



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

Census of Juveniles in Residential Placement

QUESTIONNAIRE FOR

This questionnaire asks about persons assigned beds in this facility on Wednesday, October 29, 1997.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 28, 1997

**Return the completed form to: Bureau of the Census
1201 East 10th St.
Jeffersonville, IN 47132-0001
Fax: 1-301-457-1544
EMAIL: CJRP@census.gov**

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

1. PERSON COMPLETING THIS QUESTIONNAIRE

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

Section I – GENERAL INFORMATION

IMPORTANT INSTRUCTIONS

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

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

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

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

- 01 Yes
- 02 No → *SKIP to item 3*

2b. What is the name of this agency?

3. What type of residential facility is the one listed on the front cover? If this is a multi-type facility, please mark (X) for those that apply.

- 01 Detention center
- 02 Runaway and homeless shelter
- 03 Other type of shelter
- 04 Reception or diagnostic center
- 05 Training school
- 06 Halfway house
- 07 Group home
- 08 Boot camp
- 09 Ranch, forestry camp, wilderness or marine program or farm
- 10 Residential treatment center (with onsite mental health care)
- 11 Residential treatment facility (without onsite mental health care)
- 12 Substance abuse treatment center
- 13 Independent living
- 14 Foster home
- 15 Other → *Specify* ↘

4. Does this facility currently 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 center facility.

- 01 Yes
- 02 No
- 03 Not applicable; this is a detention center

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

This facility is –

- 01 A part of one building
- 02 All of one building
- 03 More than one building at a single site
- 04 More than one building, with some buildings a mile or more apart
- 05 Other → *Specify* ↘

6. Does this facility have one or more residential units designed to keep any persons separate in housing and activities from other residents for specialized care or security? Do NOT include time-out rooms, isolation rooms or infirmaries.

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

- 01 Yes
- 02 No → *SKIP to instruction box on page 3*

7. Do any of these separate residential units differ in terms of:

	Yes	No
a. average length of stay of residents?	<input type="checkbox"/>	<input type="checkbox"/>
b. physical security level of residents?	<input type="checkbox"/>	<input type="checkbox"/>
c. number of staff per resident? . . .	<input type="checkbox"/>	<input type="checkbox"/>
d. specialized criteria for staff selection?	<input type="checkbox"/>	<input type="checkbox"/>
e. any other characteristic(s)?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Specify</i> ↘		

Section I – GENERAL INFORMATION – Continued

IMPORTANT INSTRUCTIONS

The following items ask you to provide counts of persons assigned beds in this facility at the end of the day on Wednesday, October 29, 1997. This date has been chosen carefully to give a standardized and representative one-day count of persons in facilities like yours across the country.

You will be asked to divide 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 those UNDER THE AGE OF 21 who are assigned beds in this facility on October 29, 1997, into one of three categories:

- 1. those here for delinquent/criminal offenses, that is, offenses which are considered illegal for adults;
2. those here for offenses that are non-delinquent and non-criminal, that is, offenses which are illegal in your state for underage persons but not for adults;
3. those here for reasons other than offenses.

Please classify each young person assigned a bed in this facility into just one of the three categories. More detailed descriptions of these categories are provided in the questions. The Offense Code Card included in your questionnaire package shows lists of these types of offenses.

Please use your records for October 29, 1997, to answer the following questions.

8a. At the end of the day on Wednesday, October 29, 1997, were any persons AGED 21 OR OLDER assigned beds in this facility? Do NOT include staff.

- 01 Yes
02 No -> SKIP to item 9a

b. How many persons aged 21 or older were assigned beds in this facility at the end of Wednesday, October 29? Do NOT include staff.

Persons

9a. At the end of the day on Wednesday, October 29, 1997, were any persons UNDER AGE 21 assigned beds in this facility? INCLUDE juveniles being tried as adults in a criminal court and those in a detention overflow unit. Do NOT include staff.

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

b. According to your records, how many persons under age 21 were assigned beds in this facility at the end of the day on Wednesday, October 29? INCLUDE persons who were temporarily away, but assigned beds on October 29. Do NOT include staff.

