



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

Census of Juveniles in Residential Placement

(Please correct any error in name, mailing address, and ZIP Code above)

This questionnaire asks about persons who had assigned beds in this facility on Wednesday, October 22, 2003

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 26, 2003

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

Fax: 1-888-891-2099

EMAIL: govs.CJRP@census.gov

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

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 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.

1a. Is this facility part of a larger agency?

01 Yes

02 No → **SKIP to Question 2**

b. What is the name of this agency?

2a. Does this facility provide ON-SITE RESIDENTIAL TREATMENT?

01 Yes

02 No → **SKIP to Question 3**

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 ↘

3. Does this facility provide foster care?

01 Yes, for all young persons

02 Yes, for some but not all young persons

03 No

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

01 Yes

02 No

5. 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 Group home/Halfway house

05 Residential treatment center

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 ↘

6. On Wednesday, October 22, 2003, 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**.

01 Yes

02 No

Section I – GENERAL INFORMATION – Continued

7a. Facilities lock doors for many reasons, including keeping young persons safe from persons outside the facility and to keep young persons restricted within the grounds or within certain areas of the facility. Are any doors or gates in this facility or its grounds ever locked for any reason during normal DAYTIME operating hours?

01 Yes → **GO to Question 7b**

02 No → **SKIP to Question 7c**

7b. What best describes the use of locked doors in this facility during normal DAYTIME operating hours? Mark (X) one per line.

	Do not have this type of door/gate at this facility (a)	Cannot be locked (b)	Never locked during daytime hours (c)	Locked only during a threat to security (d)	Locked only for some young persons (e)	Locked for all young persons (f)
1. Main entrance door(s) to facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gate(s) of perimeter fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Door(s) to living quarters, wings, floors, or units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dayroom door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sleeping room door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cafeteria door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Infirmary door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Classroom door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other door(s)/gate(s)/fence(s) – Specify ↘	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7c. Facilities lock doors for many reasons, including keeping young persons safe from persons outside the facility and to keep young persons restricted within the grounds or within certain areas of the facility. Are any doors or gates in this facility or its grounds ever locked for any reason during normal NIGHTTIME SLEEPING hours?

01 Yes → **GO to Question 7d**

02 No → **SKIP to Question 8a**

7d. What best describes the use of locked doors in this facility during normal NIGHTTIME SLEEPING hours? Mark (X) one per line.

	Do not have this type of door/gate at this facility (a)	Cannot be locked (b)	Never locked during nighttime sleeping hours (c)	Locked only during a threat to security (d)	Locked only for some young persons (e)	Locked for all young persons (f)
1. Main entrance door(s) to facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gate(s) of perimeter fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Infirmary door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Classroom door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other door(s)/gate(s)/fence(s) – Specify ↘	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I – GENERAL INFORMATION – Continued

IMPORTANT INSTRUCTIONS

The following items ask you to use your records to provide counts of persons who had assigned beds in this facility at the end of the day on Wednesday, October 22, 2003. 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 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

Please classify each person under age 21 into just one of these categories. Detailed descriptions of the above categories are provided in the questions themselves and on the Offense Code Card included with this questionnaire packet.

Please use your records for October 22, 2003, to answer the following questions.

8a. According to your records, at the end of the day on October 22, 2003, did ANY persons have assigned beds in this facility? Include persons who were temporarily away, but had assigned beds on October 22. Do NOT include staff.

01 Yes

02 No → **STOP HERE** and mail this form ONLY if there were **NO PERSONS IN YOUR FACILITY OR THE FACILITY WAS CLOSED** (permanently or temporarily) on this date

b. According to your records, at the end of the day on October 22, 2003, how many persons had assigned beds in this facility?

Persons

9. How many of the persons who had assigned beds at the end of the day on Wednesday, October 22, 2003 were AGE 21 or older?

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

Do NOT include staff. Please write "0" if there are NO persons age 21 or older.

Persons 21 or older

10a. At the end of the day on Wednesday, October 22, 2003, 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 for the end of the day on Wednesday, October 22, 2003, how many persons (under age 21) had assigned beds in this facility? Include persons who were temporarily away but had assigned beds on October 22. Do NOT include staff.

Persons under the age of 21

NOTE: As a check, the sum of question 9 (persons 21 and older) and 10b (persons under age 21) should equal the sum reported in question 8b (number of persons assigned beds in the facility).

11a. At the end of the day on Wednesday, October 22, 2003, 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.

Section I – GENERAL INFORMATION – Continued

- 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:

- Persons under age 21 who have committed one or more offenses in the past, BUT HAVE ASSIGNED BEDS ON OCTOBER 24 FOR REASONS OTHER THAN OFFENSES.
- 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 12a and 12b.
- 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 question 12a and 12b.
- 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.

