Census of Juveniles in Residential Placement

This questionnaire asks about persons who had assigned beds in this facility on Wednesday, October 27, 1999.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 29, 1999

Return the completed form to:  
U.S. Census Bureau  
Governments Division  
Washington, DC 20233–6800  
Fax: 1–888–891–2099  
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

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FORM CJ-14 (8-27-99)  
OMB No. 1121-0218: Approval Expires 08/31/2000
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 Question 3**

   b. What is the name of this agency?

3a. Does this facility provide ON-SITE RESIDENTIAL TREATMENT?
   01  ☐ Yes
   02  ☐ No → **SKIP to Question 4**

   b. What kind of treatment is provided INSIDE this facility? Mark (X) those 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 ☐

4. Does this facility provide foster care?
   01  ☐ Yes, for all young persons
   02  ☐ Yes, for some but not all young persons
   03  ☐ No

5. Does this facility provide independent living arrangements for any young persons?
   01  ☐ Yes
   02  ☐ No

6. What type of residential facility is the one listed on the front cover? Mark (X) those that apply.
   01  ☐ Detention center
   02  ☐ Training school/Long-term secure facility
   03  ☐ Reception or diagnostic center
   04  ☐ Halfway house
   05  ☐ Group home
   06  ☐ Boot camp
   07  ☐ Ranch, forestry camp, wilderness or marine program, or farm
   08  ☐ Runaway and homeless shelter
   09  ☐ Other type of shelter
   10  ☐ Other – Specify ☐
Section I – GENERAL INFORMATION – Continued

7a. 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 is gender, answer NO.

Mark (X) those that apply.

☐ Yes

☐ No → **SKIP to Question 10**

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

Mark (X) those 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

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

Mark (X) one response.

This facility is –

☐ a part of one building

☐ all of one building

☐ more than one building at a single site or on one campus

☐ Other → Specify

9. 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?

Mark (X) one response.

☐ Yes

☐ No

10. On Wednesday, October 27, 1999, 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 facility is a detention center, answer NO.

Mark (X) one response.

☐ Yes

☐ No
11a. According to your records, at the end of the day on October 27, 1999, 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.

- Yes
- No → STOP HERE and mail this form

b. According to your records, at the end of the day on October 27, 1999, how many persons had assigned beds in this facility?

Persons

12. How many of the persons who had assigned beds at the end of the day on Wednesday, October 27, 1999 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

13a. At the end of the day on Wednesday, October 27, 1999, 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.

- Yes
- No → STOP HERE and mail this form

b. According to your records for the end of day on Wednesday, October 27, 1999, how many persons (under age 21) had assigned beds in this facility? Include persons who were temporarily away but had assigned beds on October 27. Do NOT include staff.

Persons under the age of 21

NOTE: As a check, the sum of question 12 (persons 21 and older) and 13b (persons under age 21) should equal the sum reported in question 11b (number of persons assigned beds in the facility).

14a. At the end of the day on Wednesday, October 27, 1999, did ANY of the 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. See the Offense Code Card included in this package for a list of offenses.

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.
14b. According to your records for the end of the day on Wednesday, October 27, 1999, how many 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 14a?

Later you will be asked to provide information about each of these persons. Include persons who were temporarily away but had assigned beds on October 27. Do NOT include staff.

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

NOTE: As a check, the sum of questions 14b (persons under 21 with offenses) and 15b (persons under 21 with reasons other than offenses) should equal 13b (the number of persons under age 21).
IMPORTANT INSTRUCTIONS FOR SECTION II

1. Please record individual-level information in Section II on the young persons you included in Section I, question 14b.

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 database 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:

   U.S. Census Bureau
   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.
**Section II – PERSON LEVEL DATA**

Please COMPLETE a LINE on the table below for EACH person who on October 27, 1999, was:

A. UNDER age 21; AND
B. assigned a bed in this facility at the end of the day on Wednesday, October 27, 1999; AND
C. charged with an offense or court-adjudicated for an offense; AND
D. assigned a bed here BECAUSE OF THE OFFENSE.

**NOTE:** IF MORE THAN 90 PERSONS MEET REQUIREMENTS A THROUGH D AS DESCRIBED BELOW, PHOTOCOPY PAGE 12 TO MAKE MORE BLANK FORMS.

