



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

*(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 24, 2012.**

PLEASE COMPLETE ONLINE AT <https://respond.census.gov/jrfc> (see enclosed flyer for details)

OR

COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 30, 2012.

**Return the completed form to:** U.S. Census Bureau  
 P.O. Box 5000  
 Jeffersonville, IN 47199-5000  
 GOVS/JRFC  
 Fax: 1-888-262-3974  
 EMAIL: [govs.JRFC@census.gov](mailto:govs.JRFC@census.gov)

**If you have any questions, call Alonzo Johnson  
 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 the facility listed on the cover only. 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 24, 2012, 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 24, 2012. 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 24, 2012, did ANY persons have assigned beds in this facility?** Include persons who were temporarily away, but had assigned beds on October 24. 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 24, 2012, 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 24, 2012 were AGE 21 or older?** Include persons who were temporarily away, but had assigned beds on October 24.

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 24, 2012, did ANY persons UNDER AGE 21 have assigned beds in this facility?** INCLUDE juveniles being tried as adults in criminal court. Do NOT include staff.

01  Yes

02  No →

**STOP HERE and mail this form ONLY IF there were no persons under 21 in your facility on this date**

**b. According to your records, at the end of the day on Wednesday, October 24, 2012, 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 24. 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 24, 2012, 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 24 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 24, 2012, 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 24. 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 24, 2012, 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 24 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 24, 2012, 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 24. 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**

**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

## Section 1 – GENERAL FACILITY INFORMATION – Continued

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

- 01  **Detention center:** A short-term facility that provides temporary care in a physically restricting environment for juveniles in custody pending court disposition and, often, for juveniles who are adjudicated delinquent and awaiting disposition or placement elsewhere, or are awaiting transfer to another jurisdiction. In some jurisdictions, detention centers may also hold juveniles committed for short periods of time as part of their disposition (e.g., weekend detention).
- 02  **Training school/Long-term secure facility:** A specialized type of facility that provides strict confinement and long-term treatment generally for post-adjudication committed juvenile offenders. Includes training schools, juvenile correctional facilities, youth development centers.
- 03  **Reception or diagnostic center:** A short-term facility that screens juvenile offenders committed by the courts and assigns them to appropriate correctional facilities.
- 04  **Group home/Halfway house:** A long-term facility that is generally non-secure and intended for post-adjudication commitments in which young persons are allowed extensive contact with the community, such as attending school or holding a job.
- 05  **Residential treatment center:** A facility that focuses on providing some type of individually planned treatment program for youth (substance abuse, sex offender, mental health, etc.) in conjunction with residential care. Such facilities generally require specific licensing by the state that may require that treatment provided is Medicaid-reimbursable.
- 06  **Boot camp:** A secure facility that operates like military basic training. It is designed to combine elements of basic military training programs, correctional components and treatment programs. The emphasis is on strict discipline, drills, and work.
- 07  **Ranch, forestry camp, wilderness or marine program or farm:** These are long-term generally non-secure residential facilities often located in a relatively remote area. The juveniles participate in a structured program that emphasizes outdoor work, including conservation and related activities.
- 08  **Runaway and homeless shelter:** A short-term facility that provides temporary care in a physically unrestricted environment. It can also provide longer-term care under a juvenile court disposition order.
- 09  **Other type of shelter:** This includes emergency non-secure shelters where juveniles are housed short-term until another placement can be found.
- 10  **Other:** This includes independent living programs and anything that cannot be classified above.  
Specify
- 

### 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

### 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

## Section 1 – GENERAL FACILITY INFORMATION – Continued

**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 one or more of the following –**

Mark (X) all that apply.

- 01  a private non-profit agency
- 02  a for profit agency
- 03  a government agency → **Go to Question 16**

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

→ **Go to NOTE B**

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

Mark (X) all that apply.

- 01  A Native American Tribal Government
- 02  Federal
- 03  State
- 04  County
- 05  Municipal (includes Washington, DC)
- 06  Other – Specify ↓

**NOTE B**

Questions 17 and 18 ask who OPERATES this facility.

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

Mark (X) all that apply.

- 01  a private non-profit agency
- 02  a for profit agency
- 03  a government agency → **Go to Question 18**

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

→ **Go to Question 19a**

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

Mark (X) all that apply.

- 01  A Native American Tribal Government
- 02  Federal
- 03  State
- 04  County
- 05  Municipal (includes Washington, DC)
- 06  Other – Specify ↓

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

- 01  Yes
- 02  No → **Go to Question 20**

**b. When are young persons in this facility locked into their sleeping rooms by staff?**

Mark (X) all that apply.

- 01  When they are out of control
- 02  When they are suicidal
- 03  Rarely, no set schedule
- 04  During shift changes
- 05  Whenever they are in their sleeping rooms
- 06  At night
- 07  Part of each day
- 08  Most of each day
- 09  All of each day
- 10  Other – Specify ↓

**20. Does this facility have any of the following features intended to confine young persons within specific areas? Mark (X) all that apply.**

- 01  Doors for secure day rooms that are locked by staff to confine young persons within specific areas
- 02  Wing, floor, corridor, or other internal security doors that are locked by staff to confine young persons within specific areas
- 03  Outside doors that are locked by staff to confine young persons within specific buildings
- 04  External gates in fences or walls WITHOUT razor wire that are locked by staff to confine young persons
- 05  External gates in fences or walls WITH razor wire that are locked to confine young persons
- 06  Other – Specify ↓
- 07  The facility has none of the above features.

