Juvenile Residential Facility Census

This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, OCTOBER 22, 2008.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 26, 2008

RETURN THE COMPLETED FORM TO:
U.S. Census Bureau
P.O. Box 5000
Jeffersonville, IN 47199-5000
GOVS/JRFC

WEBSITE: https://harvester.census.gov/jrfc
Fax: 1-888-891-2099
EMAIL: govs.JRFC@census.gov

If you have any questions, call Adam Bacon or Alonzo Johnson,
U.S. Census Bureau, 1–800–352–7229.

1. PERSON COMPLETING THIS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
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<tr>
<td>Business address – Number and street/or P.O. Box/Route number</td>
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<td>City</td>
<td>State</td>
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<td>Telephone</td>
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<td>Fax Number</td>
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</table>
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 and mailing address on the BACK cover page of this form correct, or do they need to be corrected?
   01 Yes
   02 No

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

4. On Wednesday, October 22, 2008, 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 22, 2008. 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 22, 2008, did ANY persons have assigned beds in this facility? Include persons who were temporarily away, but had assigned beds on October 22. Do NOT include staff.

01 ☐ Yes
02 ☐ No → 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

b. According to your records, at the end of the day on October 22, 2008, 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 22, 2008 were AGE 21 or older?

Include persons who were temporarily away, but had assigned beds on October 22.

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 22, 2008, 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 ONLY if there were no persons under 21 in your facility on this date

b. According to your records, at the end of the day on Wednesday, October 22, 2008, 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 22. Do NOT include staff.

Young persons under the age of 21

8a. At the end of the day on Wednesday, October 22, 2008, 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 22 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.

• Young persons under 21 who have committed one or more offenses in the past, BUT HAVE ASSIGNED BEDS ON OCTOBER 22 FOR REASONS OTHER THAN OFFENSES.

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 22, 2008, 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 22. Do NOT include staff.

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

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).
Section 1 – GENERAL FACILITY INFORMATION – Continued

9a. At the end of the day on Wednesday, October 22, 2008, 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 22 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 22, 2008, 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 22. 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

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 Residential treatment center
07 Ranch, forestry camp, wilderness or marine program, or farm
08 Runaway and homeless shelter
09 Other type of shelter
10 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

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

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

Go to Question 18 ➔

NOTE B  Questions 17 and 18 ask who OPERATES this facility.

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  Go to Question 19a on page 6

17a. Is this facility OPERATED by –

01 [ ] a private non-profit or for-profit agency?  
02 [ ] 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 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?

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<th>Yes</th>
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b. When are young persons in this facility locked into their sleeping rooms by staff?

*Mark (X) all that apply.*

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<thead>
<tr>
<th></th>
<th>When they are out of control</th>
<th>When they are suicidal</th>
<th>Rarely, no set schedule</th>
<th>During shift changes</th>
<th>Whenever they are in their sleeping rooms</th>
<th>At night</th>
<th>Part of each day</th>
<th>Most of each day</th>
<th>All of each day</th>
<th>Other – Specify</th>
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</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Doors for secure day rooms that are locked by staff to confine young persons within specific areas</th>
<th>Wing, floor, corridor, or other internal security doors that are locked by staff to confine young persons within specific areas</th>
<th>Outside doors that are locked by staff to confine young persons within specific buildings</th>
<th>External gates in fences or walls WITHOUT razor wire that are locked by staff to confine young persons</th>
<th>External gates in fences or walls WITH razor wire that are locked to confine young persons</th>
<th>Other – Specify</th>
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<td>The facility has none of the above features.</td>
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</table>

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

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

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

*Mark (X) all that apply.*

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<thead>
<tr>
<th></th>
<th>To keep intruders out</th>
<th>To keep young persons inside this facility</th>
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</table>

22. What was the TOTAL NUMBER OF STANDARD BEDS for young persons in this facility on the night of Wednesday, October 22, 2008?

Do NOT include staff beds.

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

<table>
<thead>
<tr>
<th>Total number of standard beds</th>
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23a. On the night of Wednesday, October 22, 2008, 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

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<th>Yes</th>
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b. How many makeshift beds were occupied that night?

<table>
<thead>
<tr>
<th>Occupied makeshift beds</th>
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23b. When are outside doors to buildings with living/sleeping units in this facility locked?

*Mark (X) all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>Rarely, no set schedule</th>
<th>At night</th>
<th>Part of each day</th>
<th>Most of each day</th>
<th>All of each day</th>
<th>When the facility is unoccupied</th>
<th>Other – Specify</th>
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Section 1 – GENERAL FACILITY INFORMATION – Continued

24. On the night of Wednesday, October 22, 2008, 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 22, 2008, 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 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

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

01 1 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
Section 2 – 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 day, September 1, 2008 and the end of the day on September 30, 2008.

1. During the month of September 2008, 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 2008, 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

b. 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 ☐ Labor and delivery
08 ☐ Suicide attempt
09 ☐ A non-emergency injury or illness that occurred when no physical health professional was available at the facility or on call
10 ☐ A non-emergency injury or illness that occurred when no doctor’s appointment could be obtained in the community

11 ☐ Other – Specify

Other – Specify

3. During the month of September 2008, 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.

01 ☐ Yes
02 ☐ No

4. During the month of September 2008, 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 3 – 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, 2007 and September 30, 2008.

**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, 2007 and September 30, 2008, did ANY young persons die while assigned a bed at this facility at a location either **INSIDE** or **OUTSIDE** of this facility?

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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>01</td>
<td>02</td>
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   Go to Section 4 on page 10

2. How many young persons died while assigned beds at this facility during the year between October 1, 2007 and September 30, 2008?

   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?

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<tbody>
<tr>
<td>a. Cause of death</td>
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<tr>
<td>2 – Injury suffered prior to placement here</td>
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<tr>
<td>3 – AIDS</td>
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<tr>
<td>4 – Suicide</td>
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<tr>
<td>5 – Homicide by another resident</td>
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<td>6 – Homicide by non-resident(s)</td>
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<tr>
<td>7 – Accidental death</td>
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<td>8 – Other – Specify in box</td>
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<tr>
<td>b. Location of death</td>
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<tr>
<td>1 – Inside this facility</td>
<td>Code</td>
<td>Code</td>
<td>Code</td>
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<tr>
<td>2 – Outside this facility</td>
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<tr>
<td>c. Age at death (in years)</td>
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<tr>
<td>d. Sex</td>
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<tr>
<td>1 – Male</td>
<td>Code</td>
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<td>2 – Female</td>
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<td>e. Race</td>
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<td>1 – White, not Hispanic origin</td>
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<td>Code</td>
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<tr>
<td>2 – Black or African American, not of Hispanic origin</td>
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<td>3 – Hispanic or Latino</td>
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<td>4 – American Indian/Alaskan Native</td>
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<td>5 – Asian</td>
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<td>6 – Native Hawaiian or other Pacific Islander</td>
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<tr>
<td>8 – Other – Specify in box</td>
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<tr>
<td>f. Date of admission to facility (mm/dd/yyyy)</td>
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<td>g. Date of death (mm/dd/yyyy)</td>
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Section 4 – 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?

01  ☐ Yes
02  ☐ No → Go to NOTE H below

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

[Blank]

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?

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 H

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

[Blank]