This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, OCTOBER 25, 2006.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 29, 2006

Return the completed form to: U.S. Census Bureau
P.O. Box 5000
Jeffersonville, IN 47199-5000
GOVS/JRFC
Fax: 1-888-891-2099
EMAIL: JRFC@census.gov

If you have any questions, call Regina Yates or Adam Bacon,
U.S. Census Bureau, 1-800-352-7229.

### 1. PERSON COMPLETING THIS QUESTIONNAIRE

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<th>Name</th>
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<tr>
<th>Business address – Number and street/or P.O. Box/Route number</th>
<th>Area code</th>
<th>Number</th>
<th>Extension</th>
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Section 1 – GENERAL FACILITY INFORMATION

1. Is the PREPRINTED facility name and mailing address on the BACK cover page of this form correct, or do they need to be corrected?
   - [ ] Preprinted facility name and mailing address on the BACK cover page of this form are correct
   - [ ] Preprinted facility name or mailing address 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 –
   - [ ] a part of one building
   - [ ] all of one building
   - [ ] more than one building at a single site or on one campus
   - [ ] 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?
   - [ ] Yes
   - [ ] No

4. On Wednesday, October 25, 2006, 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.
   - [ ] Yes
   - [ ] 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.

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, 2006. 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
5a. According to your records, at the end of the day on October 25, 2006, 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.

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STOP HERE and mail this form ONLY if there were NO PERSONS IN YOUR FACILITY OR THE FACILITY WAS CLOSED (permanently or temporarily) on this date

5b. According to your records, at the end of the day on October 25, 2006, 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, 2006 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, 2006, 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.

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<th>Yes</th>
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STOP HERE and mail this form ONLY if there were no persons under 21 in your facility on this date

7b. According to your records, at the end of the day on Wednesday, October 25, 2006, 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, 2006, 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 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, 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) who have assigned beds because of REASONS OTHER THAN OFFENSES. These young persons will be counted in questions 9a and 9b.
- Those persons who are 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.

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<thead>
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<th>Yes</th>
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Go to Question 9a on page 4

8b. According to your records for the end of the day on Wednesday, October 25, 2006, 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.
9a. At the end of the day on Wednesday, October 25, 2006, 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.
- Young persons under age 21 here because of non-offense reasons.

b. According to your records for the end of the day on Wednesday, October 25, 2006, 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?
- [ ] Yes
- [ ] No → Go to Question 11

b. What kind of treatment is provided INSIDE this facility? Mark (X) all that apply.
- [ ] Mental health treatment
- [ ] Substance abuse treatment
- [ ] Sex offender treatment
- [ ] Treatment for arsonists
- [ ] Treatment specifically for violent offenders
- [ ] Other – Specify

11. Does this facility provide foster care?
- [ ] Yes, for all young persons
- [ ] Yes, for some but not all young persons
- [ ] No

12. Does this facility provide independent living arrangements for any young persons?
- [ ] Yes
- [ ] No

13. What type of residential facility is this facility (the one listed on the front cover)? Mark (X) all that apply.
- Detention center
- Training school/Long-term secure facility
- Reception or diagnostic center
- Group home/Halfway house
- Boot camp
- Residential treatment center
- Ranch, forestry camp, wilderness or marine program, or farm
- Runaway and homeless shelter
- Other type of shelter
- 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.**

<p>| | |</p>
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<tr>
<td>01</td>
<td>Yes</td>
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<tr>
<td>02</td>
<td>No  → Go to NOTE A</td>
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</table>

**Do NOT include time-out rooms, isolation rooms or infirmaries.**

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

Mark (X) all that apply.

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<tbody>
<tr>
<td>01</td>
<td>average length of stay of young persons?</td>
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<tr>
<td>02</td>
<td>physical security and/or monitoring of young persons?</td>
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<tr>
<td>03</td>
<td>number of staff per young person?</td>
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<tr>
<td>04</td>
<td>type of treatment program?</td>
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<td>05</td>
<td>characteristics of young persons?</td>
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<td>06</td>
<td>specialized criteria for staff selection?</td>
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<td>07</td>
<td>other? – Specify</td>
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**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 –

Mark (X) those that apply.

- [ ] a private non-profit or for-profit agency?
- [ ] a government agency? → Go to Question 16

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

Go to Question 16 →

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

Mark (X) those that apply.

- [ ] A Native American Tribal Government
- [ ] State
- [ ] County
- [ ] Municipal (includes Washington, DC)
- [ ] Other – Specify

**NOTE B** Questions 17 and 18 ask who OPERates this facility.

17a. Is this facility OPERATED by –

Mark (X) those that apply.

- [ ] a private non-profit or for-profit agency?
- [ ] a government agency? → Go to Question 18

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

Go to Question 18 →

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

Mark (X) those that apply.

- [ ] A Native American Tribal Government
- [ ] State
- [ ] County
- [ ] Municipal (includes Washington, DC)
- [ ] Other – Specify

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

**NOTE B** Questions 17 and 18 ask who OPERates this facility.

15a. Is this facility OWNED by –

Mark (X) those that apply.

- [ ] a private non-profit or for-profit agency?
- [ ] a government agency? → Go to Question 16

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

Go to Question 16 →

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

Mark (X) those that apply.

