Juvenile Residential Facility Census

This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, OCTOBER 27, 2010.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 30, 2010

Return the completed form to: U.S. Census Bureau P.O. Box 5000 Jeffersonville, IN 47199-5000 GOVS/JRFC

WEBSITE: https://respond.census.gov/jrfc

Fax: 1–888–891–2099 EMAIL: govs.JRFC@census.gov

If you have any questions, call Nicole Butler or Jennifer Deppe, U.S. Census Bureau, 1–800–352–7229.

1. PERSON COMPLETING THIS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Name</th>
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Business address – Number and street/or P.O. Box/Route number

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Telephone

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City State ZIP Code
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 Preprinted facility name and mailing address on the BACK cover page of this form are correct
   - 02 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 –
   - 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 27, 2010, 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.
   - 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 27, 2010. 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.
   - 01 those here for reasons other than offenses
2. those here for reasons other than offenses
5a. According to your records, at the end of the day on October 27, 2010, did ANY persons have assigned beds in this facility? Include persons who were temporarily away, but had assigned beds on October 27. Do NOT include staff.

01 ☐ Yes
02 ☐ No ➔ STOP HERE and mail this form 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 27, 2010, 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 27, 2010 were AGE 21 or older?
Include persons who were temporarily away, but had assigned beds on October 27.
Do NOT include staff. Please write "0" if there are NO persons age 21 or older.

Persons 21 or older

7a. At the end of the day on Wednesday, October 27, 2010, 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 27, 2010, 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 27. Do NOT include staff.

Young persons under the age of 21

8a. At the end of the day on Wednesday, October 27, 2010, 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 27 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 27, 2010, 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 27. 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 27, 2010, 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 27 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 27, 2010, 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 27. Do NOT include staff.

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

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

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)
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.

- [ ] Yes
- [ ] No → **Go to NOTE A**

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

Mark (X) all that apply.

- [ ] average length of stay of young persons?
- [ ] physical security and/or monitoring of young persons?
- [ ] number of staff per young person?
- [ ] type of treatment program?
- [ ] characteristics of young persons?
- [ ] specialized criteria for staff selection?
- [ ] other? – Specify

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

- [ ] To provide two or more types of specialized care in separate living/sleeping units
- [ ] 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
- [ ] To provide two or more levels of security
- [ ] Some other reason – Specify

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

Mark (X) all that apply.

- [ ] 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 dining room at the same time
- [ ] The same recreational areas at the same time
- [ ] The same laundry services
- [ ] None of the above services are shared

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

15a. Is this facility OWNED by one or more of the following –

Mark (X) all that apply.

- [ ] a private non-profit agency?
- [ ] a 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?

- [ ]

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) all that apply.

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

NOTE B

17a. Is this facility OPERATED by one or more of the following –

Mark (X) all that apply.

- [ ] a private non-profit agency?
- [ ] a 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?

- [ ]

18. What is the level of the government agency that OPERATES this facility (either directly or under a contract with)?

Mark (X) all that apply.

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

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

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

22. What was the TOTAL NUMBER OF STANDARD BEDS for young persons in this facility on the night of Wednesday, October 27, 2010?
   Do NOT include staff beds.
   • A single bed is one standard bed
   • A double bunked bed is two standard beds

23a. On the night of Wednesday, October 27, 2010, were there ANY OCCUPIED MAKESHIFT BEDS in this facility?

b. How many makeshift beds were occupied that night?

   Occupied makeshift beds
24. On the night of Wednesday, October 27, 2010, 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 27, 2010, 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

Go to Section 2 on page 8

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

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
Section 2 – 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?

- [ ] Yes
- [ ] No → Go to Question 6 on page 9

b. 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.

- [ ] One or more questions about suicide incorporated into the medical history or intake process
- [ ] A form or questions designed by this facility to assess suicide risk
- [ ] A form or questions designed by a county or state juvenile justice system to assess suicide risk
- [ ] MAYSI- Full Form
- [ ] MAYSI- Suicide/depression module
- [ ] V-DISC
- [ ] Other – Specify

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.

