



Conducted by
 U.S. DEPARTMENT OF COMMERCE
 Economics and Statistics Administration
 U.S. CENSUS BUREAU
 FOR
 OFFICE OF JUVENILE JUSTICE AND
 DELINQUENCY PREVENTION
 U.S. DEPARTMENT OF JUSTICE

Juvenile Residential Facility Census

QUESTIONNAIRE FOR



This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, October 27, 2004.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 22, 2004

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

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

1. PERSON COMPLETING THIS QUESTIONNAIRE

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

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

IMPORTANT INSTRUCTIONS

Please call 1-800-352-7229 to request an additional questionnaire for each building with living/sleeping units associated with this facility that is not at the site of this facility building or campus.

4. On Wednesday, October 27, 2004, did this facility house any overflow detention population? "Overflow detention population" refers to those young persons who, because of the unavailability of beds in a detention center, are placed temporarily in a non-detention facility.

If this is a detention center, mark "No".

- 01 Yes
- 02 No

IMPORTANT INSTRUCTIONS

The following items ask you to use your records to provide counts of persons who had assigned beds in this facility at the end of the day on Wednesday, October 27, 2004. This date has been chosen carefully to give a standardized count of persons in facilities like yours across the country. You will be asked to classify your facility population into two age groups:

1. those persons under age 21; and
2. those persons age 21 and older.

You will then be asked to classify each person UNDER THE AGE OF 21 into just one of the two following categories:

1. those here because they have been charged with or court-adjudicated for an offense. An offense is any behavior that is illegal in your state for underage persons alone or for both underage persons and adults.
2. those here for reasons other than offenses

Section 1 – GENERAL FACILITY INFORMATION – Continued

5a. According to your records, at the end of the day on October 27, 2004, 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, 2004, 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, 2004 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, 2004, 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

b. According to your records, at the end of the day on Wednesday, October 27, 2004, 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

NOTE: As a check, the sum of question 6 (persons 21 and older) and 7b (young persons under age 21) should equal the sum reported in question 5b (number of persons assigned beds in the facility).

8a. At the end of the day on Wednesday, October 27, 2004, 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, 2004, 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.

Section 1 – GENERAL FACILITY INFORMATION – Continued

9a. At the end of the day on Wednesday, October 27, 2004, 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, 2004, 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.

NOTE: As a check, the sum of questions 8b (young persons under 21 with offenses) and 9b (young persons under 21 with reasons other than offenses) should equal 7b (the number of young persons under age 21)

10a. Does this facility provide ON-SITE RESIDENTIAL TREATMENT?

01 Yes

02 No → **Go to Question 11 below**

b. What kind of treatment is provided INSIDE this facility? Mark (X) all that apply.

01 Mental health treatment

02 Substance abuse treatment

03 Sex offender treatment

04 Treatment for arsonists

05 Treatment specifically for violent offenders

06 Other – Specify ↓

11. Does this facility provide foster care?

01 Yes, for all young persons

02 Yes, for some but not all young persons

03 No

12. Does this facility provide independent living arrangements for any young persons?

01 Yes

02 No

13. What type of residential facility is this facility (the one listed on the front cover)? Mark (X) all that apply.

01 Detention center

02 Training school/Long-term secure facility

03 Reception or diagnostic center

04 Group home/Halfway house

05 Boot camp

06 Residential treatment center

07 Ranch, forestry camp, wilderness or marine program, or farm

08 Runaway and homeless shelter

09 Other type of shelter

10 Other – Specify ↓

Section 1 – GENERAL FACILITY INFORMATION – Continued

14a. Does this facility have one or more living/sleeping units, such as wings, floors, dorms, barracks, or cottages, designed to keep any young persons separate in housing and activities from other residents for specialized care or security? Do NOT include time-out rooms, isolation rooms or infirmaries.

IF THE ONLY REASON for separate housing and activities **ARE SEX OR AGE, ANSWER NO.**

01 Yes

02 No → **Go to NOTE A in next column**

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

Mark (X) all that apply.

