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2014 Census of Adult Probation Supervising Agencies

CAPSA-1A

2014 Census of Adult Probation Supervising Agencies (CAPSA)

Data collection agents: Westat and the American Probation and Parole Association

Burden Statement: Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection is estimated to average 65 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the Director of Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531; and to the Office of Management and Budget, OMB No 1121-0339, Washington, DC 20503.

Purpose of Census

The Census of Adult Probation Supervising Agencies (CAPSA) is designed to identify and enumerate adult probation supervising agencies in the United States and obtain information about their organizational structures, authority, functions, and populations supervised. Most questions asked in the census focus on the agency's practices; only a few questions ask for numerical information—specifically, aggregate counts of probationers and supervision officers.

This census focuses on adult probation. However, there are some questions that reference other populations your agency may supervise. As you answer each question, please consider only adult probation unless instructed otherwise.

Click on the “Next” button to view information on how to move through the survey and report your answers. Throughout the survey, you may click on the “Glossary” button to view definitions of terms used in this census.

Instructions

Answering Questions

You can move through the survey by clicking the “Next” button. Your answers will be saved automatically when you click the “Next” button. Return to the previous question to view or change your answers by clicking the “Back” button. Do not use the back button on your browser; this will not save your data to the survey system.

Please provide a response to each item. Blank items will be interpreted as “unknown.” If the answer to a question is “zero,” select “None” on the question screen.

If you select “Other,” as the answer to a question, please make sure to name or describe your answer in the corresponding open text box.

If you leave a question screen or close the window in your browser without clicking on the “Next” or “Back” button, any answers you have just entered will be lost.

You can access the glossary of definitions to key items by clicking on the “Glossary” button found at the bottom of each screen. To return to the survey, please click the “Back” button.

You may enter or change answers to questions at any time prior to submission.

Completing the Survey Later

You can stop your work on the survey at any time - just be sure to click the “Next” button before you leave the survey.

When you come back, after you login, you will be able to resume your work beginning from the first unanswered question.

Submitting the Completed Survey

After completing the survey, you must click on the “Submit Survey” button on the last screen. When we receive the survey, we will review your responses and contact you if we need to clarify any information.

Please complete this questionnaire online by August 31, 2014.

To revise a response after you have clicked “Submit Survey,” please contact Westat at bjscapsa@westat.com or call the CAPSA Agency Support Team at 1-888-329-8124.

Providing Additional Information

If you indicate you will be providing lists of correctional residential facilities, private companies, or missing probation agencies by email or fax, please remember to send that information after completing the survey, and please include your login PIN along with the list(s) so that we know the information is being provided by your agency.

Assistance Answering Questions

If you need assistance or have any questions, please contact us at bjscapsa@westat.com or call the CAPSA Agency Support Team at 1-888-329-8124.

Key Definitions

As you answer each question, please consider only adult probation, unless instructed otherwise. A copy of these definitions was provided along with your login PIN.

Probation is defined as a disposition or sentence for either a felony or misdemeanor that (1) is imposed by a criminal court and (2) places the adjudicated person under the control, supervision and care of a correctional agency. The probation conditions form a contract with the court by which the person must abide in order to remain in the community, generally in lieu of incarceration. Often, probation entails monitoring or surveillance by a correctional agency, but in some instances, probation may not involve any reporting requirements.

Adult probationers are defined as persons who are subject to the authority of an adult criminal court or correctional agency. Persons under the age of 18 who were prosecuted as adults in a criminal court are considered adults for the purpose of this census.

Please read all definitions and questions carefully. These definitions were developed for the purpose of this census; as such, definitions and question wording are standardized for this national census and may not match your agency's definitions and practices. Because CAPSA is a national data collection, we ask all agencies to use these standardized definitions.

GLOSSARY

The terms below are defined in the questionnaire; they are *italicized* and indicated by the heading “► *DEFINITION.*” Definitions and question wording are standardized for this national census and may not match your agency’s definitions and practices. Because CAPSA is a national data collection, we ask all agencies to use these standardized definitions. There is a comment field at the end of the survey; please describe any instances where you were unable to apply the census definition when answering a question. The comment field can also be used to provide any other general or specific comments about this questionnaire.

Key Definitions

Probation

A disposition or sentence for either a felony or misdemeanor that (1) is imposed by a criminal court and (2) places the adjudicated person under the control, supervision and care of a correctional agency. The probation conditions form a contract with the court by which the person must abide in order to remain in the community, generally in lieu of incarceration. Often, probation entails monitoring or surveillance by a correctional agency, but in some instances, probation may not involve any reporting requirements.

Adult probationers

Persons who are subject to the authority of an adult criminal court or correctional agency. Persons under the age of 18 who were prosecuted as adults in a criminal court are considered adults for the purpose of this census.

Your agency

In this survey, you will be asked questions about NAME, ADDRESS. The survey will use “NAME” and the term “*your agency*” interchangeably.

Because CAPSA is a national data collection, we ask all agencies to use the same approach to determine the scope of their agency (for example, whether to consider field or satellite probation offices) when completing the survey. The first questions focus on the role NAME has in establishing probation policies or defining probation procedures for adult probation supervision. Your answers to these first questions will be used to define *your agency* for the purpose of this census.

Please consider only *adult probation*, unless instructed otherwise in specific questions, even if *your agency* supervises other correctional populations.

Other Definitions

Administrative functions

Personnel management, or similar clerical or management activities, record storage and maintenance, or budget preparation.

Authority

The ability to make decisions regarding policies and procedures governing adult probation. For the purpose of this census, statutes are not considered to be policies or procedures.

Correctional residential facilities

Community-based facilities operated exclusively for correctional populations. Residents may be provided programs and services, and may be allowed extensive contact with the community, such as for employment, work, or attending school, but all residents are obligated to occupy the premises at night. Examples include, but are not limited to, halfway houses, restitution centers, detention centers, and prerelease or work release centers.

