

Chapter 2: Study Methodology

The goals of this study are to describe conditions of juvenile confinement and to identify policies that would improve these conditions. To accomplish this, we selected a set of 12 topic areas based on various nationally recognized standards for juvenile confinement, review of relevant case law and research literature, and the expert opinion of our advisory board and consultant panel practitioners and researchers. We designed our data collection around these topic areas, as well as criteria for assessing the adequacy of conditions and other relevant descriptors.

This structure is mirrored in the presentation of this report. Following a general description of facilities in Chapter 3, Chapters 4 through 7 discuss each of the 12 topic areas. In each case, we start by presenting information on conformance to assessment criteria and then use other information to further describe the conditions faced by juveniles. Finally, in Chapter 8 we analyze the relationship of a subset of practices from several topic areas to juvenile safety and escapes. These involve practices that vary considerably across facilities and that as a whole seem likely to affect materially the overall quality of life for confined juveniles.

The next section discusses the development of topic areas and assessment criteria. Section B discusses the description of conditions based on these criteria. A final section reviews the samples and data sources used in the study.

A. Assessment Criteria

We relied on existing sets of nationally recognized standards, case law review, and the informed judgments of expert practitioners to identify key topic areas and to set criteria for assessing adequacy.

We secured expert practitioner assistance in two ways. First, we convened a panel of consultants to critique and revise both a preliminary staff paper on topics for study and a subsequent list of potential study topics.¹ Second, OJJDP and Abt established a project advisory board, consisting of six expert practitioners and two academicians experienced in juvenile correctional research. Project advisers suggested directions for the study and reviewed papers on proposed study topics. Later, both consultants and advisers ranked topics and assessment criteria in order of importance.

As a result of these efforts, we identified 4 categories, encompassing 12 topic areas, to serve as the focus for the assessment of conditions of confinement. The categories and topic areas are:

Categories	Topic Areas
Meeting Basic Needs	Living Space Health Services Food, Clothing, and Hygiene Living Conditions
Order and Safety	Security Suicide Prevention Inspections and Emergency Preparedness

¹See Acknowledgments, page v for the list of consultants and advisers.

Categories	Topic Areas—Continued
Programming	Education Recreation Counseling
Juvenile Rights	Access to the Community Limits on Staff Discretion

The next task was to develop criteria in each topic area to assess the adequacy of conditions in facilities. We used existing nationally recognized standards as a starting point in defining assessment criteria.

Although there are several nationally recognized sets of standards for juvenile confinement facilities, they are neither compelling, comprehensive, nor completely consistent with each other. In part, this reflects the lack of research that would validate many standards, the existence of different perceptions of purposes and effective methods, and the specific objectives for which the various standards were developed. Even so, these standards provide an appropriate starting place for developing criteria to assess conditions of confinement, because they are the closest available approximation to an expert consensus.

Most nationally recognized standards for juvenile facilities were originally developed between the late 1960's and the late 1970's,² when the Federal Government provided substantial funding to help States and localities improve criminal justice planning and operations. This emphasis on planning led to a flurry of goal- and standard-setting activity in criminal justice and juvenile justice agencies. Although several sets of standards were developed by different organizations, they are often quite similar. They vary by degree of emphasis on some issues but advocate substantially different positions on only a small number of key policy issues, such as facility size, using the least restrictive alternatives, and normalization.

The body of nationally recognized standards is not, for the most part, derived from empirical research findings. Instead, they reflect the values of the members of the respective standard drafting bodies. Some standards represent minimally acceptable practices (from either a constitutional or professional viewpoint); some represent the predominant practices of the field, and others represent ideals to which the field may aspire, but which few currently meet.

Unlike standards promulgated by some State licensing agencies or required by State law, no facility is compelled to conform to nationally recognized standards. Some facilities may choose to alter their policies and practices to be consistent with at least some nationally recognized standards, and some

² Some juvenile facility standards that are arguably national in scope were developed before this time—for example, the National Council on Crime and Delinquency developed *Standards and Guides for the Detention of Children and Youth* (2d Ed.) in 1961.

facilities may decide to seek accreditation from the two national organizations that use their standards as a basis for accreditation. But conformance to all nationally recognized standards is voluntary, not mandatory.

