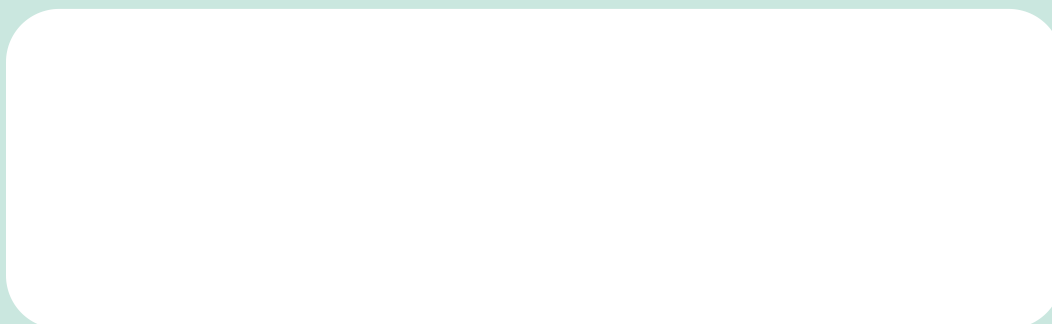




Conducted by  
 U.S. DEPARTMENT OF COMMERCE  
 Economics and Statistics Administration  
 U.S. CENSUS BUREAU  
 FOR  
 OFFICE OF JUVENILE JUSTICE AND  
 DELINQUENCY PREVENTION  
 U.S. DEPARTMENT OF JUSTICE

# Juvenile Residential Facility Census

QUESTIONNAIRE FOR



**This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, OCTOBER 25, 2006.**

**PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 29, 2006**

**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 Regina Yates or Adam Bacon,  
 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 25, 2006, 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 25, 2006. 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 25, 2006, did ANY persons have assigned beds in this facility?** Include persons who were temporarily away, but had assigned beds on October 25. 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 25, 2006, 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 25, 2006 were AGE 21 or older?** Include persons who were temporarily away, but had assigned beds on October 25.

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 25, 2006, 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 25, 2006, 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 25. 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 25, 2006, 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 25 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 25, 2006, 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 25. 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 25, 2006, 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 25 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 25, 2006, 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 25. 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

**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**

**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**

**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) 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**

**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**

**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**

**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 25, 2006?**

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 25, 2006, 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 25, 2006, 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 25, 2006, 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**

**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 15**



## 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 both 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 both 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 2006, were ANY girls/young women assigned beds in this facility?**

- 01  Yes
- 02  No → **Go to Question 12 on page 11**

**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 2006, 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 both INSIDE and OUTSIDE this facility
- 02  Yes, provided INSIDE this facility
- 03  Yes, provided OUTSIDE this facility
- 04  No, this service is not provided

**11. During the YEAR between October 1, 2005 and September 30, 2006, 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 <b>INSIDE</b> this facility	SERVICES COVERED – <i>Mark (X) all that apply (at least one per line)</i>		
	Service <b>NOT</b> covered <b>INSIDE</b> this facility (1)	During normal weekday business/operating hours <b>INSIDE</b> this facility (2)	After hours and on weekends <b>INSIDE</b> 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 – <i>Mark (X) all that apply (at least one per line)</i>			
	Testing is <b>NOT</b> provided (1)	Testing of <b>ALL</b> young persons after arrival (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. Do facility staff request, receive or have access to the immunization records of any young persons assigned beds at this facility?**

