

Appendix C

Data Collection Instruments

1991 Census of Public Juvenile Detention, Correctional, and Shelter Facilities

and

**Mail Survey Questionnaire: Study of Conditions of Confinement in Juvenile Detention
and Correctional Facilities**

FORM **CJ-17**
(1-30-91)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
THE NATIONAL INSTITUTE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION
OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION
U.S. DEPARTMENT OF JUSTICE

1991 CENSUS OF PUBLIC JUVENILE DETENTION, CORRECTIONAL, AND SHELTER FACILITIES

Name of agency reporting

PLEASE CORRECT ANY ERROR
IN NAME, ADDRESS, AND
ZIP CODE



Data supplied by

Name

Title

Official address (Number and street, city, State, ZIP Code)

Telephone →	Area code	Number	Extension
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RETURN TO

**ATTN: Governments Division
Bureau of the Census
Washington, DC 20233-0001**

FROM THE ADMINISTRATOR
OFFICE OF JUVENILE JUSTICE AND
DELINQUENCY PREVENTION

On behalf of the Department of Justice, the Bureau of the Census is conducting the periodic census of publicly administered juvenile facilities. We are collecting this information solely for research and statistical purposes.

Department of Justice officials will use the data to develop programs under the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, and otherwise improve assistance provided to those concerned with juvenile problems. Since 1974, the Justice Department has also published these findings in a report series, "Children in Custody."

In order to complete data collection as soon as possible and permit early publication of census results, we will appreciate a prompt response, preferably within 4 weeks. If there are any items on the questionnaire for which answers cannot be readily obtained from available records, please provide reasonable estimates and identify them with an asterisk (*). If we can be of help in completing the questionnaire, please call Ms. Peggy King on (301) 763-2842.

Title 42, United States Code, Section 5652, provides the authority for conducting this census. While you are not legally required to respond, we need your participation to make the results of the census comprehensive, accurate, and timely.

We estimate that it will take from 30 to 120 minutes to collect this information, with 60 minutes being the average time per response. This includes the time for reviewing the definitions and instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collected. You may send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Ms. Barbara Allen-Hagen, Office of Juvenile Justice and Delinquency Prevention, 633 Indiana Avenue, NW, Washington, DC 20531; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project 1121-0118, Washington, DC 20503.

Thank you for your cooperation.

Sincerely,

ROBERT W. SWEET, Jr.

Enclosures

SECOND REQUEST

In correspondence pertaining to this report
please refer to this number



ANNUAL PERIOD COVERED BY THIS REPORT

Indicate the period covered by this report. Data are requested for the calendar year January 1, 1990 through December 31, 1990, if possible. If you must report for a fiscal period other than a calendar year, report for the period that ended during calendar year 1990.

Beginning

Month

Day

Year

Ending

Month

Day

Year

**DO NOT COMPLETE THE QUESTIONNAIRE FOR MORE THAN ONE FACILITY.
IF MORE QUESTIONNAIRES ARE NEEDED, CALL COLLECT AT (301) 763-7825.**

Section I EXCLUSIONS

If this facility falls into any of the following categories, you need NOT complete the remainder of the questionnaire. Simply mark (X) the appropriate box and return the questionnaire in the enclosed envelope.

- 1 This facility operates only a nonresidential community program — the juveniles receive counseling or educational services from this facility but do not stay here overnight.
- 2 This is a foster home for fewer than 3 juveniles

Section II DEFINITIONS

Juvenile — A person subject to the exercise of juvenile court jurisdiction for purposes of adjudication and treatment based on age and offense limitations as defined by State law.

For the purposes of this census, a person who was of juvenile age at the time of admittance is still considered a juvenile even though retained beyond the juvenile age up to the maximum retention authority set by law.

For the purposes of this census, a person of juvenile age is still considered a juvenile even though tried as an adult in criminal court.

Adult criminal offender — A person subject to the original jurisdiction of the criminal court rather than the juvenile court because at the time of the offense the person was above a statutorily specified age.

For purposes of this report **youthful offenders** should be considered adults. A **youthful offender** is a person adjudicated in criminal court, who may be above the statutory age limit for juveniles but below a specified upper age limit and for whom special correctional commitments and special record-sealing procedures are made available by statute.

Committed or commitment — Refers to placement of juvenile offenders following adjudication and any placement procedure. May be referred to as "placement."

Detained or detention — Refers to juveniles who are pending adjudication or who have been adjudicated but are awaiting disposition or placement. Include those juveniles undergoing diagnosis or classification before disposition or placement.

Section III ADULTS HELD

A. At any time during the annual period covered by this report, did the facility hold any persons who were admitted to the facility as adult criminal offenders, as defined by the laws of your State?

- 1 Yes — Please complete B
- 2 No — Skip to section IV, item A

B. Number of adult criminal offenders held on February 15, 1991 (In the data items which follow, please include or exclude these adults, as instructed.)

Adult criminal offenders

Males
(1)Females
(2)**Section IV TYPE OF FACILITY****A. Facility type**

This facility is primarily a —

Mark (X) the one box that best describes this facility.

- 0 Detention center
- 1 Shelter
- 2 Reception or diagnostic center
- 3 Training school
- 4 Ranch, forestry camp, or farm
- 5 Halfway house or group home

Section IV TYPE OF FACILITY – Continued

B. Custodial authority

Which of the following categories of juveniles does the facility usually hold?

Mark (X) as many boxes as apply and circle the box that applies to the largest group of juveniles usually held.

- 1 Accused status offenders (held pending adjudication for an offense that would not be considered a crime if committed by an adult, e.g., truancy, incorrigibility, running away.) Also include those juveniles charged with violation of a valid court order stemming from a previous status offense petition.
- 2 Adjudicated status offenders (also those juveniles adjudicated for violation of a valid court order stemming from a previous status offense petition)
- 3 Accused delinquent offenders (held pending adjudication for an offense that would be considered a crime if committed by an adult, e.g., felony, misdemeanor)
- 4 Adjudicated delinquent offenders
- 5 Nonoffenders (held for dependency, neglect, or abuse)
- 6 Other nonoffenders (held for emotional disturbance, mental retardation, etc.) – Specify ↴
- 7 Voluntary admissions (juveniles who admitted themselves or were referred to the facility by a parent, court, school, social agency, etc., for treatment without being adjudged for an offense)
- 8 Other – Specify ↴

CENSUS USE ONLY

C. Reason for custody

For which of the following purposes does the facility usually hold juveniles?

Mark (X) as many boxes as apply and circle the box that applies to the largest group of juveniles usually held.

- 1 Diagnosis and/or classification
- 2 Detention pending adjudication, commitment, or placement
- 3 Commitment/placement for treatment (except on probation or aftercare)
- 4 Probation or aftercare
- 5 Voluntary admission
- 6 Other – Specify ↴

CENSUS USE ONLY

D. Security arrangements

Mark (X) one box.

1. How would you describe the physical security for MOST juveniles at your facility?

- 1 Strict (Maximum)
- 2 Medium
- 3 Minimum
- 4 None

2a. Is your facility one that is designed and operated so as to ensure that all entrances and exits are under the control of the staff of the facility?

Mark (X) one box.

- 1 Yes
- 2 No

b. Does your facility rely on construction fixtures such as locked rooms, buildings, and fences to physically restrict free access of MOST residents into the community?

Mark (X) one box.

- 1 Yes
- 2 No

E. Community access

1. How would you describe the extent to which juveniles in the facility have routine access to activities and resources in the community such as schools, treatment, training or employment?

Mark (X) one box. Do not include court appearances.

- 1 Most juveniles (50% or more) have routine access to community resources and activities
- 2 Some juveniles (less than 50%) have routine access to community resources and activities
- 3 Generally, no juveniles have routine access to community resources and activities – Skip to F

2. How often are MOST juveniles allowed to leave your facility to routinely attend activities and utilize resources in the community? Mark (X) one box.

- 1 Daily or almost every day
- 2 About once a week
- 3 Less frequently than once a week, but at least once a month
- 4 Less frequently than once a month

3. For those juveniles who have routine community access to resources, are they usually accompanied by an official for supervision reasons?

Mark (X) one box.

- 1 Yes
- 2 No

Section IV TYPE OF FACILITY – Continued

F. Capacity

Design capacity

How many residents is your facility constructed to hold without crowding?
 (Examples of crowding include double bunking when a sleeping quarter is constructed for one resident, or temporary use of a room as a sleeping quarter that would not ordinarily be used as such.)

G. Are there any definite plans to renovate this facility or add to or close the structure between now and February 15, 1991?

Mark (X) one box.

