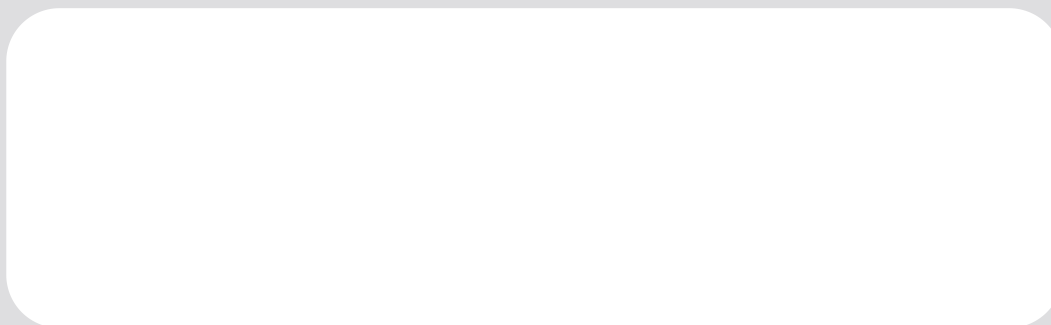




Conducted by  
U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
FOR  
OFFICE OF JUVENILE JUSTICE AND  
DELINQUENCY PREVENTION  
U.S. DEPARTMENT OF JUSTICE

# Juvenile Residential Facility Census

QUESTIONNAIRE FOR



**This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, October 25, 2000.**

**PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 27, 2000**

**Return the completed form to:** U.S. Census Bureau  
Governments Division  
Criminal Justice Statistics  
Branch, Room 509  
Washington, DC 20233-6800  
Fax: 1-888-891-2099  
EMAIL: JRFC@census.gov

**If you have any questions, call Art Ciampa or Charline Watz,  
U.S. Census Bureau, 1-800-352-7229.**

## 1. PERSON COMPLETING THIS QUESTIONNAIRE

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

## Section 1 – GENERAL FACILITY 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.

A juvenile residential facility is a place where young persons who have committed offenses may be housed overnight. A facility has living/sleeping units, such as wings, floors, dorms, barracks, or cottages on one campus or in one building.

Any buildings with living/sleeping units that are not on the same campus should be considered separate facilities and should be recorded on separate questionnaires in this census.

**1. Is the PREPRINTED facility name, mailing address and telephone number on the BACK cover page of this form correct, or do they need to be corrected?**

- 01  Preprinted facility name, mailing address and telephone number on the BACK cover page of this form are correct
- 02  Preprinted facility name or mailing address and telephone number need to be corrected – *Please make necessary corrections on the BACK cover page of this form.*

**2. 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* ↓

**3. 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

### IMPORTANT INSTRUCTIONS

Please call 1-800-352-7229 to request an additional questionnaire for each building with living/sleeping units associated with this facility that is not at the site of this facility building or campus.

**4. On Wednesday, October 25, 2000, 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 is a detention center, mark "No".

- 01  Yes
- 02  No

### 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 25, 2000. 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 just 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

**Section I – GENERAL INFORMATION – Continued**

**5a. According to your records, at the end of the day on October 25, 2000, did ANY persons have assigned beds in this facility?** Include persons who were temporarily away, but had assigned beds on October 25. 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 25, 2000, how many persons had assigned beds in this facility?**

Persons

**6. How many of the persons who had assigned beds at the end of the day on Wednesday, October 25, 2000 were AGE 21 or older?** Include persons who were temporarily away, but had assigned beds on October 25.

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

Persons 21 or older

**7a. At the end of the day on Wednesday, October 25, 2000, 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, at the end of the day on Wednesday, October 25, 2000, how many young persons under age 21 had assigned beds in this facility?** Include young persons who were temporarily away but had assigned beds on October 25. Do NOT include staff.

Young persons under the age of 21

**NOTE: As a check, the sum of question 6 (persons 21 and older) and 7b (young persons under age 21) should equal the sum reported in question 5b (number of persons assigned beds in the facility).**

**8a. At the end of the day on Wednesday, October 25, 2000, did ANY of the young 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.

**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.
- 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:

- Young persons under age 21 who have committed one or more offenses in the past, BUT HAVE ASSIGNED BEDS ON OCTOBER 25 FOR REASONS OTHER THAN OFFENSES.
- Young 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 9a and 9b.
- Young 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 questions 9a and 9b.
- 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. These young persons will be counted in questions 9a and 9b.

01  Yes

02  No → **Go to Question 9a on page 4**

**b. According to your records for the end of the day on Wednesday, October 25, 2000, HOW MANY YOUNG 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 8a?**

Include young persons who were temporarily away but had assigned beds on October 25. Do NOT include staff.

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

## Section I – GENERAL INFORMATION – Continued

**9a. At the end of the day on Wednesday, October 25, 2000, did ANY of the young persons UNDER AGE 21 have assigned beds in this facility FOR REASONS OTHER THAN OFFENSES? Do NOT include staff.**

**INCLUDE** here:

- Young 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
- Young persons under age 21 who have committed one or more offenses in the past, BUT ARE ASSIGNED BEDS HERE ON OCTOBER 25 FOR REASONS OTHER THAN THESE OFFENSES
- Young 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.
- Young persons assigned beds here due to voluntary or non-offense related admissions.