01  Yes

02  No → **Go to Question 15 on page 13**

**b. For which young persons are immunization records requested, received or accessed?**

*Mark (X) all that apply.*

01  ALL young persons → **Go to Question c**

02  Young persons assigned beds in this facility for at least 7 days

03  Young persons assigned beds in this facility for at least between 8 and 15 days

04  Young persons attending school while assigned beds at this facility

05  Other – *Specify* ↓

**c. From where or whom do you request, receive or access young persons' immunization records?**

*Mark (X) all that apply.*

01  A state (public health, social services or other agency) vaccine registry

02  A local (county/municipality public health, social services or other agency) vaccine registry

03  A school or school system

04  Another residential facility

05  Parents/guardians

06  Young person

07  Probation officer/case worker

08  Other – *Specify* ↓

**d. Are any of these records automated, electronic or computerized?**

01  Yes

02  No

## Section 2 – PHYSICAL HEALTH SERVICES – Continued

**15. Do ANY young persons assigned beds in this facility receive vaccines at a location either INSIDE or OUTSIDE of this facility?**

01  Yes

02  No → **Go to Section 3 on page 15**

	A.				B.				C.		
	Is it facility policy to provide ANY young persons assigned beds in this facility this vaccine at locations either INSIDE or OUTSIDE this facility?				Which young persons are administered this vaccine at locations either INSIDE or OUTSIDE this facility?				During the month of September 2006, were ANY doses provided to young persons assigned beds at this facility at locations either INSIDE or OUTSIDE this facility?		
	No  (1)	YES			ALL young persons assigned beds in this facility  (5)	SOME young persons			Yes  (9)	No  (10)	Don't know  (11)
Provided both INSIDE and OUTSIDE this facility  (2)		Provided INSIDE this facility  (3)	Provided OUTSIDE this facility  (4)	Young persons exposed to risk or at high risk  (6)		Young persons with no immunization record  (7)	Other  (8)				
<b>a.</b> MMR (Measles, mumps, and rubella)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
<b>b.</b> Td/Tdap (Tetanus/diphtheria)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
<b>c.</b> IPV (Polio)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
<b>d.</b> Varicella (Chicken pox)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
<b>e.</b> Influenza (Flu)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
<b>f.</b> Meningococcal (Meningitis)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
<b>g.</b> Hepatitis A	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
<b>h.</b> Hepatitis B	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>

## Section 2 – PHYSICAL HEALTH SERVICES – Continued

### 16. What individual or organization pays for vaccines provided to young persons assigned beds in this facility?

Mark (X) all that apply.

- 01  Funds taken from the budget of this facility
- 02  County public health department/social services agency
- 03  State public health department/social services agency
- 04  Vaccines For Children (VFC) Program
- 05  Medicaid
- 06  Private Insurance
- 07  Parent/Guardian
- 08  Other – Specify ↓

### 17a. Is consent sought for administration of any vaccines provided to young persons assigned beds at this facility?

01  Yes

02  No → **Go to Section 3 on page 15**

### b. Who provides consent for administration of any vaccines to young persons assigned beds at this facility?

Mark (X) all that apply.

- 01  Parent/Guardian
- 02  Child
- 03  Facility administrator
- 04  Judge
- 05  Facility Health professional
- 06  Probation officer/case worker
- 07  Other – Specify ↓

## Section 3 – MENTAL HEALTH SERVICES

**1a. After arrival in this facility, are ANY young persons asked questions or administered a form which asks questions to determine risk for suicide?**

01  Yes

02  No → **Go to Question 6 on page 16**

**b. What best describes the process through which young persons are asked questions or administered a form which asks questions to determine risk of suicide?**

Mark (X) all that apply.

01  One or more questions about suicide incorporated into the medical history or intake process

02  A form or questions designed by this facility to assess suicide risk

03  A form or questions designed by a county or state juvenile justice system to assess suicide risk

04  MAYSI- Full Form

05  MAYSI- Suicide/depression module

06  V-DISC

07  Other – Specify ↓

### IMPORTANT NOTE

"Mental health professionals" are limited in this census to – psychiatrists, psychologists with at least a Master's degree in PSYCHOLOGY, and social workers with at least a Master's in SOCIAL WORK (MSW, LCSW).

"Counselors" in this census are persons with a Master's degree in a field other than psychology or social work, or persons whose highest degree is a Bachelor's in any field.