**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, 15a.

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<td>Enter an identifying number or first name and last initial (or initials) for each person 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.</td>
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<td>8.</td>
<td>Is this court, probation agency, or law enforcement agency? Enter the code on the line.</td>
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<td>In which county and state did this person commit the offense? Enter 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.</td>
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<td>What was the most serious offense for which this person was assigned a bed here on October 27? Enter the code for the most serious offense resulting in this placement.</td>
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<td>If this person was assigned a bed for reasons other than offenses, ENTER code 00 below and SKIP to next line for next person.</td>
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*IF MORE PERSONS MEET REQUIREMENTS A THROUGH D, CONTINUE ON PAGE 9*
Please COMPLETE a LINE on the table below for EACH person who on October 27, 1999, was
A. UNDER age 21; AND
B. assigned a bed in this facility at the end of the day on Wednesday, October 27, 1999; 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, 15a.

**Section II – PERSON LEVEL DATA**

<table>
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<tr>
<th>Line number</th>
<th>Code</th>
<th>Sex</th>
<th>Race</th>
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<th>Date of Birth</th>
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<th>Status</th>
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**NOTE:** IF MORE THAN 90 PERSONS MEET REQUIREMENTS A THROUGH D AS DESCRIBED BELOW, PHOTOCOPY PAGE 12 TO MAKE MORE BLANK FORMS.
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.

1. Line number

2. What is this person’s sex? Enter the code on the line.
   M – Male
   F – Female

3. What is this person’s age? Enter the code on the line.

4. What is this person’s race? Enter the code on the line.
   1 – White, not of Hispanic origin
   2 – Black or African American, not of Hispanic origin
   3 – Asian
   4 – Native Hawaiian or other Pacific Islander
   5 – Other – Specify

5. What was the most serious offense for which this person was assigned a bed here on October 27? 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.

6. In which county and state did this person commit the offense? Please print the full county name. State name may be abbreviated.

7. What is this court, probation or law enforcement agency, corrections or other justice agency not included in 1 – Federal?
   1 – Federal
   2 – A Native American Tribal Government
   3 – State
   4 – County
   5 – Municipal (includes Washington, DC)
   6 – Other – Specify

8. On October 27, 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.

9. In which county and state did this person commit the offense? Please print the full county name. State name may be abbreviated.

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 on the line.

11. On October 27, 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 – Awaiting disposition hearing by juvenile court
   4 – Adjudicated and disposed in juvenile court and awaiting placement elsewhere
   5 – Adjudicated in juvenile court, in placement here
   6 – Awaiting hearing or trial in juvenile court
   7 – In juvenile court
   8 – In adult criminal court
   9 – Don’t know
   10 – Other – Specify

Line number

Code
Mo. Day Yr.
Specify Other only
Code
Mo. Day Yr.
Specify Other only
Code
Mo. Day Yr.
Specify Other only
County
State
Code
Mo. Day Yr.
Specify Other only

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### Section II – PERSON LEVEL DATA

Please COMPLETE a LINE on the table below for EACH person who on October 27, 1999, was

A. UNDER age 21; AND
B. assigned a bed in this facility at the end of the day on Wednesday, October 27, 1999; 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, 15a.

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### 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 race? Enter the code on the line.
1. White, not of Hispanic origin
2. Black or African American, not of Hispanic origin
3. Hispanic or Latino (i.e., Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
4. American Indian/Alaskan Native
5. Asian
6. Native Hawaiian or other Pacific Islander
7. Other – Specify on line

For definitions of these categories, please refer to page 13.

### 4. What is this person’s place of birth?

### 5. Which one of the following places is this person at this facility?

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 himself/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 for this stay on October 27?

1. Agreement not to adjudicate (diversion)
2. Adjudicated, awaiting disposition in juvenile court
3. Adjudicated and disposed in juvenile court and awaiting placement elsewhere
4. Convicted in adult criminal court
5. Court adjudication status for the offense listed in item 1.

### 8. In which county and state did this person commit the offense?

#### Enter the code on the line.
- Code 00: Offense committed in an independent city which is located outside of any “county” area.
- Code 99: Offense committed in an independent city which is located outside of any “county” area.

### 9. 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 27?

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. No locked doors or gates to confine

### 10. 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 27? Count all doors and 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.

### 11. On October 27, 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.

#### Enter the code on the line.
- Code 00: Offense committed in an independent city which is located outside of any “county” area.
- Code 99: Offense committed in an independent city which is located outside of any “county” area.
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, the Middle East, or North Africa.

**Black or African American** – A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central 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 South America (including Central America) and who maintains tribal affiliations or community attachment.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

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:**

U.S. Census Bureau  
Governments Division, CJSB  
Washington, DC 20233–6800