Electronic monitoring

Supervision conducted using electronic devices or systems to monitor or track probationers' locations, activities, or behaviors. Examples can include, but are not limited to radio frequency monitoring, Global Position System (GPS) monitoring, and alcohol monitoring.

Electronic supervision

Supervision conducted using automated or electronic means, such as interactive voice recognition (IVR) or kiosks for routine reporting. It does not include *electronic monitoring*, email, or text reporting.

Face-to-face supervision

Supervision conducted through in-person visits such as office or field visits.

Fees

Money paid by probationers to cover the cost of operations which include but are not limited to, supervision fees, program fees, drug testing fees, pre-sentence investigation (PSI) report fees, and risk or needs assessment fees.

Field or satellite probation office

A probation office that is operated by a larger agency/department. It may actually manage/supervise adult probationers, but it does not establish any policies or define any procedures for adult probation for itself.

Fines

Monetary penalties paid by probationers. Fines include but are not limited to, day fines, violation fines, and restitution.

Intensive supervision probation (ISP)

A more rigorous form of supervision than standard probation. It often emphasizes extensive contact, stringent conditions (e.g., drug testing, curfews, employment, or program engagement), and close monitoring or surveillance.

Non-reporting probation

Supervision where the adult probationer is never required, during any period of the probation term, to report to a court or correctional authority on a regular basis either through face-to-face visits, mail, telephone, interactive voice recognition (IVR), or kiosks.

Operational responsibility

The responsibility for implementing decisions related to the established policies and defined procedures of adult probation.

Pre-sentencing investigations

Activities to inform case processing decisions (associated with but not limited to sentencing decisions); activities include collecting and reporting information related to adult probationers' criminal histories, housing, employment, and family circumstances.

Reporting activities

Data collection or reporting, for example the preparation of monthly or annual reports.

Staffing

The hiring, terminating, re-assigning, or promoting of staff.

Supervision officers

Full- and part-time staff who spend any amount of time supervising adult probationers, regardless of their position or the amount of time they spend conducting activities in addition to adult probation supervision. Some agencies may refer to these staff as officers, agents, or caseworkers.

Supervisory functions

Staff (e.g., officers, agents, or caseworkers) supervise adult probationers either through face-to-face visits, mail, telephone, interactive voice recognition (IVR), or kiosks for routine reporting.

SECTION A. Contact Information

1. Please provide the contact information for the person completing this questionnaire.

Contact Name: _____

Title: _____

Agency Name: _____

Address: _____

Telephone: _____ Extension: _____

Email: _____

SECTION B. Organizational Structure

One of the goals of CAPSA is to develop a comprehensive listing of adult probation supervising agencies in the United States. Throughout this questionnaire, the term “*your agency*” will be used to identify **NAME, ADDRESS**.

Characteristics of your agency will be used to help determine which questions in this survey are the most appropriate for you to answer. The first questions in this section ask about the role your agency has in establishing probation policies or defining probation procedures for adult probation supervision. When answering these questions:

- Do not consider statutes/laws enacted by a legislative entity such as state legislatures, county boards, and city councils.
- Do not consider implementing established policies or defined procedures. Your agency’s role in implementation will be addressed in later questions.

2. Which one of the following best describes NAME? Please mark “Yes” or “No” for each item a-c below.

	<u>Yes</u>	<u>No</u>
a. NAME is an agency that <u>establishes all</u> probation policies and <u>defines all</u> probation procedures <u>for itself</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. NAME is an agency that <u>establishes some</u> probation policies or <u>defines some</u> probation procedures <u>for itself</u> , with other policies or procedures being set by a higher level agency/department	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. NAME is a <i>field or satellite probation office</i> ▶ <i>DEFINITION: A field or satellite probation office is operated by a larger agency/department. It may actually manage/supervise adult probationers, but it <u>does not establish any</u> policies or <u>define any</u> procedures for adult probation for itself</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

The next questions ask if NAME has any role in establishing probation policies or defining probation procedures for another probation office. When answering these questions,

- Do not consider any private company that might be responsible for supervising adult probationers on behalf of NAME.
- Do not consider any government entity that might be responsible for providing programs/services to adult probationers on behalf of NAME, but is not a probation office.

3. Does NAME establish all probation policies and define all probation procedures for a *field or satellite probation office*?

► **DEFINITION:** A *field or satellite probation office* is operated by a larger agency/department. It may actually manage/supervise adult probationers, but it does not establish any or define any policies for adult probation for itself.

¹ Yes

² No

4. Does NAME establish any probation policies or define any probation procedures for any probation office other than a field or satellite probation office(s) — where that office(s) can also establish some probation policies or define some probation procedures for itself?

► **INSTRUCTION:**

- Consider only a probation office(s) that can establish some probation policies or define some probation practices for itself.

¹ Yes

² No

IF 2a IS YES AND (2b, 2c, 3 AND 4) ARE NOT YES:

As you complete this questionnaire, the term *your agency* will be used to refer to NAME. Please report for NAME when answering all questions.

IF 2b IS YES AND (2a, 2c, 3 AND 4) ARE NOT YES:

As you complete this questionnaire, the term *your agency* will be used to refer to NAME. Please report for only NAME when answering all questions; do not consider the higher level agency/department in your answers.

IF 2c IS YES:

Please contact us at bjscapsa@westat.com or call the CAPSA Agency Support Team at 1-888-329-8124 before proceeding with this questionnaire.

IF MORE THAN ONE IN (2a, 2b, 2c) IS YES:

Please contact us at bjscapsa@westat.com or call the CAPSA Agency Support Team at 1-888-329-8124 before proceeding with this questionnaire.

IF NONE IN (2a, 2b, 2c) IS YES:

Please contact us at bjscapsa@westat.com or call the CAPSA Agency Support Team at 1-888-329-8124 before proceeding with this questionnaire.