01 average length of stay of young persons?

02 physical security and/or monitoring of young persons?

03 number of staff per young person?

04 type of treatment program?

05 characteristics of young persons?

06 specialized criteria for staff selection?

07 other? – Specify ↓

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

01 To provide two or more types of specialized care in separate living/sleeping units

02 To provide a series of separate living/sleeping units with different specialized care that all young persons move through from the time they enter until the time they leave

03 To provide two or more levels of security

04 Some other reason – Specify ↓

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

Mark (X) all that apply.

01 The same agency affiliation

02 The same mailing address

03 The same on-site administrators

04 One or more staff directly caring for the young persons

05 One or more security staff

06 The same school rooms

07 The same dining room at the same time

08 The same recreational areas at the same time

09 The same laundry services

10 None of the above services are shared

NOTE A

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

15a. Is this facility OWNED by –

01 a private non-profit or for-profit agency?

02 a government agency? → **Go to Question 16 below**

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

→ **Go to NOTE B below**

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

Mark (X) those that apply.

01 A Native American Tribal Government

02 State

03 County

04 Municipal (includes Washington, DC)

05 Other – Specify ↓

NOTE B

Questions 17 and 18 ask who OPERATES this facility.

17a. Is this facility OPERATED by –

01 a private non-profit or for-profit agency?

02 a government agency? → **Go to Question 18 below**

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

→ **Go to Question 19a on page 6**

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

Mark (X) those that apply.

01 A Native American Tribal Government

02 State

03 County

04 Municipal (includes Washington, DC)

05 Other – Specify ↓

Section 1 – GENERAL FACILITY INFORMATION – Continued

19a. Are ANY young persons in this facility locked into their sleeping rooms by staff at ANY time to confine them?

01 Yes

02 No → **Go to Question 20 below**

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 in next column**

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, 2004?

Do NOT include staff beds.

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

Total number of standard beds

23a. On the night of Wednesday, October 27, 2004, were there ANY OCCUPIED MAKESHIFT BEDS in this facility?

Makeshift beds are:

- Roll-out mats
- Fold-out cots
- Roll-away beds
- Pull-out mattresses
- Sofas
- Any other beds that are put away or moved during non-sleeping hours

01 Yes

02 No → **Go to Question 24 on page 7**

b. How many makeshift beds were occupied that night?

Occupied makeshift beds

Section 1 – GENERAL FACILITY INFORMATION – Continued

24. On the night of Wednesday, October 27, 2004, 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, 2004, 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 1 young person per sleeping room (single occupancy)
- 02 2 young persons per sleeping room (double occupancy)
- 03 3 young persons per sleeping room (triple occupancy)
- 04 4 young persons per sleeping room
- 05 Between 5 and 10 young persons per sleeping room
- 06 Between 11 and 25 young persons per sleeping room
- 07 More than 25 young persons per sleeping room

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

- 01 Yes
- 02 No

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

- 01 Yes
- 02 No →

Go to Section 2 on page 8

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

Minutes per DAY

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

Days per WEEK

Section 2 – PHYSICAL HEALTH SERVICES

1a. After arrival in this facility, are ANY young persons asked questions or administered a form which asks questions about the current status of their physical health?

01 Yes

02 No → **Go to NOTE C in next column**

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

Mark (X) all that apply.

01 Admissions counselors/intake workers NOT trained by a physical health professional

02 Admissions counselors/intake workers trained by a physical health professional

03 A nurse (RN, LPN, family nurse, home care nurse)

04 A nurse practitioner

05 A physician assistant

06 A doctor

07 Some other person – Specify ↓

2. When are young persons asked questions or administered a form which asks questions about the current status of their physical health?

Mark (X) all that apply.

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 ↓

3. Which young persons are asked questions or administered a form which asks questions about the current status of their physical health?

Mark (X) all that apply.