**2. Who asks questions or administers a form which asks questions to determine risk of suicide?**

Mark (X) all that apply.

01  Counselors/intake workers who have NOT been trained by mental health professionals

02  Counselors/intake workers who have been trained by mental health professionals

03  A mental health professional, as defined in the box above

04  Some other person – Specify ↓

**3. When are young persons asked questions or administered a form which asks questions to determine risk of suicide?**

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 ↓

**4. Which young persons are asked questions or administered a form which asks questions to determine risk of suicide?**

Mark (X) all that apply.

01  ALL young persons are asked questions or administered a form which asks questions to determine suicide risk → **Go to Question 5a**

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

03  Young persons who display or communicate suicide risk

04  Young persons known to have prior suicide attempts

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

06  Other young persons not listed above – Specify ↓

**5a. Are ANY young persons re-asked questions or re-administered a form which asks questions to determine risk for suicide?**

01  Yes

02  No → **Go to Question 6 on page 16**

**b. Which best describes the conditions under which young persons are re-asked questions or re-administered a form that asks questions to determine suicide risk?**

Mark (X) all that apply.

01  No young persons are re-asked questions or re-administered a form which asks questions to determine suicide risk

02  As necessary on a case-by-case basis

03  Systematically, based on length of stay, facility events, or negative life events (for example, after each court appearance, every time the young person re-enters the facility, after a death in the family)

04  Other – Specify ↓

## Section 3 – MENTAL HEALTH SERVICES – Continued

**6. Does this facility assign different levels of risk to young persons based on their perceived risk of suicide?**

- 01  Yes  
 02  No

**NOTE D**

The following questions ask about preventative measures taken once a young person is identified to be at risk for suicide. Please include all levels of suicide risk used by this facility, if any, when answering these questions.

**7a. Are young persons who are determined to be at risk for suicide ever placed in a sleeping room or observation room that is locked or under staff security?**

- 01  Yes  
 02  No → **Go to Question 8**

**b. Which of the following best describes what happens in the sleeping room or observation room that is locked or under staff security?**

Mark (X) all that apply.

- 01  Camera observation  
 02  15 minute staff checks  
 03  5 minute staff checks  
 04  Line of site supervision (direct or through glass)  
 05  Staff assigned to doorway or in sleeping room/One-on-one supervision/Arms length supervision  
 06  Other – Specify ↓

**8. Are any of the following preventative measures taken when a young person is determined to be at risk for suicide?**

Mark (X) all that apply.

- 01  No preventative measures are taken when a young person is determined to be at risk for suicide  
 02  One-on-one supervision/Arms length supervision  
 03  Line-of-sight supervision  
 04  Special clothing to identify young persons as at risk for suicide  
 05  Special clothing designed to prevent suicide attempts  
 06  Restraints used to prevent suicide attempts  
 07  Removal of personal items that may be used to attempt suicide  
 08  Removal from the general population  
 09  Other – Specify ↓

**NOTE E**

Questions 9 through 18 ask about mental health services provided at a location either **INSIDE** or **OUTSIDE** this facility. **INSIDE** refers to any location on the facility grounds. **OUTSIDE** refers to any location in the community or off facility grounds.

**9. Do young persons assigned beds receive mental health services other than a suicide evaluation either INSIDE or OUTSIDE this facility?**

Mental health services include:

- evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs
- ongoing mental health therapy
- ongoing counseling

- 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 mental health services → **Go to Question 16a on page 18**

**10a. Is ongoing COUNSELING provided for these mental health problems provided INSIDE or OUTSIDE this facility by a COUNSELOR?**

Counselors are limited to:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field.

- 01  Yes, INSIDE and OUTSIDE this facility  
 02  Yes, INSIDE this facility  
 03  Yes, OUTSIDE this facility  
 04  No, ongoing counseling is not provided → **Go to Question 11 on page 17**

**b. Which forms of ongoing COUNSELING for mental health problems are provided by a COUNSELOR?**

Mark (X) all that apply.