Despite their lack of mandatory application, nationally recognized standards can affect juvenile justice facilities by providing a reference point for decisions about practices or procedures. Courts may consider them when hearing litigation challenging conditions of confinement. Policymakers may consult them as a guide in decisionmaking. Facility administrators may rely on them as a benchmark when they amend facility practices or procedures. States may incorporate them into their licensing or certification procedure and require facilities to conform to them.³

We started with five nationally recognized sets of standards⁴:

- The Task Force on Juvenile Justice and Delinquency Prevention (referred to hereafter as Task Force) was one of five subordinate task forces to the National Advisory Committee on Criminal Justice Standards and Goals established in 1975 by the Law Enforcement Assistance Administration (LEAA). The Task Force published its standards in *Juvenile Justice and Delinquency Prevention* in 1976.
- The American Correctional Association (ACA) began developing standards for correctional facilities in 1974. *Standards for Juvenile Detention Facilities* was released in 1978 and *Standards for Juvenile Training Schools* in 1979. Because the ACA uses these standards for accreditation, they are periodically reviewed and revised. The most recent revision of the juvenile standards took place in 1991. This study used the 1991 revision for training schools (which we also applied to ranches and reception centers) and the 1989 revision of ACA Detention Center standards.
- The Institute of Judicial Administration/American Bar Association's Juvenile Justice Standards Project (IJA/ABA) published 23 volumes of juvenile justice standards in 1979. Three volumes pertain most directly to conditions of confinement: *Architecture of Facilities*, *Corrections Administration*, and *Interim Status: The Release, Control, and Detention of Accused Juvenile Offenders between Arrest and Disposition*.
- The National Advisory Committee for Juvenile Justice and Delinquency Prevention (NAC) was established in 1974 under the authority of the Juvenile Justice and Delinquency Prevention Act. The Committee's 21 members were chosen by the President of the United States for their expertise in the various

³ Evidence suggests such incorporation is rare. Project staff collected and analyzed data on the content of State standard setting and on the substance of State enforcement practices. In general, we found little consistency between the content of State standards and nationally recognized standards and concluded that facilities' conformance to State standards would not greatly affect their chances of conforming to nationally recognized standards. For more information on the study of State standards, see Appendix B.

⁴ During the course of the project, we consulted other sets of standards when we needed further information. These included the National Council on Crime and Delinquency's *Standards and Guides for the Detention of Children and Youth* (1961), the Interstate Consortium on Residential Child Care *Guidebook on Residential Child Care* (1980), and the Child Welfare League of America draft *Standards for Group Care Services* (1990).

fields related to juvenile justice. The Committee published *Standards for the Administration of Juvenile Justice* in 1980.

- The National Commission on Correctional Health Care (NCCHC) published *Standards for Health Services in Juvenile Confinement Facilities* in 1984. NCCHC uses these standards as a basis for accrediting health care services within juvenile correctional facilities. We used these standards to supplement other standards in the medical services area.

NCCHC standards focus on health services. The other four sets of standards are more comprehensive in scope and contain important common themes:

- Facilities should be smaller rather than larger.⁵
- Juveniles should be placed in the least restrictive setting possible.
- Classification should be used to separate violent and nonviolent juveniles.
- Juvenile corrections should rehabilitate rather than punish.
- Well-qualified and trained staff are necessary to run safe and secure facilities and to provide good programs and services.
- Juvenile correctional programs should be co-educational.

The five sets of standards do vary. Standards developed by the Task Force, IJA/ABA, and NAC advocate "normalization"⁶ to the greatest extent possible, with a homelike setting and a "safe, humane, caring environment." ACA standards also support normalization but are quicker to limit normalization practices when they conflict with control or management objectives. For example, ACA recommends having control centers in juvenile living units—a feature rejected by ABA, NAC, and Task Force standards.

The standards also diverge on some aspects of physical plant design. ACA standards call for hardened fixtures that will more easily survive abuse by residents and prevent escapes. By contrast, IJA/ABA standards require that fixtures like doors, locks, and windows be domestic in character in order to encourage normalization.

Finally, ACA standards emphasize development of written policies and procedures for the effective management and operation of facilities; other standards address substantive outcomes more often than the development of written policy and procedure.

⁵ Standards differ on the appropriate threshold of smallness. ABA standards, for example, maintain that training schools should house no more than 20 juveniles, while ACA limits training school size to 150—amended up from 100 in 1991.