- 1 Yes — Complete 1 through 5 below
 2 No
 3 Don't know } Skip to item H

Type of change planned — Mark (X) all that apply.

Number of beds to be added/removed

- 1 Renovation or addition with increase in capacity including temporary structures such as trailers, modular units, etc.
 2 Renovation with decrease in capacity
 3 Renovation with no change in capacity
 4 Closing of part of facility with decrease in capacity
 5 Closing entire facility

H. Age of facility

Is your facility a new one that was constructed or converted to a public juvenile facility since February 15, 1989?

Mark (X) one box.

- 1 No — Skip to I
 2 Yes — Please indicate the year it opened.

Year
19 ____

CENSUS USE ONLY

I. Is this facility administered by —

Mark (X) one box.

Administering agency or service

- 1 State?
 2 One county?
 3 One municipality?
 4 Multi-governmental arrangement, e.g., 2 or more counties, a county and municipality, etc.? — Specify ↴
 5 Private organization?

Court services (a)	Youth services/ Juvenile corrections agency (b)	Drug/Alcohol rehabilitation agency (c)	Other — Specify in "Notes" (d)
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

J. As a matter of practice, does your facility house —

- 1 Males only?
 2 Females only?
 3 Both males and females?

K. Physical Settings

In what kind of neighborhood is your facility located?

Mark (X) the one box that best describes your immediate neighborhood.

- 1 Big city or urban area 2 Suburb near big city 3 Small city or town 4 A rural area

Section VII AGE OF JUVENILE RESIDENTIAL POPULATION

Indicate in the appropriate box(es) below the number of JUVENILES of a specific age that are on the ROLLS on the ONE DAY February 15, 1991. — If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (*).

	Number			Number	
	Males (a)	Females (b)		Males (a)	Females (b)
1. Under 9			8. 15 years of age		
2. 9 years of age			9. 16 years of age		
3. 10 years of age			10. 17 years of age		
4. 11 years of age			11. 18 years of age		
5. 12 years of age			12. 19 years of age		
6. 13 years of age			13. 20 years of age		
7. 14 years of age			14. 21 years or over		

Section VIII AVERAGE DAILY POPULATION

What was the average (mean) daily residential population in the facility during the annual period covered by this report? — If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (*).

	Average daily population	
	Males (1)	Females (2)
A. All residents		
B. Juveniles only		

Section IX POPULATION MOVEMENT AND LENGTH OF STAY

A. Length of stay

In the annual period covered by this report, what was the average (mean) length of stay (in months and days) for juveniles held in the facility? — If counts are not available from records, please provide reasonable estimates and indicate with an asterisk (*).

	Months (1)	Days (2)
1. All juveniles		
2. Males		
3. Females		

Section IX POPULATION MOVEMENT AND LENGTH OF STAY – Continued

NOTE – Item B should be completed for juveniles and adults, if any, who have been committed to the facility. Those juveniles and adults being detained pending adjudication, disposition, or placement should be reported in item C. Voluntary admissions should be reported in item D.

B. Movement of COMMITMENT population during the annual period covered by this report.

- 1. **TOTAL number of admissions** (An admission occurs each time a juvenile is admitted to your facility; if the same juvenile is admitted two times during the year, this is two admission transactions. Include persons who are recommitments as well as first commitments, those returned from aftercare/parole, and those transferred in from another facility for juveniles. Also include AWOL's if returned after having been removed from the facility rolls.)
- 2. **TOTAL number of discharges** (A discharge occurs each time a juvenile is formally released; if a juvenile is formally released two times in one year two discharges have occurred. Include persons who are discharged with no further agency supervision as well as those discharged into an aftercare/parole program. Also include transfers out to another facility for juveniles and AWOL's if removed from facility rolls.)
- 3. What was the average (mean) length of stay (in months and days) for all committed juveniles in the annual period covered by this report? (Exclude adults, if any.)

Juveniles		Adult criminal offenders	
Males (1)	Females (2)	Males (3)	Females (4)
Months (1)	Days (2)		

NOTE – Item C should be completed for those juveniles and adults, if any, being detained pending adjudication, disposition, or placement. Those juveniles and adults who have been committed to the facility should be reported in item B above.

C. Movement of DETENTION population during the annual period covered by this report

- 1. **TOTAL number of admissions** to the facility for detention
- 2. **TOTAL number of discharges** from detention or transferred out of the facility
- 3. What was the average (mean) length of stay for all detained juveniles in the annual period covered by this report? (Exclude adults, if any.)

Juveniles		Adult criminal offenders	
Males (1)	Females (2)	Males (3)	Females (4)
Days			

D. Movement of VOLUNTARILY ADMITTED residents during the annual period covered by this report

- 1. **TOTAL number of voluntary admissions**
- 2. **TOTAL number of voluntary discharges**
- 3. What was the average (mean) length of stay (in months and days) for voluntary residents in the annual period covered by this report? (Exclude adults, if any.)

Juveniles		Adult nonoffenders	
Males (1)	Females (2)	Males (3)	Females (4)
Months (1)	Days (2)		

Section XI EDUCATIONAL, TREATMENT, AND MEDICAL PROGRAMS

A. Educational programs (For juveniles while residents of your facility)

For each of the following educational programs, indicate where the instruction is provided, and teacher employment status.

Type of program (a)	Mark (X) the box(es) where instruction is provided		Teachers Mark (X) the box(es)		
	Inside facility (b)	Outside facility (c)	Salaried staff ¹ (d)	Public school employees ² (e)	Other ³ (f)
1. Basic academic instruction					
a. Formal elementary or secondary education	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Special education (e.g., for juveniles with learning disabilities or handicaps) — Exclude tutoring below.	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Vocational/Technical education program	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
3. GED preparation	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
4. College program	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>

¹ Salaried staff include staff hired by the facility or parent agency.

² Public school employees include those hired by a State, county, municipal school system, or independent school district.

³ Other includes, for example, private contract teachers, volunteer teachers, etc.

B. Treatment programs

Listed below are a variety of general and specialized treatment programs for juveniles. For each type of treatment program, please indicate whether the service is provided for juveniles in your facility.

Type of program (a)	Program/Service available Mark (X) the appropriate box(es)	
	Yes (b)	No (c)
1. Counseling programs		
a. Psychological/psychiatric counseling (emotional/behavioral disorders)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Family counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Employment counseling (job readiness, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Health and nutrition (family life/sex education, health, personal hygiene)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. AIDS prevention	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Other (e.g., parent effectiveness training) — Specify \checkmark	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Specialized treatment programs for:		
a. Juvenile sex offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Violent juvenile offenders	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Juveniles with drug/alcohol dependency	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Suicide risks	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Juvenile arsonists	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Other — Specify \checkmark	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Section XI EDUCATIONAL, TREATMENT, AND MEDICAL PROGRAMS – Continued

C. Medical service

1. When juveniles first arrive at the facility, do staff conduct an initial health screening to identify those who are sick, under the influence of drugs or alcohol, or potentially suicidal?

- 1 Yes
- 2 No

If "Yes," are persons who conduct initial health screenings: *Mark (X) one box.*

- 1 licensed health care personnel?
- 2 persons trained by licensed health care personnel?
- 3 other personnel?

2. Are health assessments, consisting of a physical exam, blood pressure tests, urine samples, ear and eye exams, done as part of the admission process?

- 1 Yes
- 2 No

If "No," is one conducted some time after the admission process? *Mark (X) one box.*

- 1 Yes
- 2 No

3. Typically, how often are the following personnel available within the facility?
Mark (X) one box for each type.

	Scheduled daily (1)	Scheduled less than daily (2)	On call (3)	Never — juveniles sent to outside health care facility (e.g., clinic, hospital emergency room, etc.) (4)
a. Doctor(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Nurse(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Nurse practitioner, physician assistant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Mental health personnel (psychiatric social worker, psychologist, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Section XII EXPENDITURES

Annual period covered by this report of expenditures

Indicate the period covered by this report. Data are requested for the calendar year January 1, 1990 through December 31, 1990, if possible. If you must report for a fiscal period other than a calendar year, report for the period that ended during calendar year 1990

Beginning			Ending		
Month	Day	Year	Month	Day	Year
—	—	—	—	—	—

A. Operating expenditures — Exclude expenditures for nonresidential programs.

1. Gross salaries and wages including room and board provided as all or part of salary compensation — Exclude employer contributions to employee benefits and report in item 2 below.

Amount (Omit cents)
\$

2. Other operating expenditures, such as the purchase of food, supplies, contractual services, and employer contributions to employee benefits

\$

B. Capital expenditures, including new buildings, major repairs or improvements, and new equipment — Enter "NA" if not available or "0" if facility had no capital expenditures.