- 01  Individual counseling  
 02  Group counseling  
 03  Family counseling  
 04  Other – Specify ↓



## Section 3 – MENTAL HEALTH SERVICES – Continued

**11. Are ANY young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL at a location INSIDE or OUTSIDE this facility?**

Evaluations and appraisals are conducted by mental health professionals to diagnose or to identify mental health needs.

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master’s degree in PSYCHOLOGY
- social workers with at least a Master’s degree in SOCIAL WORK (MSW, LCSW)

- 01  Yes, INSIDE and OUTSIDE this facility  
 02  Yes, INSIDE this facility  
 03  Yes, OUTSIDE this facility  
 04  No → Go to Question 14a

**12. When are young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL?**

Mark (X) all that apply.

- 01  Within less than 24 hours  
 02  Between 24 hours and less than 7 days after arrival  
 03  Seven or more days after arrival  
 04  Other – Specify ↓

**13. Which young persons are evaluated or appraised by a MENTAL HEALTH PROFESSIONAL?**

Mark (X) all that apply.

- 01  ALL young persons are evaluated or appraised by a MENTAL HEALTH PROFESSIONAL?  
 02  Young persons who come directly from home, rather than from another facility  
 03  Young persons who are ordered by the court to get an evaluation  
 04  Young persons whom staff identify as needing an evaluation  
 05  Young persons known to have mental health problems  
 06  Young persons for whom no mental health record is available  
 07  Other young persons not listed above – Specify ↓

**14a. Is ongoing THERAPY for mental health problems provided to young persons by a MENTAL HEALTH PROFESSIONAL INSIDE or OUTSIDE this facility?**

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master’s degree in PSYCHOLOGY
- social workers with at least a Master’s degree in SOCIAL WORK (MSW, LCSW)

- 01  Yes, INSIDE and OUTSIDE this facility  
 02  Yes, INSIDE this facility  
 03  Yes, OUTSIDE this facility  
 04  No, ongoing THERAPY is not provided → Go to Question 15

**b. Which forms of ongoing THERAPY for mental health problems are provided by MENTAL HEALTH PROFESSIONALS?**

Mark (X) all that apply.

- 01  Individual therapy  
 02  Group therapy  
 03  Family therapy  
 04  Other – Specify ↓

**c. Which of the following best describes this facility policy on providing THERAPY by a MENTAL HEALTH PROFESSIONAL INSIDE or OUTSIDE this facility?**

Mark (X) **ONLY ONE** response.

- 01  All young persons receive some therapy at some point during their stay  
 02  Young persons receive therapy only as needed on a case-by-case basis  
 03  Other – Specify ↓

**15. Do MEDICAL health professionals INSIDE or OUTSIDE this facility prescribe and/or monitor psychotropic medication for young persons assigned beds here?**

- 01  Yes, INSIDE and OUTSIDE this facility  
 02  Yes, INSIDE this facility  
 03  Yes, OUTSIDE this facility  
 04  No, psychotropic medications are not prescribed

## Section 3 – MENTAL HEALTH SERVICES – Continued

**16a. Are there one or more special living/sleeping unit(s) in this facility reserved just for young persons with mental health problems that are separate from other living/sleeping units?**

01  Yes

02  No → **Go to Question 17a**

**b. Do any of these special living/sleeping units reserved just for young persons with mental health problems differ from the other living/sleeping units in –**

*Mark (X) all that apply.*

01  average length of stay?

02  physical security and/or monitoring of young persons?

03  number of staff per young persons?

04  type of treatment program?

05  characteristics of young persons?

06  specialized criteria for staff selection?

07  specialized curriculum of treatment for the residents of these units?