- [ ] Counselors/intake workers who have NOT been trained by mental health professionals
- [ ] Counselors/intake workers who have been trained by mental health professionals
- [ ] A mental health professional, as defined in the box above
- [ ] Some other person – Specify

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

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

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

Mark (X) all that apply.

- [ ] ALL young persons are asked questions or administered a form which asks questions to determine suicide risk → Go to Question 5a
- [ ] Young persons who come directly from home, rather than from another facility
- [ ] Young persons who display or communicate suicide risk
- [ ] Young persons known to have prior suicide attempts
- [ ] Young persons for whom no mental health care record is available
- [ ] Other young persons not listed above – Specify

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

- [ ] Yes
- [ ] No → Go to Question 6 on page 9

b. 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.

- [ ] No young persons are re-asked questions or re-administered a form which asks questions to determine suicide risk
- [ ] As necessary on a case-by-case basis
- [ ] 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)
- [ ] Other – Specify
Section 2 – MENTAL HEALTH SERVICES – Continued

6. Does this facility assign different levels of risk to young persons based on their perceived risk of suicide?
   01 ☐ Yes
   02 ☐ 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?
   01 ☐ Yes
   02 ☐ No → Go to Question 8

b. Which of the following best describes what happens in the sleeping room or observation room that is locked or under staff security?
   Mark (X) all that apply.
   01 ☐ Camera observation
   02 ☐ 15 minute staff checks
   03 ☐ 5 minute staff checks
   04 ☐ Line of site supervision (direct or through glass)
   05 ☐ Staff assigned to doorway or in sleeping room/One-on-one supervision/Arms length supervision
   06 ☐ Other – Specify

8. Are any of the following preventative measures taken when a young person is determined to be at risk for suicide?
   Mark (X) all that apply.
   01 ☐ No preventative measures are taken when a young person is determined to be at risk for suicide
   02 ☐ One-on-one supervision/Arms length supervision
   03 ☐ Line-of-sight supervision
   04 ☐ Special clothing to identify young persons as at risk for suicide
   05 ☐ Special clothing designed to prevent suicide attempts
   06 ☐ Restraints used to prevent suicide attempts
   07 ☐ Removal of personal items that may be used to attempt suicide
   08 ☐ Removal from the general population
   09 ☐ Other – Specify

NOTE
   Questions 9 through 18 ask about mental health 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.

9. Do young persons assigned beds receive mental health services other than a suicide evaluation either INSIDE or 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, provided both INSIDE and OUTSIDE this facility
   02 ☐ Yes, provided INSIDE this facility
   03 ☐ Yes, provided OUTSIDE this facility
   04 ☐ No, this facility does not provide mental health services → Go to Question 16a on page 11

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.
   01 ☐ Yes, INSIDE and OUTSIDE this facility
   02 ☐ Yes, INSIDE this facility
   03 ☐ Yes, OUTSIDE this facility
   04 ☐ No, ongoing counseling is not provided → Go to Question 11 on page 10

b. Which forms of ongoing COUNSELING for mental health problems are provided by a COUNSELOR?
   Mark (X) all that apply.
   01 ☐ Individual counseling
   02 ☐ Group counseling
   03 ☐ Family counseling
   04 ☐ Other – Specify

   Go to Question 11 on page 10
Section 2 – 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)

☐ Yes, INSIDE and OUTSIDE this facility
☐ Yes, INSIDE this facility
☐ Yes, OUTSIDE this facility
☐ No → Go to Question 14a

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)

☐ 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

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

☐ Yes, INSIDE and OUTSIDE this facility
☐ Yes, INSIDE this facility
☐ Yes, OUTSIDE this facility
☐ No, psychotropic medications are not prescribed
### Section 2 – MENTAL HEALTH SERVICES – Continued

**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?**

- [ ] Yes
- [ ] No ➔ Go to Question 17a

**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 –**

  - [ ] 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

**17a. Is there a specialized SEX OFFENDER treatment program located inside this facility?**

- [ ] Yes
- [ ] No ➔ Go to Question 18

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

  - [ ] 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

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

- [ ] Yes
- [ ] No

**19a. Upon a young person’s departure from this facility, is information regarding their mental health status, services and/or needs communicated to the young persons’ new placement or residence?**