IF 2a AND 3 ARE YES AND 4 IS NOT YES:

As you complete this questionnaire, the term *your agency* will be used to refer to NAME. Please report for NAME and any field or satellite probation office(s) when answering all questions. The field or satellite office(s) will not be asked to report separately on CAPSA. Do not consider any other type of probation office(s) in your answers.

IF 2a AND 4 ARE YES AND 3 IS NOT YES:

As you complete this questionnaire, the term *your agency* will be used to refer to NAME. Please report for only NAME when answering all questions; do not consider any other type of probation office(s) in your answers. The other probation office(s) will be asked to report separately on CAPSA.

IF 2b AND 3 ARE YES AND 4 IS NOT YES:

As you complete this questionnaire, the term *your agency* will be used to refer to NAME. Please report for NAME and any field or satellite probation office(s) when answering all questions. The field or satellite office(s) will not be asked to report separately on CAPSA. Do not consider the higher level agency/department or other type of probation office(s) in your answers.

IF 2b AND 4 ARE YES AND 3 IS NOT YES:

As you complete this questionnaire, the term *your agency* will be used to refer to NAME. Please report for only NAME when answering all questions; do not consider any other type of probation office(s) or the higher level agency/department in your answers.

Also, as you continue with this questionnaire, please report on only adult probation, unless instructed otherwise in specific questions, even if NAME supervises other correctional populations.

5. Does NAME have responsibility for any policies, procedures, or activities related to adult probation?

¹ Yes

² No

6. Does NAME conduct supervisory functions of adult probation?

► **DEFINITION:** *Supervisory functions* are where staff (e.g., officers, agents, or caseworkers) supervise adult probationers either through face-to-face visits, mail, telephone, interactive voice recognition (IVR), or kiosks for routine reporting.

¹ Yes

² No → **SKIP TO TAILORED AGENCY DEFINITION BEFORE QUESTION 8.**

7. Does NAME conduct *non-reporting probation* for adult supervision?

► **DEFINITION:** *Non-reporting probation* is where the adult probationer is never required, during any period of the probation term, to report to a court or correctional authority on a regular basis either in person, by telephone or mail, or through electronic supervision.

¹ Yes

² No → **SKIP TO TAILORED AGENCY DEFINITION BEFORE QUESTION 8.**

7a. On June 30, 2014, did *your agency's* total adult probation population consist only of probationers on *non-reporting probation*?

¹ Yes → **SKIP TO SECTION G.**

² No

TAILORED AGENCY DEFINITION INSTRUCTION (to be inserted as described throughout questionnaire):

IF 2a IS YES AND (2b, 2c, 3 AND 4) ARE NOT YES:

Please remember, the term *your agency* is used to refer to NAME. Please report for NAME when answering these questions.

IF 2b IS YES AND (2a, 2c, 3 AND 4) ARE NOT YES:

Please remember, the term *your agency* is used to refer to NAME. Please report for only NAME when answering these questions; do not consider the higher level agency/department in your answers.

IF 2c IS YES:

Please contact us at bjscapsa@westat.com or call the CAPSA Agency Support Team at 1-888-329-8124 before proceeding with this questionnaire.

IF MORE THAN ONE IN (2a, 2b, 2c) IS YES:

Please contact us at bjscapsa@westat.com or call the CAPSA Agency Support Team at 1-888-329-8124 before proceeding with this questionnaire.

IF NONE IN (2a, 2b, 2c) IS YES:

Please contact us at bjscapsa@westat.com or call the CAPSA Agency Support Team at 1-888-329-8124 before proceeding with this questionnaire.

IF 2a AND 3 ARE YES AND 4 IS NOT YES:

Please remember, the term *your agency* is used to refer to NAME. Please report for NAME and any field or satellite probation office(s) when answering these questions. The field or satellite office(s) will not be asked to report separately on CAPSA. Do not consider any other type of probation office(s) in your answers.

IF 2a AND 4 ARE YES AND 3 IS NOT YES:

Please remember, the term *your agency* is used to refer to NAME. Please report for only NAME when answering these questions; do not consider any other type of probation office(s) in your answers. The other probation office(s) will be asked to report separately on CAPSA.

IF 2b AND 3 ARE YES AND 4 IS NOT YES:

Please remember, the term *your agency* is used to refer to NAME. Please report for NAME and any field or satellite probation office(s) when answering these questions. The field or satellite office(s) will not be asked to report separately on CAPSA. Do not consider the higher level agency/department or other type of probation office(s) in your answers.

IF 2b AND 4 ARE YES AND 3 IS NOT YES:

Please remember, the term *your agency* is used to refer to NAME. Please report for only NAME when answering all questions; do not consider any other type of probation office(s) or the higher level agency/department in your answers.

8. Does NAME perform any of the following other functions of adult probation? Please mark "Yes" or "No" for each item a-f below.

	<u>Yes</u>	<u>No</u>
a. <i>Administrative functions</i> , such as personnel management, or similar clerical or management activities, record storage and maintenance, or budget preparation	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. <i>Reporting activities</i> , such as data collection or reporting, for example the preparation of monthly or annual reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Training or certification of <i>supervision officers</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Pre-sentencing investigations to inform case processing decisions (associated with but not limited to sentencing decisions); activities include collecting and reporting information related to adults' criminal history, housing, employment, and family circumstances	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Provision of programs and services, either directly by your agency or through a third party (e.g., community-based service provider, private contractor).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f1. Please describe the other functions performed by your agency. _____		

9. What is the geographic jurisdiction served by NAME?

1 District/Circuit

2 Multiple counties

3 Entire single county

4 Other local entity (e.g., city or town)

5 Statewide

6 Other (Please describe) _____

10. Which branch of government is NAME located in?

► **INSTRUCTION:**

- If NAME is a private entity, check "Private."