- [ ] A Native American Tribal Government
- [ ] State
- [ ] County
- [ ] Municipal (includes Washington, DC)
- [ ] Other – Specify

**NOTE B** Questions 17 and 18 ask who OPERates this facility.

17a. Is this facility OPERATED by –

Mark (X) those that apply.

- [ ] a private non-profit or for-profit agency?
- [ ] a government agency? → Go to Question 18

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

Go to Question 18 →

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

Mark (X) those that apply.

- [ ] A Native American Tribal Government
- [ ] State
- [ ] County
- [ ] Municipal (includes Washington, DC)
- [ ] Other – Specify

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

**NOTE B** Questions 17 and 18 ask who OPERates this facility.
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

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

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
   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

b. 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
   03 Rarely, no set schedule
   04 At night
   05 Part of each day
   06 Most of each day
   07 All of each day
   08 When the facility is unoccupied
   09 Other – Specify

22. What was the TOTAL NUMBER OF STANDARD BEDS for young persons in this facility on the night of Wednesday, October 25, 2006?
   Do NOT include staff beds.
   • A single bed is one standard bed
   • A double barked bed is two standard beds
   □ Total number of standard beds

23a. On the night of Wednesday, October 25, 2006, 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
   □ Yes
   □ No ➔ Go to Question 24 on page 7

b. How many makeshift beds were occupied that night?
   □ Occupied makeshift beds
24. On the night of Wednesday, October 25, 2006, what were the sleeping room arrangements for young persons assigned beds in this facility in terms of the number of ACTUAL OCCUPANTS per sleeping room? Answer in terms of the actual occupancy status on October 25, 2006, regardless of whether it reflects the occupancy for which the sleeping room(s) was/were originally designed, and whether or not young persons slept on makeshift beds within these sleeping rooms. Mark (X) all that apply.

- [ ] 01 young person per sleeping room (single occupancy)
- [ ] 02 2 young persons per sleeping room (double occupancy)
- [ ] 03 3 young persons per sleeping room (triple occupancy)
- [ ] 04 4 young persons per sleeping room
- [ ] 05 Between 5 and 10 young persons per sleeping room
- [ ] 06 Between 11 and 25 young persons per sleeping room
- [ ] 07 More than 25 young persons per sleeping room

25. Are young persons assigned beds in this facility given opportunities for VOLUNTARY participation in large muscle activity at a location either INSIDE or OUTSIDE of this facility? Large muscle activity includes such exercises as group sports, running, aerobics, and weight training. 

- [ ] 01 Yes
- [ ] 02 No

26a. Are young persons assigned beds in this facility REQUIRED to participate in large muscle activity at a location either INSIDE or OUTSIDE of this facility? Large muscle activity includes such exercises as group sports, running, aerobics, and weight training.

- [ ] 01 Yes
- [ ] 02 No

Go to Section 2 on page 8

b. How many MINUTES per day are young persons REQUIRED to participate in large muscle activity at a location either INSIDE or OUTSIDE this facility?

- [ ] Minutes per DAY

c. How many DAYS per week are young persons REQUIRED to participate in large muscle activity at a location either INSIDE or OUTSIDE this facility?

- [ ] Days per WEEK
### Section 2 – PHYSICAL HEALTH 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?

- [ ] Yes
- [ ] No → Go to NOTE C

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

Mark (X) all that apply:
- [ ] Admissions counselors/intake workers NOT trained by a physical health professional
- [ ] A nurse (RN, LPN, family nurse, home care nurse)
- [ ] A doctor
- [ ] 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:
- [ ] Within less than 24 hours after arrival
- [ ] Between 24 hours and less than 7 days after arrival
- [ ] Seven or more days after arrival
- [ ] Other – Specify

### NOTE C

Questions 4 through 15 ask about physical health care services provided either INSIDE and/or OUTSIDE this facility. INSIDE this facility refers to any location on the facility grounds. OUTSIDE this facility refers to any location in the community or off facility grounds.

3. 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:
- [ ] ALL young persons are asked questions or administered a form which asks questions about their physical health → Go to NOTE C
- [ ] Young persons who come directly from home, rather than from another facility
- [ ] Young persons who display symptoms of an illness or injury
- [ ] Young persons known to have existing health problems
- [ ] Young persons for whom no physical health care record is available
- [ ] Other young persons not listed above – Specify

4. Do ANY young persons assigned beds here receive physical health care services at a location either INSIDE or OUTSIDE of this facility?

Mark (X) ONE response.
- [ ] Yes, provided both INSIDE and OUTSIDE this facility
- [ ] Yes, provided INSIDE this facility
- [ ] Yes, provided OUTSIDE this facility
- [ ] No, this facility does not provide physical health care services → Go to Section 3 on page 15
### Section 2 – PHYSICAL HEALTH SERVICES – Continued

5a. **Is it facility policy to have ANY young persons assigned beds here receive a physical examination at a location either INSIDE or OUTSIDE of 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.