- [ ] Yes
- [ ] No ➔ Go to Section 3 on page 12

**b. For which young persons is this information shared?**

  - [ ] All young persons that depart from the facility
  - [ ] Young persons being placed in other juvenile justice facilities, including halfway houses, shelters or other transition homes
  - [ ] Young persons returning to the community under juvenile justice supervision through probation, parole, or aftercare
  - [ ] Young persons returning to the community (their homes, independent living, foster care, or another type of guardian’s care) without further juvenile justice supervision
  - [ ] Young persons being placed in adult criminal justice facilities (prisons, jails)
  - [ ] Young persons going to another living or placement situation – Please explain

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**Please explain**
Section 3 – 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?**
   - 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

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.
   - 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?**
   - Mark (X) all that apply.
   - 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 13

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?**
   - Mark (X) all that apply.
   - ALL young persons are evaluated ➔ Go to NOTE F on page 13
   - 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
Section 3 – EDUCATIONAL SERVICES – Continued

| NOTE | 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

b. 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
- [ ] 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 attend school or receive teacher instruction during the scheduled academic school year at a location either INSIDE or OUTSIDE this facility?

<table>
<thead>
<tr>
<th>INSIDE</th>
<th>OUTSIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. 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?

<table>
<thead>
<tr>
<th>INSIDE</th>
<th>OUTSIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to Section 4 on page 15
Go to Question 8
10a. Upon a young person’s departure from this facility, is information regarding their educational status, services and/or needs communicated to the young persons’ new placement or residence?

01 [ ] Yes  
02 [ ] No ➔ Go to Section 4 on page 15

b. For which young persons is this information shared?

Mark (X) all that apply.

01 [ ] All young persons that depart from the facility
02 [ ] Young persons being placed in other juvenile justice facilities, including halfway houses, shelters or other transition homes
03 [ ] Young persons returning to the community under juvenile justice supervision through probation, parole, or aftercare
04 [ ] Young persons returning to the community (their homes, independent living, foster care, or another type of guardian’s care) without further juvenile justice supervision
05 [ ] Young persons being placed in adult criminal justice facilities (prisons, jails)
06 [ ] Young persons going to another living or placement situation – Please explain
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

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, ACDI, 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

2. When are young persons FIRST 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
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 ➔ Continue with Question 4b
02 ☐ No ➔ Go to NOTE G on page 16

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>After initial arrival in this facility (1)</td>
<td>Each time young persons reenter the facility during their stay (2)</td>
</tr>
<tr>
<td>a. Young persons who are suspected of recent drug or alcohol use</td>
<td>01 ☐</td>
</tr>
<tr>
<td>b. Young persons with substance abuse problems</td>
<td>01 ☐</td>
</tr>
<tr>
<td>c. ALL young persons assigned beds here</td>
<td>01 ☐</td>
</tr>
</tbody>
</table>
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

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?**

   - 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?**

   - 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

   - Yes, provided both INSIDE and OUTSIDE this facility
   - Yes, provided INSIDE this facility
   - Yes, provided OUTSIDE this facility
   - No, ongoing COUNSELING for substance abuse problems is not provided

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?**

   - Individual counseling
   - Group counseling
   - Family counseling
   - None of these are provided
Section 4 – 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 5 on page 18

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

10a. Upon a young person’s departure from this facility, is information regarding their substance abuse status, services and/or needs communicated to the young persons’ new placement or residence?

Mark (X) all that apply.
01 □ Yes
02 □ No ➔ Go to Section 5 on page 18

b. For which young persons is this information shared?

Mark (X) all that apply.
01 □ All young persons that depart from the facility
02 □ Young persons being placed in other juvenile justice facilities, including halfway houses, shelters or other transition homes
03 □ Young persons returning to the community under juvenile justice supervision through probation, parole, or aftercare
04 □ Young persons returning to the community (their homes, independent living, foster care, or another type of guardian’s care) without further juvenile justice supervision
05 □ Young persons being placed in adult criminal justice facilities (prisons, jails)
06 □ Young persons going to another living or placement situation – Please explain

Go to Section 5 on page 18
Section 5 – 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, 2010 and the end of the day on September 30, 2010.