1 Federal judicial branch

2 State executive branch

3 State judicial branch

4 County executive branch

5 County judicial branch

6 Other local executive branch

7 Other local judicial branch

8 Private→**SKIP TO PRIVATE EXIT.**

9 Other (Please describe) _____

PRIVATE EXIT:

Based on the information you have provided, it appears that *your agency* or company should complete a different survey designed especially for private entities. A member of the CAPSA Agency Support Team will contact you in the next few days. In the meantime, if you have questions about the CAPSA, you can contact the team at bjscapsa@westat.com or call 1-888-329-8124.

Thank you for providing this information and for your support of the 2014 Census Adult Probation Supervising Agencies.

IF 8a-f ALL = NO, SKIP TO SECTION G.

SECTION C. Authority and Operational Responsibility

The next questions ask you to identify who has *authority* and *operational responsibility* for various aspects of adult probation.

▶ *DEFINITION: Authority* refers to the ability to make decisions regarding policies and procedures governing adult probation. For the purpose of this census, statutes are not considered to be policies or procedures.

▶ *DEFINITION: Operational responsibility* refers to the responsibility for implementing decisions related to the established policies and defined procedures of adult probation.

PRESENT TAILORED AGENCY DEFINITION INSTRUCTION

11. Who has *authority* to set the budget for NAME? Please mark “Yes” or “No” for each item a-d below.

▶ *INSTRUCTION:*

- Providing recommendations about the amount of *your agency’s* budget is not considered setting *your agency’s* budget.

	<u>Yes</u>	<u>No</u>
a. Legislative entity such as a state legislature, county board, or city council	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Higher level entity other than <i>your agency</i> or a legislative entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. <i>Your agency</i> , the entity for which you are reporting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d1. Please name/describe _____		

12. Once *your agency's* budget has been set, who has *responsibility* for operations spending for NAME? Please mark "Yes" or "No" for each item a-e below.

	<u>Yes</u>	<u>No</u>
a. Legislative entity such as a state legislature, county board, or city council	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Higher level entity other than <i>your agency</i> or a legislative entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. <i>Your agency</i> , the entity for which you are reporting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Lower level entity than <i>your agency</i> , that is not part of <i>your agency</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e1. Please name/describe _____		

13. Who has *authority* to set the number of full-time equivalent (FTE) or part-time equivalent (PTE) positions for NAME? Please mark "Yes" or "No" for each item a-d below.

► **INSTRUCTION:**

- Providing recommendations about the number of FTE or PTE positions for *your agency* is not considered setting the number of positions.

	<u>Yes</u>	<u>No</u>
a. Legislative entity such as a state legislature, county board, or city council	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Higher level entity other than <i>your agency</i> or a legislative entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. <i>Your agency</i> , the entity for which you are reporting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d1. Please name/describe _____		

14. Once the numbers of FTE and PTE positions are set, who has *responsibility* for staffing at NAME? Please mark "Yes" or "No" for each item a-e below.

► **DEFINITION:** *Staffing* is defined as at least one of the following: hiring, terminating, re-assigning, or promoting of staff.

	<u>Yes</u>	<u>No</u>
a. Legislative entity such as a state legislature, county board, or city council	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Higher level entity other than <i>your agency</i> or a legislative entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. <i>Your agency</i> , the entity for which you are reporting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Lower level entity than <i>your agency</i> , that is not part of <i>your agency</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e1. Please name/describe _____		

The next questions ask about establishing policies, defining procedures, and implementing procedures for adult probation. These may address issues such as levels of supervision, use of risk assessments, or the type and frequency of contact. Sometimes policies and procedures are set to meet adult probation standards which may be established by *your agency* or a higher level agency or court system.

► **INSTRUCTION:**

- In some states an entity, such as an administrative office of the courts, might establish adult probation standards but not actually establish policies or define procedures. For the purpose of this census, issuing such standards is not considered establishing policies or defining procedures.

PRESENT TAILORED AGENCY DEFINITION INSTRUCTION

15. Who has the authority to establish policies for the supervision of adult probationers in NAME? Please mark “Yes” or “No” for each item a-d below.

	<u>Yes</u>	<u>No</u>
a. Legislative entity such as a state legislature, county board, or city council	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Higher level entity other than <i>your agency</i> or a legislative entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. <i>Your agency</i> , the entity for which you are reporting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d1. Please name/describe _____		

16. Once policies are established, who has *responsibility* for defining procedures for the supervision of adult probationers at NAME? Please mark “Yes” or “No” for each item a-e below.

	<u>Yes</u>	<u>No</u>
a. Legislative entity such as a state legislature, county board, or city council	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Higher level entity other than <i>your agency</i> or a legislative entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. <i>Your agency</i> , the entity for which you are reporting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Lower level entity than <i>your agency</i> , that is not part of <i>your agency</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e1. Please name/describe _____		

17. Once procedures are defined for NAME, who has *responsibility* for implementing procedures for the supervision of adult probationers? Please mark “Yes” or “No” for each item a-e below.

	<u>Yes</u>	<u>No</u>
a. Legislative entity such as a state legislature, county board, or city council	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Higher level entity other than <i>your agency</i> or a legislative entity.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. <i>Your agency</i> , the entity for which you are reporting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Lower level entity than <i>your agency</i> , that is not part of <i>your agency</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e1. Please name/describe _____		

The next question ask about funding sources for adult probation.

18. From July 1, 2013 to June 30, 2014, did *your agency* use funding from any of the following sources for adult probation? Please mark “Yes” or “No” for each item a-j below.