01 ALL young persons are asked questions or administered a form which asks questions about their physical health → **Go to NOTE C**

02 Young persons who come directly from home, rather than from another facility

03 Young persons who display symptoms of an illness or injury

04 Young persons known to have existing health problems

05 Young persons for whom no physical health care record is available

06 Other young persons not listed above – Specify ↓

NOTE C

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

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

Mark (X) ONE response.

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 physical health care services → **Go to Section 3 on page 13**

Section 2 – PHYSICAL HEALTH SERVICES — Continued

5a. Is it facility policy to have ANY young persons assigned beds here receive a physical examination at a location either INSIDE or OUTSIDE of this facility? A physical examination involves a nurse, nurse practitioner, doctor, or physician assistant examining such things as eyes, ears, nose, throat, blood pressure, and pulse; collecting blood; or taking medical histories.

Mark (X) ONE response.

- 01 Yes, provided both INSIDE and OUTSIDE this facility
02 Yes, provided INSIDE this facility
03 Yes, provided OUTSIDE this facility
04 No, a physical examination is not provided to young persons while assigned beds at this facility → **Go to Question 6**

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

Mark (X) all that apply.

- 01 Nurse
02 Nurse practitioner
03 Physician assistant
04 Doctor
05 Some other person – Specify ↓

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

Mark (X) all that apply.

- 01 Young persons receive a physical examination within less than 24 hours after arrival
02 Young persons receive a physical examination between 24 hours and less than 7 days after arrival
03 Young persons receive a physical examination seven or more days after arrival
04 Other – Specify ↓

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

Mark (X) all that apply.

- 01 ALL young persons receive a physical examination → **Go to Question 6**
02 Young persons who are in the facility long enough to receive a physical examination
03 Young persons who come directly from home, rather than from another facility receive a physical examination
04 Young persons who display symptoms of an illness or injury receive a physical examination
05 Young persons known to have existing health problems receive a physical examination
06 Young persons for whom no physical health care record is available receive a physical examination
07 Other – Specify ↓

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

Mark (X) all that apply.

- 01 Whenever they fill out a request form
02 Whenever staff request they be examined
03 Whenever they ask a staff member
04 By appointment during regularly (daily/weekly/monthly) scheduled hours
05 Under other circumstances not identified above – Specify ↓

Section 2 – PHYSICAL HEALTH SERVICES — Continued

7a. Do ANY young persons assigned beds here receive a dental examination at a location either INSIDE or OUTSIDE of this facility?

Mark (X) ONE response.

- 01 Yes, provided INSIDE and OUTSIDE this facility
- 02 Yes, provided INSIDE this facility
- 03 Yes, provided OUTSIDE this facility
- 04 No → **Go to Question 8a**

b. Which young persons assigned beds here receive a dental examination?

Mark (X) all that apply.

- 01 ALL young persons receive a dental examination → **Go to Question 8a**
- 02 Young persons who are in the facility long enough to receive a dental examination
- 03 Young persons who come directly from home, rather than from another facility receive a dental exam
- 04 Young persons who display symptoms of dental problems
- 05 Young persons known to have existing dental problems
- 06 Young persons for whom no dental record is available receive a dental examination
- 07 Other – Specify ↓

8a. Do ANY young persons assigned beds here receive a vision examination at a location either INSIDE or OUTSIDE of this facility? A vision examination may be conducted by an ophthalmologist or optometrist.

Mark (X) ONE response.

- 01 Yes, provided INSIDE and OUTSIDE this facility
- 02 Yes, provided INSIDE this facility
- 03 Yes, provided OUTSIDE this facility
- 04 No → **Go to Question 9a**

b. Which young persons assigned beds here receive a vision examination?

Mark (X) all that apply.