**Do NOT INCLUDE:**

- Young persons assigned beds here BECAUSE THEY WERE CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE. These persons are counted in questions 8a and 8b.

01  Yes

02  No → **Go to note below**

**b. According to your records for the end of the day on Wednesday, October 25, 2000, HOW MANY YOUNG PERSONS UNDER AGE 21 had assigned beds in this facility FOR REASONS OTHER THAN OFFENSES, AS DEFINED IN 9a?**

Include young persons who were temporarily away but had assigned beds on October 25. Do NOT include staff.

Young persons under age 21 here because of non-offense reasons.

**NOTE: As a check, the sum of questions 8b (young persons under 21 with offenses) and 9b (young persons under 21 with reasons other than offenses) should equal 7b (the number of young persons under age 21)**

**10a. Does this facility provide ON-SITE RESIDENTIAL TREATMENT?**

01  Yes

02  No → **Go to Question 11 below**

**b. What kind of treatment is provided INSIDE this facility? Mark (X) all 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 ↓

**11. Does this facility provide foster care?**

01  Yes, for all young persons

02  Yes, for some but not all young persons

03  No

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

01  Yes

02  No

**13. What type of residential facility is this facility (the one listed on the front cover)? Mark (X) all that apply.**

01  Detention center

02  Training school/Long-term secure facility

03  Reception or diagnostic center

04  Group home/Halfway house

05  Boot camp

06  Ranch, forestry camp, wilderness or marine program, or farm

07  Runaway and homeless shelter

08  Other type of shelter

09  Other – Specify ↓

## Section 1 – GENERAL FACILITY INFORMATION – Continued

**14a. 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 are sex or age, answer NO.

01  Yes

02  No → **Go to NOTE A in next column**

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

Mark (X) all 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) all 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  To provide two or more levels of security

04  Some other reason – Specify ↓

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

Mark (X) all 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

**NOTE A**

Questions 15 and 16 ask who OWNS this facility. Later you will be asked who OPERATES this facility.

**15a. Is this facility OWNED by –**

01  a private non-profit or for-profit agency?

02  a government agency? → **Go to Question 16 below**

**b. What is the name of the private non-profit or for-profit agency that OWNS this facility?**

→ **Go to NOTE B below**

**16. What is the level of the government agency that OWNS this facility?**

Mark (X) those that apply.

01  A Native American Tribal Government

02  State

03  County

04  Municipal (includes Washington, DC)

05  Other – Specify ↓

**NOTE B**

Questions 17 and 18 ask who OPERATES this facility.

**17a. Is this facility OPERATED by –**

01  a private non-profit or for-profit agency?

02  a government agency? → **Go to Question 18 below**

**b. What is the name of the private non-profit or for-profit agency that OPERATES this facility?**

→ **Go to Question 19a on page 6**

**18. What is the level of the government agency that OPERATES this facility?**

Mark (X) those that apply.

01  A Native American Tribal Government

02  State

03  County

04  Municipal (includes Washington, DC)

05  Other – Specify ↓

**Section 1 – GENERAL FACILITY INFORMATION – Continued**

**19a. Are ANY young persons in this facility locked into their sleeping rooms by staff at ANY time to confine them?**

01  Yes

02  No → **Go to Question 20 below**

**b. When are young persons in this facility locked into their sleeping rooms by staff?**

Mark (X) all that apply.

01  When they are out of control

02  When they are suicidal

03  Rarely, no set schedule

04  During shift changes

05  Whenever they are in their sleeping rooms

06  At night

07  Part of each day

08  Most of each day

09  All of each day

10  Other – Specify ↓

[Blank box for specifying other reasons]

**20. Does this facility have any of the following features intended to confine young persons within specific areas? Mark (X) all that apply.**

01  Doors for secure day rooms that are locked by staff to confine young persons within specific areas?

02  Wing, floor, corridor, or other internal security doors that are locked by staff to confine young persons within specific areas?

03  Outside doors that are locked by staff to confine young persons within specific buildings?

04  External gates in fences or walls WITHOUT razor wire that are locked by staff to confine young persons?

05  External gates in fences or walls WITH razor wire that are locked to confine young persons?

06  Other – Specify ↓

[Blank box for specifying other features]

07  The facility has none of the above features.

**21a. Are outside doors to any buildings with living/sleeping units in this facility ever locked?**

01  Yes

02  No → **Go to Question 22 in next column**

**21b. Why are outside doors to buildings with living/sleeping units in this facility locked?**

Mark (X) all that apply.

01  To keep intruders out

02  To keep young persons inside this facility

**C. WHEN are outside doors to buildings with living/sleeping units in this facility locked?**

Mark (X) all that apply.

01  Rarely, no set schedule

02  At night

03  Part of each day

04  Most of each day

05  All of each day

06  When the facility is unoccupied

07  Other – Specify ↓

[Blank box for specifying other when conditions]

**22. What was the TOTAL NUMBER OF STANDARD BEDS for young persons in this facility on the night of Wednesday, October 25, 2000?**

Do NOT include staff beds.