	<u>Yes</u>	<u>No</u>
a. Federal grant	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Federal sources other than federal grants	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. State grant	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. State sources other than state grants (include any regular allocation)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. County sources (include any regular allocation).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. City or municipal sources (include any regular allocation)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Court costs paid by adult probationers	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Fines paid by adult probationers	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Fees paid by adult probationers	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Any other sources	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j1. Please identify the other sources: _____		

IF 6 = NO, SKIP TO QUESTION 38.

19. Does *your agency* collect fines from any adult probationers either directly or through a third party?
- ▶ **DEFINITION:** *Fines* are monetary penalties paid by probationers. Fines include, but are not limited to, day fines, violation fines, and restitution.
- ¹ No fines are collected
- ² Collected directly by agency
- ³ Collected through a third party
- ⁴ Collected both directly and through a third party
20. Does *your agency* collect fees from any adult probationers either directly or through a third party?
- ▶ **DEFINITION:** *Fees* are paid by probationers to cover the cost of operations and include, but are not limited to, supervision fees, program fees, drug testing fees, pre-sentence investigation (PSI) report fees, and risk or needs assessment fees.
- ¹ No fees are collected
- ² Collected directly by agency
- ³ Collected through a third party
- ⁴ Collected both directly and through a third party

SECTION D. Functions of Supervision

The next questions ask about supervision activities that may be conducted directly by *your agency* or through a third party such as a private company, non-profit organization, or different government agency. When answering, please think about who performs the activity, regardless of who owns any equipment that might be used to perform the activity.

PRESENT TAILORED AGENCY DEFINITION INSTRUCTION

Also, please consider only *adult probation*, unless instructed otherwise in specific questions, even if *your agency* supervises other correctional populations.

21. Does *your agency* use the following methods of reporting to conduct supervision of any adult probationers, either directly or through a third party? Please mark "Yes" or "No" for each item a-d below.

	<u>Yes</u>	<u>No</u>
a. Mail.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Telephone.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Text.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Email.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

22. At entry to probation, does *your agency* conduct an initial *face-to-face* visit with all (or nearly all) adult probationers, either directly or through a third party?
- ▶ **DEFINITION:** *Face-to-face supervision* is conducted through in-person visits such as office or field visits.
- ¹ No face-to-face visit is done at entry
 - ² Done directly by agency
 - ³ Done through a third party
 - ⁴ Done both directly and through a third party
23. Excluding an initial visit at entry to probation, does *your agency* conduct *face-to-face supervision* with any adult probationers, either directly or through a third party?
- ▶ **DEFINITION:** *Face-to-face supervision* is conducted through in-person visits such as office or field visits.
- ¹ No face-to-face supervision is done
 - ² Done directly by agency
 - ³ Done through a third party
 - ⁴ Done both directly and through a third party
24. Does *your agency* conduct *intensive supervision (ISP)* of any adult probationers, either directly or through a third party?
- ▶ **DEFINITION:** *ISP* is a more rigorous form of supervision than standard probation. It often emphasizes extensive contact, stringent conditions (e.g., drug testing, curfews, employment, or program engagement), and close monitoring or surveillance.
- ¹ No ISP is done
 - ² Done directly by agency
 - ³ Done through a third party
 - ⁴ Done both directly and through a third party
25. Does *your agency* use *electronic monitoring* for the supervision of any adult probationers, either directly or through a third party?
- ▶ **DEFINITION:** *Electronic monitoring* uses electronic devices or systems to monitor or track probationers' locations, activities, or behaviors. Examples can include, but are not limited to, radio frequency monitoring, Global Position System (GPS) monitoring, and alcohol monitoring.
- ¹ No electronic monitoring is done
 - ² Done directly by agency
 - ³ Done through a third party
 - ⁴ Done both directly and through a third party

26. Does *your agency* use *electronic supervision* for routine reporting of any adult probationers, either directly or through a third party?

► **DEFINITION:** *Electronic supervision* uses automated or electronic means, such as interactive voice recognition (IVR), or kiosks for routine reporting. It does not include electronic monitoring, email, or text reporting.

- ¹ No electronic supervision is done
- ² Done directly by agency
- ³ Done through a third party
- ⁴ Done both directly and through a third party

27. Which of the following assessment tools are used by *your agency* to determine level, type, or conditions of supervision for any adult probationers? Please mark “Yes” or “No” for each item a-i below.

	<u>Yes</u>	<u>No</u>
a. Static Risk and Offender Needs Guide (STRONG)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Ohio Risk Assessment (ORAS).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Wisconsin Risk Assessment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Level of Service/Case Management Inventory (LS/CMI)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Level of Service Inventory-Revised (LSI-R).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Global Appraisal of Individual Needs (GAIN).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Correctional Assessment and Intervention System (CAIS).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. An assessment tool developed by <i>your agency</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

28. Does *your agency* rely on staff (e.g., officer, agent, or caseworker) judgment of risks and needs to determine level, type, or conditions of supervision for any adult probationers?

- ¹ Yes
- ² No

29. Does *your agency* rely on any other tools to determine level, type, or conditions of supervision for any adult probationers?

- ¹ Yes, please describe: _____
- ² No

The next questions ask about specialized caseloads and specialized services or programs. Note that specialized services and programs may be offered to any probationer, regardless of whether the person has been assigned to a specialized caseload.

30. Does *your agency* supervise specialized caseloads of sex offenders on adult probation or adult probationers with mental health problems, either directly or through a third party? Please mark “Yes” or “No” for each item a-b below.

- | | <u>Yes</u> | <u>No</u> |
|--|----------------------------|----------------------------|
| a. Specialized caseloads of sex offenders | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Specialized caseloads of adult probationers with mental health problems | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

31. Does *your agency* provide any specialized services or programs to address the unique risks or needs of sex offenders on adult probation?

- 1 No electronic monitoring is done
- 2 Done directly by agency
- 3 Done through a third party
- 4 Done both directly and through a third party

32. Does *your agency* provide any specialized services or programs to address the unique risks or needs of adult probationers with mental health problems?