- 01 ALL young persons receive a vision examination → **Go to Question 9a**
- 02 Young persons who are in the facility long enough to receive a vision examination
- 03 Young persons who come directly from home, rather than from another facility receive a vision exam
- 04 Young persons who display symptoms of vision/eye problems
- 05 Young persons known to have existing vision/eye problems
- 06 Young persons for whom no vision/eye health record is available receive a vision examination
- 07 Other – Specify ↓

9a. During the month of September 2004, were ANY girls/young women assigned beds in this facility?

- 01 Yes
- 02 No → **Go to Question 12**

b. Do ANY girls/young women assigned beds here receive a gynecological examination at a location either INSIDE or OUTSIDE of this facility? A gynecological examination involves a nurse, physician assistant, doctor, or OB/GYN physician gathering a medical history regarding reproductive health and sexual behavior, and conducting a pelvic and breast exam.

Mark (X) ONE response.

- 01 Yes, provided both INSIDE and OUTSIDE this facility
- 02 Yes, provided INSIDE this facility
- 03 Yes, provided OUTSIDE this facility
- 04 No → **Go to Question 10a**

c. Which girls/young women receive a gynecological examination?

Mark (X) all that apply.

- 01 ALL young girls/women receive a gynecological examination → **Go to Question 10a**
- 02 A gynecological examination is provided as deemed necessary by a nurse or doctor after arrival here
- 03 A gynecological examination is provided to those known or thought to be pregnant
- 04 A gynecological examination is provided to those known to have been sexually active
- 05 A gynecological examination is provided at the girl's/woman's request
- 06 Other – Specify ↓

10a. During the month of September 2004, were ANY girls/young women assigned beds in this facility known by facility staff to be pregnant?

- 01 Yes
- 02 No

b. Are ANY obstetric/prenatal services provided to pregnant girls/young women assigned beds in this facility at locations either INSIDE or OUTSIDE this facility? Obstetric/prenatal services involve the ongoing monitoring and guidance of pregnant girls and young women and their pregnancy by a nurse, physician assistant, doctor, or OB/GYN physician.

Mark (X) ONE response.

- 01 Yes, provided INSIDE this facility
- 02 Yes, provided OUTSIDE this facility
- 03 Yes, provided both INSIDE and OUTSIDE this facility
- 04 No, this service is not provided

11. During the YEAR between October 1, 2003 and September 30, 2004, did this facility HOUSE ANY INFANT(S) born to girls/young women while assigned beds at this facility?

- 01 Yes
- 02 No

Section 2 – PHYSICAL HEALTH SERVICES – Continued

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

Type of medical service provided INSIDE this facility	Service NOT covered INSIDE this facility (1)	Service covered – Mark (X) all that apply (at least one per line)	
		During normal weekday business/operating hours INSIDE this facility (2)	After hours and on weekends INSIDE this facility (3)
a. BASIC First AID (cleaning superficial wounds, providing over-the-counter medication, etc.)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
b. Prescribe medication for illnesses	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
c. Administer injections	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
d. CPR by trained/certified staff member	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
e. Stitch broken skin	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
f. Diagnose extent of an injury	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
g. Diagnose acute illnesses	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
h. Stabilize broken bones (short-term stabilization)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
i. Set or splint broken bones (long-term stabilization)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>

13. Which of the following types of testing services are provided AFTER ARRIVAL in this facility to young persons at locations either INSIDE or OUTSIDE of this facility under the circumstances described below?

Testing services	CIRCUMSTANCES OF TESTING – Mark (X) all that apply (at least one per line)			
	Testing is NOT provided (1)	Testing of ALL young persons after arrival here (2)	Testing as deemed necessary by a nurse or doctor after arrival (3)	Testing at young persons' request (4)
a. Tuberculosis testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Sexually transmitted disease testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. Human immuno-deficiency virus (HIV) testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Pregnancy testing	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. Pre-vaccination serological testing for Hepatitis B	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. Diagnostic testing for Hepatitis C infection	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

Section 2 – PHYSICAL HEALTH SERVICES — Continued

14a. After arrival in this facility, do ANY young persons assigned beds here receive any doses of hepatitis B vaccination at a location either INSIDE or OUTSIDE of this facility? Answer YES if any doses are provided even if the full vaccination course is not completed while the young person(s) is/are assigned beds at this facility.