08  Other? – *Specify* ↓

**17a. Is there a specialized SEX OFFENDER treatment program located inside this facility?**

01  Yes

02  No → **Go to Question 18**

**b. Are any of the following provided to young persons charged with or adjudicated for a sex offense?**

*Mark (X) all that apply.*

01  A curriculum of treatment designed specifically for sex offenders

02  Individual therapy/counseling specifically for sex offenders

03  Group therapy in which all members of the group are sex offenders

04  Family therapy/counseling specifically for sex offenders

05  Other – *Specify* ↓

**18. Are there one or more special living/sleeping units reserved just for sex offenders that are separate from other living/sleeping units?**

01  Yes

02  No

## Section 4 – 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 F on page 20**

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 F on page 20**

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 4 – EDUCATIONAL SERVICES – Continued

**NOTE  
F**

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 5 on page 21**

**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 5 – SUBSTANCE ABUSE SERVICES

**1a. After arrival in this facility, are ANY young persons evaluated to determine whether they have substance abuse problems?**

Substance abuse problems include problems with drugs and/or alcohol.

01  Yes

02  No → **Go to Question 4a**

**b. Which of the following methods are used to evaluate persons after arrival in this facility to determine whether they have substance abuse problems?**

Mark (X) all that apply.

01  Visual observation

02  Standardized self-report instruments, such as the SASSI, JASI, ACDI, ASI

03  Self-report check list inventory which asks about substance use and abuse

04  A staff-administered series of questions which asks about substance use and abuse

05  None of these methods are used

06  Other – Specify ↓

**2. When are young persons evaluated to determine whether they have substance abuse problems?**

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 ↓

**3a. Are ALL young persons evaluated after arrival in this facility to determine whether they have substance abuse problems?**

01  Yes → **Go to Question 4a**

02  No → **Continue with Question 3b**

**b. After arrival in this facility, which young persons are evaluated for substance abuse problems?**

Mark (X) all that apply.

01  Young persons charged with or adjudicated for a drug or alcohol-related offense

02  Young persons identified by the court or a probation officer as potentially having substance abuse problems

03  Young persons identified by facility staff as potentially having substance abuse problems

04  Other young persons not listed above – Specify ↓

**4a. Are ANY young persons required to provide urine FOR DRUG ANALYSIS after arrival IN THIS FACILITY?**

01  Yes → **Continue with Question 4b**

02  No → **Go to NOTE G on page 22**

**b. Which statements below describe the circumstances under which young persons are required to provide urine INSIDE this facility FOR DRUG ANALYSIS? Mark (X) all that apply.**

CIRCUMSTANCES OF TESTING

PERSONS PROVIDING URINE SAMPLE	CIRCUMSTANCES OF TESTING				
	After initial arrival in this facility (1)	Each time young persons reenter the facility during their stay (2)	At randomly scheduled times (3)	When drug use is suspected or drug is present (4)	At the request of the court or probation officer (5)
<b>a.</b> Young persons who are suspected of recent drug or alcohol use	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
<b>b.</b> Young persons with substance abuse problems	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
<b>c.</b> ALL young persons assigned beds here	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>

## Section 5 – SUBSTANCE ABUSE SERVICES – Continued

### NOTE G

Questions 5 through 9 ask about substance abuse services provided at a location either **INSIDE** or **OUTSIDE** this facility. **INSIDE** refers to any location on the facility grounds. **OUTSIDE** refers to any location in the community or off facility grounds.

### IMPORTANT INSTRUCTIONS

*Substance abuse services include:*

- developing a substance abuse treatment plan
- assigning a case manager to oversee substance abuse treatment
- assigning young persons to special living units just for those with substance abuse problems
- ongoing substance abuse therapy or counseling
- substance abuse education

*Substance abuse treatment professionals are limited in this census to:*

- CERTIFIED substance abuse or addictions counselors
- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

*Counselors who are NOT substance abuse treatment professionals are limited to:*

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

**5. Do ANY young persons assigned beds here receive substance abuse services INSIDE or OUTSIDE this facility other than urinalysis or a substance abuse screening?**

- 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 substance abuse services → **Go to Section 6 on page 24**

**6. Which of the following SUBSTANCE ABUSE services are provided INSIDE or OUTSIDE this facility?**

Mark (X) all that apply.