Mark (X) ONE response.
- [ ] Yes, provided both INSIDE and OUTSIDE this facility
- [ ] Yes, provided INSIDE this facility
- [ ] Yes, provided OUTSIDE this facility
- [ ] No, a physical examination is not provided to young persons while assigned beds at this facility  

[Go to Question 6]

5b. **Which physical health care professionals conduct physical examinations at a location either INSIDE or OUTSIDE of this facility?**

Mark (X) all that apply.
- [ ] Nurse
- [ ] Nurse practitioner
- [ ] Physician assistant
- [ ] Doctor
- [ ] Some other person – Specify

[Go to Question 6]

5c. **When do young persons assigned beds here receive a physical examination?**

Mark (X) all that apply.
- [ ] Young persons receive a physical examination within less than 24 hours after arrival
- [ ] Young persons receive a physical examination between 24 hours and less than 7 days after arrival
- [ ] Young persons receive a physical examination seven or more days after arrival
- [ ] Other – Specify

5d. **Which young persons assigned beds here receive a physical examination?**

Mark (X) all that apply.
- [ ] ALL young persons receive a physical examination
- [ ] Young persons who are in the facility long enough to receive a physical examination
- [ ] Young persons who come directly from home, rather than from another facility receive a physical examination
- [ ] Young persons known to have existing health problems receive a physical examination
- [ ] Young persons for whom no physical health care record is available receive a physical examination
- [ ] Other – Specify

6. **When are young persons with medical complaints examined by a nurse, nurse practitioner, doctor or physician assistant at a location either INSIDE or OUTSIDE of this facility?**

Mark (X) all that apply.
- [ ] Whenever they fill out a request form
- [ ] Whenever staff request they be examined
- [ ] Whenever they ask a staff member
- [ ] By appointment during regularly (daily/weekly/monthly) scheduled hours
- [ ] Under other circumstances not identified above – Specify

[Go to Question 6]
Section 2 – PHYSICAL HEALTH SERVICES – Continued

7a. Do ANY young persons assigned beds here receive a dental examination at a location either INSIDE or OUTSIDE of this facility?
Mark (X) ONE response.
☐ Yes, provided both INSIDE and OUTSIDE this facility
☐ Yes, provided INSIDE this facility
☐ Yes, provided OUTSIDE this facility
☐ No ➔ Go to Question 8a

b. Which young persons assigned beds here receive a dental examination?
Mark (X) all that apply.
☐ ALL young persons receive a dental examination ➔ Go to Question 8a
☐ Young persons who are in the facility long enough to receive a dental examination
☐ Young persons who come directly from home, rather than from another facility receive a dental exam
☐ Young persons who display symptoms of dental problems
☐ Young persons known to have existing dental problems
☐ Young persons for whom no dental record is available receive a dental examination
☐ Other – Specify

8a. Do ANY young persons assigned beds here receive a vision examination at a location either INSIDE or OUTSIDE of this facility? A vision examination may be conducted by an ophthalmologist or optometrist.
Mark (X) ONE response.
☐ Yes, provided both INSIDE and OUTSIDE this facility
☐ Yes, provided INSIDE this facility
☐ Yes, provided OUTSIDE this facility
☐ No ➔ Go to Question 9a

b. Which young persons assigned beds here receive a vision examination?
Mark (X) all that apply.
☐ ALL young persons receive a vision examination ➔ Go to Question 9a
☐ Young persons who are in the facility long enough to receive a vision examination
☐ Young persons who come directly from home, rather than from another facility receive a vision exam
☐ Young persons who display symptoms of vision/eye problems
☐ Young persons known to have existing vision/eye problems
☐ Young persons for whom no vision/eye health record is available receive a vision examination
☐ Other – Specify

9a. During the month of September 2006, were ANY girls/young women assigned beds in this facility?
☐ Yes
☐ No ➔ Go to Question 12 on page 11

b. Do ANY girls/young women assigned beds here receive a gynecological examination at a location either INSIDE or OUTSIDE of this facility? A gynecological examination involves a nurse, physician assistant, doctor, or OB/GYN physician gathering a medical history regarding reproductive health and sexual behavior, and conducting a pelvic and breast exam.
Mark (X) ONE response.
☐ Yes, provided both INSIDE and OUTSIDE this facility
☐ Yes, provided INSIDE this facility
☐ Yes, provided OUTSIDE this facility
☐ No ➔ Go to Question 10a

c. Which girls/young women receive a gynecological examination?
Mark (X) all that apply.
☐ ALL girls/young women receive a gynecological examination ➔ Go to Question 10a
☐ A gynecological examination is provided as deemed necessary by a nurse or doctor after arrival here
☐ A gynecological examination is provided to those known or thought to be pregnant
☐ A gynecological examination is provided to those known to have been sexually active
☐ A gynecological examination is provided at the girl/woman’s request
☐ Other – Specify

10a. During the month of September 2006, were ANY girls/young women assigned beds in this facility known by facility staff to be pregnant?
☐ Yes
☐ No

b. Are ANY obstetric/prenatal services provided to pregnant girls/young women assigned beds in this facility at locations either INSIDE or OUTSIDE this facility? Obstetric/prenatal services involve the ongoing monitoring and guidance of pregnant girls and young women and their pregnancy by a nurse, physician assistant, doctor, or OB/GYN physician.
Mark (X) ONE response.
☐ Yes, provided both INSIDE and OUTSIDE this facility
☐ Yes, provided INSIDE this facility
☐ Yes, provided OUTSIDE this facility
☐ No, this service is not provided