Mark (X) ONE response.

- 01 Yes, provided INSIDE and OUTSIDE this facility
- 02 Yes, provided INSIDE this facility
- 03 Yes, provided OUTSIDE this facility
- 04 No, doses of hepatitis B vaccination are not provided to young persons while assigned beds at this facility → **Go to Section 3**

b. Which young persons received doses of hepatitis B vaccination?

Mark (X) all that apply.

- 01 ALL young persons receive doses of hepatitis B vaccination → **Go to Question 15**
- 02 Young persons who have already begun a vaccination course
- 03 Young persons for whom no immunization record is available
- 04 Young persons known to have been involved in high-risk behaviors
- 05 Young persons who come to this facility from states, localities, or school systems without comprehensive hepatitis B vaccination policies
- 06 Other – Specify ↓

15. During the month of September 2004, were ANY doses of hepatitis B vaccination provided to ANY young person(s) assigned beds at this facility at locations EITHER INSIDE or OUTSIDE of this facility?

- 01 Yes
- 02 No

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?

01 Yes

02 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.

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 ↓

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.

01 Review of previous academic records

02 Interview with an education specialist

03 Administration of one or more written or computerized tests

04 Interview with an intake or admissions counselor

05 Interview with guidance counselor

06 Other – Specify ↓

4. Which young persons are evaluated to determine their educational grade levels and their educational needs?

Mark (X) all that apply.

01 ALL young persons are evaluated → **Go to Question 5**

02 Young persons who come directly from home, rather than from another facility

03 Young persons whom the staff identify as needing an assessment

04 Young persons for whom no educational record is available

05 Young persons with known educational problems

06 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?

01 Yes

02 No → **Go to NOTE D on page 14**

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.

01 ALL young persons are evaluated → **Go to NOTE D on page 14**

02 Young persons going home or to live on their own

03 Young persons who have been at this facility long enough to demonstrate a change in academic performance

04 Young persons who have not yet earned a high school diploma

05 Young persons who have not yet earned a GED

06 As many young persons as the educational specialists have time to evaluate

07 Other – Specify ↓

Section 3 – EDUCATIONAL SERVICES – Continued

**NOTE
D**

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.

- 01 Yes, provided both INSIDE and OUTSIDE this facility
- 02 Yes, provided INSIDE this facility
- 03 Yes, provided OUTSIDE this facility
- 04 No, educational services are not provided to young persons while assigned beds here → **Go to Section 4**

b. Which young persons attend school or receive teacher instruction?

Mark (X) all that apply

- 01 ALL young persons are required to attend school or receive teacher instruction → **Go to Question 8**
- 02 Those young persons who have not completed high school or their GED
- 03 Those young persons with special needs for remedial education
- 04 Those young persons who have been in the facility long enough to receive educational services
- 05 Those young persons who are required by the state to attend school because of their age
- 06 Those young persons assigned beds in special living/sleeping units –Specify unit type ↓
- 07 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.

- 01 Elementary-level education
- 02 Middle school-level education
- 03 High school-level education
- 04 Special education
- 05 GED preparation
- 06 GED testing
- 07 Post-high school education or post-high school correspondence courses
- 08 Vocational/technical education
- 09 Life skills training
- 10 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?

	INSIDE	OUTSIDE
Instructional hours per WEEK	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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?

	INSIDE	OUTSIDE
Instructional months per YEAR	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Section 4 – 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, 2004 and the end of the day on September 30, 2004.

1. During the month of September 2004, were there ANY UNAUTHORIZED DEPARTURES of any young persons who were assigned beds at this facility?