⁶ One source defines normalization as "making available to [juveniles] patterns and conditions of everyday life, which are as close as possible to the norms and patterns of the mainstream of society," B. Nirje, 1969, "The Normalization Principle and Its Human Management Implications," pp. 179–195, R. Kugel and W. Wolfenberger, *Changing Patterns in Residential Services for the Mentally Retarded*, Washington: President's Committee on Mental Retardation.

We regarded ACA standards as the primary resource in developing assessment criteria. Only ACA standards are both specifically developed for juvenile detention and corrections facilities, and have been recently revised. Because they are used for accreditation, ACA standards are more widely known to juvenile detention and corrections practitioners than other sets of nationally recognized standards. However, by mid-1992, only 9 percent of juvenile detention centers⁷ and 18 percent of training schools had been accredited by ACA (only 1 percent of detention centers and 2 percent of training schools had been accredited by NCCHC). Hence, it is not likely that accreditation has had a broad impact on conditions of confinement in facilities.⁸

We do not presume that facilities that conform to a higher percent of applicable nationally recognized standards will necessarily have superlative conditions of confinement. Many nationally recognized standards emphasize process or procedures rather than outcomes—that is, a standard says that facilities should have a written policy and procedure on a particular topic but does not say what outcomes those policies or procedures should seek. While written policy and procedure might promote stronger management, two facilities might conform to the standard but have vastly different operational practices. Thus measuring conformance to standards alone cannot tell us all we need to know about conditions of confinement.

Two other sets of standards—IJA/ABA and NCCHC—also were used to supplement development of assessment criteria. Juvenile facility standards developed by the Task Force and NAC reflect earlier drafts of IJA/ABA standards, from which they borrowed heavily. Hence, while all sets of standards are generally quite similar, where important differences exist, they can be clearly seen by comparing ACA and IJA/ABA standards. On some health care matters, NCCHC standards provide much more substantive guidance than ACA standards. For example, ACA requires only that facilities have a written suicide prevention plan. The NCCHC standard lists 11 specific elements that should be included in facilities' written suicide prevention plans. In many instances the data were collected in such a way as to enable comparison with various standards' thresholds.

Several factors qualified our reliance on existing nationally recognized standards when developing assessment criteria. First, as noted above, many of those standards require only that facilities develop a written policy and procedure on a particular subject and do not specify the outcomes that should be achieved. Thus two facilities might each have written policy and procedures on searches but have very different searching practices—one with very low search rates and the other with very high search rates.

Second, some nationally recognized standards require merely that facilities comply with existing local or State requirements. Thus three facilities in different jurisdictions might fully comply with State fire and life safety regulations, but vary greatly in terms of protecting residents from the danger of fire, due to substantial variations in different State's fire codes or inspection and enforcement procedures.

Third, some standards themselves give imprecise guidance and rely instead on commentary to describe preferred conditions. For example, ACA standards say only that there should be an "adequate" supervision staff ratio in training schools, but commentary to that standard notes that the ratio should be about 1 supervision staff person for every 15 confined juveniles.

⁷ Almost one-half of detention centers accredited by ACA are located in one State.

⁸ The lack of widespread accreditation among juvenile facilities may reflect the small size—relative to adult institutions—of most juvenile facilities. With fewer staff to begin with, it is harder for smaller facilities to free up on staff time needed to prepare for accreditation. Until recently, there has been little litigation on conditions of confinement in juvenile facilities, so facilities also may have had less motivation to seek accreditation as a possible shield against such challenges.

Finally, some elements of standards could not be accurately measured in a mail survey. For example, we believed trained site visitors would be able to determine more accurately whether the contents of a facility's suicide prevention plan fit the definitions of the elements that NCCCHC recommends for suicide prevention plans. Therefore, we decided to collect information on the content of suicide prevention plans during site visits.

As a result, the individual assessment criteria we developed bear varying degrees of resemblance to specific nationally recognized standards. Some assessment criteria are congruent with a nationally recognized standard. Others differ, some in minor and some in substantial ways. Appendix A contains a complete description of the content of nationally recognized standards for the topic areas covered by this report and a clear description of how our assessment criteria differ from each standard.