11. During the YEAR between October 1, 2005 and September 30, 2006, did this facility HOUSE ANY INFANT(S) born to girls/young women while assigned beds at this facility?
☐ Yes
☐ No
Section 2 – PHYSICAL HEALTH SERVICES – Continued

12. On what basis is this facility able to provide the following medical services at a location INSIDE this facility?

<table>
<thead>
<tr>
<th>Type of medical service provided INSIDE this facility</th>
<th>Service NOT covered INSIDE this facility</th>
<th>During normal weekday business/operating hours INSIDE this facility</th>
<th>After hours and on weekends INSIDE this facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. BASIC First AID (cleaning superficial wounds, providing over-the-counter medication, etc.)</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Prescribe medication for illnesses</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Administer injections</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. CPR by trained/certified staff member</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Stitch broken skin</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. Diagnose extent of an injury</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. Diagnose acute illnesses</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Stabilize broken bones (short-term stabilization)</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. Set or splint broken bones (long-term stabilization)</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

13. 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?

<table>
<thead>
<tr>
<th>Testing services</th>
<th>CIRCUMSTANCES OF TESTING – Mark (X) all that apply (at least one per line)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Testing is NOT provided (1)</td>
</tr>
<tr>
<td>a. Tuberculosis testing</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>b. Sexually transmitted disease testing</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>c. Human immuno-deficiency virus (HIV) testing</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>d. Pregnancy testing</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>e. Pre-vaccination serological testing for Hepatitis B</td>
<td>☐ ☐ ☐</td>
</tr>
<tr>
<td>f. Diagnostic testing for Hepatitis C infection</td>
<td>☐ ☐ ☐</td>
</tr>
</tbody>
</table>
Section 2 – PHYSICAL HEALTH SERVICES – Continued

14a. Do facility staff request, receive or have access to the immunization records of any young persons assigned beds at this facility?
- ☐ Yes
- ☐ No → Go to Question 15 on page 13

b. For which young persons are immunization records requested, received or accessed?
Mark (X) all that apply.
- ☐ ALL young persons → Go to Question c
- ☐ Young persons assigned beds in this facility for at least 7 days
- ☐ Young persons assigned beds in this facility for at least 8 and 15 days
- ☐ Young persons attending school while assigned beds at this facility
- ☐ Other – Specify

Go to Question 15 on page 13

c. From where or whom do you request, receive or access young persons’ immunization records?
Mark (X) all that apply.
- ☐ A local (county/municipality public health, social services or other agency) vaccine registry
- ☐ A school or school system
- ☐ Another residential facility
- ☐ Parents/guardians
- ☐ Young person
- ☐ Probation officer/case worker
- ☐ Other – Specify

Go to Question 15 on page 13

d. Are any of these records automated, electronic or computerized?
- ☐ Yes
- ☐ No
## Section 2 – PHYSICAL HEALTH SERVICES – Continued

15. Do ANY young persons assigned beds in this facility receive vaccines at a location either INSIDE or OUTSIDE of this facility?

- [ ] Yes
- [ ] No → Go to Section 3 on page 15

<table>
<thead>
<tr>
<th>A.</th>
<th>B.</th>
<th>C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it facility policy to provide ANY young persons assigned beds in this facility this vaccine at locations either INSIDE or OUTSIDE this facility?</td>
<td>Which young persons are administered this vaccine at locations either INSIDE or OUTSIDE this facility?</td>
<td>During the month of September 2006, were ANY doses provided to young persons assigned beds at this facility at locations either INSIDE or OUTSIDE this facility?</td>
</tr>
<tr>
<td>No</td>
<td>Provided both INSIDE and OUTSIDE this facility</td>
<td>Provided INSIDE this facility</td>
</tr>
</tbody>
</table>

| a. MMR (Measles, mumps, and rubella) | | | | | | | | | | |
| b. Td/Tdap (Tetanus/ diphtheria) | | | | | | | | | | |
| c. IPV (Polio) | | | | | | | | | | |
| d. Varicella (Chicken pox) | | | | | | | | | | |
| e. Influenza (Flu) | | | | | | | | | | |
| f. Meningococcal (Meningitis) | | | | | | | | | | |
| g. Hepatitis A | | | | | | | | | | |
| h. Hepatitis B | | | | | | | | | | |

---

*Note: The table above contains checkboxes for each vaccine, indicating whether it is provided inside or outside the facility, and whether young persons are administered the vaccine inside or outside the facility. The last column includes options for young persons exposed to risk or at high risk, young persons with no immunization record, and other categories.*
### Section 2 – PHYSICAL HEALTH SERVICES – Continued

#### 16. What individual or organization pays for vaccines provided to young persons assigned beds in this facility?

*Mark (X) all that apply.*

- □ Funds taken from the budget of this facility
- □ County public health department/social services agency
- □ State public health department/social services agency
- □ Vaccines For Children (VFC) Program
- □ Medicaid
- □ Private Insurance
- □ Parent/Guardian
- □ Other – Specify □

#### 17a. Is consent sought for administration of any vaccines provided to young persons assigned beds at this facility?

- □ Yes
- □ No ➔ Go to Section 3 on page 15

### Who provides consent for administration of any vaccines to young persons assigned beds at this facility?

*Mark (X) all that apply.*

- □ Parent/Guardian
- □ Child
- □ Facility administrator
- □ Judge
- □ Facility Health professional
- □ Probation officer/case worker
- □ Other – Specify □
### Section 3 – MENTAL HEALTH SERVICES

#### 1a. After arrival in this facility, are ANY young persons asked questions or administered a form which asks questions to determine risk for suicide?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Go to Question 6 on page 16</td>
</tr>
</tbody>
</table>

#### 1b. What best describes the process through which young persons are asked questions or administered a form which asks questions to determine risk of suicide?