An "unauthorized departure" includes any incident in which a young person leaves without staff permission or approval for more than 10 minutes from:

- The perimeter physical security of the facility
- The mandatory supervision of a staff member when there is no physical security
- The mandatory supervision of transportation staff
- Any other approved area

01 Yes

02 No

2a. During the month of September 2004, 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**

2b. For what reason(s) were the young persons transported to a hospital emergency room DURING THIS 30 DAY PERIOD in September?

Mark (X) all that apply.

01 Sports-related injury

02 Work or chore-related injury

03 An injury that resulted from interpersonal conflict between one or more young persons, not including a sports-related injury

04 Other injuries

05 Illness

06 Pregnancy complications

07 Labor and delivery

08 Suicide attempt

09 A non-emergency injury or illness that occurred when no physical health professional was available at the facility or on call

10 A non-emergency injury or illness that occurred when no doctor's appointment could be obtained in the community

11 Other – Specify ↓

3. During the month of September 2004, were ANY of the young persons assigned beds here restrained by facility staff with a mechanical device?

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 2004, were ANY of the young persons assigned beds here locked for more than four hours alone in an isolation, seclusion, or sleeping room to regain control of their unruly behavior?

Answer NO if:

- Young persons were locked in their sleeping rooms as part of the facility routine

OR

- Young persons were locked in their rooms ONLY for purposes of quarantine, suicide watch, facility-wide lockdown, or self-requested seclusion

01 Yes

02 No

Section 5 – 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, 2003 and September 30, 2004.

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, 2003 and September 30, 2004, did ANY young persons die while assigned a bed at this facility at a location either INSIDE or OUTSIDE of this facility?

01 Yes

02 No → **Go to Section 6**

2. How many young persons died while assigned beds at this facility during the year between October 1, 2003 and September 30, 2004?

Person(s)

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

	Young person 1 (1)	Young person 2 (2)	Young person 3 (3)
a. Cause of death 1 – Illness/natural causes (excluding AIDS) 2 – Injury suffered prior to placement here 3 – AIDS 4 – Suicide 5 – Homicide by another resident 6 – Homicide by non-resident(s) 7 – Accidental death 8 – Other – <i>Specify in box</i> →	<input style="width: 30px; height: 20px;" type="text"/> Code	<input style="width: 30px; height: 20px;" type="text"/> Code	<input style="width: 30px; height: 20px;" type="text"/> Code
b. Location of death 1 – Inside this facility 2 – Outside this facility	<input style="width: 30px; height: 20px;" type="text"/> Code	<input style="width: 30px; height: 20px;" type="text"/> Code	<input style="width: 30px; height: 20px;" type="text"/> Code
c. Age at death (in years)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
d. Sex 1 – Male 2 – Female	<input style="width: 30px; height: 20px;" type="text"/> Code	<input style="width: 30px; height: 20px;" type="text"/> Code	<input style="width: 30px; height: 20px;" type="text"/> Code
e. Race 1 – White, not Hispanic origin 2 – Black or African American, not of Hispanic origin 3 – Hispanic or Latino 4 – American Indian/Alaskan Native 5 – Asian 6 – Native Hawaiian or other Pacific Islander 8 – Other – <i>Specify in box</i> →	<input style="width: 30px; height: 20px;" type="text"/> Code	<input style="width: 30px; height: 20px;" type="text"/> Code	<input style="width: 30px; height: 20px;" type="text"/> Code
f. Date of admission to facility (mm/dd/yyyy)	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
g. Date of death (mm/dd/yyyy)	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Section 6 – GENERAL INFORMATION

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

01 Yes

02 No → **Go to NOTE K below**

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

Juvenile residential facilities

2. Does the facility being reported on here share any of the following with the other facilities located in the same building or on the same campus?

Mark (X) all that apply.

01 The same agency affiliation

02 The same mailing address

03 The same on-site administrators

04 One or more staff directly caring for the young persons

05 One or more security staff

06 The same school rooms

07 The same infirmary

08 The same food services

09 The same dining room

10 The same laundry services

11 None of the above services are shared

NOTE E

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