- 1 No electronic monitoring is done
- 2 Done directly by agency
- 3 Done through a third party
- 4 Done both directly and through a third party

The next questions ask about *your agency’s* role in setting terms and conditions of supervision.

PRESENT TAILORED AGENCY DEFINITION INSTRUCTION

Also, please consider only *adult probation*, unless instructed otherwise in specific questions, even if *your agency* supervises other correctional populations.

33. Can *your agency* impose standard or special conditions of probation for any type of adult probationers? Imposing conditions includes amending or removing conditions as well as adding new conditions. Please mark “Yes” or “No” for each item a-d below.

- | | <u>Yes</u> | <u>No</u> |
|---|----------------------------|----------------------------|
| a. Remove existing standard conditions | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Impose new or amend existing standard conditions | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Remove existing special conditions..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Impose new or amend existing special conditions..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

34. Can *your agency* grant an early positive discharge to any type of adult probationer prior to the scheduled expiration of their sentence without prior approval by a judge or court? This type of discharge may be granted in response to the satisfaction of conditions, earned time credits, or in accordance with agency policy.

¹ Yes

² No

35. Can *your agency* extend any type of adult probationer's period of supervision beyond the court imposed sentence without prior approval by a judge or court?

¹ Yes

² No → **SKIP TO QUESTION 36.**

35a. Can *your agency* only extend an adult probationer's period of supervision if the probationer has not yet satisfied the terms of their court imposed sentence (e.g., a sentence of one year on probation and completion of drug treatment, but drug treatment has not yet been completed) without prior approval by a judge or court?

¹ Yes

² No

36. Can *your agency* impose a period of incarceration for any type of adult probationer without prior approval by a judge or court? Incarceration may be imposed in response to a violation of conditions or a revocation and may vary in duration.

¹ Yes

² No

37. The next questions ask about *your agency's* use of *correctional residential facilities*.

► **DEFINITION:** *Correctional residential facilities* are community-based facilities operated exclusively for correctional populations. Residents may be provided programs and services, and may be allowed extensive contact with the community, such as for employment, work, or attending school, but all residents are obligated to occupy the premises at night. Examples include, but are not limited to, halfway houses, restitution centers, detention centers, and prerelease or work release centers.

Does *your agency* use *correctional residential facilities* to hold any adult probationers?

¹ Yes

² No

38. (Excluding any correctional residential facilities that *your agency* uses), are you aware of any *correctional residential facilities* used to hold adult probationers in your state?
- 1 Yes
2 No

ROUTING #1.

**IF 37 = NO AND 38 = NO, SKIP TO ROUTING #3.
IF 37 = BLANK AND 38 = NO, SKIP TO ROUTING #3.
ELSE, CONTINUE WITH QUESTION 39.**

39. Who operates *correctional residential facilities* in your state? Please mark "Yes" or "No" for each item a-e below.

	<u>Yes</u>	<u>No</u>
a. Federal entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. State entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Local entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Joint state and local entities	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Private entity	1 <input type="checkbox"/>	2 <input type="checkbox"/>

40. We would like to know the name of each correctional residential facility and, if possible, the county in which each is located in your state. Please indicate if you would prefer to provide this information by email, fax, or if you would like to enter the information at this time. If sending information by email or fax, please be sure to include your login PIN.
- 1 Email → **SEND THE INFORMATION TO bjscapsa@westat.com**
 2 Fax → **FAX THE INFORMATION TO THE CAPSA AGENCY SUPPORT TEAM AT XXX-XXX-XXXX**
 3 Enter information now
 4 I cannot provide this information

ROUTING #2.

**IF 40 = ENTER INFORMATION NOW, CONTINUE WITH QUESTION 41.
ELSE, SKIP TO ROUTING #3.**

41. Please provide the name and county in which each correctional residential facility is located.

Name of correctional residential facility

County/Countries

Name of correctional residential facility

County/Countries

ROUTING #3.

**IF 6 = NO AND ANY 8a-f = YES, GO TO QUESTION 57.
ELSE, CONTINUE.**

SECTION E. Supervision Officers

The next questions ask about supervision officers in *your agency*.

► **DEFINITION:** *Supervision officers* are full- and part-time staff who spend any amount of time supervising adult probationers, regardless of their position or the amount of time they spend conducting activities in addition to adult probation supervision. Some agencies may refer to these staff as officers, agents, or caseworkers.

PRESENT TAILORED AGENCY DEFINITION INSTRUCTION

42. Are none, some or all of the *supervision officers* in *your agency* authorized to carry firearms?

- None → **SKIP TO QUESTION 43.**
- Some
- All

42a. How many of the *supervision officers* who carry firearms are required to do so?

- None
- Some
- All

43. Do none, some or all of your *supervision officers* have the authority to arrest adult probationers supervised by *your agency*?

- None
- Some
- All

44. On June 30, 2014, how many full- and part-time *supervision officers* worked in *your agency*? Please remember to include all full- and part-time staff who spend any amount of time supervising adult probationers, regardless of their position, or the amount of time they spend conducting activities in addition to adult probation supervision. If your agency did not have any *supervision officers* on June 30, 2014, mark (X) "None."

_____ Supervision officers

None

**IF 44 > 0, CONTINUE.
ELSE, SKIP TO QUESTION 45.**

- 44a. Is this an exact count or an estimate?

¹ Exact count

² Estimate

45. Did none, some or all of the *supervision officers* in *your agency* supervise populations other than *adult probationers*?

¹ None

² Some

³ All

SECTION F. Populations Supervised

The next questions ask about populations that may be supervised by *your agency*.

PRESENT TAILORED AGENCY DEFINITION INSTRUCTION

46. From July 1, 2013 and June 30, 2014, what type(s) of populations was *your agency* responsible for supervising? Please mark "Yes" or "No" for each item a-g below.