- A single bed is one standard bed
- A double bunked bed is two standard beds

[Blank box for total number of standard beds]

Total number of standard beds

**23a. On the night of Wednesday, October 25, 2000, were there ANY OCCUPIED MAKESHIFT BEDS in this facility?**

Makeshift beds are:

- Roll-out mats
- Fold-out cots
- Roll-away beds
- Pull-out mattresses
- Sofas
- Any other beds that are put away or moved during non-sleeping hours

01  Yes

02  No → **Go to Section 2 on page 7**

**b. How many makeshift beds were occupied that night?**

[Blank box for occupied makeshift beds]

Occupied makeshift beds

## Section 2 – PHYSICAL HEALTH CARE SERVICES

**1a. After arrival in this facility, are ANY young persons asked questions or administered a form which asks questions about the current status of their physical health?**

01  Yes

02  No → **Go to Note C in next column**

**b. Who asks questions or administers a form which asks questions about the current status of their physical health?**

Mark (X) all that apply.

01  Admissions counselors/Intake workers NOT trained by a physical health professional

02  Admissions counselors/Intake workers trained by a physical health professional

03  A nurse (RN, LPN, family nurse, home care nurse)

04  A nurse practitioner

05  A physician assistant

06  A doctor

07  Some other person – Specify ↓

**2. When are young persons asked questions or administered a form which asks questions about the current status of their physical health?**

Mark (X) all that apply.

01  Within less than 24 hours after arrival

02  Between 24 hours and less than 7 days after arrival

03  Seven or more days after arrival

04  Other – Specify ↓

**3a. After arrival in this facility, are ALL persons asked questions or administered a form which asks questions about the current status of their physical health?**

01  Yes → **Go to NOTE C in next column**

02  No → **Continue with Question 3b in next column**

**3b. Which young persons are asked questions or administered a form which asks questions about the current status of their physical health?**

Mark (X) all that apply.

01  Young persons who come directly from home, rather than from another facility

02  Young persons who display symptoms of an illness or injury

03  Young persons known to have existing health problems

04  Young persons for whom no physical health care record is available

05  Other young persons not listed above – Specify ↓

**NOTE C**

Questions 4 through 11 ask about physical health care services provided at a location **INSIDE** this facility. Later you will be asked about physical health care services provided **OUTSIDE** this facility.

**4. Do ANY young persons assigned beds here receive physical health care services INSIDE this facility?**

01  Yes

02  No → **Go to NOTE D on page 8**

**5. Is it facility policy to have ANY young persons assigned beds here receive a physical examination INSIDE this facility?** A physical examination involves a nurse, nurse practitioner, doctor, or physician assistant examining such things as eyes, ears, nose, throat, blood pressure, and pulse; collecting blood; or taking medical histories.

01  Yes

02  No → **Go to Question 9 on page 8**

**6. Which physical health care professionals conduct physical examinations INSIDE this facility?**

Mark (X) all that apply.

01  A nurse (RN, LPN, family nurse)

02  A nurse practitioner

03  A physician assistant

04  A doctor

05  Some other person – Specify ↓

**Section 2 – PHYSICAL HEALTH CARE SERVICES – Continued**

**7. When do young persons assigned beds here receive a physical examination INSIDE this facility?**

Mark (X) all that apply.

- 01  Within less than 24 hours after arrival
- 02  Between 24 hours and less than 7 days after arrival
- 03  Seven or more days after arrival
- 04  Other – Specify ↓

**8a. Do ALL young persons assigned beds here receive a physical examination INSIDE this facility?**

01  Yes → **Go to Question 9 below**

02  No → **Continue with Question 8b below**

**b. Which young persons receive a physical examination INSIDE this facility?**

Mark (X) all that apply.

- 01  Young persons who come directly from home, rather than from another facility
- 02  Young persons who display symptoms of an illness or injury
- 03  Young persons known to have existing health problems
- 04  Young persons for whom no physical health care record is available
- 05  Other young persons not listed above – Specify ↓

**9. When are injured or ill young persons examined INSIDE this facility by a nurse, nurse practitioner, doctor, or physician assistant?**

Mark (X) all that apply.

- 01  Whenever they fill out a request form
- 02  Whenever they ask a staff member
- 03  By appointment during regularly (daily/weekly/monthly) scheduled hours
- 04  Under other circumstances not identified above – Specify ↓

**10a. Do young persons receive services from physical health care SPECIALISTS INSIDE this facility?**

01  Yes

02  No → **Go to Question 11 below**

**b. Which of the following physical health care specialists provide services INSIDE this facility?**

Mark (X) all that apply.

- 01  Dentist
- 02  Ophthalmologist/Optometrlist
- 03  Obstetrician/Gynecologist
- 04  Other health care specialist – Specify ↓

**11. During weekday hours, are the health care professionals at this facility able to perform the following emergency medical services INSIDE this facility?**

Mark (X) all that apply.

- 01  Treat broken bones
- 02  Stitch broken skin
- 03  Prescribe medication for illnesses
- 04  Administer injections
- 05  Diagnose extent of an injury
- 06  Diagnose acute illnesses
- 07  None of these services are available

<b>NOTE D</b>	Questions 12 through 14 ask about physical health care services provided <b>OUTSIDE</b> this facility.
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**12. Do ANY young persons assigned beds here receive physical health care services at a location OUTSIDE this facility?**

01  Yes

02  No → **Go to Question 15 on page 9**

**13. When are injured or ill young persons examined OUTSIDE this facility by a nurse, nurse practitioner, doctor, or physician assistant?**

Mark (X) all that apply.