B. Description of Conditions of Confinement

One chapter is devoted to each of the 4 categories, with separate sections for each of the 12 topic areas. Within each section, we first present a discussion of the assessment criteria included in that topic area and, where necessary, describe the concerns that motivated the selection of those criteria. We then present information on the percentage of juveniles in institutions that conform to the assessment criteria and elaborate on the nature of conformance and nonconformance. This typically involves comparing conditions in conforming and nonconforming institutions or identifying special situations in which conformance is likely to be especially important. Data from site visits are used to supplement assessments. The 95 site visits are usually too few to allow meaningful contrasts between conforming and nonconforming institutions. We can, however, contrast the overall incidence of conformance with the overall incidence of measures found in site visits. For instance, data on conformance to security criteria are supplemented by information on the percentage of juveniles who report that they feel safe from harm. Information about food service assessment criteria is supplemented by site visitors' and juveniles' ratings of food quality.

Where several assessment criteria focus on different dimensions of the same topic, we have constructed indexes that provide a composite view of conformance. For example, in Chapter 4, Section A, "Living Space," we use three assessment criteria (minimum square feet in sleeping rooms, maximum number of juveniles in living units, and population as a percent of reported design capacity) to construct a summary "crowding index" for each facility equal to the number of assessment criteria failed.

Chapter 4 presents our description of the "Meeting Basic Needs" category. This category covers living space; health care; food, clothing, and hygiene; and living conditions. The specific assessment criteria included in this area are:

Living Space

- Have no more than 25 juveniles in a single living unit.
- Provide at least 70 square feet per juvenile in single and double sleeping rooms, and 50 square feet per juvenile in rooms with 3 or more residents.

- Maintain a juvenile population equal to or less than reported design capacity.⁹

Health

- Conduct a health assessment within 1 hour of admission.
- Tell residents at admission how to get access to medical services.
- Complete a health appraisal within 1 week of admission.
- Perform sick call on a regular basis.
- Have written arrangements for emergency care.
- Train staff in first aid and cardiopulmonary resuscitation (CPR).

Food, Clothing, Hygiene

- Have a dietitian review the menu annually.
- Limit length of time between meals to 14 hours or less.
- Provide each resident with seven pairs of clean socks and underwear and at least two pairs of pants and two shirts per week.
- Provide a daily shower.

Living Conditions presents several measures of the extent to which facilities conform to the goals of normalization in living arrangements, viz:

- Diversity in clothing worn by residents.
- Furnishings in sleeping rooms.
- Ability of residents to have personal items in their rooms.
- Access to natural light in sleeping rooms.

Chapter 5 presents our analyses of the "order and safety" category, which includes three topic areas: security, suicide prevention, and inspections and emergency preparedness. Each topic represents a different dimension of juvenile safety. Security protects juveniles from injury by other juveniles in the facility, protects staff from harm by juveniles, and prevents juveniles from escaping from the facility. Suicide prevention protects juveniles from harming themselves during times of emotional distress.

⁹ We used the reported design capacity with great reluctance. As noted more fully in Chapter 4, these data were obtained from the CIC census. CIC did not provide an unambiguous definition of design capacity. Prior experience (see *American Prisons and Jails*, 1978) found little uniformity in criteria or standards among facilities in reporting design capacity. Hence, the measure is subject to considerable random variation and even the potential of systematic error in some jurisdictions or at some facilities. It is, nonetheless, the only measure of facility-wide crowding that was available to us.

Emergency preparedness helps prevent personal injury due to fire or other emergencies through inspections, fire drills, staff training, and other activities. The specific assessment criteria included in this area are:

Security

- Classify juveniles based on risk (except for detention centers, which, as short-term facilities, are not required to classify juveniles) and use results to make housing decisions.
- Conduct at least three counts per day.
- Maintain a minimum supervision staff-to-juvenile ratio of 1:8 during the day and 1:16 at night.

Suicide Prevention

- Have a written suicide prevention plan.
- Screen juveniles for suicidal tendencies at admission.
- Train staff in suicide prevention.
- Monitor suicidal juveniles at least every 4 minutes.

Inspection and Emergency Preparedness

- Conduct an annual sanitation inspection.
- Conduct an annual fire and life safety inspection.
- Conduct at least four fire drills per year.
- Have access to an emergency power source.