\$

Section XIII COURT ORDER/CONSENT DECREE

A. Was your facility under a court order or consent decree for conditions of confinement on February 15, 1991?

1 Yes — Answer item B below
 2 No — Skip to section XIV

B. Reasons for court order/consent decrees — Mark (X) all that apply

1 Crowded living units
 2 Fire hazards
 3 Staffing patterns
 4 Programs (education, training, counseling)
 5 Disciplinary practices
 6 Food service
 7 Medical
 8 General physical conditions (leaky roof, etc.)
 9 Other — Specify ↘

Section XIV NUMBER OF JUVENILE DEATHS

How many juveniles died while under the jurisdiction of this facility between January 1, 1990 and December 31, 1990? — Include juveniles who may not have been in custody at the time of death but were still under the jurisdiction of this facility, such as those sent to a hospital.

Juvenile deaths	
Male (a)	Female (b)

- 1. Total
- 2. Illness/natural causes — Exclude AIDS and report below.
- 3. Acquired immune deficiency syndrome (AIDS)*
- 4. Suicide
- 5. Homicide by other resident(s)
- 6. Homicide — Other
- 7. Other deaths — Specify ↘

* The immediate cause of death in AIDS mortalities may be Pneumocystis Carinii Pneumonia, Kaposi's Sarcoma, or other AIDS-related diseases.

Notes

Notes

Abt Associates, Inc.
Acting as Collecting Agent for
Office of Juvenile Justice and Delinquency Prevention
U.S. Department of Justice

**Study of Conditions of Confinement in Juvenile
Detention and Correctional Facilities**

From the Administrator
Office of Juvenile Justice and Delinquency Prevention

On behalf of the Department of Justice, Abt Associates, Inc. is conducting a study of conditions in public and private facilities that provide detention or confinement for juveniles. The study was mandated by Congress in amendments to the Juvenile Justice and Delinquency Prevention Act (42 U.S.C. 5662, November, 1988). This questionnaire is an important part of that study.

The law requires that the Department of Justice hold strictly confidential any information that could identify individuals or facilities. The Department of Justice and its contractor will use the information reported in this survey only for research purposes. No states or facilities will be identified in published reports. Data will be analyzed by census region, not by states. All items that could be used to identify states or facilities will be removed from the database at the end of the study.

The Department of Justice will use the data collected in this questionnaire to draft a report to Congress that describes conditions of confinement in juvenile facilities, and to formulate recommendations for improving those conditions.

In order to complete data collection as soon as possible, and to permit timely reporting to Congress, we will appreciate a prompt response, preferably by September 15, 1991. If there are items on the questionnaire for which answers cannot be readily obtained from available records, please provide a reasonable estimate and identify estimated items with an asterisk (*). If we can be of help in completing the questionnaire, please call Mr. Daniel Wentworth collect at (617) 492-7100, extension 5438.

Public reporting burden for the collection of this information is estimated to be 2 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. You may send comments regarding this information, including suggestions for reducing this burden, to Ms. Barbara Allen-Hagen, Office of Juvenile Justice and Delinquency Prevention, 633 Indiana Avenue N.W., Washington, D.C. 20531; and to the Public Use Reports Project, 1121, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

While you are not legally required to respond, we need your participation to make the results of this study comprehensive, accurate, and timely. Thank you for your cooperation. The Office of Juvenile Justice and Delinquency Prevention is grateful for your help.

Robert W. Sweet, Jr.
Administrator, Office of Juvenile Justice and Delinquency Prevention

Return To: Mr. Daniel Wentworth
Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

<p>Facility Contact Person:</p> <p>Name _____</p> <p>Title _____</p> <p>Agency _____</p> <p>Official Address _____</p> <p>_____</p> <p>Telephone Number: () _____; extension: _____</p>	
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DIRECTIONS FOR COMPLETING THIS QUESTIONNAIRE

Please indicate your answers to questions by:

- 1) circling the code number that appears next to your answer,
or
- 2) writing a number or percentage in the space provided.

If you have any questions about completing this questionnaire, please call Mr. Daniel Wentworth at Abt Associates, (617) 492-7100 ext. 5438.

FACILITY CHARACTERISTICS*Please provide the following information on your facility and its population.*

CARD 01

1. This facility is administered by the following agency: *(Circle Best Response)*

- 1 Court Services
- 2 Social Services
- 3 Youth Services
- 4 Drug/alcohol Rehabilitation Agency
- 5 Juvenile Corrections Agency
- 6 Department of Corrections (both adult and juvenile)
- 7 Private, Non-profit Agency
- 8 Private, For-profit Agency
- 9 Other (SPECIFY) _____

18-19/01

20/

2. For this study, a *juvenile* is a person subject to the exercise of juvenile court jurisdiction for purposes of adjudication and treatment based on age and offense limitations as defined by State law. Use the term 'population' as defined by your locality or state.a. The facility's *juvenile* population on August 15, 1991: _____

21-24/

b. The facility's *adult* population on August 15, 1991:
(Enter "Zero" ("0") if No Adults) _____

25-28/

3. Average daily population of juveniles during the past 12 months: _____

29-32/

4. Number of juveniles *currently* awaiting transfer from this facility to another facility or placement: _____

33-35/

5. For the purposes of this study, a *living unit* is a self-contained subsection of the facility where a sub-group of juveniles live, sleep, and attend to hygiene needs.

a. Total number of living units in facility: _____

36-38/

b. Number of juveniles living in the *largest* living unit on August 15, 1991: _____

39-41/

c. Number of juveniles living in the *smallest* living unit on August 15, 1991: _____

42-44/

d. *Segregated living units* are those in which ingress and egress are strictly controlled by hard) //
or by staff and in which services (food, medical), programming, and activities are provided *within* the living unit. Segregated living units may be used for discipline or treatment programs.Number of *segregated* living units: _____

45-47/

e. Number of juveniles living in segregated living units on August 15, 1991: _____

48-51/

6. Which of the following best describes living arrangements for male and female juveniles? *(Circle One)*

- 1 Facility is male only
- 2 Facility is female only
- 3 Separate living units for males and females
- 4 Separate rooms within the same living unit for males and females

52/

7. Enter the percent of juveniles in your facility who sleep in the following types of rooms:

- _____ % Sleep in a room with 1 bed
- _____ % Sleep in a room with 2 beds
- _____ % Sleep in a room with 3-4 beds
- _____ % Sleep in a room with 5-10 beds
- _____ % Sleep in a room with 11 or more beds

53-55/

56-58/

59-61/

62-64/

65-67/

100% *(Responses Should Total 100%)*

8. *On average*, how many square feet of floor space *per juvenile* are in sleeping rooms or dormitories?

- _____ Sq. feet per juvenile in a room with 1 bed
- _____ Sq. feet per juvenile in a room with 2 beds
- _____ Sq. feet per juvenile in a room with 3-4 beds
- _____ Sq. feet per juvenile in a room with 5-10 beds
- _____ Sq. feet per juvenile in a room with 11 or more beds

68-70/

71-73/

74-76/

77-79/

CARD 02
18-19/02
20-22/

9. What percentage of sleeping rooms or dormitories provide the following methods of lighting?

- _____ % Artificial light only
- _____ % Artificial light plus diffused light through a translucent window or skylight
- _____ % Artificial light plus natural light through a transparent window with an exterior view
- _____ % Other (DESCRIBE) _____

23-25/

26-28/

29-31/

32-34/

100% *(Responses Should Total 100%)*

10. What items are routinely included in *sleeping rooms and isolation rooms*? (If your facility does not have separate isolation rooms, circle "3" = not applicable or N/A.)

Type of Furnishing	Provided in Sleeping Rooms			Provided in Isolation Rooms			
	YES	NO		YES	NO	N/A	
Bed with mattress	1	2	35/	1	2	3	43/
Desk	1	2	36/	1	2	3	44/
Chair	1	2	37/	1	2	3	45/
Toilet	1	2	38/	1	2	3	46/
Reading lamp	1	2	39/	1	2	3	47/
Closet/bureau	1	2	40/	1	2	3	48/
Bed sheets	1	2	41/	1	2	3	49/
Locker	1	2	42/	1	2	3	50/

<p>IF YOUR FACILITY USES SLEEPING ROOMS FOR ISOLATION PURPOSES, ANSWER QUESTION 10A.</p> <p>10A. When sleeping rooms are used for isolation purposes, are the following furnishings initially <i>removed</i> from the room?</p>	Type of Furnishing	YES	NO	
	Bed with mattress	1	2	51/
	Desk	1	2	52/
	Chair	1	2	53/
	Toilet	1	2	54/
	Reading lamp	1	2	55/
	Closet/bureau	1	2	56/
	Bed sheets	1	2	57/
	Locker	1	2	58/

11. Please indicate which of the following categories best describes how each service or program is funded. (Circle one code for each service or program.)