► **INSTRUCTION:**

- Some persons under *your agency's* supervision may have multiple sentences or correctional statuses, and may be supervised by *your agency* and another correctional agency. When answering this question, only report the types of populations that *your agency* was responsible for supervising.

	<u>Yes</u>	<u>No</u>
a. Adults awaiting trial	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Adults whose criminal proceedings have been suspended pending a period of supervision in the community <u>and</u> prior to adjudication, conviction, or sentencing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
IF 46b=YES: Did this include adults whose criminal proceedings were suspended prior to:		
b1. Adjudication	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b2. Conviction.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b3. Sentencing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Adults on probation for a misdemeanor (or gross misdemeanor).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Adults on probation for a felony.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Adults on parole or other type of post-custody conditional release.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Juveniles.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Other populations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g1. Please describe the other populations: _____		

ROUTING #4.

**IF (46a-b AND 46e-g) = SKIP TO ROUTING #5.
ELSE, CONTINUE.**

The next questions ask for aggregate counts of populations supervised by *your agency*.

47. On June 30, 2014, what was the total number of individuals supervised by *your agency*?

► **INSTRUCTIONS:**

- Include persons supervised by your agency regardless of their supervision or reporting status.
- Include persons supervised by your agency for which legal responsibility was retained by another jurisdiction or agency, such as through an interstate compact agreement
- Exclude persons for which your agency was legally responsible but were supervised outside of your jurisdiction or by another agency, such as through an interstate compact agreement.
- Exclude persons for which your agency was legally responsible but were supervised by a private company or other correctional entity, such as a prison, jail, or correctional residential facility.
- Your answer to this question should reflect the total of all population types represented in your answer to the previous question, if they were supervised on June 30, 2014. **To review the previous question, press the BACK button.**
- If your agency did not supervise any individuals on June 30, 2014, mark (X) "None."

_____ Total population

None

**IF 47 > 0, CONTINUE.
ELSE, SKIP TO ROUTING #5.**

47a. Is this an exact count or an estimate?

¹ Exact count

² Estimate

ROUTING #5.

IF 47 = BLANK, SKIP TO PRESENTATION OF TAILORED AGENCY DEFINITION INSTRUCTION.

IF 47 = 0, SKIP TO QUESTION 57.

ELSE, CONTINUE.

PRESENT TAILORED AGENCY DEFINITION INSTRUCTION

Also, focus only on *adult probation* supervision, even if *your agency* supervises other populations.

The next questions ask for the number of adult probationers supervised by *your agency*.

► **INSTRUCTIONS:**

- Provide counts of individual probationers, not counts of cases.
- Include only adult probationers regardless of whether your agency supervised other populations.
- Include all adult probationers regardless of their supervision or reporting status.
- Include all adult probationers supervised by your agency for which legal responsibility was retained by another jurisdiction or agency, such as through an interstate compact agreement.
- Exclude adult probationers for which your agency was legally responsible but were supervised outside of your jurisdiction or by another agency, such as through an interstate compact agreement.
- Exclude adult probationers for which your agency was legally responsible but were supervised by a private company or other correctional entity, such as a prison, jail or correctional residential facility.

48. On June 30, 2014, what was the total number of adult probationers supervised by *your agency*? Include all adults on probation for a felony, misdemeanor (or gross misdemeanor), and any other offense. If *your agency* did not supervise any adult probationers on June 30, 2014, mark (X) "None."

_____ Adult probationers

None

**IF 48 > 0, CONTINUE.
ELSE, SKIP TO ROUTING #6.**

- 48a. Is this an exact count or an estimate?

¹ Exact count

² Estimate

ROUTING #6.

IF 46c = NO AND 46d = NO, SKIP TO QUESTION 52.

IF 46c = NO, SKIP TO QUESTION 50.

IF 46d = NO, SKIP TO QUESTION 51.

ELSE, CONTINUE.

The next questions ask for the number of adult probationers supervised by *your agency*, by most serious offense—specifically, felony, misdemeanor, and other. Some persons under *your agency's* supervision may have multiple sentences or correctional statuses, and may be supervised by *your agency* and another correctional agency. When answering these questions, classify probationers based on the most serious offense for which they are being supervised by *your agency*.

49. Are you able to provide the number (or estimate) of adult probationers supervised for a felony separately from the number supervised for a misdemeanor?

- ¹ Yes
² No → **SKIP TO QUESTION 52.**

50. On June 30, 2014, how many adult probationers supervised by *your agency* had a felony as their most serious offense? If *your agency* did not supervise any adult felony probationers on June 30, 2014, mark (X) "None."

_____ Adult felony probationers

None

IF 50 > 0, CONTINUE.

ELSE,

IF 46c = NO, SKIP TO QUESTION 52.

ELSE, SKIP TO QUESTION 51.

50a. Is this an exact count or an estimate?

- ¹ Exact count
² Estimate

IF 46c = NO, SKIP TO QUESTION 52.

51. On June 30, 2014, how many adult probationers supervised by *your agency* had a misdemeanor (or gross misdemeanor) as their most serious offense? If *your agency* did not supervise any adult misdemeanant probationers on June 30, 2014, mark (X) "None."

_____ Adult misdemeanant probationers

None

IF 51 > 0, CONTINUE.

ELSE, SKIP TO QUESTION 52.

51a. Is this an exact count or an estimate?

- ¹ Exact count
² Estimate

52. On June 30, 2014, did the adult probation population supervised by *your agency* include probationers who had as their most serious offense something other than a felony or misdemeanor?
- ¹ Yes
² No

ROUTING #7.

**IF 7 = YES, ASK QUESTION 53.
ELSE, SKIP TO ROUTING #8.**

53. On June 30, 2014, what was the total number of adults on *non-reporting probation* that were supervised by *your agency*? If *your agency* did not supervise any adults on *non-reporting probation* on June 30, 2014, mark (X) "None."