Mark (X) all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>One or more questions about suicide incorporated into the medical history or intake process</td>
</tr>
<tr>
<td>02</td>
<td>A form or questions designed by this facility to assess suicide risk</td>
</tr>
<tr>
<td>03</td>
<td>A form or questions designed by a county or state juvenile justice system to assess suicide risk</td>
</tr>
<tr>
<td>04</td>
<td>MAYSI- Full Form</td>
</tr>
<tr>
<td>05</td>
<td>MAYSI- Suicide/depression module</td>
</tr>
<tr>
<td>06</td>
<td>V-DISC</td>
</tr>
<tr>
<td>07</td>
<td>Other – Specify</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE**

*Mental health professionals* are limited in this census to – psychiatrists, psychologists with at least a Master's degree in PSYCHOLOGY, and social workers with at least a Master's 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, or persons whose highest degree is a Bachelor’s in any field.

#### 2. Who asks questions or administers a form which asks questions to determine risk of suicide?

Mark (X) all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Counselors/intake workers who have NOT been trained by mental health professionals</td>
</tr>
<tr>
<td>02</td>
<td>Counselors/intake workers who have been trained by mental health professionals</td>
</tr>
<tr>
<td>03</td>
<td>A mental health professional, as defined in the box above</td>
</tr>
<tr>
<td>04</td>
<td>Some other person – Specify</td>
</tr>
</tbody>
</table>

#### 3. When are young persons asked questions or administered a form which asks questions to determine risk of suicide?

Mark (X) all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Within less than 24 hours after arrival</td>
</tr>
<tr>
<td>02</td>
<td>Between 24 hours and less than 7 days after arrival</td>
</tr>
<tr>
<td>03</td>
<td>Seven or more days after arrival</td>
</tr>
<tr>
<td>04</td>
<td>Other – Specify</td>
</tr>
</tbody>
</table>

#### 4. Which young persons are asked questions or administered a form which asks questions to determine risk of suicide?

Mark (X) all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>ALL young persons are asked questions or administered a form which asks questions to determine suicide risk</td>
</tr>
<tr>
<td>02</td>
<td>Young persons who come directly from home, rather than from another facility</td>
</tr>
<tr>
<td>03</td>
<td>Young persons who display or communicate suicide risk</td>
</tr>
<tr>
<td>04</td>
<td>Young persons known to have prior suicide attempts</td>
</tr>
<tr>
<td>05</td>
<td>Young persons for whom no mental health care record is available</td>
</tr>
<tr>
<td>06</td>
<td>Other young persons not listed above – Specify</td>
</tr>
</tbody>
</table>

#### 5a. Are ANY young persons re-asked questions or re-administered a form which asks questions to determine risk for suicide?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Go to Question 6 on page 16</td>
</tr>
</tbody>
</table>

#### 5b. Which best describes the conditions under which young persons are re-asked questions or re-administered a form that asks questions to determine suicide risk?

Mark (X) all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>No young persons are re-asked questions or re-administered a form which asks questions to determine suicide risk</td>
</tr>
<tr>
<td>02</td>
<td>As necessary on a case-by-case basis</td>
</tr>
<tr>
<td>03</td>
<td>Systematically, based on length of stay, facility events, or negative life events (for example, after each court appearance, every time the young person re-enters the facility, after a death in the family)</td>
</tr>
<tr>
<td>04</td>
<td>Other – Specify</td>
</tr>
</tbody>
</table>

---

Go to Question 5a on page 16

Go to Question 6 on page 16
### Section 3 – MENTAL HEALTH SERVICES – Continued

6. Does this facility assign different levels of risk to young persons based on their perceived risk of suicide?

- [ ] Yes
- [ ] No

**NOTE**

The following questions ask about preventative measures taken once a young person is identified to be at risk for suicide. Please include all levels of suicide risk used by this facility, if any, when answering these questions.

7a. Are young persons who are determined to be at risk for suicide ever placed in a sleeping room or observation room that is locked or under staff security?

- [ ] Yes
- [ ] No

> Go to Question 8

8. Are any of the following preventative measures taken when a young person is determined to be at risk for suicide?

- [ ] No preventative measures are taken when a young person is determined to be at risk for suicide
- [ ] One-on-one supervision/Arms length supervision
- [ ] Line-of-sight supervision
- [ ] Special clothing to identify young persons as at risk for suicide
- [ ] Special clothing designed to prevent suicide attempts
- [ ] Restraints used to prevent suicide attempts
- [ ] Removal of personal items that may be used to attempt suicide
- [ ] Other – Specify

9. Do young persons assigned beds receive mental health services other than a suicide evaluation either INSIDE or OUTSIDE this facility?