Service/Program	Not Provided	Fully Funded In This Facility's Budget	Partially Funded In This Facility's Budget	Fully Funded Outside This Facility's Budget	
Employee Programs and Services					
Employee pensions	1	2	3	4	59/
Employee benefits	1	2	3	4	60/
Juvenile Programs and Services					
Regular education programs	1	2	3	4	61/
Special education programs	1	2	3	4	62/
Vocational education programs	1	2	3	4	63/
Emergency medical services	1	2	3	4	64/
Routine medical care	1	2	3	4	65/
Food services	1	2	3	4	66/
Staff training and development	1	2	3	4	67/

12. Please indicate in the appropriate column where the primary responsibility for each of the functions listed below is located:

Column 1: Responsibility for this function lies with your facility.

Column 2: Responsibility for this function lies with a larger facility, agency, bureau or department of which your facility is a part.

Column 3: Responsibility for this function is shared about equally between your facility and a larger facility, agency, bureau, or department of which it is a part.

Column 4: Neither your facility nor a larger facility, agency, bureau, or department of which it is a part has responsibility for this function.

(Circle one code for each program or service on the grid below.)

<i>Functions</i>	1 Your facility has responsibility	2 The larger facility, agency, department, or bureau has responsibility	3 Responsibility shared	4 Neither has responsibility	
a. Admission decisions	1	2	3	4	68/
b. Release decisions	1	2	3	4	69/
c. Planning and implementing programs	1	2	3	4	70/
d. Establishing rules and procedures	1	2	3	4	71/
e. Budget allocations	1	2	3	4	72/
f. Fund-raising	1	2	3	4	73/
g. Hiring administrative staff	1	2	3	4	74/
h. Hiring direct service staff	1	2	3	4	75/
i. Termination of staff	1	2	3	4	76/
j. Case recordkeeping	1	2	3	4	77/
k. Administrative recordkeeping	1	2	3	4	78/
l. Building care and maintenance	1	2	3	4	79/

80/B

13. How many of the following types of legal actions are currently on file against your facility? (Enter "zero" ("0") if none.)

CARD 03
18-19/03

- _____ Lawsuits filed by or on behalf of juveniles 20-21/
- _____ Lawsuits filed by employees against the facility 22-23/
- _____ Administrative actions (e.g. grievances) filed by employees against the facility 24-25/

(If "zero" for all three categories, skip to Health Care section on next page)

14. For which of the following reasons have these current actions been filed? (Circle All That Apply)

Lawsuits filed by juveniles:

- 01 Crowded living conditions 26-27/
- 02 Fire hazards 28-29/
- 03 Staffing patterns 30-31/
- 04 Disciplinary practices 32-33/
- 05 Food service complaints 34-35/
- 06 Medical service complaints 36-37/
- 07 Physical condition of the facility 38-39/
- 08 Programs (education, training, counseling) 40-41/
- 09 Equal access to programs by males and females 42-43/
- 10 Equal access to programs by members of minority groups 44-45/
- 11 Physical injury to residents 46-47/
- 96 Other (SPECIFY) _____ 48-49/

Lawsuits filed by staff:

- 21 Discrimination in hiring, assignments, or promotions 50-51/
- 22 Negligence for job related injury 52-53/
- 26 Other (SPECIFY) _____ 54-55/

HEALTH CARE ISSUES

This section asks for information on health services, standard health screening and evaluation procedures, and other issues pertaining to the health of juveniles in your facility.

- 1. *Initial health screening*** refers to an interview conducted when a juvenile ***first arrives at a facility***. This process identifies juveniles who are sick or injured or under the influence of drugs or alcohol and consists of observation and questions about medical history and use of drugs or alcohol. Usually, the screening is ***not*** done by a health care professional but by a staff worker who has been trained by a health professional.

Is an initial health screening required upon admission to your facility? ***(Circle One)***

- 1 No, not required ***(Skip to Question 4)***
- 2 Yes, and screening is completed at this facility
- 3 Yes, and screening is completed at another facility ***(Skip to Question 3)***

56/

- 2. *On average***, how soon after a juvenile is admitted to your facility is an initial health screening completed? ***(Circle One)***

- 1 30 Minutes or less
- 2 31 Minutes to one hour
- 3 Just over one hour to three hours
- 4 More than three hours

57/

- 3. What types of juveniles does the initial health screening attempt to identify? ***(Circle All That Apply)*****

- 1 Potential suicide risks
- 2 Emergency medical problems
- 3 Drug/alcohol abusers
- 6 Other (SPECIFY) _____

58/

59/

60/

61/

62/

63/

- 4. A *health appraisal*** is a review undertaken by a health care professional that can include an assessment of both physical and mental health, direct examination, and, if necessary, laboratory tests.

Is a ***health appraisal*** by licensed health professionals required for each juvenile admitted to the facility? ***(Circle One)***

- 1 No, not required ***(Skip To Question 4D)***
- 2 Yes, and screening is completed at this facility ***(Go To Question 4B)***
- 3 Yes, and screening is completed at another facility ***(Go To Question 4A)***

64/

- 4A. On average, how many days after the juvenile enters your facility does the completed health appraisal arrive? ***(Write "Zero" ("0") if Same Day)*****

_____ Days

65-66/

**4B. Which of the following items are routinely included in the health appraisal?
(Circle All That Apply)**

- 10 Complete medical history 67-68/
- 20 Medical examination 69-70/
- 30 Recording of height/weight 71-72/
- 40 Review of initial health screening 73-74/
- 45 Alcohol use history 75-76/
- 50 Mental health appraisal 77-80/8
- 55 Drug use history 18-19/04
- 60 Tuberculin test 20-21/
- 70 Test for hepatitis 22-23/
- 80 Tests for sexually transmitted diseases (STDs) 24-25/
- 90 HIV/AIDS test 26-27/
- 95 Pregnancy test 28-29/
- 96 Other (SPECIFY) _____ 30-31/
- _____ 32-33/
- _____ 34-35/
- _____ 36-37/

**4C. Of the last 10 juveniles admitted to the facility, for whom health appraisals were completed, how long did it take from the date of admission to the facility for each health appraisal to be fully completed?
(Enter number of juveniles in each category.)**

- _____ took 1-7 days 38-39/
- _____ took 8-14 days 40-41/
- _____ took 15-21 days 42-43/
- _____ took 22-28 days 44-45/
- _____ took 29 days or longer 46-47/
- _____ (Total = 10)

**4D. If "No", health appraisal not required:
Why is a health appraisal *not* required for all residents? _____**

_____ 48-49/

_____ 50-51/

5. Are there *written arrangements* to provide emergency health care (medical, mental, dental), *as needed*, *outside* of the facility, 24 hours a day, seven days per week?

- 1 Yes 52/
- 2 No

**6. *Sick call* is a *regularly* scheduled period during which a juvenile can bring medical conditions to the attention of a licensed health care professional. How many days each week is "sick call" held?
(Write "Zero" ("0") if Not Regularly Scheduled)**

_____ Days per week 53/

7. In the past 12 months, how many juveniles required emergency health care, *other than first aid*, either inside or outside the facility?