- 01  Whenever they fill out a request form
- 02  Whenever they ask a staff member
- 03  By appointment during regularly (daily/weekly/monthly) scheduled hours
- 04  Under other circumstances not identified above – Specify ↓



## Section 2 – PHYSICAL HEALTH CARE SERVICES – Continued

**14a. Do young persons receive services from physical health care SPECIALISTS OUTSIDE this facility?**

01  Yes

02  No → **Go to Question 15 below**

**b. Which of the following physical health care specialists provide services OUTSIDE this facility to young persons assigned beds here?**

Mark (X) all that apply.

01  Dentist

02  Ophthalmologist/Optometrst

03  Obstetrician/Gynecologist

04  Other – Specify ↓

**15. Which of the following types of testing services are provided AFTER ARRIVAL in this facility to young persons at locations EITHER INSIDE or OUTSIDE of this facility under the circumstances described below?**

Testing services	CIRCUMSTANCES OF TESTING – Mark (X) all that apply			
	Testing is <b>NOT</b> provided  (1)	Testing of <b>ALL</b> young persons after arrival here  (2)	Testing as deemed necessary by a nurse or doctor after arrival here  (3)	Testing at young persons' request  (4)
<b>a.</b> Tuberculosis testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
<b>b.</b> Sexually transmitted disease testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
<b>c.</b> Human immuno-deficiency virus (HIV) testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
<b>d.</b> Pregnancy testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
<b>e.</b> Hepatitis testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

## Section 3 – MENTAL HEALTH SERVICES

### IMPORTANT INSTRUCTIONS

Mental health services include –

- evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs
- ongoing mental health therapy
- ongoing counseling

"Mental health professionals" are limited in this census to –

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

"Counselors" in this census are –

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

**1. After arrival in this facility, are ANY young persons evaluated to determine whether they are at risk for suicide?**

- 01  Yes  
 02  No → **Go to NOTE E in next column**

**2. When are young persons evaluated for suicide risk?**

Mark (X) all that apply.

- 01  Within less than 24 hours after arrival  
 02  Between 24 hours and less than 7 days after arrival  
 03  Seven or more days after arrival  
 04  Other – Specify ↓

**3. Who evaluates young persons for suicide risk?**

Mark (X) all that apply.

- 01  Counselors/intake workers who have NOT been trained by a mental health professional  
 02  Counselors/intake workers who have been trained by a mental health professional  
 03  A mental health professional, as defined in the box above  
 04  Some other person – Specify ↓

**4a. Are ALL young persons evaluated after arrival in this facility to determine whether they are at risk for suicide?**

- 01  Yes → **Go to NOTE E below**  
 02  No → **Continue with Question 4b**

**b. Which young persons are evaluated for suicide risk after arrival here?**

Mark (X) all that apply.

- 01  Young persons who come directly from home, rather than from another facility  
 02  Young persons who display or communicate suicide risk  
 03  Young persons known to have prior suicide attempts  
 04  Young persons for whom no mental health care record is available  
 05  Other young persons not listed above – Specify ↓

**NOTE E**

Questions 5 through 15 ask about mental health services provided at a location **INSIDE** this facility. Later you will be asked about mental health care services provided at a location **OUTSIDE** this facility.

**5. Do young persons assigned beds here receive mental health services other than a suicide evaluation INSIDE this facility?**

Mental health services include:

- evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs
- ongoing mental health therapy
- ongoing counseling

- 01  Yes  
 02  No → **Go to Question 12 on page 11**

**6. Which forms of ongoing COUNSELING for mental health problems are provided INSIDE this facility by a COUNSELOR?**

Counselors are limited to:

- persons with a Master's degree in a field other than psychology or social work
- persons, whose highest degree is a Bachelor's in any field.

Mark (X) all that apply.

- 01  Individual counseling  
 02  Group counseling  
 03  Family counseling  
 04  Other – Specify ↓

**Section 3 – MENTAL HEALTH SERVICES – Continued**

**7. Are ANY young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL at a location INSIDE this facility?**

Evaluations and appraisals are conducted by mental health professionals to diagnose or to identify mental health needs.

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

01  Yes

02  No → **Go to Question 10a in next column**

**8. When are young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?**

Mark (X) all that apply.

- 01  Within less than 24 hours after arrival
- 02  Between 24 hours and less than 7 days after arrival
- 03  Seven or more days after arrival
- 04  Other – Specify ↓

**9a. Are ALL young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?**

01  Yes → **Go to Question 10a in next column**

02  No → **Continue with Question 9b below**

**b. Which young persons are evaluated or appraised by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?**

Mark (X) all that apply.

- 01  Young persons who come directly from home, rather than from another facility
- 02  Young persons who are ordered by the court to get an evaluation
- 03  Young persons whom staff identify as needing an evaluation
- 04  Young persons known to have mental health problems
- 05  Young persons for whom no mental health record is available
- 06  Other young persons not listed above – Specify ↓

**10a. Is ongoing THERAPY for mental health problems provided to young persons by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?**

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

01  Yes

02  No → **Go to Question 12 below**

**b. Which forms of ongoing THERAPY for mental health problems are provided INSIDE this facility by MENTAL HEALTH PROFESSIONALS?**

Mark (X) all that apply.