Chapter 6 presents our analyses of the "programming" category, which includes education, counseling, and recreation. Although the provision of programming varies by facility types, most facilities provide some level of education, counseling, and recreation. The specific assessment criteria included in this category are:

Education

- Provide basic academic instruction.
- Use only certified teachers.
- Have no more than 15 juveniles per teacher.
- Perform individual academic, vocational, and personal needs assessments (except for detention centers, which, as short-term facilities, are not required to perform extensive assessments).

Recreation

- Provide at least 1 hour of exercise and 1 hour of leisure per day.

Counseling

- Provide mental health services, including the services of a mental health professional, on a regular or on-call basis.
- Provide at least 1 counselor for every 25 residents (except for detention centers).

Chapter 7 presents our analyses of the "juveniles rights" category, which covers juveniles' access to the outside community, including phone, visitation, and attorney access, and limitations on staff discretion pertaining to discipline, searches, use of isolation, and use of force and restraints. The specific assessment criteria included in this category are:

Access to the Community

- Allow attorneys to visit residents.
- Allow parents to visit residents.
- Allow juveniles to make and receive telephone calls.
- Have community volunteers involved in facility programs.

Limits on Staff Discretion

- Explain rules to juveniles verbally at admission and provide juveniles with a written copy.
- Provide a disciplinary hearing with at least one level of appeal.
- Require the facility administrator to authorize any searches.
- Complete a written report for all cases of room restriction or locked room confinement in excess of 60 minutes.
- Limit isolation to 5 days or less.
- Issue a written report for each use of physical, mechanical, medical, or chemical restraints.
- Have a written policy governing the use of force and require written reports whenever force is used.

The discussions of conformance and related measures of conditions focus on their impact on juveniles. Because our primary concern is with the conditions faced by juveniles, tables usually report

the percentage of juveniles who experience various conditions.¹⁰ Chapter 8 shifts our focus from individual topic areas to a subset of practices from several topic areas that vary considerably across institutions and seem likely to affect materially the overall quality of life in the facility. We focus on the relationship of these practices to juvenile safety, self-destructive behavior, and escapes. These analyses provide additional insight into patterns of conformance with assessment criteria and inform the recommendations made in Chapter 9.

C. Samples and Data Collection

All 984 juvenile detention centers, reception centers, training schools, and ranches known to the U.S. Bureau of the Census as of February 1991 are within the scope of this study (Table 2-1). These constitute 31 percent of all juvenile facilities nationwide and housed 64,974 juveniles, 69 percent of the total number of juveniles held in any facility in February 1991. Excluded from this study are 1,830 halfway houses or group homes, holding 27 percent of the population of juveniles held in any facility, and 394 shelters, housing 4 percent of the population of juveniles held in any facility.

The study population was limited to detention centers, reception centers, training schools, and ranches for two reasons. First, we believed that conditions in halfway houses, group homes, and shelters were so different that they required a separate study. Second, substandard conditions seemed likely to be more prevalent in the more traditional facilities included in the study than in the smaller excluded facilities. OJJDP staff, project advisers, and consultants hypothesized that substandard conditions of confinement are more likely to occur in large facilities than in small facilities and in facilities that severely restrict or eliminate residents' contact with members of the free community than in facilities that encourage community access.

The difference in the average size of included and excluded facilities is apparent from Table 2-1. The 984 included facilities account for almost 65,000 juveniles (an average of 67 juveniles per facility). The 2,224 excluded facilities account for about 29,000 juveniles (an average of 13 per facility). There are, however, some small facilities in the included population.

In facilities that restrict contact with the community, abuses and deficiencies can develop and continue uncorrected because they can be more easily shielded from the public than in facilities that permit regular community access. The Bureau of the Census classifies facilities as "open" or "institutional," based on data reported by facilities regarding the level and nature of the security they provide and the degree to which residents have regular access to the community. A majority of detention centers, training schools, ranches, and reception centers are categorized as institutional, whereas a majority of shelters, halfway houses, and group homes are categorized as open.

¹⁰ Appendix E presents information on the percentage of facilities that conform to each assessment criteria.