_____ Juveniles required emergency health care 54-56/

<p>8. How many juveniles in your facility are currently taking prescribed psychotropic medication on a regular basis?</p> <p>_____ Juveniles are taking prescribed psychotropics</p>	<p>57-59/</p>
<p>9. Does the facility have a written suicide prevention plan?</p> <p>1 Yes</p> <p>2 No</p>	<p>60/</p>
<p>10. How often do staff monitor juveniles deemed to be high suicide risks by direct, in-person observation (not by video camera)? <i>(Circle one number, and fill in lines where appropriate)</i></p> <p>1 Continuously</p> <p>2 Once every _____ minutes</p> <p>3 Once every _____ hour(s)</p> <p>6 Other (SPECIFY) _____</p>	<p>61/</p> <p>62-63/</p>
<p>11. Complete the following items for the past 30 days.</p> <p>a. Number of juveniles who attempted suicide, or who engaged in suicide gestures or self-mutilations during the past 30 days: _____</p> <p>b. Total number of attempted suicides, suicide gestures or self-mutilations by juveniles during the past 30 days: <i>(Count each attempt, including multiple attempts by the same juvenile.)</i> _____</p>	<p>64-65/</p> <p>66-68/</p>
<p>12. Please complete the following items based on occurrences within the past 30 days.</p> <p>a. Number of staff injured by juveniles during the past 30 days: _____</p> <p>b. Number of juveniles injured by other juveniles during the past 30 days: _____</p> <p>c. Number of juveniles injured by staff during the past 30 days: _____</p>	<p>69-71/</p> <p>72-74/</p> <p>75-77/</p> <p>78-80B</p>
<p>SECURITY AND SAFETY</p>	
<p>For each of the following security arrangements, circle the codes that best describe the situation at your facility.</p> <p>1. Perimeter has a security wall or fence surrounding the entire facility</p> <p>1 Yes <i>(Go To Question 1A)</i></p> <p>2 No <i>(Skip To Question 2)</i></p> <p>1A. The wall or fence is... <i>(Circle All That Apply)</i></p> <p>1 Over 12 feet tall</p> <p>2 Equipped with razor wire or barbed wire</p> <p>3 Equipped with climb-resistant curves or mesh</p>	

CARD 05
18-19/05

<p>2. Perimeter checks are... (Circle One)</p> <ul style="list-style-type: none"> 1 Never done 2 Done only during the <i>day</i> 3 Done only at <i>night</i> 4 Done both <i>day and night</i> 	<p>24/</p>
<p>3. Surveillance and detection devices such as sound monitoring, closed circuit television, or motion detectors are... (Circle All That Apply)</p> <ul style="list-style-type: none"> 1 Not present at this facility 2 Used at <i>entrances and exits</i> to the facility 3 Used in <i>living units</i> 4 Used in <i>program areas</i> 5 Used in <i>recreation areas</i> 	<p>25/ 26/ 27/ 28/</p>
<p>4. Observation towers are... (Circle One)</p> <ul style="list-style-type: none"> 1 Not present at this facility 2 Never staffed 3 Staffed only during the <i>day</i> 4 Staffed only at <i>night</i> (dusk to dawn) 5 Staffed 24 hours a day 6 Other (SPECIFY) _____ 	<p>29/</p>
<p>5. Complete the following items for the <i>past 30 days</i>. (Do not include escapes from custody while juvenile was being transported by staff of some other agency or authority. Do not include failures to return from furlough.)</p> <ul style="list-style-type: none"> a. Number of <i>attempted</i> unsuccessful escapes or walk aways during the past 30 days: _____ b. Number of successful escapes or walk aways during the past 30 days: _____ 	<p>30-31/ 32-33/</p>
<p>6. How many <i>major institutional counts</i> are routinely conducted each day?</p> <p>_____ Counts per day (Enter "Zero" ("0") if Counts Are Not Routinely Performed)</p>	<p>34-35/</p>
<p>7. Which of the following most accurately describes your emergency power source? (Circle One)</p> <ul style="list-style-type: none"> 1 Facility has its <i>own</i> emergency generator on the premises. 2 Facility does <i>not</i> have its own generator, but has access to emergency power <i>within 30 minutes</i>. 3 Facility does <i>not</i> have its own generator but has made arrangements for emergency power <i>as needed</i>. 4 Facility does <i>not</i> have an emergency power source or arrangements for emergency power. 	<p>36/</p>

8. How many times each year does the facility conduct fire drills?

_____ Times per year

37-38/

9. When are sleeping room doors locked? *(Circle All That Apply)*

- 01 Not applicable - no doors *(Skip To Question 11)*
- 02 Not applicable - no locks *(Skip To Question 11)*
- 03 Never
- 04 During the day
- 05 At night (sleeping hours)
- 06 24 hours a day
- 07 Whenever juveniles occupy the room
- 08 Whenever juveniles are restricted to their rooms
- 96 Other (SPECIFY) _____

39-40/
41-42/
43-44/
45-46/
47-48/
49-50/

10. Within **each** living unit, can all locked doors including doors to sleeping rooms or dormitories be opened simultaneously in the event of a fire or emergency?

- 1 Yes
- 2 No

51/

11. When are entrances and exits of living units locked? *(Circle One)*

- 1 Never
- 2 Only during the day
- 3 Only at night
- 4 24 hours a day

52/

12. Please indicate whether your facility is **inspected** by an outside agency at least annually for compliance with state and/or local codes and regulations.

Issue	Inspected Annually?			Month and Year of Last Inspection	
	YES	NO		MONTH/YEAR	
Fire/life safety	1	2	53/	___/19___	58-61/
Sanitation	1	2	54/	___/19___	62-65/
Pest control	1	2	55/	___/19___	66-69/
Food services	1	2	56/	___/19___	70-73/
Water purity	1	2	57/	___/19___	74-77/
					78-80/B

13. Please use the following definitions of searches when providing information for the following question.

A **room search** is an intensive search of the juvenile's sleeping room.

A **patdown or frisk** is a search of the juvenile during which he/she is **not** required to remove his/her clothing.

A **strip search** is a search during which the juvenile is required to remove all or part of his/her clothing.

A **body cavity search** involves a visual, manual, or instrument inspection of a juvenile's oral, anal, or vaginal cavity.

Type of Search or Test	Who can authorize the search or test? (Circle All That Apply)										Total number of times search performed (If records are not kept, provide an estimate. Each room or juvenile searched counts as one search.)	
	Facility Administrator		Deputy Facility Administrator		Head of Security/ Supervisor		Youth Supervision Line Staff		Medical Director			
Room Search	1	20/	2	25/	3	30/	4	35/	5	40/	In Last 7 Days:	45-48/
Frisk/Patdown	1	21/	2	26/	3	31/	4	36/	5	41/	In Last 7 Days:	49-52/
Strip Search	1	22/	2	27/	3	32/	4	37/	5	42/	In Last 30 Days:	53-56/
Body Cavity Search	1	23/	2	28/	3	33/	4	38/	5	43/	In Last 30 Days:	57-60/
Drug Use Test	1	24/	2	29/	3	34/	4	39/	5	44/	In Last 30 Days:	81-84/

CARD 06
18-19/06

DISCIPLINARY MEASURES

This section explores your facility's disciplinary policies and procedures and the frequency of disciplinary sanctions.

1. Please complete the following items based on occurrences within the **past 30 days**.

- a. Number of juveniles placed in locked confinement for rule violations for time periods of 60 minutes to 24 hours: _____ 65-67/
- b. Number of juveniles placed in locked confinement for rule violations for time periods over 24 hours: _____ 68-70/
- c. Number of juveniles transferred out of your facility for disciplinary reasons: _____ 71-73/
- d. Number of juveniles transferred for disciplinary reasons from a nonsegregated to a segregated living unit within your facility: _____ 74-76/
77-80/8

2. In which of the following activities do juveniles in isolation or confinement participate?
(Circle All That Apply)

- 1 Education (academic or vocational) 20/
- 2 Exercise 21/
- 3 Counseling or treatment 22/
- 4 No isolation at facility (Skip To Question 6) 23/