- 01  Individual therapy
- 02  Group therapy
- 03  Family therapy
- 04  Other – Specify ↓

**11. Which of the following best describes facility policy on providing THERAPY by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?**

Mark (X) ONE response.

- 01  All young persons receive some therapy at some point during their stay
- 02  Young persons receive therapy only as needed on a case-by-case basis
- 03  Other – Specify ↓

**12. Do MEDICAL health professionals INSIDE this facility prescribe and/or monitor psychotropic medication for young persons assigned beds here?**

01  Yes

02  No

**Section 3 – MENTAL HEALTH SERVICES – Continued**

**13a. Are there one or more special living/sleeping unit(s) in this facility reserved just for young persons with mental health problems that are separate from other living/sleeping units?**

01  Yes

02  No → **Go to Question 14a below**

**b. Do any of these special living/sleeping units reserved just for young persons with mental health problems differ from the other living/sleeping units in –**

*Mark (X) all that apply.*

01  average length of stay?

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  specialized curriculum of treatment for the residents of these units?

08  Other? – *Specify* ↓

**14a. Is there a specialized SEX OFFENDER treatment program located inside this facility?**

01  Yes

02  No → **Go to Question 15 in next column**

**b. Are any of the following provided INSIDE this facility to young persons charged with or adjudicated for a sex offense?**

*Mark (X) all that apply.*

01  A curriculum of treatment designed specifically for sex offenders

02  Individual therapy/counseling specifically for sex offenders

03  Group therapy in which all members of the group are sex offenders

04  Family therapy/counseling specifically for sex offenders

05  Other – *Specify* ↓

**15. Are there one or more special living/sleeping units reserved just for sex offenders that are separate from other living/sleeping units?**

01  Yes

02  No

<b>NOTE F</b>	QUESTIONS 16 through 19 ask about mental health care provided at a location <b>OUTSIDE</b> this facility.
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**16. Do ANY young persons assigned beds here receive mental health services (other than a suicide screening) OUTSIDE this facility?**

Mental health services include:

- evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs
- ongoing mental health therapy
- ongoing counseling

01  Yes

02  No → **Go to Section 4 on page 14**

**17a. Do ANY young persons assigned beds here receive mental health services provided by a COUNSELOR at a location OUTSIDE this facility?**

Counselors are:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

01  Yes

02  No → **Go to Question 18a on next page**

**b. Which of the following mental health services are provided by a COUNSELOR at a location OUTSIDE this facility?**

*Mark (X) all that apply.*

01  Individual counseling

02  Group counseling

03  Family counseling

04  Other – *Specify* ↓

**Section 3 – MENTAL HEALTH SERVICES – Continued**

**18a. Do ANY young persons assigned beds here receive mental health services provided by a MENTAL HEALTH PROFESSIONAL at a location OUTSIDE this facility?**

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

01  Yes

02  No → **Go to Question 19 in next column**

**b. Which of the following mental health services are provided by a MENTAL HEALTH PROFESSIONAL at a location OUTSIDE of this facility?**

*Mark (X) all that apply.*

01  Mental health evaluation/appraisal

02  Individual counseling

03  Group counseling

04  Family counseling

05  Other – *Specify* ↓

**19. Do MEDICAL health professionals at a location OUTSIDE this facility prescribe and/or monitor psychotropic medication to young persons assigned beds here?**

01  Yes

02  No

## Section 4 – SUBSTANCE ABUSE SERVICES

**1a. After arrival in this facility, are ANY young persons evaluated to determine whether they have substance abuse problems?**

Substance abuse problems include problems with drugs and/or alcohol.

- 01  Yes  
 02  No → **Go to Question 4a below**

**b. Which of the following methods are used to evaluate persons after arrival in this facility to determine whether they have substance abuse problems?**

Mark (X) all that apply.

- 01  Visual observation  
 02  Standardized self-report instruments, such as the SASSI, JASI, ACIDI, ASI  
 03  Self-report check list inventory which asks about substance use and abuse  
 04  A staff-administered series of questions which asks about substance use and abuse  
 05  None of these methods are used  
 06  Other – Specify ↓

**GO TO NEXT COLUMN**

**2. When are young persons evaluated to determine whether they have substance abuse problems?**

Mark (X) all that apply.

- 01  Within less than 24 hours after arrival  
 02  Between 24 hours and less than 7 days after arrival  
 03  Seven or more days after arrival  
 04  Other – Specify ↓

**3a. Are ALL young persons evaluated after arrival in this facility to determine whether they have substance abuse problems?**

- 01  Yes → **Go to Question 4a below**  
 02  No → **Continue with Question 3b**

**b. After arrival in this facility, which young persons are evaluated for substance abuse problems?**

Mark (X) all that apply.