- [ ] Yes, provided both INSIDE and OUTSIDE this facility
- [ ] Yes, INSIDE this facility
- [ ] Yes, OUTSIDE this facility
- [ ] No, this facility does not provide mental health services

**NOTE**

Go to Question 16a on page 18

10a. Is ongoing COUNSELING provided for these mental health problems provided INSIDE or OUTSIDE 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.

- [ ] Yes, INSIDE and OUTSIDE this facility
- [ ] Yes, INSIDE this facility
- [ ] Yes, OUTSIDE this facility
- [ ] No, ongoing counseling is not provided

> Go to Question 11 on page 17

b. Which forms of ongoing COUNSELING for mental health problems are provided by a COUNSELOR?

Mark (X) all that apply.

- Individual counseling
- Group counseling
- Family counseling
- Other – Specify
Section 3 – MENTAL HEALTH SERVICES – Continued

11. Are ANY young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL at a location INSIDE or OUTSIDE 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)
- psychologists with at least a Master’s degree in PSYCHOLOGY
- social workers with at least a Master’s degree in SOCIAL WORK (MSW, LCSW)

Mark (X) all that apply.
- Yes, INSIDE and OUTSIDE this facility
- Yes, INSIDE this facility
- Yes, OUTSIDE this facility
- No → Go to Question 14

12. When are young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL?

Mark (X) all that apply.
- Within less than 24 hours
- Between 24 hours and less than 7 days after arrival
- Seven or more days after arrival
- Other – Specify

13. Which young persons are evaluated or appraised by a MENTAL HEALTH PROFESSIONAL?

Mark (X) all that apply.
- ALL young persons are evaluated or appraised by a MENTAL HEALTH PROFESSIONAL?
- Young persons who come directly from home, rather than from another facility
- Young persons who are ordered by the court to get an evaluation
- Young persons whom staff identify as needing an evaluation
- Young persons known to have mental health problems
- Young persons for whom no mental health record is available
- Other young persons not listed above – Specify

14a. Is ongoing THERAPY for mental health problems provided to young persons by a MENTAL HEALTH PROFESSIONAL INSIDE or 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)

Mark (X) all that apply.
- Yes, INSIDE and OUTSIDE this facility
- Yes, INSIDE this facility
- Yes, OUTSIDE this facility
- No, ongoing THERAPY is not provided → Go to Question 15

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

Mark (X) all that apply.
- Individual therapy
- Group therapy
- Family therapy
- Other – Specify

14b. Which of the following best describes this facility policy on providing THERAPY by a MENTAL HEALTH PROFESSIONAL INSIDE or OUTSIDE this facility?

Mark (X) ONLY ONE response.
- All young persons receive some therapy at some point during their stay
- Young persons receive therapy only as needed on a case-by-case basis
- Other – Specify

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

Mark (X) all that apply.
- Yes, INSIDE and OUTSIDE this facility
- Yes, INSIDE this facility
- Yes, OUTSIDE this facility
- No, psychotropic medications are not prescribed
### Section 3 – MENTAL HEALTH SERVICES – Continued

<table>
<thead>
<tr>
<th>16a. 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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**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.

- [ ] average length of stay?
- [ ] physical security and/or monitoring of young persons?
- [ ] number of staff per young persons?
- [ ] type of treatment program?
- [ ] characteristics of young persons?
- [ ] specialized criteria for staff selection?
- [ ] specialized curriculum of treatment for the residents of these units?
- [ ] Other? – Specify |

<table>
<thead>
<tr>
<th>17a. Is there a specialized SEX OFFENDER treatment program located inside this facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

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

Mark (X) all that apply.

- [ ] A curriculum of treatment designed specifically for sex offenders
- [ ] Individual therapy/counseling specifically for sex offenders
- [ ] Group therapy in which all members of the group are sex offenders
- [ ] Family therapy/counseling specifically for sex offenders
- [ ] Other – Specify |

---

<table>
<thead>
<tr>
<th>18. Are there one or more special living/sleeping units reserved just for sex offenders that are separate from other living/sleeping units?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
### Section 4 – EDUCATIONAL SERVICES

1. After arrival in this facility, are ANY young persons evaluated to determine their educational grade levels and their educational needs at a location either INSIDE or OUTSIDE this facility?
   - [ ] Yes
   - [ ] No ➔ Go to Question 5

2. After arrival in this facility, when are young persons evaluated to determine their educational grade level?
   - [ ] Within less than 24 hours after arrival
   - [ ] Between 24 hours and less than 7 days after arrival
   - [ ] Seven or more days after arrival
   - [ ] Other – Specify

3. Which of the following methods are used to evaluate young persons to determine their educational grade levels and their educational needs?
   - [ ] Review of previous academic records
   - [ ] Interview with an education specialist
   - [ ] Administration of one or more written or computerized tests
   - [ ] Interview with an intake or admissions counselor
   - [ ] Interview with guidance counselor
   - [ ] Other – Specify

4. Which young persons are evaluated to determine their educational grade levels and their educational needs?
   - [ ] ALL young persons are evaluated ➔ Go to Question 5
   - [ ] Young persons who come directly from home, rather than from another facility
   - [ ] Young persons whom the staff identify as needing an assessment
   - [ ] Young persons for whom no educational record is available
   - [ ] Young persons with known educational problems
   - [ ] 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?
   - [ ] Yes
   - [ ] No ➔ Go to NOTE F on page 20

6. Which young persons are evaluated to determine their educational grade levels and their educational needs as part of the DISCHARGE process from this facility?
   - [ ] ALL young persons are evaluated ➔ Go to NOTE F on page 20
   - [ ] Young persons going home or to live on their own
   - [ ] Young persons who have been at this facility long enough to demonstrate a change in academic performance
   - [ ] Young persons who have not yet earned a high school diploma
   - [ ] Young persons who have not yet earned a GED
   - [ ] As many young persons as the educational specialists have time to evaluate
   - [ ] Other – Specify
Questions 7 through 9 ask about educational services provided either 
INSIDE and/or OUTSIDE this facility. INSIDE this facility refers to any location 
on the facility grounds. OUTSIDE this facility refers to any location in the 
community or off facility grounds.