1. During the month of September 2010, 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 physical security perimeter 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 2010, 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 □ An injury that resulted from interpersonal conflict between a young person and a non-resident (including staff, visitors, or persons from the community).
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

3. During the month of September 2010, 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 2010, 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
- 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 5 – THE LAST MONTH – Continued

5a. During the month of September 2010 were there any instances in which this facility was unable to secure PHYSICAL HEALTH CARE (at locations either inside or outside of this facility) for any young persons with a physical health complaint or need for physical health care (both urgent and non-urgent)?

- [ ] Yes
- [ ] No, this facility does not provide or broker physical health care services (except through contacting emergency services like ambulances) → Go to question 6a
- [ ] No, there were no such instances → Go to question 6a

b. What reasons prevented PHYSICAL HEALTH CARE from being secured for young persons in need?

Mark (X) all that apply.

- [ ] Long-term shortages of physical health care staffing at this facility
- [ ] Short-term, temporary shortages of physical health care staffing at this facility
- [ ] Shortages, temporary interruptions in, or absence of contracts with physical health care providers in the community
- [ ] Shortages in line staff or other direct care staff to fill in for staff who accompany young persons to health care services
- [ ] Shortages in transportation staff or vehicles
- [ ] Single or multiple instances of facility lock downs or other security issues that prevented health care “services as usual” from occurring for all young persons in the facility or all young persons in specific units or wings of this facility
- [ ] Single or multiple instances of security risks for individual young persons that prevented health care “services as usual” from occurring
- [ ] Planned and/or unplanned requirements to appear before the court or to meet with legal counsel
- [ ] Other reasons – Specify

6a. During the month of September 2010 were there any instances in which this facility was unable to secure MENTAL HEALTH CARE (at locations either inside or outside of this facility) for any young persons with a mental health complaint or need for mental health care (both urgent and non-urgent)?

- [ ] Yes
- [ ] No, this facility does not provide or broker mental health care services (except through contacting emergency services like ambulances) → Go to question 7a on page 20
- [ ] No, there were no such instances → Go to question 7a on page 20

b. What reasons prevented MENTAL HEALTH CARE from being secured for young persons in need?

Mark (X) all that apply.

- [ ] Long-term shortages of mental health care staffing at this facility
- [ ] Short-term, temporary shortages of mental health care staffing at this facility
- [ ] Shortages, temporary interruptions in, or absence of contracts with mental health care providers in the community
- [ ] Shortages in line staff or other direct care staff to fill in for staff who accompany young persons to mental health care services
- [ ] Shortages in transportation staff or vehicles
- [ ] Single or multiple instances of facility lock downs or other security issues that prevented mental health care “services as usual” from occurring for all young persons in the facility or all young persons in specific units or wings of this facility
- [ ] Single or multiple instances of security risks for individual young persons that prevented mental health care “services as usual” from occurring
- [ ] Planned and/or unplanned requirements to appear before the court or to meet with legal counsel
- [ ] Other reasons – Specify
Section 5 – THE LAST MONTH – Continued

7a. During the month of September 2010 were there any instances in which this facility was unable to secure EDUCATIONAL INSTRUCTION (at locations either inside or outside of this facility) for any young persons who are required by state statute to receive educational instruction?

NOTE: Do not consider planned breaks from educational instruction (such as summer recess or religious holidays) as an inability to provide educational instruction.

Mark (X) all that apply.

01 ☐ Yes

02 ☐ No, this facility does not provide, broker, or arrange through public schools in the community any educational instruction ➔ Go to question 8a

03 ☐ No, there were no such instances ➔ Go to question 8a

b. What reasons prevented EDUCATIONAL INSTRUCTION from being secured for young persons in need?

Mark (X) all that apply.