Persons

10a. Of the persons under 21 assigned beds in this facility at the end of October 29, 1997, were any assigned beds here BECAUSE OF A DELINQUENT/CRIMINAL OFFENSE, that is, an offense which is considered illegal for adults?

INCLUDE persons under 21 assigned beds here because of:

- a delinquent/criminal offense; (the Offense Code Card lists these offenses);
• a criminal offense tried or being tried in criminal court;
• a combination of delinquent/criminal and non-delinquent/non-criminal offenses;
• a probation or parole violation;
• a liquor offense that is a delinquent/criminal offense.

Do NOT include:

- persons under age 21 who committed a delinquent/criminal offense but are not housed here specifically BECAUSE OF THIS OFFENSE.

- 01 Yes
02 No -> SKIP to item 11a

b. At the end of October 29, how many persons under age 21 were assigned beds here BECAUSE OF A DELINQUENT/CRIMINAL OFFENSE, that is, an offense which is considered illegal for adults, as described in 10a?

Persons

Section I – GENERAL INFORMATION – Continued

11a. Of the persons under age 21 assigned beds in this facility at the end of October 29, 1997, were any assigned beds here BECAUSE OF A NON-DELINQUENT/NON-CRIMINAL OFFENSE? A non-delinquent/non-criminal offense is an offense which is illegal in your state for underage persons but not for adults.

INCLUDE persons charged with or adjudicated in court for a non-delinquent/non-criminal offense:

- running away
• incorrigibility
• truancy
• curfew violation
• underage liquor violation that is not a delinquent/criminal offense

DO NOT INCLUDE:

- persons who committed a non-delinquent/non-criminal offense, but who were not housed here specifically BECAUSE OF THIS OFFENSE;
• persons here for an above listed behavior, if such behavior is not illegal in your state;
• persons here for a combination of delinquent/criminal offenses and non-delinquent/non-criminal offenses;
• persons here for a delinquent/criminal liquor offense;
• persons here for a probation or parole violation, including a violation of a valid court order;
• those PINS (Persons in Need of Services) or CHINS (Children in Need of Services) who have not been charged with or adjudicated for an offense.

01 Yes

02 No -> SKIP to item 12a

b. At the end of Wednesday, October 29, how many persons under age 21 were assigned beds in this facility BECAUSE OF A NON-DELINQUENT/NON-CRIMINAL OFFENSE, that is, an offense which is illegal in your state for underage persons, but not for adults, as described in item 11a?

Persons

12a. Of the persons under age 21 assigned beds in this facility at the end of October 29, 1997, were any here for REASONS OTHER THAN OFFENSES?

INCLUDE:

- Persons assigned beds here for non-offense reasons, such as neglect, abuse, abandonment, mental health problems, substance abuse problems, or other non-offense reasons.
• Persons assigned beds here due to voluntary or non-offense related admissions.

Do NOT include staff.

01 Yes

02 No -> SKIP to the instruction box below

b. How many persons under age 21 were assigned beds here on Wednesday, October 29 for REASONS OTHER THAN OFFENSES, as described in item 12a?

Persons

IMPORTANT INSTRUCTIONS FOR SECTION II

1. Please record individual-level information in Section II on the young persons you included in Section I, items 10b and 11b.

2. You may choose one of two ways to record this information:

a. Continue to write information on this form.

or

b. Provide a data file. The acceptable formats are text file, spreadsheet, or data base file. Data may be sent on diskette. If you choose this method, please send the diskette along with the questionnaire with Section I completed, to:

Bureau of the Census
Governments Division, CJSB
Washington, DC 20233-6800

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

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

NOTE: IF MORE THAN 90 PERSONS MEET REQUIREMENTS A THROUGH D AS DESCRIBED BELOW, PHOTOCOPY PAGE 10 TO MAKE MORE BLANK FORMS.