7a. Do ANY young persons assigned beds here 
attend school or receive teacher instruction at 
a location either INSIDE or OUTSIDE this facility?
Mark (X) ONE response.
☐ Yes, provided both INSIDE and OUTSIDE this facility
☐ Yes, provided INSIDE this facility
☐ Yes, provided OUTSIDE this facility
☐ No, educational services are not provided to young persons while assigned beds 
here ➔ Go to Section 5 on page 27

7b. Which young persons attend school or receive 
teacher instruction?
Mark (X) all that apply
☐ ALL young persons are required to attend school or receive teacher 
instruction ➔ Go to Question 8
☐ Those young persons who have not completed high school or their GED
☐ Those young persons with special needs for remedial education
☐ Those young persons who have been in the facility long enough to receive educational 
services
☐ Those young persons who are required by the state to attend school because of their age
☐ Those young persons assigned beds in special living/sleeping units -Specify unit type
☐ Other young persons not listed above – Specify

8. Which of the following educational services 
are provided to young persons assigned beds 
here at a location either INSIDE or OUTSIDE this facility?
Mark (X) all that apply.
☐ Elementary-level education
☐ Middle school-level education
☐ High school-level education
☐ Special education
☐ GED preparation
☐ GED testing
☐ Post-high school education or post-high school correspondence courses
☐ Vocational/technical education
☐ Life skills training
☐ Other – Specify

9a. How many hours per WEEK do young persons 
currently assigned beds attend school or receive teacher instruction 
during the scheduled academic school year 
at a location either INSIDE or OUTSIDE this facility?
INSIDE OUTSIDE
Instructional hours per WEEK

9b. How many months per YEAR do young persons 
assigned beds attend school or receive teacher 
instruction at a location either INSIDE or OUTSIDE this facility?
INSIDE OUTSIDE
Instructional months per YEAR
Section 5 – 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.
   ○ Yes
   ○ No ➔ Go to Question 4a

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.
   ○ Visual observation
   ○ Standardized self-report instruments, such as the SASSI, JASI, ACID, ASI
   ○ Self-report check list inventory which asks about substance use and abuse
   ○ A staff-administered series of questions which asks about substance use and abuse
   ○ None of these methods are used
   ○ Other – Specify:

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

   ○ Within less than 24 hours after arrival
   ○ Between 24 hours and less than 7 days after arrival
   ○ Seven or more days after arrival
   ○ Other – Specify:

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

   Mark (X) all that apply.
   ○ Yes ➔ Go to Question 4a
   ○ 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.
   ○ Young persons charged with or adjudicated for a drug or alcohol-related offense
   ○ Young persons identified by the court or a probation officer as potentially having substance abuse problems
   ○ Young persons identified by facility staff as potentially having substance abuse problems
   ○ Other young persons not listed above – Specify:

4a. Are ANY young persons required to provide urine FOR DRUG ANALYSIS after arrival IN THIS FACILITY?

   ○ Yes ➔ Continue with Question 4b
   ○ No ➔ Go to NOTE G on page 22

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.

<table>
<thead>
<tr>
<th>PERSONS PROVIDING URINE SAMPLE</th>
<th>CIRCUMSTANCES OF TESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>After initial arrival in this facility (1)</td>
</tr>
<tr>
<td>a. Young persons who are suspected of recent drug or alcohol use</td>
<td>○</td>
</tr>
<tr>
<td>b. Young persons with substance abuse problems</td>
<td>○</td>
</tr>
<tr>
<td>c. ALL young persons assigned beds here</td>
<td>○</td>
</tr>
</tbody>
</table>
Section 5 – SUBSTANCE ABUSE SERVICES – Continued

5. Do ANY young persons assigned beds here receive substance abuse services INSIDE or OUTSIDE this facility other than urinalysis or a substance abuse screening?
   - Yes, provided both INSIDE and OUTSIDE this facility
   - Yes, provided INSIDE this facility
   - Yes, provided OUTSIDE this facility
   - No, this facility does not provide substance abuse services

   6. Which of the following SUBSTANCE ABUSE services are provided INSIDE or OUTSIDE this facility?
      - Mark (X) all that apply.
      - Substance abuse education
      - Assignment of a case manager to oversee substance abuse treatment
      - Development of a treatment plan to specifically address substance abuse problems
      - Special living units in which all young persons have substance abuse offenses and/or problems
      - None of these services are offered

   7. Which of the following self-led, self-help groups are provided INSIDE or OUTSIDE this facility?
      - Mark (X) all that apply.
      - Alcoholics Anonymous
      - Narcotics Anonymous
      - Other – Specify

   8a. Is ongoing COUNSELING for substance abuse problems provided to young persons INSIDE or OUTSIDE this facility 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

   b. Which forms of ongoing COUNSELING for substance abuse problems are provided INSIDE or OUTSIDE this facility to young persons by a COUNSELOR who is NOT a substance abuse treatment professional?
      - Mark (X) all that apply.
      - Individual counseling
      - Group counseling
      - Family counseling
      - None of these are provided

**NOTE**
Questions 5 through 9 ask about substance abuse services provided at a location either INSIDE or OUTSIDE this facility. INSIDE refers to any location on the facility grounds. OUTSIDE refers to any location in the community or off facility grounds.