- 01  Young persons charged with or adjudicated for a drug or alcohol-related offense  
 02  Young persons identified by the court or a probation officer as potentially having substance abuse problems  
 03  Young persons identified by facility staff as potentially having substance abuse problems  
 04  Other young persons not listed above – Specify ↓

**4a. Are ANY young persons required to provide urine FOR DRUG ANALYSIS after arrival in this facility?**

- 01  Yes → **Go to Question 4b below**  
 02  No → **Go to NOTE G on page 15**

**b. Which statements below describe the circumstances under which young persons are required to provide urine INSIDE this facility FOR DRUG ANALYSIS? Mark (X) all that apply.**

PERSONS PROVIDING URINE SAMPLE	CIRCUMSTANCES OF TESTING				
	After initial arrival in this facility (1)	Each time young persons reenter the facility during their stay (2)	At randomly scheduled times (3)	When drug use is suspected or drug is present (4)	At the request of the court or probation officer (5)
<b>a.</b> Young persons who are suspected of recent drug or alcohol use	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
<b>b.</b> Young persons with substance abuse problems	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
<b>c.</b> ALL young persons assigned beds here	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>

## Section 4 – SUBSTANCE ABUSE SERVICES – Continued

**NOTE  
G**

Questions 5 through 10 ask about substance abuse services provided at a location **INSIDE** this facility. Later you will be asked about substance abuse services provided **OUTSIDE** this facility.

**IMPORTANT INSTRUCTIONS**

Substance abuse services include:

- developing a substance abuse treatment plan
- assigning a case manager to oversee substance abuse treatment
- assigning young persons to special living units just for those with substance abuse problems
- ongoing substance abuse therapy or counseling
- substance abuse education

Substance abuse treatment professionals are limited in this census to:

- CERTIFIED substance abuse or addictions counselors
- psychiatrists
- psychologists with at least a Master’s degree in **PSYCHOLOGY**
- social workers with at least a Master’s degree in **SOCIAL WORK (MSW, LCSW)**

Counselors who are NOT substance abuse treatment professionals are limited to:

- persons with a Master’s degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor’s in any field

**5. Do ANY young persons assigned beds here receive substance abuse services INSIDE this facility other than urinalysis or a substance abuse screening?**

01  Yes

02  No → **Go to NOTE H on page 16**

**6. Which of the following SUBSTANCE ABUSE services are provided INSIDE this facility?**

*Mark (X) all that apply.*

01  Substance abuse education

02  Assignment of a case manager to oversee substance abuse treatment

03  Development of a treatment plan to specifically address substance abuse problems

04  Special living units in which all young persons have substance abuse offenses and/or problems

05  None of these services are offered

**7. Which of the following self-led, self-help groups are provided INSIDE this facility?**

*Mark (X) all that apply.*

01  Alcoholics Anonymous

02  Narcotics Anonymous

03  Other – *Specify* ↓

04  None of these are provided

**8. Which forms of ongoing COUNSELING for substance abuse problems are provided INSIDE this facility to young persons by a COUNSELOR who is NOT a substance abuse treatment professional?**

Counselors who are NOT substance abuse treatment professionals are:

- persons with a Master’s degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor’s in any field

*Mark (X) all that apply.*

01  Individual counseling

02  Group counseling

03  Family counseling

04  None of these are provided

**9. Which forms of ongoing THERAPY for substance abuse problems are provided INSIDE this facility to young persons by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?**

Substance abuse treatment professionals are limited to:

- CERTIFIED substance abuse/addictions counselors
- psychiatrists
- psychologists with at least a Master’s degree in psychology
- social workers with a Master’s degree in **SOCIAL WORK (MSW, LCSW)**

*Mark (X) all that apply.*

01  Individual therapy

02  Group therapy

03  Family therapy

04  None of these are provided

**Section 4 – SUBSTANCE ABUSE SERVICES – Continued**

**10. Which of the following describes facility policy on providing ongoing therapy for substance abuse problems INSIDE this facility to persons by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?**

Mark (X) ONE response.

- 01  All young persons receive specialized therapy or counseling for substance abuse problems
- 02  Young persons receive specialized therapy or counseling for substance abuse problems only as needed on a case-by-case basis
- 03  Other – Specify ↓

<b>NOTE H</b>	Questions 11 through 15 ask about substance abuse services provided at a location <b>OUTSIDE</b> this facility.
-------------------	---

**11. Do ANY young persons assigned beds here receive substance abuse services OUTSIDE this facility other than urinalysis or substance abuse evaluation?**

- 01  Yes
- 02  No → **Go to Section 5 on page 17**

**12. Which of the following SUBSTANCE ABUSE services are provided OUTSIDE this facility for young persons assigned beds here?**

Mark (X) all that apply.

- 01  Substance abuse education
- 02  Assignment of a case manager to oversee substance abuse treatment
- 03  Development of a treatment plan to address substance abuse problems specifically
- 04  None of these services are offered

**13. Which of the following self-led, self-help meetings are provided OUTSIDE this facility for persons assigned beds here?**

Mark (X) all that apply.

- 01  Alcoholics Anonymous
- 02  Narcotics Anonymous
- 03  Other – Specify ↓

- 04  None of these are provided

**14. Which forms of ongoing COUNSELING for substance abuse problems are provided OUTSIDE this facility to young persons by a COUNSELOR who is NOT a substance abuse treatment professional, as defined in the instruction box on page 15?**

Mark (X) all that apply.