Section II – PERSON LEVEL DATA



Please COMPLETE a LINE on the table below for EACH person who on October 29, 1997, was

- A. UNDER age 21; AND
- B. assigned a bed in this facility at the end of the day on Wednesday, October 29, 1997; AND
- C. charged with an offense or court-adjudicated for an offense; AND
- D. assigned a bed here BECAUSE OF THE OFFENSE.

List below ONLY THOSE PERSONS WHO FULFILL ALL 4 REQUIREMENTS ABOVE (A, B, C and D). Do NOT list persons assigned beds here for reasons other than offenses, as described in Section I, 12a.

Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. Use an identifier that will allow YOU to reidentify each person 6 months from now, if a callback is needed.	2. What is this person's sex? Enter the code on the line. M - Male F - Female	3. What is this person's date of birth?			4. What is this person's race? Enter the code on the line. 1 - White, not of Hispanic origin 2 - Black, not of Hispanic origin 3 - Hispanic origin (i.e., Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) 4 - American Indian/Alaskan Native 5 - Asian 6 - Pacific Islander 7 - Other - Specify on line For definitions of these categories, please refer to page 11.	5. Which one of the following placed this person at this facility? Enter the code on the line. 1 - Court, probation agency, or law enforcement agency 2 - Corrections or other justice agency not included in 1 3 - Social services agency 4 - School official, parent or guardian, or young person him/herself 5 - Other - Specify		6. Is this court, probation or law enforcement agency, or other agency at the federal, tribal, state, county, or municipal level? 1 - Federal 2 - A Native American Tribal Government 3 - State 4 - County 5 - Municipal (includes Washington, DC) 6 - Other - Specify		7. What was the most serious offense for which this person was assigned a bed here on October 29? Enter the code for the most serious offense resulting in this placement. If this person was assigned a bed for reasons other than offenses, ENTER code 00 below and SKIP to next line for next person. See Offense Code Card for the codes.	8. In which county and state did this person commit the offense? Please print the full county name. State name may be abbreviated. If county and/or state are not known, enter code 99 in the appropriate box(es) below. If this offense was committed in an independent city which is located outside of any "county" area, list the independent city name in the "county" box.		9. On October 29, what was this person's court adjudication status for the offense listed in item 7? "Adjudication" is the court process which determines whether or not the person committed the offense. 1 - Agreement not to adjudicate (diversion) 2 - Awaiting adjudication hearing in juvenile court 3 - Adjudicated, awaiting disposition by juvenile court 4 - Adjudicated and disposed in juvenile court and awaiting placement elsewhere 5 - Adjudicated and disposed in juvenile court, in placement here 6 - Awaiting transfer hearing to adult criminal court 7 - Awaiting hearing or trial in adult criminal court 8 - Convicted in adult criminal court 9 - Don't know 10 - Other - Specify		10. On what date was this person admitted to this facility for the offense listed in item 7? If more than one date applies, enter the earliest one for the offense listed in item 7.			11. How many locked doors and/or gates confined THIS young person within the facility and its grounds during the after-school, daytime hours on October 29? Count all doors and/or gates kept locked to separate this juvenile from the outside community, such as locked doors to: sleeping rooms, dayrooms, wings, floors, building doors, and gates in walls or fences. 0 - No locked door or gate to confine: can leave at will or with staff approval 1 - 1 locked door or gate to confine 2 - 2 locked doors or gates to confine 3 - 3 locked doors or gates to confine 4 - 4 locked doors or gates to confine 5 - 5 or more locked doors or gates to confine	Line number	
			Code	Mo.	Day		Yr.	Code	Specify Other only	Code		Specify Other only	Code	Specify Other only	County	State	Code	Specify Other only			Mo.
EX	2071	M	3	14	82	3		1		4		Essex	Vt.	4		5	15	96	4	EX	
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EX	2071	M	3/14/82	3		1		4		25	Essex	Vt.	4		5/15/96	4	EX
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The Federal Government uses the following definitions for the various racial categories.

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

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

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

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.

Pacific Islander – A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, Samoa, Guam, and Hawaii.

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

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

Please mail the completed form in the enclosed envelope to:

**Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001**

Comments