**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

**Go to Question 9 on page 23**
Section 5 – SUBSTANCE ABUSE SERVICES – Continued

9a. Is ongoing THERAPY for substance abuse problems provided to young persons INSIDE or OUTSIDE this facility 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 Yes, provided both INSIDE and OUTSIDE this facility
02 Yes, provided INSIDE this facility
03 Yes, provided OUTSIDE this facility
04 No, ongoing THERAPY for substance abuse problems is not provided → Go to Section 6 on page 24

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

Mark (X) all that apply.

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

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

Mark (X) ONLY 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

“Specify”
Section 6 – THE LAST MONTH

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 month, September 1, 2006 and the end of the month on September 30, 2006.

1. During the month of September 2006, 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
   ☐ Yes
   ☐ No
   ☐ Yes → Go to Question 2

2a. During the month of September 2006, were ANY young persons assigned beds at this facility transported to a hospital emergency room by facility staff, transportation staff, or by an ambulance?

   ☐ Yes
   ☐ No

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.
   ☐ Sports-related injury
   ☐ Work or chore-related injury
   ☐ An injury that resulted from interpersonal conflict between one or more young persons, not including a sports-related injury
   ☐ Other injuries
   ☐ Illness
   ☐ Pregnancy complications
   ☐ Labor and delivery
   ☐ Suicide attempt
   ☐ A non-emergency injury or illness that occurred when no physical health professional was available at the facility or on call
   ☐ A non-emergency injury or illness that occurred when no doctor’s appointment could be obtained in the community
   ☐ Other – Specify

3. During the month of September 2006, were ANY of the young persons assigned beds here restrained by facility staff with a mechanical restraint?
   Mechanical restraints include handcuffs, leg cuffs, waist bands, leather straps, restraining chairs, strait jackets or other mechanical devices
   If the facility staff ONLY used mechanical restraints during transportation to and from this facility answer NO.
   ☐ Yes
   ☐ No

4. During the month of September 2006, 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
   ☐ Yes
   ☐ No
Section 7 – THE LAST YEAR

IMPORTANT INSTRUCTIONS
Questions 1 through 3 ask about deaths of young persons at locations either INSIDE and/or OUTSIDE this facility during the period between October 1, 2005 and September 30, 2006.

INSIDE this facility refers to any location on the facility grounds.

OUTSIDE this facility refers to any location in the community or off facility grounds.

1. During the YEAR between October 1, 2005 and September 30, 2006, did ANY young persons die while assigned a bed at this facility at a location either INSIDE or OUTSIDE of this facility?

☐ Yes ☐ No  ➔ Go to Section 8 on page 26

2. How many young persons died while assigned beds at this facility during the year between October 1, 2005 and September 30, 2006?
   Person(s) ___

3. What were the cause of death, location of death, age, sex, race, date of admission to the facility, and date of death for each young person who died while assigned a bed at this facility?

<table>
<thead>
<tr>
<th>Young Person 1</th>
<th>Young Person 2</th>
<th>Young Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   a. Cause of death
   1 – Illness/natural causes (excluding AIDS)
   2 – Injury suffered prior to placement here
   3 – AIDS
   4 – Suicide
   5 – Homicide by another resident
   6 – Homicide by non-resident(s)
   7 – Accidental death
   8 – Other – Specify in box ➔

   b. Location of death
   1 – Inside this facility
   2 – Outside this facility

   c. Age at death (in years)
   1 – Male
   2 – Female

   d. Race
   1 – White, not Hispanic origin
   2 – Black or African American, not of Hispanic origin
   3 – Hispanic or Latino
   4 – American Indian/Alaskan Native
   5 – Asian
   6 – Native Hawaiian or other Pacific Islander
   8 – Other – Specify in box ➔

   e. Date of admission to facility (mm/dd/yyyy)

   f. Date of death (mm/dd/yyyy)
Section 8 – GENERAL INFORMATION

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

☐ Yes  ☐ No → Go to NOTE H below

1b. How many OTHER juvenile residential facilities are located within the same building or on the same campus as the facility being reported on here?

Juvenile residential 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?

☐ The same agency affiliation  ☐ The same mailing address
☐ The same on-site administrators  ☐ One or more staff directly caring for the young persons
☐ One or more security staff  ☐ The same school rooms
☐ The same infirmary  ☐ The same food services
☐ The same dining room  ☐ The same laundry services
☐ None of the above services are shared

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
P.O. Box 5000
Jeffersonville, IN 47199-5000
GOVS/JRFC

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

Comments

[Space for comments]