- 01  Individual counseling
- 02  Group counseling
- 03  Family counseling
- 04  None of these are provided

**15. Which forms of ongoing THERAPY for substance abuse problems are provided OUTSIDE this facility to young persons by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?**

Substance abuse treatment professionals are limited to:

- CERTIFIED substance abuse/addictions counselors
- psychiatrists
- psychologists with at least a Master’s degree in PSYCHOLOGY
- social workers with a masters degree in SOCIAL WORK (MSW, LCSW).

Mark (X) all that apply.

- 01  Individual therapy
- 02  Group therapy
- 03  Family therapy
- 04  None of these are provided



## Section 5 – EDUCATION SERVICES

**1a. After arrival in this facility, are ANY young persons evaluated to determine their educational grade levels and their educational needs?**

01  Yes

02  No → **Go to Question 5 in next column**

**b. Where are the young persons evaluated?**

*Mark (X) all that apply.*

01  Inside this facility

02  Outside this facility

**2. After arrival in this facility, when are young persons evaluated to determine their educational grade level and their educational needs?**

*Mark (X) all that apply.*

01  Within less than 24 hours after arrival

02  Between 24 hours and less than 7 days after arrival

03  Seven or more days after arrival

04  Other – *Specify* ↓

**3. Which of the following methods are used to evaluate young persons to determine their educational grade levels and their educational needs?**

*Mark (X) all that apply.*

01  Review of previous academic records

02  Interview with an education specialist

03  Administration of one or more written tests

04  Interview with an intake or admissions counselor

05  Other – *Specify* ↓

**4a. After arrival in this facility, are ALL young persons evaluated to determine their educational grade levels and their educational needs?**

01  Yes → **Go to Question 5 in next column**

02  No → **Continue with Question 4b in next column**

**4b. Which young persons are evaluated to determine their educational grade levels and their educational needs?**

*Mark (X) all that apply.*

01  Young persons who come directly from home, rather than from another facility

02  Young persons whom the staff identify as needing an assessment

03  Young persons for whom no educational record is available

04  Young persons with known educational problems

05  Other young persons not listed above – *Specify* ↓

**5. As part of the DISCHARGE process from this facility, are ANY young persons evaluated to determine their educational grade levels and their educational needs?**

01  Yes

02  No → **Go to Question 7a on page 18**

**6a. Are ALL persons assessed to determine their educational grade levels and their educational needs as part of the DISCHARGE process from this facility?**

01  Yes → **Go to Question 7a on page 18**

02  No → **Continue with Question 6b**

**b. Which young persons are evaluated to determine their educational grade levels and their educational needs as part of the DISCHARGE process from this facility?**

*Mark (X) all that apply.*

01  Young persons going home or to live on their own

02  Young persons who have been at this facility long enough to demonstrate a change in academic performance

03  Young persons who have not yet earned a high school diploma

04  Young persons who have not yet earned a GED

05  As many young persons as the educational specialists have time to evaluate

06  Other – *Specify* ↓

**Section 5 – EDUCATION SERVICES – Continued**

**7a. Are ALL young persons required to attend school or receive educational services while assigned beds in this facility?**

- 01  Yes → **Go to NOTE I below**  
 02  No → **Continue with Question 7b below**

**b. Why are young persons NOT required to attend school or receive educational services?**

Mark (X) all that apply.

- 01  The length of stay at this facility is too short to provide educational services  
 02  They are older than the age specified by the state as legally required to attend school  
 03  They have already completed high school or a GED program  
 04  Other – Specify ↓

**NOTE I** Questions 8 through 11 ask about educational services provided **INSIDE** this facility. Later you will be asked about educational services provided **OUTSIDE** this facility.

**8. Do ANY young persons assigned beds here attend school or receive teacher instruction INSIDE this facility?**

- 01  Yes  
 02  No → **Go to NOTE J in next column**

**9a. Are ALL young persons assigned beds in this facility required to attend school or receive teacher instruction INSIDE this facility?**

- 01  Yes → **Go to Question 10 in next column**  
 02  No → **Continue with Question 9b below**

**b. Which young persons attend school or receive teacher instruction INSIDE this facility?**

Mark (X) all that apply

- 01  All young persons who are not attending class or receiving teacher instruction at a location **OUTSIDE** this facility  
 02  Those young persons with special needs for remedial education  
 03  Those young persons who are too disruptive to attend school outside this facility  
 04  Those young persons assigned beds in special living/sleeping units –Specify unit type ↓

- 05  Other young persons not listed above – Specify ↓

**10. Which of the following educational services are provided INSIDE this facility to young persons assigned beds here?**

Mark (X) all that apply.

- 01  Elementary-level education  
 02  Middle school-level education  
 03  High school-level education  
 04  Special education  
 05  GED preparation  
 06  GED testing  
 07  Post-high school education or post-high school correspondence courses  
 08  Vocational/technical education  
 09  Life skills training  
 10  Other – Specify ↓

**11a. How many hours per WEEK do young persons attend school or receive teacher instruction INSIDE this facility?**

Instructional hours per WEEK INSIDE this facility

**b. How many months per YEAR do young persons assigned beds attend school or receive teacher instruction INSIDE this facility?**

Instructional months per YEAR INSIDE this facility

**NOTE J** Questions 12 through 14 ask about educational services provided **OUTSIDE** this facility.

**12. Do ANY young persons assigned beds here attend school or receive teacher instruction OUTSIDE this facility?**

- 01  Yes  
 02  No → **Go to Section 6 on page 20**

**Section 5 – EDUCATION SERVICES – Continued**

**13. Which of the following educational services are provided OUTSIDE this facility to young persons assigned beds here?**

Mark (X) all that apply.