CARD 07
18-19/07

<p>3. What is the maximum amount of time a juvenile may spend in isolation or confinement? _____ Hours</p>	24-26/																																						
<p>4. How often do staff directly observe juveniles (not including use of a video camera) who are being held in locked confinement in...</p> <p>a. their own sleeping rooms? _____ Times per hour</p> <p>b. "time out" rooms? _____ Times per hour</p> <p>c. isolation rooms that are separate from sleeping rooms? _____ Times per hour</p>	27/ 28/ 29/																																						
<p>5. Is a written report completed for all incidents of room restriction or other locked confinement in excess of 60 minutes?</p> <p>1 Yes</p> <p>2 No</p>	30/																																						
<p>6. Does a juvenile have the right to appeal the outcome of a disciplinary hearing? <i>(Circle one number, and fill in the days where appropriate)</i></p> <p>1 Yes: If "Yes": how soon after the hearing must the juvenile appeal? _____ Days</p> <p>2 No</p> <p>3 Not applicable, no disciplinary hearings held at the facility</p>	31/ 32-33/																																						
<p>7. Is there a formal process set forth in writing that allows juveniles to report instances of alleged physical or sexual abuse?</p> <p>1 Yes</p> <p>2 No</p>	34/																																						
<p>8. Please use the following definitions when providing information on Question 8.</p> <p>Physical restraint is the use of tackling or holds by staff to subdue unruly juveniles.</p> <p>Mechanical restraints are devices used to limit the movement of the juvenile's body. Examples are handcuffs, wristlets, chains or anklets.</p> <p>Medical restraints are medications administered either orally or by injection for the purpose of quieting an uncontrollable juvenile.</p> <p>Chemical restraints are those chemical agents, such as Mace or tear gas, which will temporarily disable an individual.</p> <p>A. Is a written report required when each type of restraint is used? <i>(Answer on grid below)</i></p> <p>B. During the past 30 days, how many times has each type of restraint been used with juveniles? <i>(Answer on grid below)</i></p>																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Type of Restraint</th> <th colspan="3" style="text-align: center;">8A. Is a written report required?</th> <th rowspan="2" style="width: 5%;">35/</th> <th rowspan="2" style="width: 5%;">#</th> <th rowspan="2"></th> </tr> <tr> <th style="width: 15%;">YES</th> <th style="width: 15%;">NO</th> <th style="width: 15%;">Not Allowed</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Physical Restraint</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">35/</td> <td style="text-align: center;">#</td> <td style="text-align: center;">36-42/</td> </tr> <tr> <td style="padding: 2px;">Mechanical Restraints (Exclude Transport)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">36/</td> <td style="text-align: center;">#</td> <td style="text-align: center;">43-46/</td> </tr> <tr> <td style="padding: 2px;">Medical Restraints</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">37/</td> <td style="text-align: center;">#</td> <td style="text-align: center;">47-48/</td> </tr> <tr> <td style="padding: 2px;">Chemical Restraints</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">38/</td> <td style="text-align: center;">#</td> <td style="text-align: center;">50-52/</td> </tr> </tbody> </table>	Type of Restraint	8A. Is a written report required?			35/	#		YES	NO	Not Allowed	Physical Restraint	1	2	3	35/	#	36-42/	Mechanical Restraints (Exclude Transport)	1	2	3	36/	#	43-46/	Medical Restraints	1	2	3	37/	#	47-48/	Chemical Restraints	1	2	3	38/	#	50-52/	
Type of Restraint		8A. Is a written report required?						35/	#																														
	YES	NO	Not Allowed																																				
Physical Restraint	1	2	3	35/	#	36-42/																																	
Mechanical Restraints (Exclude Transport)	1	2	3	36/	#	43-46/																																	
Medical Restraints	1	2	3	37/	#	47-48/																																	
Chemical Restraints	1	2	3	38/	#	50-52/																																	

9. Under which of the following conditions is the use of physical restraint by staff allowed in order to control juveniles? *(Circle All That Apply)*

- 1 Self protection
- 2 Protection of the juvenile or others
- 3 Prevention of property damage
- 4 In response to nonviolent misbehavior
- 5 To prevent escape

53/
54/
55/
56/
57/

10. *During the past year*, which of the following mechanical restraints have been used on juveniles within the facility, for any reason *excluding* transport? *(Circle All That Apply)*

- 1 Handcuffs
- 2 Chain or anklets
- 3 4-point tie downs
- 4 Straitjackets
- 5 Security belts
- 6 None of the above have been used within the facility *(Skip to Daily Living section below)*

58/
59/
60/
61/
62/

11. Is there a written policy that limits the length of time a mechanical restraint may be used on a juvenile? *(Circle one number, and fill in minutes where appropriate)*

- 1 Yes: If "Yes": What is the *maximum* length of time in minutes? _____ Minutes
- 2 No

63/
64-65/

DAILY LIVING: RULES AND POLICIES

1. During an average 24-hour period, about how many hours (including sleeping time) do juveniles spend in their sleeping rooms or dormitories?

_____ Total hours in sleeping rooms

2. Does facility policy allow the following personal items in *Individual sleeping rooms or dormitories and isolation rooms*? *(If your facility does not use rooms for purposes of isolation, circle code "3" for N/A = not applicable)*

Personal Item	Allowed in Sleeping Rooms			Allowed in Isolation Rooms			
	YES	NO		YES	NO	N/A	
Radios or stereos	1	2	66/	1	2	3	72/
Books	1	2	67/	1	2	3	73/
Clothing	1	2	68/	1	2	3	74/
Photographs	1	2	69/	1	2	3	75/
Posters/photos that can be hung on walls	1	2	70/	1	2	3	76/
Magazines	1	2	71/	1	2	3	77/

<p>IF YOUR FACILITY USES SLEEPING ROOMS FOR ISOLATION PURPOSES, ANSWER QUESTION 2A.</p> <p>2A. When sleeping rooms are used for isolation purposes, are the following items allowed in the room?</p>	Item	Allowed	Not Allowed	18-19/08
	Radios or stereos	1	2	20/
	Books	1	2	21/
	Clothing	1	2	22/
	Photographs	1	2	23/
	Posters/photos that can be hung on walls	1	2	24/
	Magazines	1	2	25/
	Bed sheets/blankets	1	2	26/
Locker	1	2	27/	
<p>3A. At what time does the <i>evening</i> meal start on weekdays? _____ P.M.</p> <p>B. At what time does <i>breakfast</i> start on weekdays? _____ A.M.</p>				28-31/
<p>4. Please indicate the last date on which your facility's dietary allowance was reviewed by a dietician or physician: <i>(Enter Date Or Circle Appropriate Code)</i></p> <p>_____/ 19_____ (Month/ Year)</p> <p>9696 Ongoing (Food Service Manager is dietician)</p> <p>0000 No review has been completed</p>				36-39/
<p>5. How many functioning showers were available for juveniles' use at the facility on August 15, 1991?</p> <p>_____ Number of functioning showers</p>				40-42/
<p>6. How many times during the week are juveniles allowed to bathe or shower? <i>(Fill in Number Or Circle Code)</i></p> <p>_____ Times per week</p> <p>50 No limit / as needed</p> <p>96 Other (SPECIFY) _____</p>				43-44/
<p>7. On average, how many hours of physical exercise are scheduled each weekday? <i>(Do not count time spent playing table pool, ping pong, or watching television)</i></p> <p>_____ Hours/weekday</p>				45-46/
<p>8. Not counting days when inclement weather prevents outside activities, how many hours of outside recreation are scheduled each weekday?</p> <p>_____ Hours/weekday</p>				47-48/
<p>9. Please provide the number of hours <i>scheduled</i> for each of the following types of programming.</p>				
Activity	Total # of Hours Scheduled Per Week		Of the total # of hours each week, how many are scheduled on week days after 6 p.m. or on weekends?	
Visitation	Hours	49-50/	Hours	50-60/
Volunteer Programs	Hours	51-52/	Hours	61-62/
Treatment and Counseling	Hours	53-54/	Hours	63-64/
Physical Exercise	Hours	55-56/	Hours	65-66/
Leisure Activities (T.V., Cards, etc.)	Hours	57-58/	Hours	67-68/ 69-80/B

10. Who provides the following items to residents?

CARD 09
18-19/09

10A. How many clean items do residents get each week?

Item	10. Who Provides Item?				10A. How many clean items do residents get each week?	
	Facility		Resident			
Underwear	1	20/	2	26/		32-33/
Socks	1	21/	2	27/		34-35/
Shirts	1	22/	2	28/		36-37/
Pants	1	23/	2	29/		38-39/
Towels	1	24/	2	30/		40/
Bed Sheets	1	25/	2	31/		41/

10B. Do residents launder their own clothing?

- 1 Yes
- 2 No

42/

11. Which of the following rules and procedures are explained to juveniles when they are admitted to the facility? (Circle All That Apply)

- 1 Behavioral rules
- 2 Sick call
- 3 Recreation
- 4 General procedures
- 5 Grievance procedures
- 6 None of the above (Skip to Question 13)

43/

44/

45/

46/

47/

12. In what form and in what language are facility rules and procedures explained to juveniles? (Circle codes for all that apply)

	English		Spanish		Other Languages	
Written	1	48/	2	50/	3	52/
Oral	1	49/	2	51/	3	53/

13. Which of the following statements describes your facility's policy on juveniles' personal clothing? (Circle All That Apply)

- 1 Juveniles must wear *only* clothing provided by the facility.
- 2 Juveniles may wear *some* of their own clothes (e.g., shoes, jackets, etc.), but the facility provides all other articles of clothing.
- 3 Only clothing articles that the facility deems offensive or dangerous (e.g., gang colors, shirts with swastikas or racial slurs) are prohibited.
- 4 Juveniles' personal clothing is not limited in any way.
- 6 Other (SPECIFY) _____

54/

55/

56/

57/

58/

14. To what extent does the facility regulate juveniles' hair styles or facial hair? (Circle One)

- 1 The facility does *not* restrict hair styles or facial hair in any way
- 2 Acceptable hair styles are *broadly* defined
- 3 Acceptable hair styles are *strictly and narrowly* defined

59/

15. How many telephone calls can a juvenile *make to* family and friends each month? (Circle one and fill in the line if appropriate)