Table 2-1

**Total Number of Facilities and Confined Juveniles
Included in This Study***

	Facilities		Juveniles**	
	N	%	N	%
Total All Facilities	3,208	100%	94,188	100%
Included Facilities				
Detention centers	480	15%	20,074	21%
Reception centers	34	1%	2,618	3%
Training schools	290	9%	35,102	37%
Ranches	180	6%	7,180	8%
Total Included	984	31%	64,974	69%
Excluded Facilities				
Shelters	394	12%	3,654	4%
Halfway houses and group homes	1,830	57%	25,560	27%
Total Excluded	2,224	69%	29,214	31%

*Note: Throughout the report, the number of juveniles on whom the tables are based vary due to missing responses to individual questions. (No attempt was made to adjust for nonresponse.)

** Based on 1991 CIC Census 1-day counts, facilities were selected and categorized by their self-classification response to the CIC Census in 1989. New facilities were classified based on 1991 survey response.

This is not to say that there is no reason to be concerned about conditions in the excluded facilities. Abuses can occur in small as well as large facilities and in open as well as closed facilities. Furthermore, many included facilities are small and open, whereas a few excluded are closed (though none are very large). Advisers expressed two related concerns about focusing only on more traditional facilities. To the extent that nationally recognized standards are based on the principle of least restrictive intervention, they felt it important not to appear to discount the importance of community-based programs like halfway houses, group homes, and shelters, as appropriate placements for nonviolent juveniles. In addition, they believed that community facilities best demonstrate the viability of many of the principles that underlie standards—using smaller facilities, relying on staff rather than on physical plant or hardware for security, and so forth. Despite these reservations, however, they reluctantly agreed that it was necessary to focus on conditions in more traditional juvenile institutions, given the constraints of time and resources that the study faced.

Data on the included facilities are taken from three sources: the CIC census, the mail survey, and the site visit protocol.

The CIC census is a biennial mail survey of all juvenile facilities conducted by the U.S. Census Bureau. The CIC census was used as a data source and as a listing of facilities for the other project data collection activities. The Census Bureau updates its lists of facilities every other year. We asked juvenile justice specialists in each State to identify any juvenile detention centers located within adult jails, whether certified or not by OJJDP. None were identified that were not on the CIC census list.¹¹ Classifications of facility type in the CIC census are self-reported; while contacting facilities for site visits we found that a few group homes had classified themselves as camps or farms.

Data collected for the CIC census describe some important aspects of conditions of confinement and provide measurements of facility conformance to some nationally recognized standards. For example, the CIC census includes information on the number of juveniles confined in each facility, the number of staff (both overall and for subgroups such as education and treatment), and the number and types of resident programs provided. We analyzed these data to determine whether facilities are in conformance with assessment criteria relating to facility size, staffing ratios, and program activities. Because the CIC Census has been conducted biennially since 1979, it also provides the only source of data on trends in the characteristics of juvenile facilities and the confined juvenile population.¹² The response rate to the 1991 CIC census was 99 percent for public facilities, and 86 percent for private facilities.

The mail survey provides the foundation for our analysis of conditions of confinement. All but four of the assessment measures are contained on the mail survey; the CIC census provides data for the remaining four measures. The mail survey was sent to all 984 facilities that the 1991 CIC census population list classified as a detention center, training school, reception center, ranch, camp, or farm.

The mail survey contained questions on facility policies and programs and on incidents of searches, isolation, escapes, injuries, suicidal behavior, and use of restraints and emergency health care. The survey collected data on the following topics:

- Facility characteristics.
- Health care.
- Security and safety.
- Disciplinary measures.
- Daily living—rules and policies.
- Staffing.
- Educational programs.
- Evaluation and treatment.
- Facility improvements.
- Juvenile characteristics.

¹¹ Some critics have raised questions about the completeness of the CIC census population list. However, those concerns focus mostly on shelters, group homes, and halfway houses, facilities which are excluded from this study.

¹² However, most of the analyses presented in this report are based upon CIC census data from 1987 to 1991. Earlier private facility data were not available for use in preparing this report due to stringent confidentiality guarantees made by the U.S. Bureau of Census prior to 1987, which made it impossible to describe changes in average length of stay and characteristics of the total population of confined juveniles before 1987. Published CIC census data from 1979 to 1985 were integrated into our analyses where possible.