**21a. Are outside doors to any buildings with living/sleeping units in this facility ever locked?**

- 01  Yes
- 02  No → **Go to Question 22**

## Section 1 – GENERAL FACILITY INFORMATION – Continued

**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 24, 2012?**

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 24, 2012, 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**

**b. How many makeshift beds were occupied that night?**

Occupied makeshift beds

**24. On the night of Wednesday, October 24, 2012, 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 24, 2012, 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 – 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, 2012 and the end of the day on September 30, 2012.

**1. During the month of September 2012, were there ANY UNAUTHORIZED DEPARTURES of any young persons who were assigned beds at this facility?**

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

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

01  Yes

02  No

**2a. During the month of September 2012, were ANY young persons assigned beds at this facility transported to a hospital emergency room by facility staff, transportation staff, or by an ambulance?**

01  Yes

02  No → **Go to Question 3**

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

Mark (X) all that apply.

01  Sports-related injury

02  Work or chore-related injury

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

04  An injury that resulted from interpersonal conflict between a young person and a non-resident (including staff, visitors, or persons from the community).

05  Illness

06  Pregnancy complications

07  Labor and delivery

08  Suicide attempt

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

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

11  Other – Specify ↓

**3. During the month of September 2012, were ANY of the young persons assigned beds here restrained by facility staff with a mechanical restraint?**

Mechanical restraints include handcuffs, leg cuffs, waist bands, leather straps, restraining chairs, strait jackets or other mechanical devices

If the facility staff ONLY used mechanical restraints during transportation to and from this facility answer NO.

01  Yes

02  No

**4. During the month of September 2012, 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 2 – THE LAST MONTH – Continued

**5a. During the month of September 2012 were there any instances in which this facility was unable to secure PHYSICAL HEALTH CARE (at locations either inside or outside of this facility) for any young persons with a physical health complaint or need for physical health care (both urgent and non-urgent)?**

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

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

Mark (X) all that apply.

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

**6a. During the month of September 2012 were there any instances in which this facility was unable to secure MENTAL HEALTH CARE (at locations either inside or outside of this facility) for any young persons with a mental health complaint or need for mental health care (both urgent and non-urgent)?**

- 01  Yes
- 02  No, this facility does not provide or broker mental health care services (except through contacting emergency services like ambulances) → **Go to question 7a on page 10**
- 03  No, there were no such instances → **Go to question 7a on page 10**

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

Mark (X) all that apply.

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

## Section 2 – THE LAST MONTH – Continued

**7a. During the month of September 2012 were there any instances in which this facility was unable to secure EDUCATIONAL INSTRUCTION (at locations either inside or outside of this facility) for any young persons who are required by state statute to receive educational instruction?**

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

- 01  Yes
- 02  No, this facility does not provide, broker, or arrange through public schools in the community any educational instruction →

**Go to question 8a**

- 03  No, there were no such instances →

**Go to question 8a**

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

*Mark (X) all that apply.*

- 01  Long-term shortages in educational instructors at this facility
- 02  Short-term, temporary shortages of educational instructors at this facility
- 03  Shortages, interruptions in, or absences of contracts with educational instruction service providers in the community
- 04  Shortages in line staff or other direct care staff to fill in for staff who accompany young persons to educational instruction
- 05  Shortages in transportation staff or vehicles
- 06  Single or multiple instances of facility lock downs or other security issues that prevented educational "instruction as usual" from occurring *for all young persons* in the facility or *all young persons in specific units or wings* of this facility
- 07  Single or multiple instances of security risks for *individual* young persons that prevented educational "instruction as usual" from occurring
- 08  Planned and/or unplanned requirements to appear before the court or to meet with legal counsel
- 09  Other reasons – *Specify* ↓

**8a. During the month of September 2012 were there any instances in which this facility was unable to secure SUBSTANCE ABUSE SERVICES (at locations either inside or outside of this facility) for any young persons with a substance use or abuse complaint or need for substance abuse services (both urgent and non-urgent)?**

- 01  Yes
- 02  No, this facility does not provide or broker substance abuse services (except through contacting emergency services like ambulances) →

**Go to section 3 on page 11**

- 03  No, there were no such instances →

**Go to section 3 on page 11**

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

*Mark (X) all that apply.*

- 01  Long-term shortages of substance abuse service staffing at this facility
- 02  Short-term, temporary shortages of substance abuse service staffing at this facility
- 03  Shortages, interruptions in, or absences of contracts with substance abuse service providers in the community
- 04  Shortages in line staff or other direct care staff to fill in for staff who accompany young persons to substance abuse services
- 05  Shortages in transportation staff or vehicles
- 06  Single or multiple instances of facility lock downs or other security issues that prevented substance abuse "services as usual" from occurring *for all young persons* in the facility or *all young persons in specific units or wings* of this facility
- 07  Single or multiple instances of security risks for *individual* young persons that prevented substance abuse "services as usual" from occurring
- 08  Planned and/or unplanned requirements to appear before the court or to meet with legal counsel
- 09  Other reasons – *Specify* ↓

## Section 3 – 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, 2011 and September 30, 2012.

**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, 2011 and September 30, 2012, 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 4 on page 12**

- 2. How many young persons died while assigned beds at this facility during the year between October 1, 2011 and September 30, 2012?**

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)
<b>a. Cause of death</b> 1 – Illness/natural causes (excluding AIDS) 2 – Injury suffered prior to placement here 3 – AIDS 4 – Suicide 5 – Homicide or manslaughter by another resident 6 – Homicide or manslaughter 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>b. Location of death</b> 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
<b>c. Age at death (in years)</b>	<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"/>
<b>d. Sex</b> 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
<b>e. Race</b> 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
<b>f. Date of admission to facility (mm/dd/yyyy)</b>	<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"/> <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"/>
<b>g. Date of death (mm/dd/yyyy)</b>	<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"/> <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"/>

## Section 4 – 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 H 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  
H**

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: 1-888-262-3974.**

Comments