- 01  Substance abuse education
- 02  Assignment of a case manager to oversee substance abuse treatment
- 03  Development of a treatment plan to specifically address substance abuse problems
- 04  Special living units in which all young persons have substance abuse offenses and/or problems
- 05  None of these services are offered

**7. Which of the following self-led, self-help groups are provided INSIDE or OUTSIDE this facility?**

Mark (X) all that apply.

- 01  Alcoholics Anonymous
- 02  Narcotics Anonymous
- 03  Other – Specify ↓

**8a. Is ongoing COUNSELING for substance abuse problems provided to young persons INSIDE or OUTSIDE this facility by a COUNSELOR who is NOT a substance abuse treatment professional?**

Counselors who are NOT substance abuse treatment professionals are:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

- 01  Yes, provided both INSIDE and OUTSIDE this facility
- 02  Yes, provided INSIDE this facility
- 03  Yes, provided OUTSIDE this facility
- 04  No, ongoing COUNSELING for substance abuse problems is not provided → **Go to Question 9 on page 23**

**b. Which forms of ongoing COUNSELING for substance abuse problems are provided INSIDE or OUTSIDE this facility to young persons by a COUNSELOR who is NOT a substance abuse treatment professional?**

Mark (X) all that apply.

- 01  Individual counseling
- 02  Group counseling
- 03  Family counseling
- 04  None of these are provided

## Section 5 – SUBSTANCE ABUSE SERVICES – Continued

**9a. Is ongoing THERAPY for substance abuse problems provided to young persons INSIDE or OUTSIDE this facility by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?**

Substance abuse treatment professionals are limited to:

- CERTIFIED substance abuse/addictions counselors
- psychiatrists
- psychologists with at least a Master's degree in psychology
- social workers with a Master's degree in SOCIAL WORK (MSW,LCSW)

- 01  Yes, provided both INSIDE and OUTSIDE this facility
- 02  Yes, provided INSIDE this facility
- 03  Yes, provided OUTSIDE this facility
- 04  No, ongoing THERAPY for substance abuse problems is not provided → **Go to Section 6 on page 24**

**b. Which forms of ongoing THERAPY for substance abuse problems are provided INSIDE or OUTSIDE this facility to young persons by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?**

Mark (X) all that apply.

- 01  Individual therapy
- 02  Group therapy
- 03  Family therapy
- 04  None of these are provided

**c. Which of the following best describes this facility policy on providing ongoing therapy for substance abuse problems INSIDE or OUTSIDE this facility to persons by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?**

Mark (X) **ONLY ONE** response.

- 01  All young persons receive specialized therapy or counseling for substance abuse problems
- 02  Young persons receive specialized therapy or counseling for substance abuse problems only as needed on a case-by-case basis
- 03  Other – Specify ↓

## Section 6 – 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, 2006 and the end of the day on September 30, 2006.

**1. During the month of September 2006, 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 2006, 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  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 2006, 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 2006, 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 7 – 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, 2005 and September 30, 2006.

**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, 2005 and September 30, 2006, 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 8 on page 26**

**2. How many young persons died while assigned beds at this facility during the year between October 1, 2005 and September 30, 2006?**

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 by another resident	<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
6 – Homicide by non-resident(s)			
7 – Accidental death			
8 – Other – <i>Specify in box</i> →			
<b>b. Location of death</b>			
1 – Inside 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
2 – Outside this facility			
<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	<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
2 – Female			
<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	<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
5 – Asian			
6 – Native Hawaiian or other Pacific Islander			
8 – Other – <i>Specify in box</i> →			
<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 8 – 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: 1-888-891-2099.**

Comments