Responses were received from 76 percent of facilities (Table 2-2). Mail survey data reported in this report are adjusted for nonresponse by facility type and public or private ownership (see Appendix D).¹³

Table 2-2

Facility Response Rate to Mail Survey, by Facility Type

	Public		Private		Total	
	N	%	N	%	N	%
Detention centers	355	81 %	28	68 %	383	80 %
Reception centers	15	79 %	8	53 %	23	68 %
Training schools	175	89 %	57	61 %	232	80 %
Ranches	56	76 %	56	53 %	112	62 %
Total	601	82 %	149	58 %	750	76 %

Finally, extensive data were collected in a sample of 95 facilities through site visits. The site visit protocol provided instructions for conducting observations of facility conditions, discussion guides for interviewing administrators, staff, and residents, and guidelines for collecting facility reports and other documentation. The protocol collected the following data:

- A small number of highly objective, easily measured items from the mail survey which were included for verification purposes, such as the furnishings provided in sleeping rooms.
- Conditions which required direct observation, such as:
 - facility cleanliness,
 - maintenance quality,
 - temperature, appearance, and taste of food.
- Facility operations and information on personnel issues, such as employee compensation and burnout, through interviews with facility staff and administrators.

¹³ We regressed response to the mail survey on facility type, public or private ownership, region, and facility size and found that only facility type and ownership were significantly related to response to the mail survey. As a result, we developed weights based upon differential response rates by facility type and ownership (see Appendix D).

- Residents' concerns regarding facility conditions obtained from one-on-one¹⁴ discussions with residents.
- Site visitors' subjective assessments of facility conditions provided in Likert scales¹⁵ and in a brief narrative summary.

We used juvenile justice practitioners to conduct the site visits because project advisers suggested that facilities would be less likely to host a site visit if the visitor was a researcher who was not experienced in the operation of the type of facility being visited. We selected 14 site visitors (see Acknowledgments) from 65 candidates recommended by ACA, the National Juvenile Detention Association, and project advisers and consultants. We screened candidates on the basis of their professional experience in juvenile facilities, experience in achieving compliance with professional standards, and availability to conduct visits. We also sought balance in terms of site visitors' region, race, and gender.

Site visitors were convened for 2 days of training in August 1991 on the use of the site visit protocol. Training consisted of an item-by-item discussion of the protocol and the random sampling procedures. To gain familiarity with interview guides, site visitors were asked to role play (one acting as interviewer, another as the interviewee), as well as to watch a video of a mock juvenile interview, prerecorded at Abt Associates.

Ninety-five visits were conducted between September 19, 1991, and January 15, 1992. Project staff accompanied site visitors to 20 large facilities, including 8 detention centers, 9 training schools, 1 reception center, and 2 ranches, to facilitate data collection.

On February 1-2, 1992, project staff, advisers, and site visitors attended a debriefing conference. Split into discussion groups based on the type of facility they had visited, site visitors were presented the 4 categories and 12 topic areas we developed to serve as the focus for the study (for discussion, see Chapter 1). Site visitors tried to agree on their impressions of how the categories and topic areas related to the particular facility type they had visited and worked with advisers to formulate tentative

¹⁴ At each facility visited, we randomly selected five juveniles to interview and five juveniles who would be replacements if one or more of the first five declined to be interviewed or were not available for interviews. Altogether, we interviewed 475 juveniles. At each facility we obtained a population list of juveniles in the facility that day, assigned each juvenile a sequential number, beginning with 1 and used a random number table to draw a total of 10 names. The interviews were conducted in private, with only the site visitor and the juvenile present, and each juvenile was guaranteed confidentiality. Specifically, site visitors pledged that they would not disclose anything the juvenile said without the juvenile's permission. They further pledged that nothing the juvenile said would be used in the report in any way that permitted the facility or the juvenile to be identified. Finally, we emphasized that juveniles' participation was completely voluntary, that they would not be rewarded for being interviewed or punished for declining to be interviewed, and that they could stop participating in the interview at any point during the process. If juveniles agreed to be interviewed, we had them sign an informed consent form. We asked juveniles to rate the importance of 17 items (things like "good food to eat," or "getting visitors") and to rate how well the facility performed on each item. They picked their top 2 items from the 17 and were asked a series of more detailed followup questions. Finally, each juvenile was asked to respond to a standard set of questions about conditions in the facility.