- 01  Elementary-level education
- 02  Middle school-level education
- 03  High school-level education
- 04  Special education
- 05  GED preparation
- 06  GED testing
- 07  Post-high school education or post-high school correspondence courses
- 08  Vocational/technical education
- 09  Life skills training
- 10  Other – Specify ↓

**14a. How many hours per WEEK do young persons attend school or receive teacher instruction OUTSIDE this facility?**

Instructional hours per WEEK  
OUTSIDE this facility

**b. How many months per YEAR do young persons assigned beds attend school or receive teacher instruction OUTSIDE this facility?**

Instructional months per YEAR  
OUTSIDE this facility

**IMPORTANT INSTRUCTIONS**

The following items ask you to answer questions about different events that may have occurred at this facility over a 30-day period.

The 30-day REFERENCE PERIOD for this section covers the time between the beginning of the day, September 1, 2000 and the end of the day on September 30, 2000.

**1. During the month of September 2000, were there ANY UNAUTHORIZED DEPARTURES of any young persons who were assigned beds at this facility?**

An "unauthorized departure" includes any incident in which a young person leaves without staff permission or approval for more than 10 minutes from:

- the perimeter physical security of the facility
- the mandatory supervision of a staff member when there is no physical security
- the mandatory supervision of transportation staff
- any other approved area

01  Yes

02  No

**2a. During the month of September 2000, were ANY young persons assigned beds at this facility transported to a hospital emergency room by facility staff, transportation staff, or by an ambulance?**

01  Yes

02  No → **Go to Question 3 in next column**

**2b. For what reason(s) were the young persons transported to a hospital emergency room DURING THIS 30 DAY PERIOD in September?**

Mark (X) all that apply.

01  Sports-related injury

02  Work or chore-related injury

03  An injury that resulted from interpersonal conflict between one or more young persons, not including a sports-related injury

04  Other injuries

05  Illness

06  Pregnancy complications

07  Suicide attempt

08  A non-emergency injury or illness that occurred when no physical health professional was available at the facility or on call

09  A non-emergency injury or illness that occurred when no doctor's appointment could be obtained in the community

10  Other – Specify ↓

**3. During the month of September 2000, were ANY of the young persons assigned beds here restrained by facility staff with a mechanical device?**

Mechanical restraints include handcuffs, legcuffs, waist bands, leather straps, restraining chairs, strait jackets or other mechanical devices

Answer NO if the facility staff ONLY used mechanical restraints during transportation to and from this facility.

01  Yes

02  No

**4. During the month of September 2000, were ANY of the young persons assigned beds here locked for more than four hours alone in an isolation, seclusion, or sleeping room to regain control of their unruly behavior?**

Answer NO if:

- young persons were locked in their sleeping rooms as part of the facility routine

OR

- young persons were locked in their rooms ONLY for purposes of quarantine, suicide watch, facility-wide lockdown, or self-requested seclusion

01  Yes

02  No

## Section 7 – THE LAST YEAR

**1. During the YEAR between October 1, 1999 and September 30, 2000, did ANY young persons die while assigned a bed at this facility?**

01  Yes

02  No → **Go to Section 8 on page 22**

**2. How many young persons died while assigned beds at this facility during the year between October 1, 1999 and September 30, 2000?**

Person(s)

**3. What was/were the cause(s) of death and where did the death(s) occur? Please fill in the numbers of each type of death in the locations where they occurred during this time period.**

Cause of death	Inside this facility (1)	Outside this facility (2)
<b>a.</b> Illness/natural causes (excluding AIDS)	01	02
<b>b.</b> Injury suffered prior to placement here	01	02
<b>c.</b> AIDS	01	02
<b>d.</b> Suicide	01	02
<b>e.</b> Homicide by another resident	01	02
<b>f.</b> Homicide by non-resident(s)	01	02
<b>g.</b> Accidental death	01	02
<b>h.</b> Other – <i>Specify</i> ↘	01	02

## Section 8 – GENERAL INFORMATION

**1a. Are there any other juvenile facilities located within the same building or on the same campus as the facility being reported on here?**

01  Yes

02  No → **Go to NOTE K below**

**b. How many OTHER juvenile facilities are located within the same building or on the same campus as the facility being reported on here?**

Juvenile facilities

**2. Does the facility being reported on here share any of the following with the other facilities located in the same building or on the same campus?**

*Mark (X) all 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 infirmary

08  The same food services

09  The same dining room

10  The same laundry services

11  None of the above services are shared

**NOTE  
K**

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 a copy of this questionnaire for your records so that if we need to contact you about a response, you will be able to refer to your copy.

**Please mail the completed form in the enclosed postage-paid envelope to –**

**U.S. Census Bureau  
Governments Division  
Criminal Justice Statistics  
Branch, Room 509  
Washington, DC 20233-6800**

**or FAX toll free to: 1-888-891-2099.**

Comments


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