► **DEFINITION:** *Non-reporting probation* is where the adult probationer is never required, during any period of the probation term, to report to a court or correctional authority on a regular basis either in person, by telephone or mail, or through electronic supervision.

_____ Adults on non-reporting probation

None

**IF 53 > 0, CONTINUE.
ELSE, SKIP TO ROUTING #8.**

- 53a. Is this an exact count or an estimate?
- ¹ Exact count
² Estimate

ROUTING #8.

**IF 37 = YES (USED CRF), ASK QUESTION 54.
OTHERWISE, SKIP TO QUESTION 55.**

54. On June 30, 2014, how many adult probationers for which *your agency* was legally responsible were held in a *correctional residential facility*? (Note: This type of probationer should have been excluded from any counts that you provided elsewhere in this questionnaire.) If *your agency* did not have any adult probationers held in a correctional residential facility on June 30, 2014, mark (X) "None."

_____ Probationers held in a correctional residential facility

None

**IF 54 > 0, CONTINUE.
ELSE, SKIP TO QUESTION 55.**

- 54a. Is this an exact count or an estimate?
- ¹ Exact count
² Estimate

55. From July 1, 2013 to June 30, 2014, did *your agency* ever use private companies to supervise any adult probationers?

¹ Yes

² No → **SKIP TO QUESTION 57.**

56. On June 30, 2014, how many adult probationers for which *your agency* was legally responsible were supervised by a private company? (Note: This type of probationer should have been excluded from any counts that you provided elsewhere in this questionnaire.) If *your agency* did not have any adult probationers assigned to supervision by a private company on June 30, 2014, mark (X) "None."

_____ Probationers supervised by a private company

None

**IF 56 > 0, CONTINUE.
ELSE, SKIP TO QUESTION 57.**

56a. Is this an exact count or an estimate?

¹ Exact count

² Estimate

57. (Excluding any private company that *your agency* has used), are you aware of any (other) private companies that are responsible for any function of adult felony or misdemeanor probation in your state?

¹ Yes

² No

**ROUTING #9.
IF 55 = NO AND 57 = NO, SKIP TO SECTION G.
IF 55 = BLANK AND 57 = NO, SKIP TO SECTION G.
ELSE, CONTINUE WITH QUESTION 58.**

58. We would like to know the name of any private companies and, if possible, the county in which each is responsible for any function of adult felony or misdemeanor probation in your state. Please indicate if you would prefer to provide this information by email, fax, or if you would like to enter the information at this time. If sending information by email or fax, please be sure to include your login PIN.

- Email → SEND THE INFORMATION TO bjscapsa@westat.com
- Fax → FAX THE INFORMATION TO THE CAPSA AGENCY SUPPORT TEAM AT XXX-XXX-XXXX
- Enter information now
- I cannot provide this information

ROUTING #10.

**IF 58 = ENTER INFORMATION NOW, CONTINUE WITH QUESTION 59.
ELSE, SKIP TO SECTION G.**

59. Please provide the name of each private company that operates in your state, and county (or counties) in which each is located.

Name of private company

County/Counties

Name of private company

County/Counties

SECTION G. Other Probation Agencies

60. CAPSA is designed to identify and enumerate adult probation supervising agencies in the United States. Please review the list of agencies responsible for adult probation supervision throughout your state that was sent with the PIN you used to access this survey. If you need a copy of the list, you can contact the CAPSA Agency Support Team at bjscapsa@westat.com or call 1-888-329-8124.

Not counting any agency that you might have already reported on this survey, are you aware of any other agencies responsible for any *administrative, reporting, or supervisory functions* of adult probation in your state that are missing from the list?

- Yes
- No

ROUTING #10.

**IF 60 = NO, SKIP TO SECTION H.
ELSE, CONTINUE WITH QUESTION 61.**

61. We would like to know the name of any missing agency and, if possible, county in which it is located. Please indicate if you would prefer to provide this information by email, fax, or if you would like to enter the information at this time. If sending information by email or fax, please be sure to include your login PIN.

- ¹ Email → **SEND THE INFORMATION TO biscapsa@westat.com**
- ² Fax → **FAX THE INFORMATION TO THE CAPSA AGENCY SUPPORT TEAM AT XXX-XXX-XXXX**
- ³ Enter information now
- ⁴ I cannot provide this information

ROUTING #11

**IF 61 = ENTER INFORMATION NOW, CONTINUE WITH QUESTION 62.
ELSE, SKIP TO SECTION H.**

62. Please provide the name and county in which each agency is located.

Name of agency

County/Counties

Name of agency

County/Counties

SECTION H. Planned Population Changes

PRESENT TAILORED AGENCY DEFINITION INSTRUCTION

63. In the next 12 months, are any changes expected to take place affecting the types of adult probationers supervised by *your agency*?

Yes No

IF 46d=YES, SKIP TO QUESTION 66b ROUTING.

a. Agency will begin to supervise adults on probation for a felony ¹ ²

IF 46d=NO, SKIP TO QUESTION 63c ROUTING.

b. Agency will stop supervising adults on probation for a felony ¹ ²

IF 46c=YES, SKIP TO QUESTION 63d ROUTING.

c. Agency will begin to supervise adults on probation for a misdemeanor (or gross misdemeanor) ¹ ²

IF 46c=NO, SKIP TO QUESTION 63e.

d. Agency will stop supervising adults on probation for a misdemeanor (or gross misdemeanor) ¹ ²

e. Other change is planned ¹ ²

e1. Please describe the other change: _____

SECTION I. Comments

64. Definitions and questions are standardized for this national census and may not match *your agency's* definitions and practices. Please describe any instances where you were unable to apply the census definition when answering a question.

65. Please provide any general comments about the census or other comments that would be important to interpreting your responses.