01 Yes

02 No → **SKIP to Question 12a**

- b. According to your records for the end of the day on Wednesday, October 22, 2003, 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 11a?**

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 22. Do NOT include staff.

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

- 12a. At the end of the day on Wednesday, October 22, 2003, did ANY of the persons UNDER AGE 21 have assigned beds in this facility FOR REASONS OTHER THAN OFFENSES? Do NOT include staff.**

INCLUDE here:

- 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
- Persons under age 21 who have committed one or more offenses in the past, BUT ARE ASSIGNED BEDS HERE ON OCTOBER 22 FOR REASONS OTHER THAN THESE OFFENSES
- 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.
- Persons assigned beds here due to voluntary or non-offense related admissions.

Do NOT INCLUDE:

- Persons assigned beds here BECAUSE THEY WERE CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE. These persons are counted in questions 11a and 11b.

01 Yes

02 No → **SKIP to note below**

- b. According to your records for the end of the day on Wednesday, October 22, 2003, HOW MANY PERSONS UNDER AGE 21 had assigned beds in this facility FOR REASONS OTHER THAN OFFENSES, AS DEFINED IN 12a?**

Include persons who were temporarily away but had assigned beds on October 22. Do NOT include staff.

Persons under age 21 here because of non-offense reasons.

NOTE: As a check, the sum of questions 11b (persons under 21 with offenses) and 12b (persons under 21 with reasons other than offenses) should equal 10b (the number of persons under age 21)

COMMENTS

**IMPORTANT INSTRUCTIONS
FOR SECTION II**

- 1.** Record individual-level information in Section II on the persons under age 21 you included in **Section I, question 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.

Please send to:

U.S. Census Bureau
P.O. Box 5000
Jeffersonville, IN 47199-5000
GOVS/CJRP

For further information on electronic submissions, call 1–800–352–7229 or visit our website at <http://harvester.census.gov/cjrp>

- 3. Be sure to keep copies of the data you submit.**

Section II – PERSON LEVEL DATA

START HERE 

Please **COMPLETE** a **LINE** on the table below for **EACH** person who on **October 22, 2003**, was

List below **ONLY THOSE PERSONS WHO FULFILL ALL 4 REQUIREMENTS ABOVE (A, B, C, AND D)**. →

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. 1 - Male 2 - 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 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 <i>For definitions of these categories, please refer to page 20.</i>	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	Line number	
	Code	Mo.	Day	Yr.	Code	Specify Other only	Code		Specify Other only
EX	2071	1	3	14	85	3		1	EX
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12									12

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Line number	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 22? 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 state did this person commit the offense? State name may be abbreviated. If state is not known, enter code 99 in the box below.		9. On October 22, what was this person's court adjudication status for the offense listed in question 7? "Adjudication" is the court process which determines whether or not the person committed the offense. 01 – Agreement not to adjudicate (diversion) 02 – Awaiting adjudication hearing in juvenile court 03 – Adjudicated, awaiting disposition by juvenile court 04 – Adjudicated and disposed in juvenile court and awaiting placement elsewhere 05 – Adjudicated and disposed in juvenile court, in placement here 06 – Awaiting transfer hearing to adult criminal court 07 – Awaiting hearing or trial in adult criminal court 08 – Convicted in adult criminal court 99 – Don't know 10 – Other – Specify			10. On what date was this person admitted to this facility for the offense listed in question 7? If more than one date applies, enter the earliest one for the offense listed in question 7.			Line number
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Line number	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 22? 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 state did this person commit the offense? State name may be abbreviated. If state is not known, enter code 99 in the box below.		9. On October 22, what was this person's court adjudication status for the offense listed in question 7? "Adjudication" is the court process which determines whether or not the person committed the offense. 01 – Agreement not to adjudicate (diversion) 02 – Awaiting adjudication hearing in juvenile court 03 – Adjudicated, awaiting disposition by juvenile court 04 – Adjudicated and disposed in juvenile court and awaiting placement elsewhere 05 – Adjudicated and disposed in juvenile court, in placement here 06 – Awaiting transfer hearing to adult criminal court 07 – Awaiting hearing or trial in adult criminal court 08 – Convicted in adult criminal court 99 – Don't know 10 – Other – Specify		10. On what date was this person admitted to this facility for the offense listed in question 7? If more than one date applies, enter the earliest one for the offense listed in question 7.			Line number
	Code	Specify Other only	Code	State	Code	Specify Other only	Mo.	Day	Yr.			
67											67	
68											68	
69											69	
70											70	
71											71	
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80											80	
81											81	
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83											83	
84											84	

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 on page 6.

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
P.O. Box 5000
Jeffersonville, IN 47199-5000
GOVS/CJRP**

Comments