01 ☐ Long-term shortages in educational instructors at this facility

02 ☐ Short-term, temporary shortages of educational instructors at this facility

03 ☐ Shortages, interruptions in, or absences of contracts with educational instruction service providers in the community

04 ☐ Shortages in line staff or other direct care staff to fill in for staff who accompany young persons to educational instruction

05 ☐ Shortages in transportation staff or vehicles

06 ☐ Single or multiple instances of facility lock downs or other security issues that prevented educational “instruction as usual” from occurring for all young persons in the facility or all young persons in specific units or wings of this facility

07 ☐ Single or multiple instances of security risks for individual young persons that prevented educational “instruction as usual” from occurring

08 ☐ Planned and/or unplanned requirements to appear before the court or to meet with legal counsel

09 ☐ Other reasons – Specify ➔

8a. During the month of September 2010 were there any instances in which this facility was unable to secure SUBSTANCE ABUSE SERVICES (at locations either inside or outside of this facility) for any young persons with a substance use or abuse complaint or need for substance abuse services (both urgent and non-urgent)?

01 ☐ Yes

02 ☐ No, this facility does not provide or broker substance abuse services (except through contacting emergency services like ambulances) ➔ Go to section 6 on page 21

03 ☐ No, there were no such instances ➔

Go to section 6 on page 21

b. What reasons prevented SUBSTANCE ABUSE SERVICES from being secured for young persons in need?

Mark (X) all that apply.

01 ☐ Long-term shortages of substance abuse service staffing at this facility

02 ☐ Short-term, temporary shortages of substance abuse service staffing at this facility

03 ☐ Shortages, interruptions in, or absences of contracts with substance abuse service providers in the community

04 ☐ Shortages in line staff or other direct care staff to fill in for staff who accompany young persons to substance abuse services

05 ☐ Shortages in transportation staff or vehicles

06 ☐ Single or multiple instances of facility lock downs or other security issues that prevented substance abuse “services as usual” from occurring for all young persons in the facility or all young persons in specific units or wings of this facility

07 ☐ Single or multiple instances of security risks for individual young persons that prevented substance abuse “services as usual” from occurring

08 ☐ Planned and/or unplanned requirements to appear before the court or to meet with legal counsel

09 ☐ Other reasons – Specify ➔
Section 6 – 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, 2009 and September 30, 2010.

**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, 2009 and September 30, 2010, 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 7 on page 22

2. How many young persons died while assigned beds at this facility during the year between October 1, 2009 and September 30, 2010?

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>a. Cause of death</th>
<th>Young person 1 (1)</th>
<th>Young person 2 (2)</th>
<th>Young person 3 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Illness/natural causes (excluding AIDS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Injury suffered prior to placement here</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Suicide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Homicide or manslaughter by another resident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Homicide or manslaughter by non-resident(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Accidental death</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Other – Specify in box ➔</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Location of death</th>
<th>Young person 1 (1)</th>
<th>Young person 2 (2)</th>
<th>Young person 3 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inside this facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Outside this facility</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Age at death (in years)</th>
<th>Young person 1 (1)</th>
<th>Young person 2 (2)</th>
<th>Young person 3 (3)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>d. Sex</th>
<th>Young person 1 (1)</th>
<th>Young person 2 (2)</th>
<th>Young person 3 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Female</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Race</th>
<th>Young person 1 (1)</th>
<th>Young person 2 (2)</th>
<th>Young person 3 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. White, not Hispanic origin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Black or African American, not of Hispanic origin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. American Indian/Alaskan Native</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Native Hawaiian or other Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Other – Specify in box ➔</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Date of admission to facility (mm/dd/yyyy)</th>
<th>Young person 1 (1)</th>
<th>Young person 2 (2)</th>
<th>Young person 3 (3)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>g. Date of death (mm/dd/yyyy)</th>
<th>Young person 1 (1)</th>
<th>Young person 2 (2)</th>
<th>Young person 3 (3)</th>
</tr>
</thead>
</table>
Section 7 – 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
- [x] 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?

Mark (X) all that apply.

- [ ] 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

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]

[ ]