- 1 Written policy limits the number of calls
 - 1a. Under ordinary circumstances, how many outgoing calls are permitted per month?
 _____ Number of outgoing calls
- 2 Written policy limits the number of outgoing calls but permits flexibility based on circumstances
 - 2a. Under ordinary circumstances, how many outgoing calls are permitted per month?
 _____ Number of outgoing calls
- 3 There is no limit on the number of outgoing calls
- 4 Juveniles are not permitted to make outgoing calls

60/
61-62/

16. How many telephone calls can a juvenile *receive from* family and friends each month? (Circle one and fill in the line if appropriate)

- 1 Written policy limits the number of incoming calls
 - 1a. Under ordinary circumstances, how many incoming calls are permitted per month?
 _____ Number of incoming calls
- 2 Written policy limits the number of incoming calls but permits flexibility based on circumstances
 - 2a. Under ordinary circumstances, how many incoming calls are permitted per month?
 _____ Number of incoming calls
- 3 There is no limit on the number of incoming calls
- 4 Juveniles are not permitted to receive incoming calls

63/
64-65/

17. Under ordinary circumstances, which of the following persons can *visit* the juvenile? (Circle All That Apply)

- 01 Parents
- 02 Spouses
- 03 Siblings
- 04 Juvenile's children
- 05 Other family members (Grandparents, uncles, cousins)
- 06 Friends (who are not co-defendants)
- 07 Attorneys
- 08 Clergy
- 96 Other (SPECIFY) _____

66-67/
68-69/
70-71/
72-73/
74-75/
76-77/

78-80/B
CARD 10
18-19/10
20-21/

22-23/
24-25/

18. During the past 7 days, how many persons other than attorneys have entered your facility to visit juveniles?

_____ Visitors (other than attorneys)

26-28/

19. What forms of legal assistance are available to juveniles? (Circle All That Apply)

- 01 No legal assistance program available 29-30/
- 02 Law library 31-32/
- 03 Public defender program 33-34/
- 04 Law student organization 35-36/
- 05 Private legal aid organization 37-38/
- 06 Assistance from state agency 39-40/
- 07 Juveniles must provide own counsel 41-42/
- 96 Other (SPECIFY) _____ 43-44

20. Under what circumstances can staff open a juvenile's mail or require juveniles to open their mail in staff's presence? (Circle All That Apply)

- 01 Mail can *never* be opened 45-46/
- 02 For any reason/at discretion of staff 47-48/
- 03 Suspicion of contraband 49-50/
- 04 Suspicion of cash delivery 51-52/
- 05 Suspicion of threat to facility security 53-54/
- 06 Suspicion of suicide threat 55-56/
- 07 Suspicion of other law violation 57-58/
- 96 Other (SPECIFY) _____ 59-60/

21. Does the facility provide weekly access to religious services or religious counseling as requested by residents for the following faiths?

<i>Religious Faith</i>	Provided	Requested But Not Provided	Not Requested	
Catholic	1	2	3	61/
Protestant	1	2	3	62/
Jewish	1	2	3	63/
Muslim	1	2	3	64/
American Indian	1	2	3	65/
Other (Specify) _____	1	2	3	66/

22. What types of prerelease orientation and planning does the facility provide? (Circle All That Apply)

- 00 Not available 67-68/
- 01 Development and review of discharge plan 69-70/
- 02 Notification of aftercare worker or parole officer 71-72/
- 03 Transfer of juveniles to prerelease residential unit 73-74/
- 04 More frequent home visits 75-76/
- 05 Participation of juvenile's family in discharge plan 77-78/
- 06 Coordination with community schools 79-80/
- 07 Job seeking
- 96 Other (SPECIFY) _____

STAFFING

CARD 11
18-19/11

1. **Direct care staff** are those personnel in charge of daily care of youth. Examples include houseparent, juvenile care worker, cottage parent, matron, etc. This excludes teachers, case managers, treatment staff, cooks, janitors, etc.

Under ordinary circumstances, what is the maximum number of direct care staff on duty in the facility during the afternoon shift?

_____ Maximum number on duty

20-22/

2. On average, how many hours of training does each member of the **direct care staff** receive in the following areas...

- A. during the **first** year of employment?
- B. each year **following** the first year of employment?

Training for Direct Staff In:	2A. First Year of Employment		2B. Each Year After First Year of Employment	
	Hours		Hours	
First Aid	Hours	23-25/	Hours	44-46/
Emergency Medical Procedures, Including CPR	Hours	26-28/	Hours	47-49/
Suicide Prevention	Hours	29-31/	Hours	50-52/
Procedures For Monitoring Juveniles in Isolation	Hours	32-34/	Hours	53-55/
Fire Safety	Hours	35-37/	Hours	56-58/
Facility Rules And Regulations	Hours	38-40/	Hours	59-61/
Crisis Management And Prevention	Hours	41-43/	Hours	62-64/

65-67/B

3. **Screening** job applicants involves procedures that go beyond asking someone to self-disclose information. Checking police records and records of other public agencies are examples of screening.

Please indicate whether or not job applicants or newly hired staff and volunteers involved in direct care of juveniles are screened for the following information. (**Circle Appropriate Number**)

Subject	Job Applicants Or Newly Hired Staff Screened For This?			Volunteers Screened? (N/A = No Volunteers)			
	YES	NO		YES	NO	N/A	
Criminal Record	1	2	66/	1	2	3	73/
History of Drug Use	1	2	69/	1	2	3	74/
History of Child Abuse Or Sexual Abuse	1	2	70/	1	2	3	75/
Test For Current Drug Use	1	2	71/	1	2	3	76/
Conduct Physical Exam	1	2	72/	1	2	3	77/ 78-80/B

4. In the past 12 months, how many of the following types of employees have left their positions because they have retired, resigned, been discharged, been transferred or promoted to a new position? (Do *not* include positions that have been abolished.)

CARD 12
18-19/12

- _____ **Administrative staff:** superintendent, director, administrator, assistant superintendent, business manager 20-21/
- _____ **Treatment staff:** personnel who provide professional services such as social worker, case-worker, aftercare worker, chaplain, counselor, recreation worker, classification officer, psychologist, psychiatrist, etc. 22-23/
- _____ **Instructional staff:** teacher, vocational/special education teachers 24-25/
- _____ **Other educational staff** 26-27/
- _____ **Youth supervision staff:** personnel primarily in charge of daily care of youth, such as houseparent, group worker, cottage parent, matron, etc.: 28-30/
- _____ **Medical personnel:** medical doctor, nurse, physical therapist, etc. 31-32/
- _____ **Maintenance and culinary staff:** housekeeper, maintenance person, cook, kitchen help 33-34/
- _____ **Clerical staff:** clerks, typists, receptionists, secretaries, bookkeepers 35-36/

EDUCATIONAL PROGRAMS

1. When school is in session, *on average*, how many juveniles in your facility were participating in *state approved academic educational programming*?

_____ Number participating 37-40/

2. For how many weeks each year is state approved academic educational programming provided for juveniles (*including* summer sessions)?

_____ Weeks per year 41-42/

3. On average, during those weeks when academic educational programming is provided, how many hours per week does each juvenile spend in the classroom or in individualized instruction with a teacher?

_____ Total hours 43-44/

4. Does your facility have a literacy or remedial reading program?

- 1 Yes 45/
- 2 No

5. What percentage of the teachers in your facility are state certified in their area of instruction?

_____ Percent are certified 46-48/

6. In which of the following areas are juveniles' needs assessed? (*Circle All That Apply*)

- 1 Academic education 49/
- 2 Vocational education 50/
- 3 Personal needs (For example, physical disabilities) 51/

7. What percentage of juveniles have their educational records transferred to the facility while they are residents of the facility? *(Enter Percent Or Circle Code)*

_____ Percent
 999 Records are not transferred

52-54/

8. Are grades and credit for courses taken in the facility accepted by local schools for credit toward educational requirements? *(Circle One)*

- 1 Yes, all grades/credits
- 2 Yes, some grades/credits
- 3 No, none accepted or transferable

55/

9. When a juvenile is released from your facility and transfers to an outside school after being released, are copies of the following records and assessments compiled at your facility transferred to the outside school?