¹⁵ Five- or seven-point scales in which the end points represent opposite extremes and the midpoint represents neutrality. For example site visitors rated maintenance of specific areas of the facility as 1 = excellent, 2 = good, 3 = adequate, 4 = poor, and 5 = very poor. Visitors were provided with criteria for defining what each point of the scale meant.

recommendations for improving conditions. Advisers met again in July 1992 to critique the draft report and formulate recommendations.

The sample of site visits was stratified by type of facility, sampling within strata with probability proportionate to size. In the first stage of sampling, we divided the 984 facilities into the 4 facility types. Of the 95 visits, we decided to visit 30 training schools, 30 detention centers, and 30 ranches. We decided to visit only five reception and diagnostic centers because of the small number of such facilities. We distributed the visits by type of facility to ensure that we could characterize each of the four facility types in detail.

In the second phase of sampling, facilities were selected with a probability proportional to the population reported to the CIC census. Especially large facilities were selected with certainty, having a probability of selection of 1. While smaller facilities were included in the sample, this sampling technique favored larger facilities. We over-sampled large facilities in order to include as many juveniles as possible in the site visits while still retaining our ability to describe the institutional operations of medium-sized and small facilities. Site visit data are weighted for all analyses to compensate for this over-sampling (see Appendix D for weighting procedures).

Table 2-3 compares the final site visit sample with the sampling frame for the study. The effects of the two-stage sampling process are evident: larger facilities are over-sampled, resulting in more facilities in the West than would have been selected randomly. Public facilities are also slightly over-represented in the site visit sample.

During the process of contacting sites to arrange for the visits, some facilities refused to participate, and we discovered that a few were no longer in operation or no longer met the criteria for the study (Table 2-4). Ineligible facilities were most common among ranches. For example, one camp no longer served juveniles committed by the courts. Others were group homes that had misclassified themselves on the last CIC census. But some training schools and reception centers had either closed or changed their operations. For example, one training school had changed its population and only served 18- to 25-year-old offenders. Among eligible facilities, reception centers had the highest response rate, followed by detention centers and training schools. Overall, the response rate to the site visits was 80 percent among eligible facilities.

All ineligible or nonparticipating facilities were replaced until the sample size targets were met. Our replacement strategy attempted to correct for these uneven response rates. We sorted facilities by facility type, size, ownership, and region. Each time a facility was replaced, the facility nearest to it on this sorted list was chosen as a replacement, ensuring that the facility would resemble the original facility as closely as possible. This procedure resulted in a final site visit sample which matched the original sample selected in terms of facility type, size, ownership, and region (Table 2-3).

Additional sampling occurred during each site visit.¹⁶ Five juveniles and two line staff were randomly selected to be interviewed at each site. Site visitors were taught how to construct population lists and select the samples using random number tables. Juveniles and staff were generally very curious about the study and almost all of those who were chosen to be interviewed agreed to participate.

¹⁶ See Appendix D for the weighting procedures used for juvenile and staff interview data.

Table 2-3

**Comparison of Final Site Visit Sample With Sampling Frame
by Size, Region, and Ownership**

	Site Visit Sample		Sampling Frame	
	N	%	N	%
Facility Population				
1-50	36	38%	711	67%
51-150	31	33%	254	24%
> 151	28	30%	94	9%
Region				
Northeast	14	15%	207	20%
Midwest	21	22%	244	23%
South	24	25%	335	32%
West	36	38%	273	26%
Ownership				
Public	69	73%	745	70%
Private	26	27%	315	30%

Table 2-4

Site Visit Response Rates

	Detention Centers	Reception Centers	Training Schools	Ranches	All
Total sample	33	8	42	62	145
Ineligible	0	3	4	19	26
Total eligible	33	5	38	43	119
Total participants	30	5	30	30	95
Response rate	91%	100%	79%	70%	80%

Three living units were also selected at each site using a stratified sample that guaranteed coverage of three types of living units. All of the living units were classified according to whether they were dormitory sleeping units (sleeping rooms with five or more juveniles), nondormitory sleeping units (containing several sleeping rooms with from one to four juveniles per room), or segregation units (separate, locked units in which juveniles both reside and participate in all programming inside the locked

unit). If all three types of units were present in the facility, the site visitor randomly sampled one of each type. In facilities with only one type of living unit, three units of that type were randomly selected. Decision rules were provided for cases where only two types of living units were available at the facility.