an identifier that will allow YOU to reidentify each person 6 months from now, if a callback is needed.	2. What is this person's sex? Enter the code on the line. M - Male F - Female		3. What is this person's date of birth?			4. What is this person's race? Enter the code on the line. 1 - White, not of Hispanic origin 2 - Black or African American, not of Hispanic origin 3 - Hispanic or Latino (i.e., Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) 4 - American Indian/Alaskan Native 5 - Asian 6 - Native Hawaiian or other Pacific Islander 7 - Other - Specify on line For definitions of these categories, please refer to page 13.		5. Which one of the following placed this person at this facility? Enter the code on the line. 1 - Court, probation agency, or law enforcement agency 2 - Corrections or other justice agency not included in 1 3 - Social services agency 4 - School official, parent or guardian, or young person him/herself 5 - Other - Specify		6. Is this court, probation or law enforcement agency, or other agency at the federal, tribal, state, county, or municipal level? 1 - Federal 2 - A Native American Tribal Government 3 - State 4 - County 5 - Municipal (includes Washington, DC) 6 - Other - Specify		7. What was the most serious offense for which this person was assigned a bed here on October 27? Enter the code for the most serious offense resulting in this placement. If this person was assigned a bed for reasons other than offenses, ENTER code 00 below and SKIP to next line for next person. See Offense Code Card for the codes.		8. In which county and state did this person commit the offense? Please print the full county name. State name may be abbreviated. If county and/or state are not known, enter code 99 in the appropriate box(es) below. If this offense was committed in an independent city which is located outside of any "county" area, list the independent city name in the "county" box.		9. On October 27, what was this person's court adjudication status for the offense listed in item 7? "Adjudication" is the court process which determines whether or not the person committed the offense. 1 - Agreement not to adjudicate (diversion) 2 - Awaiting adjudication hearing in juvenile court 3 - Adjudicated, awaiting disposition by juvenile court 4 - Adjudicated and disposed in juvenile court and awaiting placement elsewhere 5 - Adjudicated and disposed in juvenile court, in placement here 6 - Awaiting transfer hearing to adult criminal court 7 - Awaiting hearing or trial in adult criminal court 8 - Convicted in adult criminal court 9 - Don't know 10 - Other - Specify		10. On what date was this person admitted to this facility for the offense listed in item 7? If more than one date applies, enter the earliest one for the offense listed in item 7.			11. How many locked doors and/or gates confined THIS young person within the facility and its grounds during the after-school, daytime hours on October 27? Count all doors and/or gates kept locked to separate this juvenile from the outside community, such as locked doors to: sleeping rooms, dayrooms, wings, floors, building doors, and gates in walls or fences. 0 - No locked door or gate to confine: can leave at will or with staff approval 1 - 1 locked door or gate to confine 2 - 2 locked doors or gates to confine 3 - 3 locked doors or gates to confine 4 - 4 locked doors or gates to confine 5 - 5 or more locked doors or gates to confine		Line number
		Code	Mo.	Day	Yr.	Code	Specify Other only	Code	Specify Other only	Code	Specify Other only	Code	County	State	Code	Specify Other only	Mo.	Day	Yr.	Code				
EX	2071	M	3	14	82	3		1		4		25	Essex	Vt.	4		5	15	96	4	EX			
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NOTE: IF MORE THAN 90 PERSONS MEET REQUIREMENTS A THROUGH D, PHOTOCOPY THIS PAGE OR CALL TO REQUEST MORE FORMS.

Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. Use an identifier that will allow YOU to reidentify each person 6 months from now, if a callback is needed.	2. What is this person's sex? Enter the code on the line. M – Male F – Female	3. What is this person's date of birth?		4. What is this person's race? Enter the code on the line. 1 – White, not of Hispanic origin 2 – Black or African American, not of Hispanic origin 3 – Hispanic or Latino (i.e., Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) 4 – American Indian/Alaskan Native 5 – Asian 6 – Native Hawaiian or other Pacific Islander 7 – Other – <i>Specify on line</i> For definitions of these categories, please refer to page 13.		5. Which one of the following placed this person at this facility? Enter the code on the line. 1 – Court, probation agency, or law enforcement agency 2 – Corrections or other justice agency not included in 1 3 – Social services agency 4 – School official, parent or guardian, or young person him/herself 5 – Other – <i>Specify</i>		6. Is this court, probation or law enforcement agency, or other agency at the federal, tribal, state, county, or municipal level? 1 – Federal 2 – A Native American Tribal Government 3 – State 4 – County 5 – Municipal (includes Washington, DC) 6 – Other – <i>Specify</i>		7. What was the most serious offense for which this person was assigned a bed here on October 27? Enter the code for the most serious offense resulting in this placement. If this person was assigned a bed for reasons other than offenses, ENTER code 00 below and SKIP to next line for next person. See Offense Code Card for the codes.	8. In which county and state did this person commit the offense? Please print the full county name. State name may be abbreviated. If county and/or state are not known, enter code 99 in the appropriate box(es) below. If this offense was committed in an independent city which is located outside of any "county" area, list the independent city name in the "county" box.		9. On October 27, what was this person's court adjudication status for the offense listed in item 7? "Adjudication" is the court process which determines whether or not the person committed the offense. 1 – Agreement not to adjudicate (diversion) 2 – Awaiting adjudication hearing in juvenile court 3 – Adjudicated, awaiting disposition by juvenile court 4 – Adjudicated and disposed in juvenile court and awaiting placement elsewhere 5 – Adjudicated and disposed in juvenile court, in placement here 6 – Awaiting transfer hearing to adult criminal court 7 – Awaiting hearing or trial in adult criminal court 8 – Convicted in adult criminal court 9 – Don't know 10 – Other – <i>Specify</i>		10. On what date was this person admitted to this facility for the offense listed in item 7? If more than one date applies, enter the earliest one for the offense listed in item 7.		11. How many locked doors and/or gates confined THIS young person within the facility and its grounds during the after-school, daytime hours on October 27? Count all doors and/or gates kept locked to separate this juvenile from the outside community, such as locked doors to: sleeping rooms, dayrooms, wings, floors, building doors, and gates in walls or fences. 0 – No locked door or gate to confine: can leave at will or with staff approval 1 – 1 locked door or gate to confine 2 – 2 locked doors or gates to confine 3 – 3 locked doors or gates to confine 4 – 4 locked doors or gates to confine 5 – 5 or more locked doors or gates to confine				
		Code	Mo.	Day	Yr.	Code	Specify	Other only	Code	Specify	Other only	Code	County	State	Code	Specify	Other only	Mo.	Day	Yr.	Code	Line number

The Federal Government uses the following definitions for the various racial categories.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American – A person having origins in any of the black racial groups of Africa.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliations or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Thank you for completing this questionnaire. If you would like to give us any comments on this form, please write them at the bottom of this page or attach another sheet.

Please make copies for your own records of this completed questionnaire, so that if we need to call you about an answer, you will be able to refer to your copies.

Please mail the completed form in the enclosed envelope to:

**U.S. Census Bureau
Governments Division, CJSB
Washington, DC 20233-6800**

Comments