A. Academic records?

- 1 Yes
- 2 No

56/

B. Vocational education records?

- 1 Yes
- 2 No

57/

10. Please indicate which of the following *vocational education programs* are provided at the facility.

For those provided, indicate:

A. How many juveniles are currently enrolled in the program? *(Answer On Grid Below)*

B. Does the facility offer a placement program to help juveniles locate a job once they are released? *(Answer On Grid Below)*

Trade	Program Provided?		10A. IF "YES": # Currently Enrolled	10B. IF "YES": Are Placement Services Available?			
	YES	NO		YES	NO		
Auto Shop/Engine Repair	1	2	58/	59-61/	1	2	62/
Carpentry/Building Trades	1	2	63/	64-66/	1	2	67/
Cosmetology	1	2	68/	69-71/	1	2	72/
Computer Training	1	2	73/	74-76/	1	2	77/
Food Services	1	2	20/	21-23/	1	2	CARD 13 18-19/13 24/
Electrical Trades	1	2	25/	26-28/	1	2	29/
Secretarial Trades	1	2	30/	31-33/	1	2	34/
Retail/Sales	1	2	35/	36-38/	1	2	39/
Printing	1	2	40/	41-43/	1	2	44/
Forestry/Agriculture	1	2	45/	46-48/	1	2	49/
Laundry Services	1	2	50/	51-53/	1	2	54/
Other (SPECIFY) _____	1	2	55/	56-58/	1	2	59/

EVALUATION AND TREATMENT

1. Within your facility, what factors are considered when classifying juveniles? (Circle All That Apply)

- 01 Juveniles are not classified *(Skip To Question 4)* 60-61/
- 02 Risk of escape 62-63/
- 03 Danger to self 64-65/
- 04 Danger to others 66-67/
- 05 Special needs 68-69/
- 06 Age 70-71/
- 07 Gender 72-73/
- 96 Other (SPECIFY) _____ 74-75/

2. Where does classification occur? (Circle All That Apply)

- 1 At this facility 76/
- 2 At a reception and diagnostic center 77/
78-80/B

3. Within your facility, what decisions are affected by this classification? (Circle All That Apply)

- 1 Housing assignment 20/
- 2 Level of custody 21/
- 3 Program assignments 22/
- 6 Other (SPECIFY) _____ 23/
24/

3A. On average, how long after admission is the initial program assignment based on this classification made?

_____ Days 25-28/

CARD 14
18-19/14

4. In the last year, how many juveniles in your facility took the GED exam? (Enter Number Or Circle Code)

_____ Juveniles 27-29/

996 GED exam not offered in the last year

5. During the first 24 hours after a juvenile is admitted to your facility, how often are staff required to monitor him/her in person (not by video camera) during periods when the juvenile is alone? (Fill in Blank Spaces Or Circle Appropriate Code)

_____ Time(s) every _____ Minutes 30-33/

_____ Time(s) every _____ Hour(s) 34-37/

9696 Continuously

0000 Not required

6. Levels of custody refer to varying degrees of restriction on juveniles' movement and behavior provided in different living units within the facility. Minimum custody levels might house juveniles whose behavior has been exemplary or who are about to be released. Maximum custody levels might house juveniles who are escape risks, who are assaultive, or who have serious or chronic disciplinary violations.

How many levels of custody exist in your facility?

_____ Number of custody levels 38-39/

7. An **Individual program plan** is a personalized program setting forth measurable objectives for each juvenile's behavior and achievements during their residence in the facility.

Do you prepare individual program plans for juveniles who enter your facility?

- 1 Yes (*Go To Question 7A*)
- 2 No (*Skip To Question 9*)

40/

7A. Do individual program plans cover (*Circle All That Apply*)

- 1 Institutional behavior
- 2 Treatment needs and objectives
- 3 Education needs and objectives
- 4 Family relations
- 5 Release planning
- 6 Other (SPECIFY) _____

41/
42/
43/
44/
45/
46/
47/

8. In general, how often do **formal, scheduled** evaluations of a juvenile's progress toward fulfilling individual program plans take place? (*Circle one and fill in appropriate information*)

- 1 Scheduled evaluations not performed
- 2 Scheduled evaluations performed every _____ days
- 6 Other (SPECIFY) _____

48/
49-50/

9. Which of the following statements best describes the involvement of the juvenile's family in treatment programs? (*Circle One*)

- 0 Treatment programs are not offered at the facility
- 1 Parents/guardians are **required** to attend *at least some* counseling sessions
- 2 Parents/guardians are **invited but not required** to participate in counseling sessions
- 3 Parents play no role, but could if they wanted to
- 4 Parents/guardians are **not permitted** to participate in any counseling or programming
- 6 Other (SPECIFY) _____

51/

52-57/8

FACILITY IMPROVEMENTS

TO BE COMPLETED BY FACILITY ADMINISTRATOR:

We are interested in learning about the kinds of improvements that you would like to be able to implement at your facility. For each of the following, please indicate how important it is to you to be able to implement each action. Please rate each item from 1-5 where 1=Essential and 5=Not At All Important.

	Essential	Very Important	Moderately Important	Slightly Important	Not At All Important	
a. Expanding your intake to accept more of the children/youth who need the type of care you now provide.	1	2	3	4	5	58/
b. Developing a more effective admissions process in order to generate more appropriate referrals.	1	2	3	4	5	59/
c. Expanding or developing formal school facilities on your grounds.	1	2	3	4	5	60/
d. Expanding or developing tutoring, remedial, or other supplementary education programs.	1	2	3	4	5	61/
e. Expanding or developing vocational education or training programs.	1	2	3	4	5	62/
f. Increasing the frequency of the therapy or counseling sessions available to the children/youth in your facility.	1	2	3	4	5	63/
g. Expanding the recreation program at your facility.	1	2	3	4	5	64/
h. Increasing the attention paid to the ethnic or religious identification of the children/youth in your program.	1	2	3	4	5	65/
i. Recruiting additional juvenile care staff.	1	2	3	4	5	66/
j. Upgrading juvenile care staff through recruiting better trained persons at higher salaries.	1	2	3	4	5	67/
k. Increasing in-service training.	1	2	3	4	5	68/
l. Expanding or developing a program of group homes, halfway houses or foster home placement for children/youth leaving your facility.	1	2	3	4	5	69/
m. Expanding or developing a program of non-residential services such as day programs, in-home services, or counseling, as an alternative to residential placement for the children/youth referred to you.	1	2	3	4	5	70/
n. Building new facilities or remodeling present ones.	1	2	3	4	5	71/ 72-80/B

JUVENILE CHARACTERISTICS

CARD 15 18-19/15

TO BE COMPLETED BY FACILITY ADMINISTRATOR:

We would like to get your estimation of the proportion of children/youth currently in residence who have one or more of these problems, conditions or patterns of behavior.

Please think of each of the categories separately in relation to your total population, e.g., what percent of your total population is "Violent to self/suicidal." We realize that most children/youth in residence will have multiple problems and so will be counted in more than one category. *(Please circle one code for each item)*

	None 0%	Few 1-24%	Some 25-49%	About Half 50%	Many 51-74%	Most 75-99%	All 100%	
a. Violent to self/suicidal	1	2	3	4	5	6	7	20/
b. Violent toward others	1	2	3	4	5	6	7	21/
c. Abused by parents (physical, emotional, and/or sexual abuse)	1	2	3	4	5	6	7	22/
d. Depressed (anxious, obsessive, compulsive behavior, low self esteem, etc.)	1	2	3	4	5	6	7	23/
e. Difficulties in peer relationships	1	2	3	4	5	6	7	24/
f. Family problems (inadequate family functioning, neglect, problems in family dynamics)	1	2	3	4	5	6	7	25/
g. Problems regarding property (theft, destruction, fire-setting, etc.)	1	2	3	4	5	6	7	26/
h. Disruptive behavior (runaway, truant, ungovernable, status offender)	1	2	3	4	5	6	7	27/
i. Accused or adjudicated delinquent offenders (accused of or having committed an offense that would be considered a crime if committed by an adult, e.g., felony, misdemeanor)	1	2	3	4	5	6	7	28/
j. Learning and perceptual problems (sensory handicaps, attention or concentration difficulty, dyslexia, etc.)	1	2	3	4	5	6	7	29/
k. Chronic physical illness (asthma, T.B., etc.)	1	2	3	4	5	6	7	30/
l. Mentally retarded	1	2	3	4	5	6	7	31/
m. Thought disorders and bizarre behavior	1	2	3	4	5	6	7	32/
n. Physical handicaps	1	2	3	4	5	6	7	33/
o. Drug or alcohol abuse	1	2	3	4	5	6	7	34/
p. Problems beyond the control of child/family (natural disaster, loss of employment, death, etc.)	1	2	3	4	5	6	7	35/
q. Pregnancy	1	2	3	4	5	6	7	36/
r. Predatory sexual behavior	1	2	3	4	5	6	7	37/
s. Rape victimization	1	2	3	4	5	6	7	38/
t. Prostitution	1	2	3	4	5	6	7	39/
u. Gang membership/affiliation	1	2	3	4	5	6	7	40/